

# Hourly Rounding: Using the 5P's

## 1 Background

Public reporting about patient satisfaction scores to help improve quality of care is a national standard. Patient satisfaction is directly related to nurse responsiveness and patient safety (Tea, Ellison, & Feghali, 2008). Nurses are frequently interrupted with non urgent patient requests that can reduce time for medical care by interfering with nurse workflow (Duffin, 2010). These interruptions can lead to decreased nurse responsiveness and job dissatisfaction (Tzeng & Yin, 2009). Hourly rounding literature suggests that purposeful hourly rounding can improve quality of care, patient and nurse satisfaction (Deitrick, Baker, Paxton, Flores, & Swavely, 2012).

The goal of this project was to achieve high levels of nurse compliance with hourly rounding documentation on Weinberg 5A/HEM4B units at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins Hospital using information obtained from a comprehensive literature review. Twenty-seven articles were reviewed. Twenty-five met criteria of project. Six key factors were identified from the articles reviewed (Table 1).

## 2 Methods

A rounding checklist was developed based on samples from the literature. Attached to the checklist were sample statements for nurses (Table 2).

RN's were educated about the benefits and implementation of hourly rounding at staff meetings. Rounds were conducted hourly during wake hours and every two hours during sleep hours. Checklists were placed outside of patient rooms on a weekly basis.

Upon admission, patients were informed about the rounding project in a "welcome letter" that explained the 5 P's: Pain is managed, Position is comfortable, Potty needs are met, Possessions are in reach and Pumps (IV) are not beeping.

Compliance of the checklist documentation was reviewed weekly. Compliance was calculated by total number of completed rounds columns documented over total number of hourly rounds columns in a 24 hour period. The staff with low checklist compliance rates were given reminders by email and verbal counseling was given to those that were noncompliant by the Clinical Nurse Specialist.

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## Results

Overall compliance was good to very good with rates between 81% - 97% of all shifts on both Units 5A and HEM4B.

The largest decrease in compliance occurred in weeks 9 and 10 when the Clinical Nurse Specialist who oversaw the project was on vacation. This indicates the need for leadership roles to ensure success in compliance documentation.

Daily compliance would decrease with new staff, understaffing, and when highly critical patients on the unit needed greater levels of support. However, fluctuation between units could not be determined. Nurses work on both units, maintaining consistency in personnel.

