



ISSN:2456-9836
ICV: 60.37

Review Article

Hourly Rounding: Implementation Strategy - A Policy Analysis Paper

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ARTICLE INFO

Article History:

Received on 19th November, 2020

Peer Reviewed on 29th Nov, 2020

Revised on 15th December, 2020

Published on 28th December, 2020

Keywords:

Hourly Rounding, policy, nursing, patient care, literature review

ABSTRACT

Background: Hourly rounding, as the name implies, is the practice of nurses and unlicensed assistive personnel making scheduled visits to the rooms of hospitalized patients and performing specific nursing interventions every hour. It has been stated that hourly rounding is the best way to reduce call lights and fall injuries, and increase both quality of care and patient satisfaction.

Purposes: This paper aims to look deeply into this policy (Purposeful Hourly Rounding), evaluate it, and find a strategy to tackle the barriers of implementation at hospitals.

Methods: The researcher used the qualitative method using: - Published Articles - Previous Related Studies - Observations (The policy is adopted by the Jordanian Royal Medical Services Institutions)

Results: This paper stated a literature review concerning Hourly rounding including the recent evidence. Also, this paper shed the light on the definition and policy statement that surround the Hourly rounding. The author give helpful directions for the nurses about performing purposeful rounding every hour, on all shifts using the four Ps (Potty, Pain, Position, & Personal Needs). The last section of the paper discussed the barriers and difficulties that hinder the nurses from performing the Hourly rounding.

Conclusion: Hourly rounding is undoubtedly advantageous to patient outcomes and overall satisfaction rates. Frontline direct care nurses have the ultimate power to facilitate such important shifts in practice.

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INTRODUCTION:

Hourly rounding is a best practice intervention to routinely meet patient care needs, ensure patient safety, decrease the occurrence of patient preventable events, and proactively address problems before they occur.

It has been stated that hourly rounding is the best way to reduce call lights and fall injuries, and increase both quality of care and patient satisfaction. Nurse knowledge regarding purposeful rounding and infrastructure supporting timeliness are essential components for consistency with this patient centered practice.

Problem Statement

Hourly Rounding, still not widely implemented or even recognized in health institutions, this paper aims to look deeply into this policy (Purposeful Hourly Rounding), evaluate it, and find a strategy to tackle the barriers of implementation at hospitals.

Research methodology

The researcher used the qualitative method using:

- Published Articles
- Previous Related Studies
- Observations (The policy is adopted by the Jordanian Royal Medical Services Institutions)

Background and Literature Review

The patient's experience in a hospital setting is a rising concern in the health care arena. The patient experience encompasses every aspect of the hospital stay, from nurses to physicians to food services. Although patients interact with over 20 health care workers, most of the patient's time is spent with nurses and this shapes their inpatient experience. (Allen, 2016) Organizations are seeking innovative ways to boost satisfaction scores and improve the patient experience. Patient experience and satisfaction may fall short of the consumer's expectations, most often from a gap in communication.

One communication tool used by numerous healthcare organizations is Hourly Rounding. It is a best practice that can raise a patient's perception of care and improve the patient experience. Hourly rounding with purpose, in which the nurse checks the patient for the four P's (pain, potty, position, and possessions), also

may improve patient satisfaction, outcomes, and safety. Consistent hourly rounding does result in improved staff satisfaction due to reduction in call lights and more satisfied patients. (Allen, 2016)

Hourly rounding can be defined as "a systematic, proactive nursing intervention designed to anticipate and address the needs of hospitalized patients." Because studies have shown that hourly rounding, done correctly, can promote quality, safety, and satisfaction, it is considered to be an evidence-based nursing practice. It is sometimes called purposeful rounding. (ASU, 2015)

Rounding on patients is not a new practice in health care, but structured hourly rounding is a fairly new proactive approach to patient care, developed in 2006 to help improve hospitals' patient satisfaction scores. The original concept was developed and introduced in 2005, (Shepard, 2013) and has since inundated the literature with reports of the benefits of hourly rounding on patient outcomes while saving valuable time for nurses who use it. (1-3) Hourly rounding interventions typically performed include pain management; addressing elimination needs; offering nourishment; and ensuring applicable musculoskeletal needs are met, such as ambulation, range of motion, or proper positioning.

In 2013 The Jordanian Nursing Council has declared the starting of enhancing nursing direct care services project by implementing the hourly rounds program. However, it still limited to the Jordanian Royal Medical Services institutions.

Quantitative evidence (Tussing, 2015) links patient satisfaction scores to the use of communication strategies such as Hourly Rounding. Nursing leaders of today's healthcare systems must develop strategies to increase patient satisfaction and improve the revenue streams for their organizations. The effects of nurse rounding have been documented in the literature as improving the overall quality of care.

Definition and Policy Statement

Hourly rounding, as the name implies, is the practice of nurses and unlicensed assistive personnel making scheduled visits to the rooms of hospitalized patients and performing specific nursing interventions every

hour. The goal is to improve patient outcomes by addressing their needs in a proactive manner.

