Hourly Rounding Implementation

A Multisite Description of Structures, Processes, and Outcomes

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Objective: This study identifies structures, processes, and outcomes associated with hourly nurse rounding.

Background: Literature supports that nurse rounding every 1 to 2 hours affects quality outcomes. Evidence is lacking regarding the process of successful implementation.

Methods: Using an action research design, project leads implementing hourly rounding at 11 Southern California hospitals agreed to recorded telephone interviews. Transcribed interviews underwent content analysis.

Results: Analysis revealed 15 major themes. Structure themes include use of rounding behaviors described through an acronym and collaborative phone call. Processes include a library of tools to use incorporating both patient and staff feedback. Patient satisfaction and patient perception of being well cared for are 2 common outcome themes.

Conclusions: This study provides evidence that frequent reevaluation of structures and processes promote achievement of desired outcomes in relation to hourly rounding. The authors recommend abandonment of routinization and adoption of flexibility to sustain successful implementation of hourly rounding.

Current nursing culture fosters the expectation of clinical excellence. The pursuit of clinical excellence benefits patient outcomes, which are reflected in improved satisfaction and quality measures. Improved patient-care management, patient satisfaction, and patient safety are attainable with a combination of interventions that nurses can independently initiate and carry out. One intervention that shows promise for achieving high levels of clinical excellence while decreasing fragmented patient care is hourly nurse rounding. Networking with nursing leaders in other organizations can help leaders support an hourly rounding implementation path embedded with best practices. This article provides a description of common structures, processes, and outcomes generated by project leaders who successfully implemented hourly nurse rounding in multiple acute care settings.

Castledine et al published an early article highlighting the revival of nurses rounding on patients to promote comfort and quality of basic nursing care. This seminal article also provided a description of rounding program components. Meade et al systematically tested a similar program of rounding. In a multisite, quasi-experimental study, nurses on several hospital units implemented specific behaviors addressing patient need either every 1 or every 2 hours. Results demonstrated a reduction of call-light volume, falls, and increased patient satisfaction on units trialing nurse rounding.

Since the 2006 study of Meade et al, multiple acute care organizations implemented and tested components of nurse hourly rounding. For these organizations, identified patient and staff quality measures trended in a positive direction, supporting the time and resources devoted to implementation as...
meaningful and effective.9,10 The value of anticipatory nursing care and surveillance in relation to positive outcomes is emerging through use of hourly rounding strategies, thus motivating organizations to move toward the incorporation of rounding as a standard of practice.13

Synthesis of available literature supports a protocol of specific nurse rounding actions every 1 to 2 hours. A knowledge gap exists in the description of common structures and processes related to rounding implementation. This gap in evidence motivated investigators and project leads to complete the concurrent, multifacility research. This study describes common structures, processes, and outcomes of implementing hourly nurse rounding by analyzing the feedback of project leads responsible for operationalizing the initiative in a variety of hospital settings.

Donabedian Model
The Donabedian model of structure, process, and outcome provides the framework for this study.17 Structures refer to material resources, personnel, and constructed methods or items. Processes are the activities, performed within structures, with sequences that lead to achieving outcomes. Outcomes refer to the description of the intended result, effect, or measure of success that will occur from carrying out a program or activity. The Donabedian model has a linear 1-way relationship, with the desired outcome depending on the quality and integrity of related structures and processes.17 Identifying and disseminating the common structures, processes, and outcomes in rounding implementation provide organizations the support for piloting the project in addition to ideas for sustaining rounding practices.

Design
Social action research (SAR) design was the methodology used to obtain the data related to rounding implementation. Originally formulated by Kurt Lewin, it is a disciplined method for intentional learning from experience.18 SAR is an interpretive and reflective qualitative methodology where participants willingly collaborate with the designated researchers. Action research is carried out by people who, after recognizing a problem or limitation, work together to devise a plan to counteract the problem. Participants implement the plan, observe what happens, reflect on these outcomes, revise the plan, implement it, reflect, and revise again.

SAR methodology was actualized through regularly scheduled collaborative teleconferences between project leads from participating Southern California hospital organizations and study researchers. Project leads and investigators voluntarily discussed implementation strategies and what was effective and shared tools to reach the goal of successful and sustainable hourly rounding.

Sample
After obtaining institutional review board approval, a network sampling of project leads from acute care hospitals in Southern California volunteered to participate in digitally recorded telephone interviews. Fourteen interviewees participated, representing 8 hospitals in the Southern California Kaiser Permanente integrated healthcare organization, and 3 hospitals from different healthcare organizations in the area. Hospital size represented in this sample ranged from 200 to 450 licensed beds. Study project lead participants were notified or were already aware of the collaborative phone calls and participated in phone calls separately if desired. Interviews occurred from December 2007 to August 2008. The implementation time for hourly rounding in each facility ranged from 1 month to 1 year.