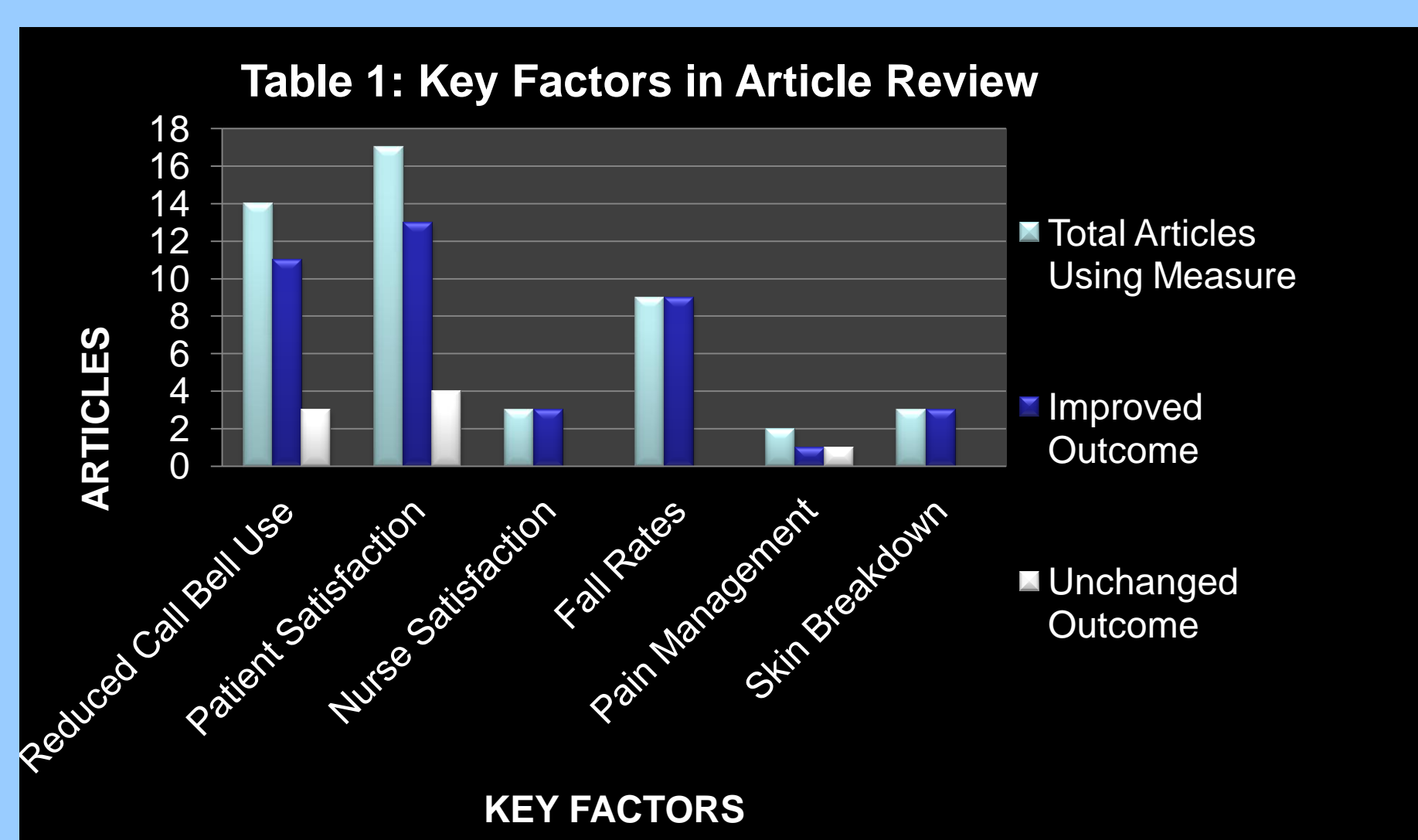


Table 2: Task Checklist & Sample Statements

Time In	Total time	Comments
00:00	00:00	
02:00	02:00	
04:00	04:00	
06:00	06:00	
08:00	08:00	
10:00	10:00	
12:00	12:00	
14:00	14:00	
16:00	16:00	
18:00	18:00	
20:00	20:00	
22:00	22:00	

