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Improving Staff Responsiveness to Patient-Initiated Call Lights

Doshia Williams

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Abstract

This Clinical Nurse Leader (CNL) project involves the nursing staff and patients of a 23-bed post-surgical medical-surgical nursing unit at a Bay Area community hospital. The goal of this project was to improve patient care, patient satisfaction and staff workflow. Assessment of the microsystem revealed that from July 2013 through July 2014, the nursing unit scored below the unit's goal 10 out of the 12 months for the HCAHPS question related to patient's receiving help as soon as they pressed their call button. The unit's goal is 64%; however, the 12-month average was 50%, with one month as low as 13%. To improve poor staff responsiveness, an in-service training for nursing staff was implemented. A policy and procedure for call lights, hourly rounding handout for patients' welcome folder and the Visilert device were also suggested for implementation. It is projected that six months post-implementation, HCAHPS scores will increase from 50% to 65%. It is also estimated that in 12-months, the HCAHPS scores will continue to increase to 85%, the average score for top performing hospitals in the nation. In addition, it is projected that patients will become more educated and play a more active role in their care.

Problem Statement

On a 23-bed post-surgical medical-surgical nursing unit at a Bay Area community hospital, patients are often in pain, uncomfortable and do not have the abilities to perform simple tasks they may normally do independently, such as using the bathroom or changing positions. “Unfamiliar with hospital routines and how to get needs met, patients access the primary mechanism at their disposal: the nurse call button” (Mitchell, Lavenberg, Trotta, and Umscheid, 2012, p. 462). Staff prompt responsiveness to patient-initiated call lights is a critical component of the patient experience during a hospital stay. To monitor the patient experience, patients are given a, “standardized survey tool called the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS” (Ferrari, 2012). Patients indicate on the survey if staff was never, sometimes, usually, or always responsive to their request for help via their call light.

Assessment of the microsystem revealed that from July 2013 through July 2014, the post-surgical nursing unit scored below their target goal 10 out of the 12 months for the HCAHPS question related to patient’s receiving help as soon as they pressed their call button. The unit’s goal is 64%; however, the 12-month average was 50%, with one month as low as 13% (Appendix A). This is below California’s average of 62% and the nation’s average of 68% (Medicare.gov, 2014a). According to Brady, Dave, and Schulke (2013), “best performing hospitals in the country get 83% or more “always” on their HCAHPS scores for the call-button question.”

Staff unresponsiveness is also linked to overall dissatisfaction with patients’ hospital experience and future visits. According to Press Ganey Associates (2012), “positive experiences will promote a stronger customer base and increased market share” (p. 2). On the other hand, patients with negative experiences are unlikely to return to that facility, which causes missed

opportunities for future earnings. In addition, HCAHPS scores are linked to Medicare reimbursement; thus, the hospital is missing out on money when they are unable to meet HCAHPS thresholds or goals.

Rationale

After identifying staff responsiveness as a problem, a root cause analysis (Appendix B) was conducted by multiple methods of data collection. Patient and staff surveys, casual conversations with staff, observations of staff on the nursing unit, and call light response times were evaluated.

The root cause analysis identified three main causes of poor staff responsiveness, which include process, communication, and people issues. Causes associated with the process involve a lack of a policy and procedure for call lights. In addition, there is currently no teamwork-based approach utilized by staff to answer call lights. In the pre-intervention staff surveys, 80% of respondents reported teamwork would help staff get to call lights sooner (Appendix M). The average call light response time was one minute and fifty-five seconds; however, there were many outliers that were outside of the average (Appendix C). For example, on September 9, 2014, it took staff 40 minutes and 57 seconds to complete a patient's call light request. Furthermore, there is no set time limit or expectation for an acceptable call light response time. There is also a deficient system for educating patients on how the call light system works.