Data Collection
Hourly rounding project leads, identified by nurse executives, were contacted by researchers via e-mail. Consent to participate was assumed through voluntary e-mail reply and agreement to set up a confidential telephone interview. Each interview was assigned a number for confidentiality. During the recorded interview, project leads were asked open-ended questions concerning hourly rounding definitions, content, concerns, barriers, facilitators, processes, and outcomes. Sample questions are profiled in Table 1.

Data Analysis
For each interview, answers to open-ended questions were transcribed verbatim. All interview responses were searched for meaningful segments, referred to as exemplars. Manual indexing19 was used to record exemplars, which were organized into code categories. Code categories were evaluated by 2 independent coders, reaching an intercoder agreement of 79%. Coders collaborated on the remaining code categories to reach consensus on name and exemplar placement.

All codes were synthesized to themes, with each theme labeled and defined. Defined themes, along with sample exemplars, were sent to a voluntary group consisting of project leads, advance practice nurses, and/or nurse scientists. This group independently validated whether the exemplars fit the assigned definition and if the definition fit the assigned theme label. Using this process promoted
Findings

Of the 78 themes, 15 major themes were generated from project lead interviews. A major theme is one that occurred repeatedly and across questions by most or all interviewees. The 15 major themes that emerged from answering questions listed in Table 1 are narratively described in this article with direct quotes from project leads.

Structures

Use of Rounding Behaviors, Described Through Acronyms

For purposes of this project, hourly rounding is defined as someone being in the patient’s room completing a regular series of acts or responses that identify patient need before it happens. Nursing staff provide any necessary preparations or changes to meet needs. A common acronym to describe the behaviors addressed during rounding is described as the 4 P’s: pain, position, personal needs, and personal elimination. As a respondent stated: “The basic check is the 4 P’s with variation depending on the clinical situation. But the nonnegotiables are pain, patient position, personal belongings, and elimination/potty.” However, another acronym was used to identify patient need that emerged during interviewing: A—activity, B—bathroom, C—comfort, D—dietary, and E—environment. In most facilities, nurses were also encouraged to complete each visit with a standard exit question: “Is there anything else I can do for you before I leave?”

Table 1. Hourly Rounding Questions With Structure, Process, and Outcome Themes

<table>
<thead>
<tr>
<th>Sample Questions</th>
<th>Structures</th>
<th>Processes</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>How are you defining hourly rounding?</td>
<td>• Use of rounding behaviors, described through an acronyms</td>
<td>• Nursing management rounds</td>
<td>• Tools to use and share</td>
</tr>
<tr>
<td></td>
<td>• Rounding behaviors customized to patient populations</td>
<td>• Formal education of staff</td>
<td>• Ongoing performance evaluation</td>
</tr>
<tr>
<td>Who is implementing hourly rounding?</td>
<td>• Someone being in the patient’s room every hour</td>
<td>• Collaborative phone call</td>
<td>• Incorporating both patient and staff feedback</td>
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<td>What are the processes that you have or are developing in order to implement hourly rounding?</td>
<td>• Executive nursing leadership</td>
<td>• Promoting unit level staff involvement</td>
<td>• Building staff will and buy-in</td>
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<td>What supports or facilitators have you found when implementing hourly rounding?</td>
<td>• Competing initiatives</td>
<td></td>
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<tr>
<td>What barriers have there been in the implementation of hourly rounding?</td>
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<tr>
<td>What outcomes are you measuring in order to determine the success or lack of success of hourly rounding?</td>
<td></td>
<td>• Effect in patient care outcomes: seeing the benefits</td>
<td></td>
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<tr>
<td>What are your concerns about hourly rounding?</td>
<td></td>
<td></td>
<td>• Sustainability</td>
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clarity in capturing the implementation experience. A total of 78 themes were identified.19-21
a team consisting of the primary nurse and certified nursing assistant alternately rounded on patients. In addition, charge nurses frequently assisted in rounding to achieve consistently timed intervals. For this study, the reported person(s) responsible for hourly rounding were nursing personnel and did not include other disciplines.

Rounding Behaviors Customized to Patient Populations
Rounding was altered, and nursing care was tailored to fit immediate and potential needs for varied patient populations. For example, a respondent described a modification designed for a postpartum unit: “On postpartum, positioning is not always positioning the patient; it’s more of the position of the baby at the breast or feeding technique.” For a perioperative area, the nurses acknowledged the importance of family members waiting during procedures to be included in rounding: “In the OR area, the nurses consider the patient’s family their patients also. They (the family) are waiting in the waiting room area. The nurses go see them as well every hour.”