**Enter:** the room with a smile  
Introduce self and sit down next to patient  
Ask "how are you?"

**Potty:** "When was the last time you went to the bathroom? May I help you use the bathroom now?"

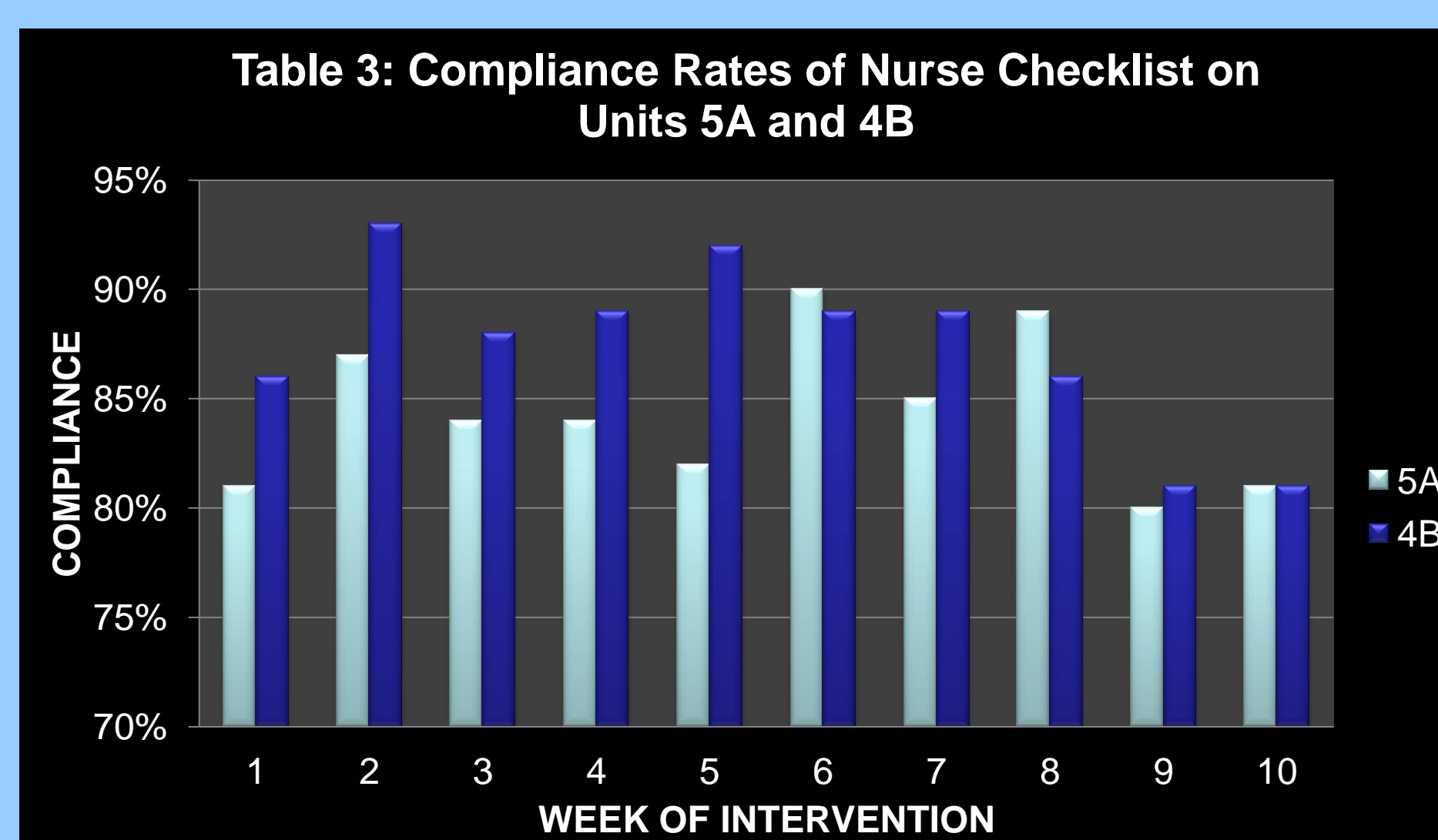
**Pain:** How is your pain? Are you comfortable? Is there anything I can do to increase your comfort?"

**Position:** Let's turn you OR let's get you out of bed. (Encourage patient to take walk)

**Possessions:** Ensure call bell, phone, bedside table, trashcan, tissues, water, slippers and personal items are in reach. (Bed side commode or urinal is accessible if needed). Is there anything else you would like near you? Ensure the room is free of clutter and path to bathroom is clear. Remove all sharps and syringes from room.

**Pumps:** Ensure correct medication. Correct flow rate. Rags/tubes are labeled. Prevent premature alarms.

**Exit:** "Is there anything else I can do for you? I have the time." "It was nice speaking with you. Someone will be checking in again in one hour."



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## Conclusions

Hourly rounding is a patient centered, quality improvement initiative that uses 5 key interventions to improve patient satisfaction, fall rates and decrease call bell use.

High levels of compliance has been proven achievable by hourly rounding checklists.

Nursing and patient education was used to achieve this level of compliance. Nursing acceptance of their new roles and guidance through leadership and advocacy appears central to achieving high levels of compliance as evidence by a drop in compliance when the Clinical Nurse Specialist was on vacation.

A major barrier to hourly rounding included compliance of staff signing paper checklists outside of patients room and manual compliance measurement.

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## Future Directions

Track staff compliance using a locator badge device to assess attendance and length of time in room.

Aim for 90<sup>th</sup> percentile or greater compliance

Increase patient education on hourly rounding

Compare patient satisfaction, fall rates and call bell rates pre and post intervention.

Implement hourly rounding on other units once compliance is consistently high on 5A and HEM4B

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