Other tasks include a visual scan of the room to ensure there is adequate lighting, the call bell and phone are within reach, medical equipment is properly functioning, and walk areas are free from clutter. The primary purpose of hourly rounding is to improve patient outcomes by enhancing patient safety and patient satisfaction. An additional benefit of hourly rounding is improved time management.

DIRECTIONS:

Nurses or nursing techs perform purposeful rounding every hour, on all shifts. During each interaction, the staff will assess the 4 P's (Potty, Pain, Position, and

Personal Needs). Staff then ensures that any identified needs are met. If patient is sleeping, it is not necessary to wake them up every hour. Based on patient's fall risk, assess toileting needs at a minimum of every two hours.

In addition, one study on hourly rounding reported that nurse managers made leadership rounds three times a week to ensure nurses were making the required patient rounds. The need to round on the "rounders" gives reason to pause and speculate whether improved compliance rates are the result of personal behaviors being adapted to what is expected when a person knows he or she is being watched.

Figure (1): Competence Statements

Competence Statements

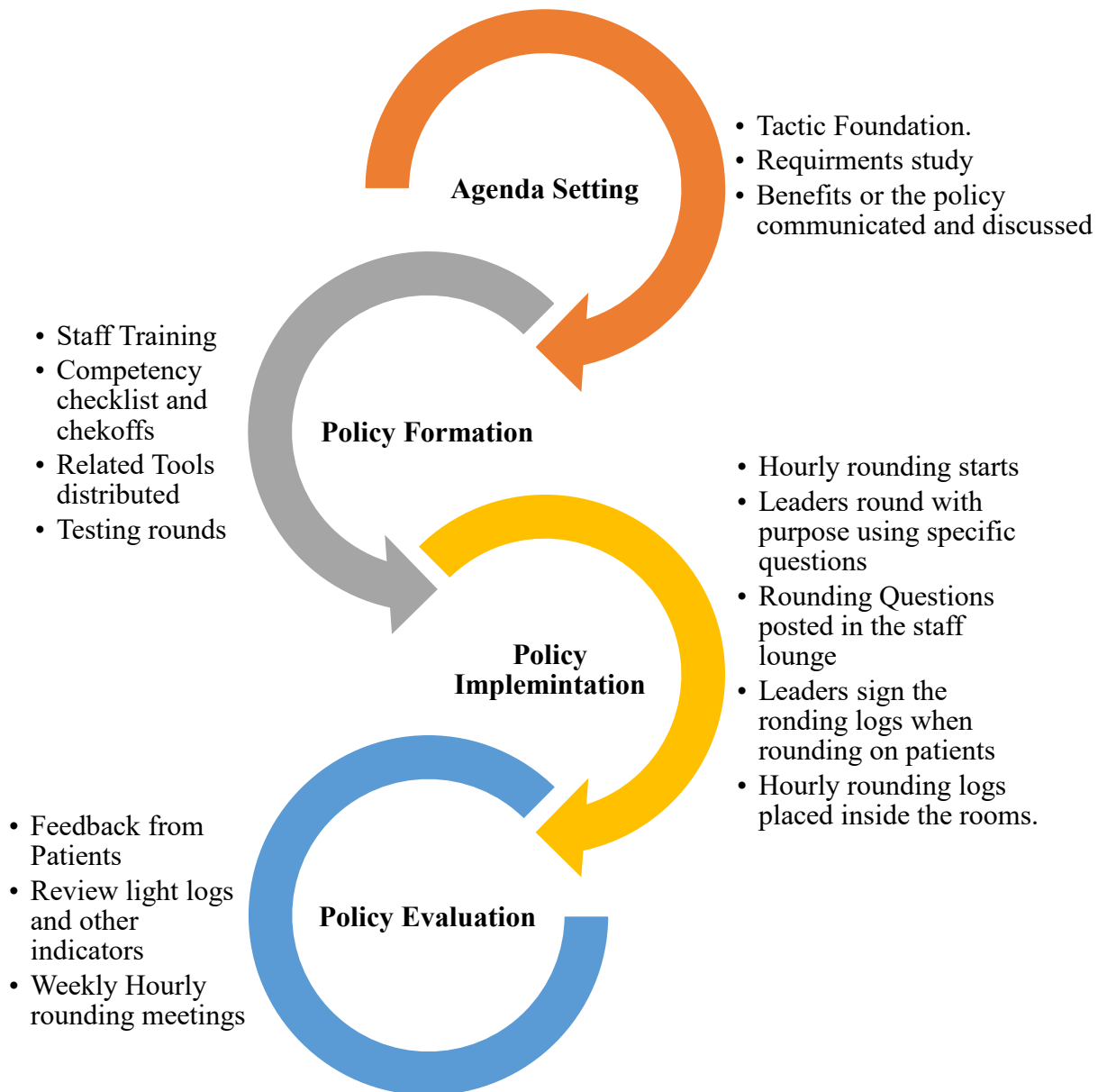
Introduction	Knocks on patient's door prior to entering, asks permission Explains the purpose of hourly rounding (initial visit) Describes rounding schedule
Address 4P's	<i>Asks:</i> "How is your pain?" "Are you comfortable?" "Do you need to go to the bathroom?" "Is everything you need within your reach?"
Performs Scheduled Tasks	Completes MD ordered treatments, procedures Completes nursing care as needed Administers scheduled medications
Closing	<i>Explains to patient:</i> "We will be rounding again in about an hour." <i>Asks:</i> "Is there anything else that I can do for you?" <i>Documents:</i> Rounding on the rounding log in the patient's room*