The root cause analysis also revealed problems with the unit's hourly rounding. While hourly rounding has already been implemented hospital-wide, it has not been sustained on the unit. According to nursing staff, the top reasons for patient call lights are related to toileting 28.43% and pain 32.35%, which collectively represent approximately 61% of total reasons for call lights (Appendix M). Potty and pain should be addressed during hourly rounding. Currently

there are not any methods utilized for measuring or auditing hourly rounding. If hourly rounding were being performed on a routine basis, it is probable that patient calls for pain and toileting would significantly decrease. Assessment of the staff revealed there was also significant RN/CNA knowledge deficit related to hourly rounding. For example, one CNA reported, "I do not think our patients are as acute as other medical-surgical floors. It is not necessary to hourly round." Also, some RNs explained that since they are frequently in patients' rooms, they do not need to perform hourly rounding.

Communication issues include delays in relaying patients' request to primary RN/CNA and patient being unaware staff is performing hourly rounding. People-related issues are associated with staff being occupied with another patient, staff or nursing task.

Literature Review

The focus of the literature review was to a) investigate the causes of poor staff responsiveness to patient-initiated call lights, b) to identify interventions other hospitals are utilizing to address the problems with poor staff responsiveness, and c) examine ways to sustain hourly rounding on acute care nursing units.

Staff responsiveness to patient-initiated call lights is highly important. "The call light can be a lifeline for hospitalized patients" (Kalman, 2008). According to Kalman (2008), "a patient's level of satisfaction with nursing care depends principally upon the patient's perception of how well the nursing staff has been able to meet his or her needs." However, various issues, such as alarm fatigue and complex patient loads, often inhibit staff from getting to a patient's call light in a satisfiable time for the patient. Kalman (2008) also asserts that, "several studies have documented the unfavorable effects of patients' frequent use of call lights on the effectiveness of patient-care management on inpatient units, which may already be compromised by staffing

shortages." Kalisch, McLaughlin, and Dabney (2012) evaluated missed nursing care on inpatient hospital units. Missed nursing care is defined as, "any aspect of required patient care performed by nursing staff that is omitted or significantly delayed," (Kalisch et al., 2012, p. 161). The study of 729 hospitalized patients by Kalisch et al. (2012), found that standard required nursing care, such as communication, basic care, and timeliness, is frequently missed (p. 420). Roughly 124 of respondents in the study stated their call light was never answered.

Ferrari (2012) asserts one of the key issues with staff unresponsiveness is the time it takes for a CNA or RN to completely carry out a patient's request. For example, if a CNA answers a call light for patients requesting pain medication, "much more time is required for a caregiver [CNA] then to seek out a nurse who would need to confirm orders before getting medicine to the patients" (Ferrari, 2012, p.2). The primary nurse may be busy with another patient or task, which causes the patient to wait even longer.

As previously mentioned, lack of responsiveness to patient call lights is linked to decreased patient satisfaction and adverse patient outcomes. Consistent with Mitchell et al. (2014), patients may be more willing to wait for something simple, such as a question about discharge, but less patient with help with their personal needs, such as going to the bathroom. This puts patients at risk for adverse events, such as falls.

Many hospitals are adapting ways to improve patient care and prevent adverse events from occurring. One approach is assessing the patient experience through HCAHPS. To further enhance the patient experience, numerous hospitals have also implemented hourly rounding, a nursing care initiative where the primary nurse and/or nursing assistant visits their assigned patient every hour to address certain patient care needs. "By taking the initiative to address basic needs such as the use of the bathroom ("potty"), positioning, pain control, and proximity of

personal items using a structured format, nurses can decrease patient anxiety and minimize uncertainty” (Mitchell et al., 2014, p. 463). The systematic review by Mitchell et al. (2014), reviewed 16 articles related to the implementation of hourly rounding. Call light use fell substantially in all 16 studies where it was measured. Decreases in call lights ranged from 23% to 70%, with a median reduction of 54% (Mitchell et al., 2014, p. 467).

