

Hourly Safety Rounds

Blake 12 ICU- Spring 2013



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The Foundation of Hourly Rounding Nursing Presence

- “When nurses are *truly* present to patients, they can act proactively, clustering care and increasing efficiency.”
- “By including patients as partners in their care, the patient’s anxiety levels may be reduced, and a better healing environment fostered.”

Iseminger, Levitt, & Kirk, 2009, p.450.

What is Hourly Safety Rounding?

- An evidence-based intervention to be performed by the nurse and other care givers.
- Establishes caring through presence and partnering with patients.
- A promise to our patients and families of our ability to anticipate and meet their needs.
- Uses critical thinking skills.
- Consists of hourly visits to patients through out the day.
- Engages the patient, family and nurse.
- Promotes efficiency with each entry into the room.

What outcomes does Hourly Rounding achieve?

The evidence shows:

- Dramatically higher patient satisfaction (HCAHPS scores)
- Improves fall rates
- Possibility of fewer pressure ulcers
- Fewer call bells
- Less steps taken by nurses over each shift

Hourly Safety Rounds – Understanding the “P’s”

Previous Model – 7 P’s	New Model – 4 P’s
<ul style="list-style-type: none">○ PERSON○ PLAN○ PRIORITIES○ PERSONAL HYGIENE○ PAIN○ POSITION○ PRESENCE	<p>The “HOW”</p> <ul style="list-style-type: none">○ PRESENCE <p>The “WHAT”</p> <ul style="list-style-type: none">○ PERSONAL HYGIENE○ PAIN○ POSITION



The “HOW” - Presence

- **With new patients and at the beginning of each shift:**
 - Focus on making a personal connection
 - » When possible – sit next to the bed at eye level
 - Learn about the patient’s priority for the day/your shift
 - Introduce the practice of Hourly Rounds (purpose to educate family to rounding and terminology)
 - Communicate your knowledge of the clinical plan for the day/shift
- **With each hourly round:**
 - Reinforce that you are conducting your Hourly Round
 - Address the patient/family member by name
 - Assure patient’s needs are met before leaving
 - Assure that someone will be back within the hour



The “WHAT” – The Three P’s

- **Pain**
 - Assess and address
- **Positioning**
 - Patient’s physical position and comfort
 - Positioning of needed items within reach
- **Personal Hygiene**
 - Help with toileting
- **Attending to these basics improves outcomes AND achieves efficiency**

How to Initiate Rounding

- **Important - Introduce process to patient/family. This sets expectations and grounds the practice for the rest of the shift.**
- Begin approximately 30 minutes after receiving report.
- Address all P's with patient/family at beginning of shift.
- Every 1 hour, go into the patient's room & discuss the pertinent Ps.
- Address all Ps again at the end of shift.

Why Do We Use Scripting?

Purpose:

- To standardize the intervention and promote consistency.
- To help patients understand the process and recognize our interventions.
- To provide guidance to staff who are performing rounds.
- Scripting supports the “4 P’s”.



Approach and Script - Presence

Suggested Script for first encounter with a patient:

Introduce:

Hello, my name is... I will be your RN/PCA today. AT MGH, we do something we call Hourly Rounding to keep you/your loved one safe and improve the experience for our patients.

Explain What Hourly Rounds Are:

This means that either a nurse or PCA will check on you/your loved one every hour throughout the day.

Each time we round, we will check on important items like your pain, your personal comfort and any important needs you have, like needing to go to the bathroom.

Explain our Goals for Hourly Rounds:

Patient: We will do this to keep you safe, but also to assure that we meet your needs and to let you know that you can rely on us to check on you regularly.

Family: We do this to keep your loved on safe, to meet his/her needs and to reassure you that you can depend on us regularly checking in with you about him/her.

Do you have any questions?



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Approach and Script – “Position”

Offer to help change position for comfortable in the bed or chair.

- Provide PROM
- Provide positional reminders to the patient based on orders
- Scan the room for clear access to bathroom, remove clutter, check bed position, etc.
- Check to see that personal items & call bell are within reach.
- Offer to help patient get out of bed, if appropriate.
- Check IVs, catheters and dressings to make sure they are secured and safe. Remind the patient not to touch or pull at lines.

Suggested Script:

Patient: Are you comfortable? Would you like help with repositioning? Would you like to get OOB for a little while?

Family: It's important that we reposition your loved one in order to prevent pressure ulcers, pneumonia, urinary tract infections and other medical conditions



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Approach and Script - Pain

Assess and address complaints or non-verbal cues of pain.

Assess pain every shift or more frequently as needed.

- Reassess and document pain response in approximately 1 hour, as per nursing policy.
- Our efforts to address pain are an HCAHPS question

Suggested Script:

Patient: Are you in any pain right now? (If yes) On a scale from 1-10, how would you rate your pain?

We want to do everything we can to help you with your pain. Is the pain medicine you are taking helping to relieve the pain?

Would you like anything additional to help with your pain?

Family: Does it seem like your loved one is in pain? Does he/she seem comfortable. We want to do everything we can to relieve any pain he/she is experiencing.



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Approach and Script - Personal Hygiene

Offer assistance to meet basic needs: nutrition, something to drink, using the bathroom.

- Bathroom needs are especially important to check on – this is also an HCAHPS question
- Provide meticulous mouth care

- Remind the patient to call for assistance, if needed

Suggested Script:

Patient: Is there anything I can get for you? Do you want a drink or do you need help ordering food? Do you need to go to the bathroom?

Family: We want to make sure that you loved one is safe and comfortable.

Mouth care is an important part of his/her personal hygiene program that assists us in meeting this goal.



Script - Closing Your Hourly Round

Important - Tell the patient/family when you will return.

Suggested Script:

I will be in and out of the room through out the day/shift. And, I will be back in a hour to check on you (the patient). In the mean time, if there is anything you need, use your call light and some one will assist you.

Family: We appreciate any input you might have about your loved one. You are a valued partner to our healthcare team.

- This reduces call bells, because patients are assured someone will be back within the hour.
 - Reduces patient anxiety
 - Helps patients plan for the next hour



What happens if....

It is the night shift and the patient is sleeping?

- Don't wake the patient
- Observe the patient
- Check the room for clutter
- Rounds may be less frequent at night (every 2 hours?)

You can't get back to a patient within 1 hour?

- Ask another nurse or PCA to help, as you would any other time you are busy



Hourly Rounding – A Team Response

MGH Model will include others:

- PCA's
 - Alternating hours through the day
- Other disciplines will be trained
 - Trained to address “P’s” when they are in the room

Documenting the Hourly Rounds

- Rounds should be documented in the presence of the patient
 - Use of the White Board
- Why is this important?
 - Assures the practice is happening
 - Reinforces the practice with patients and family



Validation – A Key Component

Methods to validate Hourly Rounding is happening will include:

- Nurse Leader Rounding on patients and families
 - Explicit questions on hourly rounding
- HCAHPS Survey
 - Ask patients if they experienced Hourly Rounding
- Data from these validation sources will be shared with staff

Questions / Comments?

