Abstract Title:
Hourly Rounding on an Acute Care Trauma Unit

Authors:
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Background & Purpose:
Hourly rounding is a systematic approach to proactively meeting patients’ needs by addressing specific key aspects of care every hour with every patient. Following a declining trend in patient satisfaction data, the need for improvement was identified. A thorough review of the current literature was found to support hourly rounding as a means to promote safety and improve the patient experience. With the goals of improving outcomes in patient satisfaction, patient safety and staff satisfaction with workload, hourly rounding was initiated as a shared responsibility between all unit staff.

Study/Project Design:
Patient and staff satisfaction data were compared over four quarters; pre and post-implementation.

Setting:
An eighteen-bed acute care trauma unit within a large, urban academic level I trauma hospital.

Sample:
The patient satisfaction data was extracted from a convenience sample of 174 adults, selected at random from trauma patients during fiscal year 2012.

Procedures:
A review of literature was conducted, which supported hourly rounding as a method to improve patient safety and satisfaction, and workflow for staff. Preparation included the surveying and education of staff, which proved to be imperative. Development of supportive materials and standardization of the process contributed to consistency between providers. Guidelines were developed in order to address specific needs: patient behavior, pain, personal care, position, and possessions. Following preparation, hourly rounding was started in February 2012. Patient satisfaction data from an independent company showed improvements in the areas of responsiveness, pain, perception of safety, and teamwork. Trends in nurse sensitive quality indicators (falls and pressure ulcers) were also noted.

Findings/Results:
A survey was sent out to the staff prior to initiation, which showed perceived benefits to doing hourly rounding in maintaining a safe environment for patients. Hourly rounding was initiated in February 2012 (FY12 Q3). Initial patient satisfaction data (FY12 Q4) showed improvement in the following areas: staff doing everything they can to help with pain, timeliness response to call bell, overall responsiveness, cleanliness of room, perception of teamwork and perception of safety. Nurse Sensitive Quality Indicator (NSQI) data showed a substantial decrease in the number of falls. Data collection for patient satisfaction and NSQI information is an on-going process. A follow-up survey will be distributed to 4STA staff in fall 2012. In comparison to other studies, our results were similar; there was currently not any available data for hourly rounding on an acute care trauma unit.

Discussion/Conclusions/Implications:
Acquiring staff feedback, soliciting buy-in and providing formal education attributed to the success of our intervention. The effect of this initiative will continue to be assessed with future patient satisfaction scores and NSQI data. Hourly rounding continues to evolve and is becoming part of the unit culture. The success of hourly has been shared formally within the organization and the state nursing association. This is an example of how nurses faced with a problem were able to develop a standard of practice that is simple to reproduce in other care areas and yet has a major impact.