The literature supports that there are multiple benefits to the implementation of hourly rounding. Mitchell et al. (2014), concluded that hourly rounding improves patients’ perceptions of nursing staff responsiveness in units where this may have been a problem, reduces patients falls and call light uses, and improves patients satisfaction scores (p. 471). Press Ganey Association (2012), asserted that hospitals that have improved their patient satisfaction scores, also improved their profitability. For example, Duke Children’s Hospital improved their patient and staff satisfaction, which resulted in reduction in average cost per case from \$14,889 to \$10,500 dollars and a turnaround in overall margin from an \$11 million loss to a \$4 million profit (Press Ganey Associates, 2012).

According to Ferrari (2012), the Cleveland Clinic utilized various tactics to ensure hourly rounding was sustained in their hospital. Staff was given training materials, which included a toolkit and a video demonstrating the proper way to introduce purposeful hourly rounding to patients, hourly rounding communication etiquette, and models of right and wrong ways to conduct rounding. The Cleveland Clinic also utilized a shared governance council staffed by frontline nurses that reviewed practices and made adjustments as needed based on feedback from patients and staff. In addition, nurse leaders and executive leadership made rounds to ask patients and frontline nurses how the hourly rounding was going and what changes need to be made, a crucial component to ensuring staff was held accountable.

Kessler, Claude-Gutenkunst, Donchez, Dries and Snyder (2012), evaluated the lessons learned and strategies implemented to sustain hourly rounding on a 30-bed medical surgical unit within the Lehigh Valley Health Network (LVHN). LVHN utilized the unit's Practice Council in order to, "contribute to initial staff commitment and accountability for the process and outcomes" (Kessler et al., 2012, p. 241). Nurses on the piloted unit also agreed to, "trial the new process and signed a statement indicating their commitment and pledge to adhere to the rounding protocol" (Kessler et al., 2012, p.241). In addition, to hourly rounding, nurses and caregivers utilized, "a scripted response upon leaving the room to remind patients that they will return" (Kessler et al., 2012, p.241). Other strategies to sustain hourly rounding included hosting bi-weekly staff meetings, enclosing a letter in patient's welcome binder about hourly rounding, documenting hourly rounding in a Rounding Log in the patient's room, unit director and unit educator rounds on each patient, and evaluation of nurse's individual rounding during annual performance appraisals (Kessler et al., 2012, p.241).

Cost Analysis

The four changes for this CNL project include: an in-service training for nursing staff, a policy and procedure for call lights, hourly rounding handout for patients' and the Visilert device. The proposed changes in this change project are not only effective, but also inexpensive. Total costs associated with this change project are \$6,173.00 for the first year and \$500.00 for the second year (Appendix D).

In an ideal setting, the CNL on the nursing unit would be responsible for developing and implementing the in-service, as well as the policy and procedure. In addition, the hospital's maintenance department would be responsible for installing the Visilert device on the unit. The CNL would also be responsible for educating staff on how to use the device. Furthermore, there

are no personnel costs for both years one and two. Non-personnel costs associated with this change project are associated with the Visilert devices and patient handouts. Two Visilert packages will be purchased for \$5,548.00, which includes 60 individual units, four charge bases, and wall brackets. Two sets are being purchased because while nursing staff is using one set, the other set can be on the charger, ready to swap out with any low battery Visilert device at anytime. An additional Visilert Charger Base will be purchased at \$125.00, so that there are enough charging docks for all devices. The costs associated with the printing of the hourly rounding handout will cost \$500.00 for both the first and second year. Non-personnel costs are \$6173.00 for the first year and \$500.00 for the second year.

It is anticipated that patient satisfaction scores will significantly increase after the implementation of this change project. According to Guadagnino (2012), hospitals unable to meet established patient satisfaction guidelines are penalized 1% of medical reimbursement. By increasing patient satisfaction, the hospital will save money rather than lose it. According to Medicare.gov (2013b), the average cost this hospital spends on a patient during an inpatient visit is \$9,964.00. The unit is currently losing \$99.64 per patient. Thus, it is projected that for every 100 patients seen on the unit, \$9964.00 is saved (Appendix E). Moreover, the cost-benefit analysis revealed that for every \$1 spent on the program in the first year, the hospital will save \$1.61 and for every \$1 spent in the second year, the unit will save \$19.93 (Appendix F).

