

# Purposeful Rounding

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## 1 Background

Hourly rounding has been shown to improve patients' perceptions of staff responsiveness, reduce falls and call light use, as well as improve patient satisfaction scores (Mitchell, Lavenberg, Trotta, & Umscheid, 2014). Essential components of hourly rounding, often referred to as the "5 P's", include assessing pain, restroom needs, proximity of possessions, patient position, and safety of environment for patients every hour during waking hours (Brosey & March, 2015). In addition, the presence of leadership and staff engagement, as well as unit champions for safety, has led to a significant reduction of inpatient fall rates and call bell use (Goldsack, Bergey, Mascioli, & Cunningham, 2015).

Purposeful rounding was implemented on Nelson 8 in July 2015 in order to improve staff responsiveness and reduce patient falls. Since its implementation, the link between purposeful rounding and increased staff responsiveness and decreased patient falls has been infrequently analyzed.

## 2 Objectives

The goal of the project was to:

- Audit purposeful rounding compliance
- Analyze connection between purposeful rounding and staff responsiveness and patient falls
- Educate staff on importance of purposeful rounding

## 3 Methods

- Shadowed nursing staff of Nelson 8 during different shift times to audit purposeful rounding compliance.
- Patients were surveyed after 24 hrs of admission on awareness of hourly rounding and whether staff was responding to needs (the 5 P's).
- Analyzed patient fall data from Q1 2015 to Q3 2016 for trends
- Analyzed nurse call data from Q1 2015 to Q4 2016 for trends