Nursing Management Rounds
In addition to staff nurse rounding, many facilities incorporated concurrent unit manager and director rounding. Managers checked on individual patients to evaluate if rounding processes were completed. As a project lead stated: “We’ve (management) said that one of the best ways to also find out (if rounds are occurring) is to talk to the patients and say, ‘When someone comes in the room, are they (staff nurses) asking you these things or are they offering these things?’”

Executive Nursing Leadership
Executive nursing leadership was defined as the single, senior manager whose role is to make and implement major decisions for nursing. Nurse executive leadership was often identified as key to the success of the hourly rounding initiative. One project lead stated: “Clinical directors and our chief nurse executive have been really great supporters and facilitators.” Another project lead commented: “At leadership meetings they’re (clinical directors and the nurse executive) always talking about hourly rounding.”

Formal Education of Staff
Participants verbalized educational events as a key structure during implementation. Designation of rounding in-services, PowerPoint presentations, or workshops provided staff the evidence from literature and the Studer Group that supports hourly nurse rounding. Use of unit poster boards was a reported example of an educational display adjunct to formal classes supporting the process of rounding. As a project lead stated: “Initially, I provide a more focused educational session with the charge nurses and managers. Later, I come back and provide an in-service to the actual staff themselves.”

Collaborative Phone Call
Collaboration is a recursive process where 2 or more people or organizations work together toward an intersection of common goals. Project leads and staff nurses who were assisting in the implementation of hourly rounding voluntarily participated in a regular teleconference to share best practices, barriers, and tools. The regularly scheduled calls provided the opportunity for a supportive and free exchange of strategies as the implementation of rounding unfolded: “Everyone who had a chance to participate on the conference calls where other hospitals were involved has found it to be a delightful process where we’ve been able to learn and learn much more quickly.”

Processes
Tools to Use and Share
The library of tools to use and share was a key theme that affected both structure and process components of hourly rounding. For example, most facilities used either a clock or a log to record that scheduled rounding occurred. Some project leads reported the use of care boards alone or in conjunction with a clock or log. Care boards may also be called hospital room message boards. They are dry erase, usually white, and used to facilitate communication between patients, doctors, nurses, and other staff.

As implementation proceeded, participants developed tools to capture processes related to rounding. One subtheme identified is the use of proprietary principles and tools, such as those offered by the Studer Group. Participants also developed their own tools to monitor both staff and manager rounding processes. Customized tools emerged over time for specific patient populations. Tools were not universally successful in all settings. This process is reflected in the subtheme of abandonment of ineffective tools. All project leads interviewed agreed to share their tools with each other and encouraged sharing when implementing a rounding initiative.

Ongoing Performance Evaluation
Hourly rounding tools assisted with another major process theme, ongoing performance evaluation. Project leads regularly examined facts, numbers, and
Outcomes gathered over time to improve the quality of structures and procedures leading to desired outcomes. For example, project leads initially tracked that the act of being in the room occurred at scheduled intervals. After rounding at regular intervals was sustained, monitoring commonly shifted to tracking the questions asked and actions performed while rounding. One project lead reported monitoring questions: “Is the call light with the patient? Is the bedside table there? Is the room set up and the patient comfortable? Are supplies at the bedside?” Another project lead stated: “Our goal is defining it (rounding) and refining it, and then making sure whatever we decide the key components are gets done consistently.”

Promoting Unit-Level Staff Involvement
A unit-level team is a group of individuals who work together on a unit where patients with similar needs receive care. Nursing staff contribute to the decision-making processes related to patient care and nursing practice at the unit level. For project leads, staff involvement was considered both a major support and facilitator in hourly rounding implementation. As a project lead verbalized: “It has been fun to really slow down a little and let each unit own this process.” Staff also participated in the design of rounding tools: “Staff designed their own visual display, whether it was a poster reminding everybody about the content, a little card people carry around, or a clock on the door.”

Incorporating Both Patient and Staff Feedback
Project leaders discussed the strategy of merging both staff and patient comments about performing and receiving rounding respectively. Adjustments were made to rounding based on feedback. Continuous refinement was identified as a key rounding implementation strategy. Project lead reported: “She (the patient) had good things to say about us and when I asked her if nurses were rounding hourly she said, ‘yes, of course, the nurses were so attentive.’ The staff nurse was there telling what worked about it. The staff nurse saying ‘this (rounding) works and here’s why’ was helpful for evaluation.”