Project Overview and Methodology

To address poor staff satisfaction to patient-initiated call lights, it is suggested that the following methods are implemented: an in-service training for nursing staff, a policy and procedure for call lights, hourly rounding handout for patients' and the Visilert device.

A. In-Service Training for Nursing Staff

In-services for nursing staff on the *No Pass Zone* and guidelines for hourly rounding will be conducted for a week on the nursing unit. A PowerPoint (Appendix G) will be utilized to educate staff. The in-service will last approximately five minutes. After the in-service, staff will be given a handout (Appendix H) on the key points of the in-service. Staff will also complete a post-education survey (Appendix I).

B. A Policy and Procedure for Call Lights

A policy and procedure for call lights will also be developed (Appendix J). Components of the root cause analysis, staff requests, and the already implemented “Call for Care Campaign Education ” were combined to develop the policy and procedure. 80% of staff surveyed reported that improved teamwork would help increase staff responsiveness to patient-initiated call lights; therefore a *No Pass Zone* was included in the policy. A *No Pass Zone* is a teamwork-based approach to answering call lights, where every on-duty staff member, both clinical and non-clinical, respond to a patient’s call light. An expected time frame to answer call lights was also included. Other components of the policy consisted of educating patients on how to use the unit’s call light system during admission to the unit, guidelines for volunteers, and a breakdown of what each call light means.

C. Hourly Rounding Handout for Patients’ Welcome Folder

An education handout on hourly rounding was created for patients (Appendix K). This educational tool was created as another tactic to help educate patients on hourly rounding, which ultimately would include patients into their care and help keep staff accountable. The handout will be placed in the patients’ welcome folder, which is given to every patient during admission.

D. Visilert Device

As previously mentioned, hourly rounding is an evidence-based initiative, which has been shown to reduce the number of patient falls, skin breakdowns, and nurse call lights. Visilert (Appendix O), a simple, effective, inexpensive, and soundless device used to improve and sustain hourly rounding should also be implemented. The Visilert device incorporates a stoplight and timer, which alerts nursing staff when it is almost time to hourly round (yellow flashing light) and when the staff has failed to round within the hour (red flashing light). Many of the nurses report being very busy; thus Visilert provides nursing staff with a gentle reminder to perform hourly rounding. “Constant and purposeful use of the Visilert device will make it virtually impossible to miss a patient round, all with no noise” (Visilert, 2014).

Data Source

Various data collection methods were utilized to identify the problems with staff unresponsiveness to patient-initiated call lights. First, a microsystem assessment of the nursing unit was performed and analyzed. Multiple methods were used to collect data, which included HCAHPS scores (Appendix A), staff surveys (Appendix L), call light response times (Appendix C), casual conversations with staff and patients, and observations of hourly rounding performed on the nursing unit. Casual conversations with staff were about their opinions on call lights and hourly rounding. Observations of staff were focused on the process of staff performing hourly rounding and the nursing unit’s process of answering a call light. These methods were appropriate because they helped identify the problem and causes of the problem.

While the evaluation of changes would ultimately need to be performed on an ongoing process, post-surveys would be utilized to measure the outcomes of this change project. In addition, comparison of HCAHPS scores before and after implementation of the proposed

changes would be evaluated. Lastly, auditing hourly rounds by nursing leadership will help evaluate how successful the changes were on hourly rounding.

Expected Results

The implementation of the proposed changes is expected to greatly impact patient care and nursing staff workflow. Ultimately, the time it takes staff to answer a call light will decrease from 1 minute and 55 seconds to 1 minute and 30 seconds. It is projected that six months after implementation, HCAHPS scores for the “patient’s call button answered as soon as patient wanted help” question, will increase from 50% to 65%, the unit’s goal. It is estimated that by 12 months, the HCAHPS scores will increase to 85%, the average score for top performing hospitals in the nation. It is also anticipated that patients’ overall satisfaction with the hospital and nursing care will increase. Hourly rounding will be performed consistently by all staff within 12-months. In addition, it is projected that patients will become more educated about hourly rounding and play a bigger role in their care.

