Hourly Nurse Rounding – An Integrative Review

Conclusions & Recommendations

Current nursing culture fosters the lofty expectation of clinical perfection [4]. While clinical perfection is unrealistic, clinical excellence is a possible and attainable goal. The pursuit of clinical excellence has led to the fragmentation of nursing tasks and functions. Research has shown that improved patient-care management, patient satisfaction, and patient safety are achievable with interventions that nurses can independently initiate and carry out [1]. One intervention that shows promise for attaining clinical excellence while also decreasing fragmented patient care is hourly nurse rounding [1,2,3].

An examination of hourly rounding by nursing staff revealed only one research study exploring the complexities of this topic. Paired with anecdotal and other information, this groundbreaking study represents the best evidence to date on hourly nurse rounding. The appendix summary reveals that the quality of the reviewed evidence surrounding hourly rounding is insufficient to fair, demonstrating the need for more research. However, this back-to-basic nursing care method has the potential to link several organizational initiatives, while also promoting the professionalism of the bedside staff nurse. Organizational leadership and operational changes emphasizing nurse rounding on patients will be needed to achieve more effective patient-care management, and improved patient satisfaction and safety [1].

Key Summary of the Evidence: [1,2,3,4]

- A protocol incorporating specific actions into nursing rounds, either every 1 or 2 hours, can reduce frequency of patient call light use, increase patient satisfaction with nursing care, and reduce patient falls.
- Rounding has the potential to produce a quieter patient environment, provide additional time for patient care, and increase staff nurse satisfaction.
- Nursing leadership is a key factor to the implementation of rounding.
- Nurse managers are crucial for the success of unit-based nurse rounding.
- Creating a culture of safety is an ongoing developmental process requiring organizational, managerial, and staff partnerships.

Given the above conclusions, the following recommendations are offered for consideration:

- Evaluate local medical center-based rounding projects in order to design a comprehensive evidence-based rounding protocol that incorporates major nursing functions and tasks.
- Develop monitors and outcome measures to evaluate the effectiveness of rounding from both a patient and staff nurse viewpoint.
- Operationalize the role of nursing management and leadership in supporting an evidence-based rounding protocol.
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Digest Summary

An examination of hourly rounding by nursing staff was conducted via an online search of six health care related databases and the Yahoo web browser. Four articles were deemed relevant for review, with only one research study exploring the complexities of this topic. Paired with anecdotal and other information, this groundbreaking study represents the best evidence to date on hourly nurse rounding.

➢ Nurse Surveillance [4]
  o Nurses are a critical element of any health care system
  o Nurses keep patients safe from the effects of a technologically driven, compartmentalized health care system and the fallibility of human health care
  o The work of nursing staff includes both visible and invisible key activities:
    ▪ Monitoring of patient surveillance
    ▪ Physiologic therapy
    ▪ Compensate for function loss
    ▪ Emotional support
    ▪ Patient/Family education
    ▪ Care integration
    ▪ Documentation
    ▪ Supervision of nursing staff

➢ Culture of Safety [4]
  o Essential elements of an effective safety culture consist of:
    ▪ Commitment of leadership to safety
    ▪ All employees are empowered & engaged in ongoing vigilance
    ▪ Non-hierarchical communication patterns
    ▪ Non-hierarchical decision making
    ▪ Constrained improvisation of tools, rules, & routines
    ▪ Orientation & recurrent safety training
    ▪ Rewards & incentives

➢ Rounding [1,2,3]
  o Specific nursing actions performed at set intervals are associated with:
    ▪ Statistically significant overall reduced patient call light use
    ▪ Reduction in patient-related falls
    ▪ Increased patient satisfaction
    ▪ Anecdotal reports of increased nursing staff satisfaction
  o Purpose of Rounding:
    ▪ Emphasizes the purpose of nursing
    ▪ Reinforces the nursing process
    ▪ Maintains a regular review of patients’ nursing needs
    ▪ Provides patients with interpersonal communication & greater contact with nursing team
    ▪ Proactive nursing care that creates an environment to facilitate comfort
Hourly Rounding [1]

- 1 & 2 hour rounding:
  - Dramatically reduced call light use
  - Significantly increased patient satisfaction scores

- 1 hour rounding:
  - Significantly reduced call light use for all major reasons & across all time periods
  - Significantly reduced (approximately 50%) patient falls

- 2 hour rounding:
  - Significantly reduced call light use for all major reasons & across all time periods
  - Falls reduction in 2 hour rounding was not statistically significant.

- 72% of hospitals had existing internal checks & balances to verify accuracy of call light records, such as:
  - Call light recording systems
  - 24 communication centers
  - Desk staff receiving call light requests

Rounding Monitors [1,3]

- Studer Group Proactive Rounding Actions:
  - Assess pain levels
  - Medications as needed on RN scheduled “things to do” list
    - Offer dose when due
  - Offer toileting assistance
  - Assess body position & comfort
    - Offer to reposition
  - Call light within reach
  - Telephone within reach
  - TV remote control & bed light within reach
  - Bedside table next to bed
  - Tissue box and water within reach
  - Garbage can near bed
  - Prior to leaving ask, “Is there anything I can do for you before I leave? I have time while I am here in the room.”
  - Tell patient when nursing staff will be back in room within rounding timeframe
    - Names on room white board

- Additional Rounding Activities:
  - Patient/Family education
  - Skin care assessment
  - Update charting & documentation
  - Patient privacy & comfort
  - Encourage fluids & healthy diet
  - Mouth care
  - Maintain & care for patient aids
    - Glasses, dentures, hearing aids
  - Check site, comfort, patency, & efficiency of medical devices
  - Check oxygen & suction device use
Rounding Outcomes [1,2,3]
- Regular nurse-patient contact
  - Improved nurse-patient relationships
  - Family can see care is being given
  - Increased nurse knowledge of patient
  - More accurate patient observations & documentation
- Reduced call light use
- Increased patient satisfaction with nursing care
  - Support & improve patient morale
- Improved patient safety
  - Reduction in patient falls
- Increased nursing staff satisfaction
- Additional time for patient care and other tasks
- Quieter environment
  - Reduction in “white noise”
    - Call lights now truly heard
  - Increased staff responsiveness & attentiveness

Barriers to the Process of Rounding [2]
- Nursing staff must become comfortable with the structure of hourly rounding
- Increased documentation if a rounding log is used
- Staff consistency in performing rounding checks
- Varied patient population, diagnoses, co-morbidities
- Staffing patterns
- Acuity levels
- Number of admission & discharges for nursing team
- Lack of unit physician support
- Lack of staff “buy-in”

Facilitating Rounding [1,2,4]
- Creating a culture of safety is an ongoing developmental process
- Nursing leadership is a key factor to intervention implementation
- Nurse managers are crucial for successful unit-based nurse rounding
  - Managerial support of a rounding intervention is affirmed by daily managerial rounding
- Professional nurses want to improve the quality of patient care
- Nurse-CNA teamwork
References


Appendix A

Quality of the Evidence

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<th>Key Search Terms (2000 to 2007)</th>
<th>Search Results</th>
<th>Cochrane Review</th>
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Other relevant resources via Yahoo Web Search: 1

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