Building Staff Will and Buy-in
Building staff will was defined as constructing the power of self-motivation, to persuade in staff the readiness to do rounding without requirement. By motivating nurses to anticipate improved outcomes for their patients as well as for their own work lives, managers and project leads hoped to ease the effort usually necessary for change in behavior. As a project lead commented: “You can’t take this (rounding), make this go forward successfully, until you’ve built will.”

Outcomes
Effect on Patient Care Outcomes: Seeing the Benefits
A major outcome theme in hourly rounding implementation was actually seeing positive change in both designated and unintended outcomes. Designated outcomes are the specific topics project leads stated when asked, “What outcomes are you measuring?” Examples of designated outcomes include the reduction in number of falls, call lights, and pressure ulcers. The complete list of designated outcomes from this study is shown in Table 2.

In addition, 4 unintended outcomes emerged during content analysis: patient perception of being well cared for, efficient nursing practice, expert nursing practice, and realization of both unit and individual practice culture. Project leads commented frequently about unintended outcomes: “What the patients are left with (from rounding) is how attentive and compassionate nurses are. When people are really visible and present, it gives the patient the feeling they’re being well cared for. We can have them (staff) more satisfied as caregivers, thus retaining expert people at the bedside.”

Discussion
Implementing hourly rounding was not flawless or without concern for project leads interviewed in this study. One major concern theme expressed by project leads was sustainability, which is defined as the ability to maintain and confirm that hourly

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<th>Table 2. Outcomes: Seeing the Benefits</th>
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<tr>
<td><strong>Designated Outcomes</strong></td>
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<tr>
<td>• Patient falls</td>
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<tr>
<td>• Hospital acquired pressure ulcers</td>
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<tr>
<td>• Patient satisfaction scores</td>
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<tr>
<td>• Volume of patient call lights</td>
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<td>• Pain management scores</td>
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<tr>
<td>• No. of patient compliments vs complaints</td>
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<td>• Staff satisfaction</td>
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<td>• Staff turnover</td>
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<td>• No. of sitters</td>
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<td>• Restraint use</td>
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<td>• No. of patient requests made at the nurses’ desk</td>
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<tr>
<th><strong>Unintended Positive Outcomes (Outcomes That Emerged From Interview Analysis)</strong></th>
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<tbody>
<tr>
<td>• Patient perception of being well cared for</td>
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<tr>
<td>• Efficient nursing practice</td>
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<tr>
<td>• Expert nursing practice</td>
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<tr>
<td>• Realization of both unit and individual practice culture</td>
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Table 3. Take-Home Message

This study provides evidence for:
- Customization of rounding components addressing patient and staff needs at the unit level
- A library of rounding structure and process tools to share. Project leads and staff have library access in order to use and revise tools as needed
- Continuous incorporation of patient and staff feedback as structures and processes are evaluated
- Dynamic, fluid, and sustained nursing leadership support for rounding
- Abandoning routine and embracing flexibility to achieve sustainability of hourly nurse rounding

Hourly rounding is valid and successful over time. The 2nd concern theme is the impact of competing initiatives. Having simultaneous, multiple projects can affect team focus and limit resources, thus increasing the possibility of inadequate implementation. Project leads verbalized the importance of evaluating the timing of a pilot and rounding rollout during implementation of other concurrent projects.

Limitations to this study include that the information is from only 14 interviewees. Having multiple sites and organizations involved in the project does support consideration of the findings by other healthcare organizations. Perspectives beyond project leads are not included, supporting the research recommendation to interview patients and staff for their interpretation of hourly nurse rounding.

Actual changes in outcomes were not measured over time in this study. As investigators, we originally proposed to track outcomes quantitatively. Outcomes were identified by project leads and are displayed in Table 2. However, we found that different units across participating hospitals tailored their outcomes to specific population needs and quality initiatives. The result was that no meaningful qualitative crosswalk or quantitative analyses could be completed. Authors report that many sites sustained nurse rounding and reported positive trends in their individual outcome metrics. This limitation suggests the need for further research to determine relationships between implementation strategies and outcomes to provide additional nurse rounding evidence.

This article highlights 15 major themes; however, there is no single strategy to implement hourly rounding for all units in and across hospitals. Success followed customization of rounding components to meet staff and patient population unit-level needs. A library of tools to share and collaborative phone calls were reported as successful support strategies. Structures and processes that do and do not work should be revised through patient and staff feedback. Simultaneously, a dynamic management team incorporating a fluid approach helps generate the will among staff to complete and sustain nurse rounding. Table 3 reflects these take-home messages for organizations that are considering the implementation of hourly rounding. This study suggests that, to implement complex, new behaviors such as hourly rounding, dependence on routinization, and standardization will not ensure success as well as a flexible approach to process and design in sustaining the initiative and thus patient outcomes over time.

References