Nursing Relevance

As previously stated, patient satisfaction is linked to patients likelihood to return to the hospital at a later time. Customer service, attentiveness, friendliness among staff are often reasons customers return to any particular establishment, not just the hospital. During the in-service, this concept was presented to staff in a way to get staff to empathize with the patient. Many members of the nursing staff explained they were unable to answer a patient’s call light because they were occupied with another patient or part of patient care. It is obvious the nursing staff on this post-surgical nursing unit is committed to patient care. The unit’s own nursing vision states, “we will exceed our patients’ expectations for seamless, consistently positive experiences with all aspects of the health system.” Furthermore, it is imperative that staff

understands that while adding new products like Visilert or initiatives like hourly rounding may be a new task, they are not new concepts. They are simply another way to help staff empathize with the patient, encourage the patient to visit our hospital again, perform a part of patient care, and exceed their expectations.

Summary Report

Three out of the four proposed changes (policy and procedure, hourly rounding handout for patient and Visilert) require approval from senior leadership; therefore, only the in-service for staff was implemented. To get staff excited about the changes, I attended staff meetings and tried to integrate into their nursing culture before giving the in-service. A five-minute presentation was given during the in-service, followed by a teach back from staff on how to conduct an hourly round, and a post-education survey. According to the post-education survey responses (Appendix N), 60% of staff reported that they plan to perform hourly rounding more than before the in-service training. Although this is less than expected, it is anticipated that when the other suggestions are implemented, the number of staff performing hourly rounding more consistently and correctly will increase significantly. 80% of staff was also able to identify the correct way to end an hourly round (Appendix N).

There are many plans set up to sustain this project once I leave. First, the nurse manager will seek approval from senior nursing leadership for the remaining change projects. If needed, once approved, the nurse manager will contact me for help in implementing the other components. To sustain hourly rounding a measurement tool is vital. Once Visilert is implemented on the floor, I suggest nursing leadership frequently look down hallways to determine which staff members have not met their hourly rounding goal by observing the number of red flashing lights. It is also suggested that nursing leadership make rounds with unit

supervisors at least once a week to audit hourly rounding practices on the nursing unit. It is also recommended nursing leadership provide nursing staff with praise and feedback after each round.

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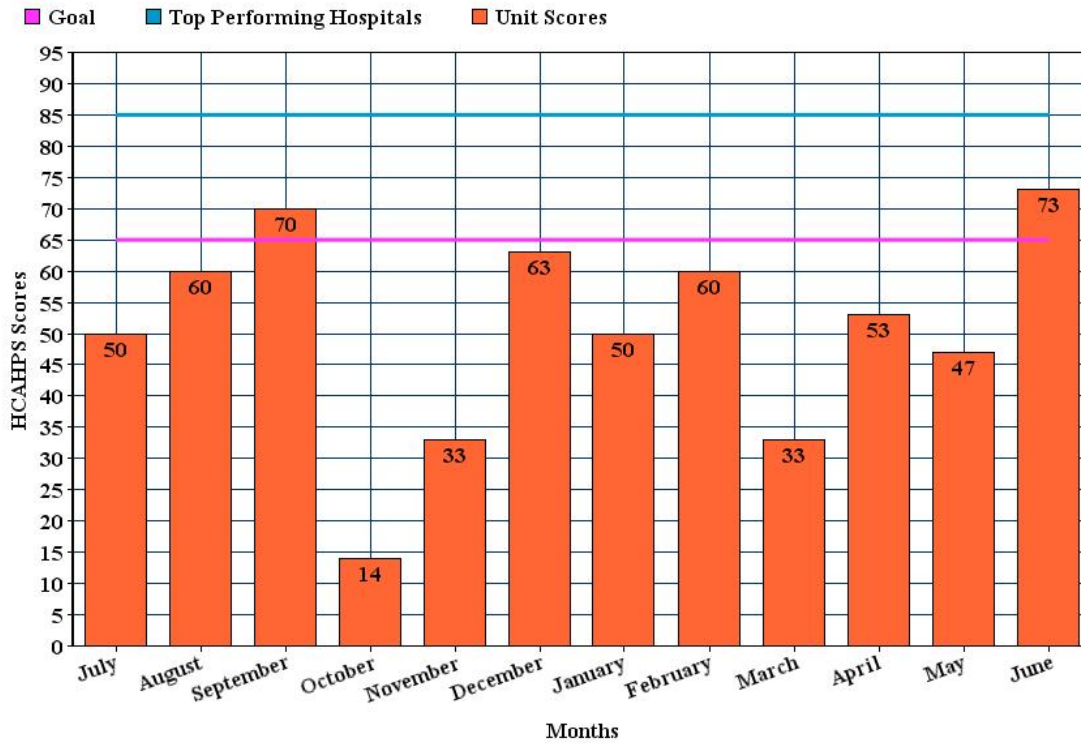
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Appendix A

