

# Rehabilitating Purposeful Hourly Rounding

## Issues Remain with Hourly Rounding

Despite the overwhelming number of published studies with evidence that suggest hourly rounding at hospitals improves patient care and outcomes while reducing call lights and falls, it remains a controversial issue. Feedback forums, social media, and blogs dating as far back as 2007 and as current as 2015 echo the sentiment that it adds work and burden to the already stressed staff. The primary complaints from staff include being “ruled” by the hour on the clock, additional (and often unnecessary) visits to patients’ rooms, and overwhelmingly the number one complaint is more paperwork.

Some care team members express frustration with having to visit on the hour as they were “just there”. Others feel that it is disruptive to the patients and to their families, especially at night, to be constantly checking the patient. We have interviewed 100’s of caregivers and the number one complaint about rounding is that it is an additional set of tasks and paperwork for an already overwhelming work load.

Managers also express concerns about rounding. The first concern is usually the push-back from the floor staff. They want the staff to be able to do their jobs and give them autonomy, but they know the value of rounding hourly. They are accountable not only to their staff but also to patients and their families, as well as hospital administrators and the budget. Paperwork, such as clipboards in rooms for staff to sign, has become just another stack of papers that they must sort through when someone requests proof of care team presence in the room. Managers are frustrated with the complaints, with the lack of compliance and accountability, and the amount of paperwork.

Patients and their family members have expressed concerns as well. Comments range from, “No one ever came to see (me/ family member,)” to, “I need sleep, please leave me alone,” to, “Whatever happened to an individualized care plan?” Most often, the concern is lack of visits. That concern is most often expressed by family members.

All controversial issues can create bad survey results, reduction in VBP, and less positive outcomes. Care team acceptance and compliance are key to success.

## What Has Been Done?

Many attempts have been made in many forms to resolve these issues. Most commonly, hospitals require care team members to fill in an end-of-bed report. These sheets of paper are kept in the patient’s room. When a staff member completes rounding they will complete the sheet for the hour. Some require only initials; others require checking boxes and a signature. Often, however, the sheets are completed at a shifts end or not at all. The sheets are gathered and stacked at the nurse’s station until, at some point, it is too much clutter and they are either thrown away or stored.

A less common approach is to use the nurse call to remind the care team that it is time for rounding. Once an hour, the nurse call notifies the team that the room should be rounded on. The notification is either lights, or sound, or both. More sophisticated systems will send a text or call the team member scheduled to visit the room. Some facilities have presence buttons in the rooms that, when pressed, tell the nurse call that hourly rounds are in process in that room. The caregiver must then press the button again when leaving. There are other technologies available that alert the caregiver in the hallway that rounding is due or due soon. These can be reset by the caregiver in the hallway. Some facilities use bedside computers which must be logged into and updated for a round to count, while other facilities require nursing staff to carry tablets from room-to-room.

Managers in general have not been pleased with any of the solutions as none of them are reliable enough to

ensure the caregiver has gone in the room or stayed in the room long enough to assess the patients' needs. Buttons require touch and some can be reset without even entering the room. Nurse call rounding reminders are not easily customized to the patient or team, and create additional light and noise. Bedside computers require touch and can be disruptive to patients at night and hand-held devices that move with the nurse are not easily or reliably sanitized. Additionally, managers are concerned that these solutions are not useful for reporting to the family/patient that the care team has been in the room. Many managers are now doing their own rounding, visiting each patient once per shift and talking to patients and families. This has been perceived by staff as either good or bad, depending on whether they feel they are being 'checked on' or they feel the manager is part of the team.

Patients and their families lack confidence in the processes. They prefer an individualized plan of care that includes rounding more often when they need it and less often when they don't, but never being ignored. The common end-of-bed reports do little to boost their confidence.

### **The Intention of Rounding**

The true purpose of hourly rounding is to ensure that patients are seen by their caregivers at least once every 60 minutes and the patient is engaged in the process of assuring that their basic needs are met. The result is better patient satisfaction, better patient outcomes, fewer falls and other incidents, quieter unit due to fewer call lights, better management of time for the care team, and better team (including patient and family) **communication**. Rounding once an hour, unfortunately, has become the process of "rounding on the hour" since there isn't a reasonable way for a caregiver to know the last time they left the room and no way to consistently communicate that information to other team members. As a result, the care team has become burdened with an additional task and additional paperwork with negative feedback.

### **The Solution to Restore Purposeful Rounding**

Managing Team Response (MTR®) Automated Hourly Rounding addresses these rounding issues with proven results. Care teams are relieved of watching and being ruled by the clock. Instead the MTR® system manages the clock and provides visual rounding status indicators for each patient which can be seen at a glance by any staff member. Patients and families are comforted knowing that they are being visited by care team regularly. Managers have easy access to reports identifying any areas needing improvement and statistical data to develop plans. Everyone is relieved of the paperwork and there are no additional steps such as presence buttons or hallway boxes to reset. The whole care team is always aware of the rounding status for each patient and can assist one another as necessary. All care team members are always given credit for the time they spend with patients. And it is fully customizable for the patient, unit, facility, and time-of-day.

MTR® Automated Hourly Rounding is the high visibility solution that addresses all of the issues expressed by nurses, care teams, managers, patients and families. Automated Hourly Rounding greatly improves communication and teamwork. While nurses, the care team, managers and patient families all benefit, the primary beneficiary is the patient. Automated Hourly Rounding is a hands-free process that has resulted in positive feedback from all levels.

There are many issues that remain with hourly rounding as implemented by most healthcare facilities today. If you want to increase staff buy in, reduce stress, improve teamwork, develop strong communication, account to your patients and their families, and have easy access to reports and data that will not only show your areas of weakness but prove your areas of great strength and if you want the team to spend more quality time with their patients and less time filling out paperwork you need to explore MTR® Automated Hourly Rounding.