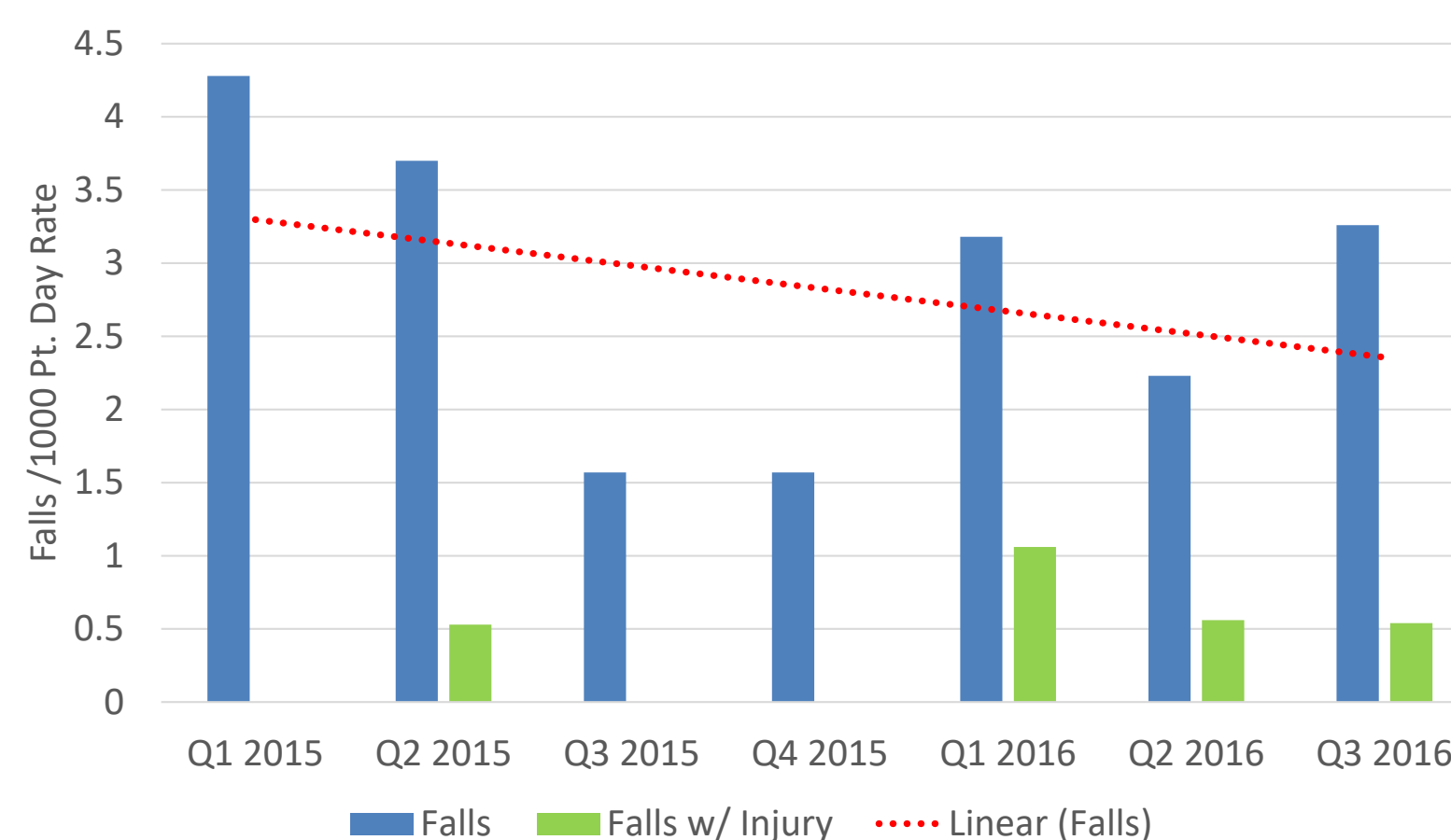
## 4 Results

- Shadowed 5 different RN's during different shift times and found that in general, the staff was compliant with purposeful rounding and responding to patient needs on an hourly basis. All 5 RN's were diligent about assessing the 5 P's for each of their patients.
- Patient Surveys (Table 1): Out of 50 patients surveyed, 64% of patients were aware of purposeful rounding. In addition, the majority of patients surveyed indicated nursing staff was checking on them on an hourly basis and assessing the 5 P's.

