

Hourly Rounds and the Patient Experience

The following summaries of recent peer-reviewed studies and articles describe the impact of hourly rounds on patient experience, patient safety, quality, and outcomes.

Study	Objective	Conclusion
Reimer, N., & Herbener, L. (2014). Round and round we go: Rounding strategies to impact exemplary professional practice . <i>Clinical Journal of Oncology Nursing</i> , 18(6), 654-660.	To detail six rounding methodologies implemented within the inpatient, emergency department, and ambulatory patient care areas at Lehigh Valley Hospital, and their positive outcomes.	<ul style="list-style-type: none"> ▪ Positive outcomes associated with the rounds were achieved for patient, employee, and physician satisfaction, as well as for clinical quality indicators. ▪ The overall trend for falls, pressure ulcers, and catheter-associated urinary tract infections decreased. ▪ Patient satisfaction with attention to special or personal needs and adequate precautions to protect safety increased.
Shepard, L.H. (2013). Stop going in circles! Break the barriers to hourly rounding . <i>Nursing Management</i> , 44(2), 13-15.	To explore strategies for overcoming common barriers to hourly rounds including buy-in, acuity levels, time management, and unexpected interruptions.	<ul style="list-style-type: none"> ▪ Nurse leaders within facilities committed to hourly rounds should assess barriers faced by their nurses, then take immediate steps to alleviate or modify them. ▪ Help influential, experienced nurses understand and accept the concept of hourly rounds, which will motivate others to get on board. ▪ When a nurse is assigned to six or more patients with moderate to high care demands, organizing and prioritizing the plan of care becomes a barrier that interferes with hourly rounds. ▪ The key to managing time is to perfect hourly rounds. ▪ Team nursing is one possible solution to reducing interruptions.
Detrick, L. M., Baker, K., Paxton, H., Flores, M., & Swavely, D. (2012). Hourly rounding: Challenges with implementation of an evidence-based process . <i>Journal of Nursing Care Quality</i> , 27(1), 13-19.	To use ethnographic methods to examine problems with the implementation of hourly rounds on two similar inpatient units.	<ul style="list-style-type: none"> ▪ Careful planning, communication, implementation, and evaluation are required for successful implementation of a nursing practice change. ▪ Clear communication and education are essential because staff members need to know why they are being asked to perform a new task and what the new process means for patient care. ▪ Unit-level educational support, including checklists and behavior prompts, are important in embedding new processes into unit workflow.
Neville, K., Lake, K., LeMunyon, D., Paul, D., & Whitmore, K. (2012). Nurses' perceptions of patient rounding . <i>The Journal of Nursing Administration</i> , 42(2), 83-88.	To explore hospital staff nurses' perceptions toward the practice of patient rounding.	<ul style="list-style-type: none"> ▪ Nurses identified rounding as valuable and perceived hourly rounds to be beneficial to patients and families but less beneficial to their own professional practice. ▪ Through rounding, nurses can be more present, address patient concerns, be proactive in the management of patient care, and provide for patient needs based on clinical assessment data. ▪ Challenges to rounding as a practice include issues of documentation, patient ratios, and skill mix.

Study	Objective	Conclusion
<p>Oirich, T., Kalman, M., & Nigolian, C. (2012). Hourly rounding: A replication study. <i>MedSurg Nursing</i>, 21(1), 23-26, 36.</p>	<p>To determine the effect of hourly rounds on fall rates, call light usage, and patient satisfaction in an inpatient medical-surgical patient population.</p>	<ul style="list-style-type: none"> ▪ Hourly rounds by nursing personnel positively impacts the three variables studied: patient fall rates, call-light usage, and patient satisfaction. ▪ If nursing leaders want to implement hourly rounds protocols successfully, attention should be focused on enlisting staff champions to ensure rounding behaviors are performed consistently on all shifts. ▪ Data should be generated and distributed to staff as positive reinforcement of rounding outcomes.
<p>Rondinelli, J., Ecker, M., Crawford, C., Seelinger, C., & Omery, A. (2012). Hourly rounding implementation: A multisite description of structures, processes, and outcomes. <i>The Journal of Nursing Administration</i>, 42(6), 326-332.</p>	<p>To identify structures, processes, and outcomes associated with hourly nurse rounds.</p>	<ul style="list-style-type: none"> ▪ Structure themes include use of rounding behaviors described through an acronym and collaborative phone call. ▪ Process themes include a library of tools to use incorporating both patient and staff feedback. ▪ Outcome themes include patient satisfaction and patient perception of being well cared for. ▪ The authors recommend abandonment of routinization and adoption of flexibility to sustain successful implementation of hourly rounds.
<p>Sherrod, B. C., Brown, R., Vroom, J., & Sullivan, D. T. (2012). Round with purpose. <i>Nursing Management</i>, 43(1), 32-38.</p>	<p>To evaluate the effectiveness of a purposeful rounding program specific to key outcome measures: (a) decreasing total falls and falls with injury, (b) decreasing HAPUs, and (c) increasing patient satisfaction with nursing services.</p>	<ul style="list-style-type: none"> ▪ Although there was no change in the number of total falls on the unit, the number of falls with injury was reduced even in this short period of time with a small sample size. ▪ Although not statistically significant, the clinical importance of reducing HAPU rates is encouraging. ▪ By purposefully rounding to patients, staff realized the importance of patient repositioning; a routine aspect of care that's often not addressed, leading to a HAPU. ▪ Post-implementation patient satisfaction scores had significant improvement with all questions above the 75th percentile.