Hourly Rounding: Locator System Usage

Background

Hourly rounding is defined as a proactive approach to providing organized nursing and patient centered care (Berg, 2011). Patients on Weinberg 5A/HEM4B were expected to be visited by nurses and clinical technicians hourly and at least 20 times on a daily basis. The nurses’ compliance to visiting patients hourly helps improve quality of care, patient satisfaction and patient outcomes (Ford, 2010). Analyzing and understanding nursing compliance rates for the hourly visits demonstrates nurse responsiveness towards the goal of providing satisfactory care, decreasing fail rates, and increasing patient satisfaction.

The goal of this project was to achieve high levels of compliance from nurses and clinical technicians on Weinberg 5A/HEM4B units at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins Hospital. The objective was measured using information obtained from call bell usage data and the locator system.

Methods

This was a quantitative descriptive study. The sample size was 21 single occupancy rooms from Weinberg 5A and HEM4B. Data was collected from December 1, 2014 until April 1, 2015 using the locator system implemented in both units. Nurses in each unit wear a locator badge that registers their activity on the locator system monitor. Locator data was generated by 24 hour reports showing time of visit, amount of time spent in each room and number of visits for the day.

An auditing form was created on excel for the generated reports. This form indicated hours patients were and were not visited by nursing staff, when patients were out of their rooms, and when rooms were empty. Transferring information from the generated reports onto the auditing forms helped calculate and understand hourly visit compliance.

Results

Compliance rates calculated from the auditing tools (see table 2) came out to be very low, ranging from 40%-70% (on a scale of 0-100%, where 0 = no hourly visit compliance from nurses/clinical technicians and 100% = perfect hourly visit compliance from nurses/clinical technicians) on both Weinberg 5A and HEM4B.

The largest percentage of low compliance rates were derived from HEM4B’s generated reports. Calculating compliance rates with this auditing form was implemented for the first time when this project first began in December of 2014. At the study’s final measurement on April 2015, compliance rates increased by a small percentage ranging from 80-70%.

Future Directions

Track staff activity by implementing a more reliable locator system.

Aim for a 90% percentile or greater compliance.

An increase in patient and staff education in regards to the importance of hourly rounding and its association to patient satisfaction, outcomes, and safety.

Implement hourly rounding on other units once high compliance rates are achieved in Weinberg 5A and HEM4B.

References