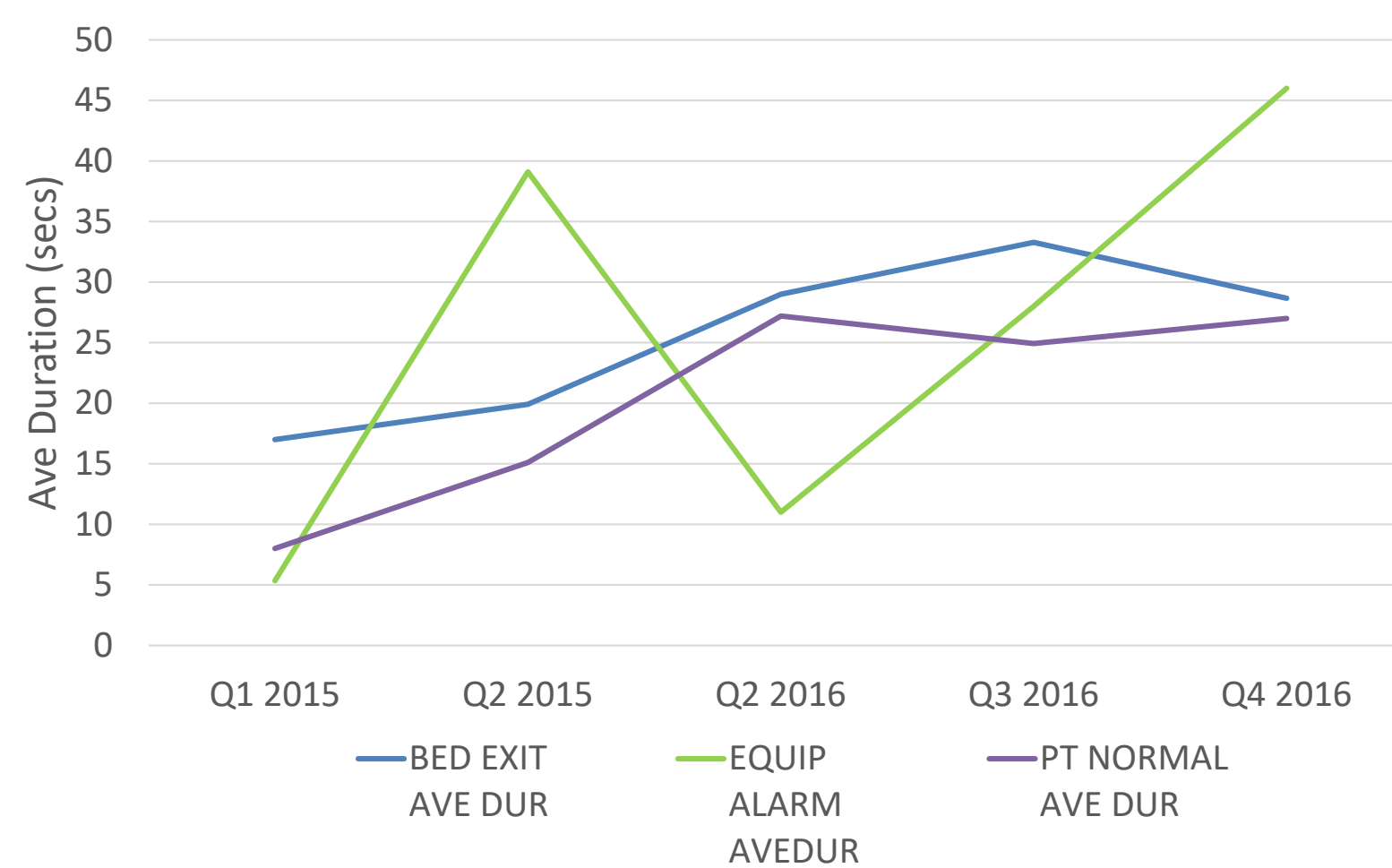
Table 1: Patient Survey Data

Questions	Never	Rarely	Sometimes	Often	Always
Checked on hourly basis			2 (4%)	8 (16%)	40 (80%)
Pain level				10 (20%)	40 (80%)
Restroom				3 (6%)	47 (94%)
Repositioning		1 (2%)	3 (6%)	8 (16%)	38 (76%)
Possessions in reach				4 (8%)	46 (92%)
Call light in reach				2 (4%)	48 (96%)
Room neat and tidy			2 (4%)	3 (6%)	45 (90%)
Aware of hourly rounding?	Yes	No			
	32 (64%)	18 (36%)			

Graph 1: Nelson 8 Fall Rates



Graph 2: Nelson 8 Call Data



- Fall Data Results (Graph 1): The patient fall rate per 1000 patient days trended downward between Q1 2015 to Q3 2016. The patient fall rate prior to the implementation of purposeful rounding (Q1 2015- Q2 2015) was approximately 4 falls/1000 patient days. The fall rate decreased to an average of 2 falls/1000 patient days after the implementation of purposeful rounding (Q3 2015- Q3 2016). Falls with injuries remained very low during this period.
- Nurse Call Data Results (Graph 2): Average response time to alarms for bed exit, equipment, and patient call bells was analyzed. Between Q1 2015 and Q4 2016, all three parameters had a slight upward trend. The number of daily call bells remained at an average of 8 calls/day per patient over this time period (not included in graph).

## 5 Conclusions

The staff of Nelson 8 demonstrated compliance with purposeful rounding procedures as evidenced by subjective observation and patient surveys regarding purposeful rounding activities. 96% of patients surveyed indicated that staff was frequently rounding on an hourly basis and addressing applicable healthcare needs. Analysis of staff response time to call bells and alarms showed a slight upward trend; however, response times were still timely overall. The presence of extreme outliers in the call data suggest certain limitations exist within the call data. Patient fall rates on Nelson 8 decreased in the time period after the implementation of purposeful rounding.

An analysis of purposeful rounding on Nelson 8 has shown that increased compliance with hourly rounding procedures has led to improved patient satisfaction and perception of overall staff responsiveness. In the time period since purposeful rounding was implemented, patient fall rates have decreased; however, association between the rounding procedures and fall rate data does not imply causation.

## 6 Future Directions

- Continued staff education and check-ins regarding the importance of hourly rounding and diligent response to patient calls/alarms.
- Continued periodic analysis of fall data and nurse call reports.
- Continuation of patient surveys by unit staff.

## 7 References

1. Brosey, L., & March, K. (2015). Effectiveness of structured hourly nurse rounding on patient satisfaction and clinical outcomes. *Journal of Nursing Care Quality, 30*(2), 153-159. doi:10.1097/NCQ.0000000000000086
2. Goldsack, J., Bergey, M., Mascioli, S., & Cunningham, J. (2015). Hourly rounding and patient falls: What factors boost success. *Nursing, 45*(2), 25-30. doi:10.1097/01.NURSE0000459798.79840.95
3. Mitchell, M., Lavenberg, J., Trotta, R., & Umscheid, C. (2014). Hourly rounding to improve nursing responsiveness: A systematic review. *Journal of Nursing Administration, 44*(9), 462-472. doi:10.1097/NNA.000000000000010

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