* See appendix no.1

Policy Implication Analysis

Policy Process

Figure (2): Policy implication process



Barriers and Difficulties

Staff in compliance:

- Nurses who do not accept a new practice or do not believe that a practice is worthwhile can be a barrier to successful rounding.
- Nurses with long experience may tell stories of how things "used to be." Some may proudly tell how they once took care of many patients, yet administered every medication on time.

Time Management:

- Hourly documentation will be time consuming

Unexpected Interruptions:

- In nursing setting, many unexpected events may occur, which could easily consume more than an hour of a nurse's concentrated efforts.

Implementation Solutions:

- Show the evidence of proven success. Provide staff members with reports of actual accounts of the benefits seen as a result of hourly rounding.
- Direct caregivers need to feel a part of the process and have a sense of ownership of the process.
- Staff will be more willing to adopt an innovation if they are engaged in the decision-making process and the innovation is in line with their values and beliefs. (Fabry, 2015)
- Increased technology has allowed for much of the charting to be done electronically. Which would vastly reduce time management issues regarding of documentation.
- The notion of team nursing (nursing staff members who care for a group of patients together) is one possible solution to reducing interruptions.
- When patients understand that a healthcare provider will visit their room every hour, they are less likely to request services between nursing rounds. Less interruption allows time for nurses to work more productively.

In addition, to ensure successful implementation, it is critical for nurse managers to validate with each patient the performance of hourly rounding. Hourly rounding logs should be monitored for completion to ensure documentation of rounding is being performed.

During the managers daily rounding process verification of hourly rounding should be verified with the patient. Furthermore, competency based (return demonstration) education program for all employees on clinical areas should be adopted (ex. Classroom setting for one hour)

CONCLUSION AND RECOMMENDATION

Hourly rounding is undoubtedly advantageous to patient outcomes and overall satisfaction rates. Frontline direct care nurses have the ultimate power to facilitate such important shifts in practice. However, any one of the potential barriers alone could be a major deterrent to nurses complying with hourly rounding.

The truth of the matter is that most nurses are faced with the combined list of barriers during each shift worked. With a typical nurse-patient ratio on a medical unit of 1:6 compounded by the aforementioned barriers, hourly rounding may not be the most effective idea despite the volumes of documented benefits.

Nurse leaders within facilities committed to hourly rounding should assess barriers faced by their nurses then take immediate steps to alleviate or modify them. Make the commitment to change the culture. Otherwise, efforts may be counterproductive as nurses become resentful about the increasing work demands with the perception of inadequate resources and support. As with any implementation of new practice standards, comply with continuous evaluation and subsequent revisions. Identifying the modifiable barriers early is the key to success.

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Appendix No. 1

Example of an Hourly Rounding Log (Jordanian Royal Medical Services)

الخدمات الطبية الملكية
مستشفى: /
نموذج الجولات اليومية / ساعة
Hourly Round Daily Log

Date: / / 20

اسم الممرضة: /
الرقم الطبي: /

Hour	Communicate with patient	Perform scheduled care: like I.V, medication, N.g care	Treat 4 Ps			Environment care.	Ask patient for any other needs	Any comments	Nurse Signature
			pain	Position	Potty (toileting)				
6 A.M									
7 A.M									
8 A.M									
9 A.M									
10 A.M									
11 A.M									
12 M.D									
1 P.M									
2 P.M									
3 P.M									
4 P.M									
5 P.M									
6 P.M									
7 P.M									
8 P.M									
9 P.M									
10 P.M									
12 M.N									
2 A.M									
4 A.M									

Every Hour rounding 6 am - 10 pm

Every 2 Hours rounding 10 pm - 6 am

How To Cite This Article:

Bouthayna Damen AL-Dalaen *Hourly Rounding: Implementation Strategy - A Policy Analysis Paper Br J Pharm Med Res*, Vol.05, Issue 06, Pg. 2888 - 2893, November - December 2020. ISSN:2456-9836 Cross Ref DOI : <https://doi.org/10.24942/bjpmr.2020.748>

Source of Support: Nil

Conflict of Interest: None declared

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