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Hourly Rounding: Locator System Usage

1 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 fall 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.

2 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.

3 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 60-70%.

Table 1: Detail Staff Activity Report by Room/Location

Johns Hopkins Hospital				
COMLinX-NCM				
Detail Staff Activity Report by Room/Location				
From 1/28/2015 00:00:00 To 1/28/2015 23:59:59				
01	Unit:	5A	Location Type:	Patient Room
	Time	Locator ID	Title	Time In Room
5	3:24:56 AM	8062	RN	4:19
5	6:30:37 AM	8062	RN	1:50
5	8:18:17 AM	13838	RN	4:41
5	10:18:12 AM	13838	RN	1:03
5	10:31:36 AM	13838	RN	9:47
5	12:35:58 PM	13838	RN	0:14
5	1:52:41 PM	13838	RN	1:13
5	4:48:02 PM	13838	RN	0:08
5	7:18:28 PM	13838	RN	2:30
5	7:18:29 PM	8062	RN	2:37
5	7:57:15 PM	8062	RN	6:11
5	8:15:47 PM	8062	RN	6:29
5	8:34:42 PM	17243	SA	0:05
5	10:37:51 PM	8062	RN	1:34
5	11:22:08 PM	8062	RN	2:20
5A-01	Unit:	5A	Location Type:	Patient Room
Number Of Staff Visits:				15
Average Amount of Time Spent in Each Location:				3:00
Maximum Amount of Time Spent in Each Location:				9:47
Amount of Time Spent in Each Location:				45:01
02	Unit:	5A	Location Type:	Patient Room
	Time	Locator ID	Title	Time In Room
5	1:19:18 AM	17148	RN	0:14

Includes number of visits per room in 24 hours, amount of time spent in each room, average amount of time spent in each room and the maximum amount of time spent in each room.

Table 2: Auditing Tool Used For Compliance Rates

Room & Time	5A-08	5A-09	5A-10	5A-11	5A-12	5A-14	5A-15
6:00							
7:00							
8:00							
9:00							
10:00							
11:00							
12:00							
13:00							
14:00		Discharge 1433			Admission 1415		
15:00							
16:00							
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							
23:00	*		*			*	
							Compliance Rate: 77.33%
hours when patients should be visited by techs/nurses							
no visits during this hour							
empty room							
* odd hours were visited							

Yellow highlighted areas reflect the hours in which patients were not visited and white areas represent the hours in which patients were visited. Gray highlights represent empty rooms – patients that were out for a procedure or were transferred/discharged.

4 Conclusions

Hourly rounding in this project was measured by data collected from a locator system that is used in both Weinberg 5A and HEM4B. However, reliability of the tool used for this study was poor. A major barrier to the study was that the locator system could not customize reports, making it difficult to obtain information only from nurses and clinical technicians. The system was also unreliable because inaccurate data was captured when locators were worn in different areas of the uniform, the locator device was flipped over and batteries needed to be replaced without a sign of warning. In addition, not all clinical technicians and nurses wore their locators during their shifts, even though a mandatory part of their uniform. Some patients were not visited during a certain hour because other patients required more care and attention. Compliance rates could have been low due to an insufficient number of visits from staff, but also because of a fault in the system that was used to capture the data.

5 Future Directions

Track staff activity by implementing a more reliable locator system.

Aim for a 90% percentile or greater compliance.

Increase 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.

6 References

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- Lisa, B., & Karen S., M. (2014). 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

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