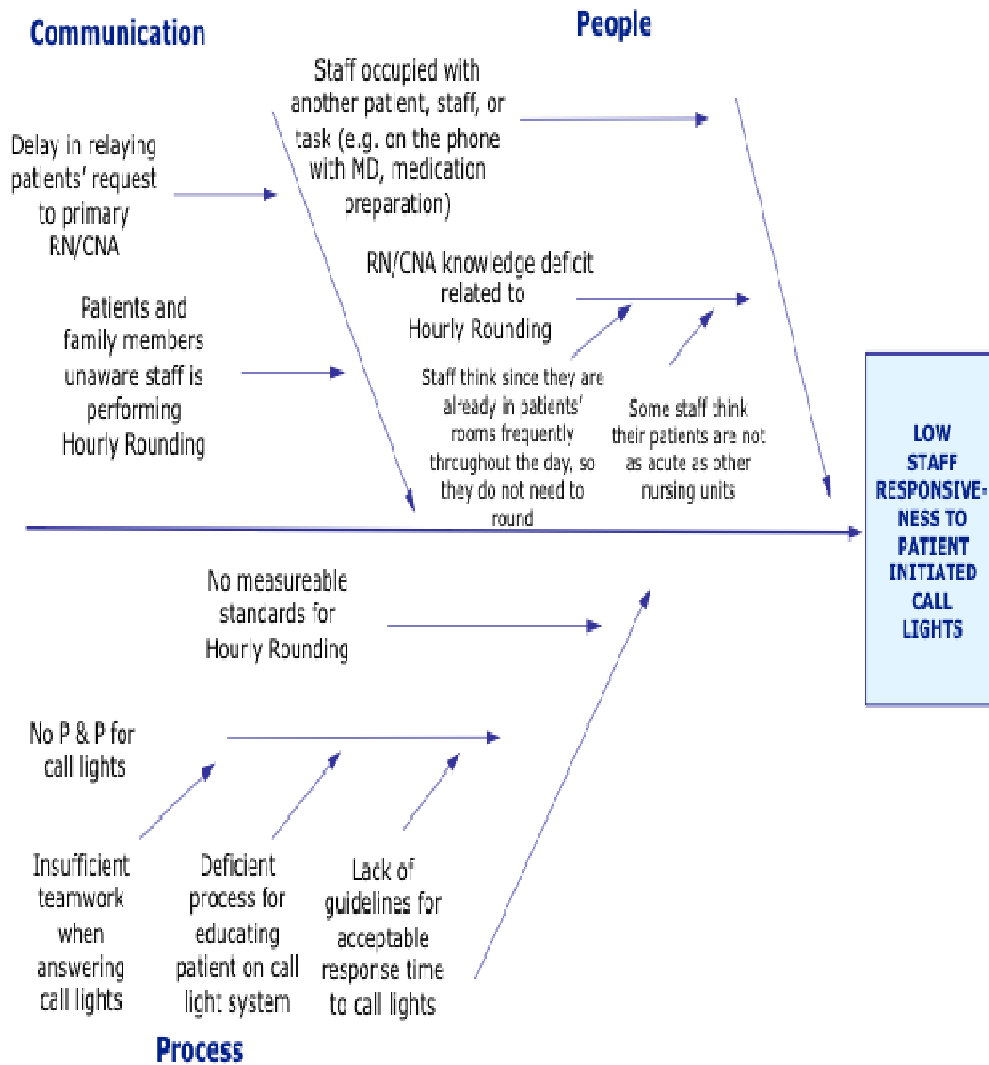
HCAHPS Scores
HCAHPS Scores July 2013 - June 2014



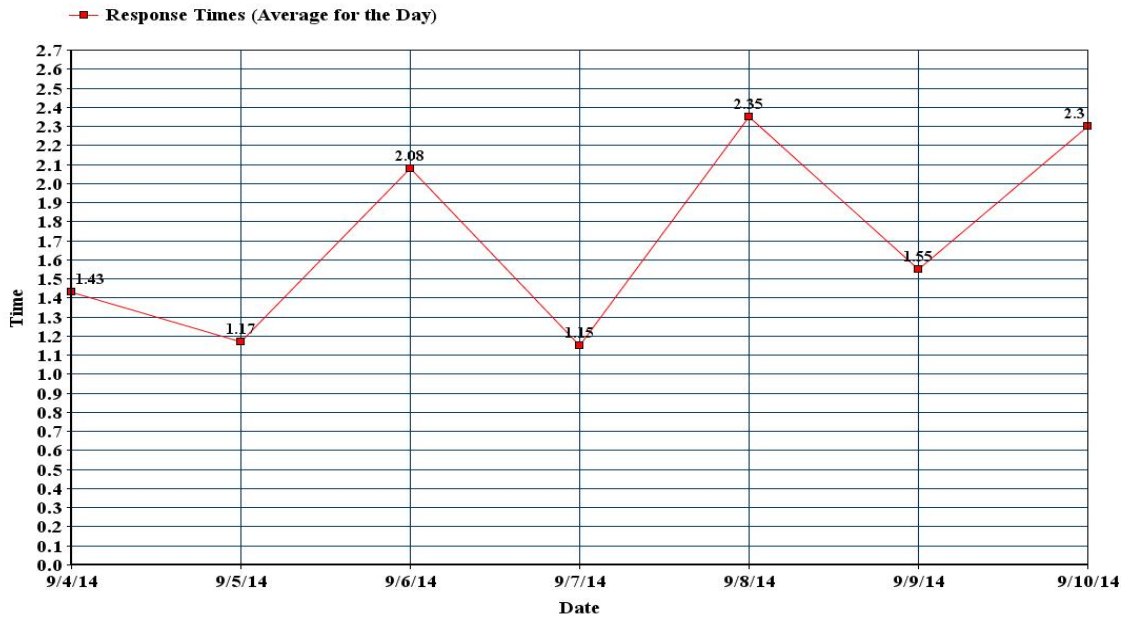
Appendix B

Root Cause Analysis

Why have HCAHPS scores for the question related to "patients receiving help as soon as they pressed their call button" been below the nursing unit's goal 10 out of the past 12 months?



Appendix C
Call Light Response Times



*Average call light response time is one minute and fifty-five seconds.

Appendix D
Estimated Costs for Materials and Labor for the First and Second Year

| Materials and Labor | Year 1 | Year 2 |
|--|---------------|--------------|
| Personnel | \$0 | \$0 |
| Personnel Subtotal | \$0 | \$0 |
| Non-Personnel | Year 1 | Year 2 |
| 2 - Visilert packages (includes 30 individual units, two charge bases & wall brackets) | \$5548 | \$0 |
| 1- Visilert Charger Base | \$125 | \$0 |
| Hourly Rounding Handout | \$500 | \$500 |
| Non-Personnel Subtotal | \$6173 | \$500 |
| Total | \$6173 | \$500 |

Appendix E
 Projected Savings From Improved Patient Satisfaction

| Average Costs per Patient | Medicare Reimbursement Penalty if HCAHPS Goal is Not Met | Estimated Savings per Patient | Savings for Every 100 Patients |
|---------------------------|--|-------------------------------|--------------------------------|
| \$9964 | 1% | \$99.64 | \$9964 |

Appendix F
 Cost-Benefit Analysis

| Cost-Benefit Analysis (CBA) | Year 1 | Year 2 |
|-----------------------------|---------------|----------------|
| Costs | \$6173 | \$500 |
| Benefits (per 100 patients) | \$9964 | \$9964 |
| Net Benefits | \$3791 | \$9464 |
| CBA Ratio * | \$1.61 | \$19.93 |

* Every \$1 spent on the program in the first year, the hospital will save \$1.61. For every \$1 spent in the second year, the hospital will save \$19.93.

Appendix H
In-Service Handout

IN-SERVICE: IMPROVING STAFF RESPONSIVENESS TO PATIENT-INITIATED CALL LIGHTS

Purpose: Improving staff responsiveness to patient-initiated call lights has been shown to reduce the number of call lights, patient falls, hospital-acquired pressure ulcers and overall increase patient satisfaction. After this in-service, staff will be better prepared to answer call lights and hourly round.

- I. *No Pass Zone*
 - a. Every on-duty staff member (clinical and non-clinical) respond to a patient's call light. This will help improve patient experience and strengthen patient safety.
- II. *Round for a Purpose*
 - a. Purposeful Rounding anticipates patient's reasons for using the call lights, which allows the patient and their family to focus on healing and getting better. In addition, hourly rounding saves nurses from 150 - 300 hours per month.

| Hourly Rounding Behavior | Expected Results |
|---|---|
| 1. Use Opening Key words | Creates efficiency "checkin' on ya" won't suffice |
| 2. Accomplish scheduled tasks | Contributes to efficiency |
| 3. Address 3 P's (pain, potty, position) | Quality indicators – falls, decubitis, pain management |
| 4. Address additional comfort needs | Improved patient satisfaction on pain, concern and caring, efficiency |
| 5. Conduct environmental assessment and ensure bed technology is correctly utilized | Contributes to efficiency , teamwork |
| 6. Ask "Is there anything else I can do for you before I go, I have time?" | "Call me if you need me" decreases efficiency . Improves patient satisfaction on teamwork and communication |
| 7. Tell each patient when you will be back | Contributes to efficiency |
| 8. Document the round | Quality and accountability |

Appendix I
Post-Education Survey

**IN-SERVICE: IMPROVING STAFF RESPONSIVENESS TO PATIENT-INITIATED CALL LIGHTS
POST-SURVEY**

1. After this in-service, how often do you plan to round on your patients?
 - More than before
 - Same as before
 - Less than before

2. After you have addressed the 3 P's (Pain, Potty, and Positioning) what is included in your Environmental Safety Assessment?
 - Position call bell, urinal if applicable, and bedside table within reach
 - Bed in lowest position with brakes locked
 - Bed alarm on, if applicable
 - Patient's items of need within easy reach
 - Patient's walkways are obstruction spill free
 - Side rails up on both sides

3. What is the proper way to conclude your hourly round?
 - A. "Someone will be in to round on you every hour. Either Susan or I will be in next hour to round on you."
 - B. "Call me if you need me."
 - C. "Is there anything else that I can do for you while I am in the room? I have the time."
 - D. A & C

Appendix J

Policy and Procedure for Call Lights

Subject: Answering Patient-initiated Call Lights

Dept: Medical-Surgical Nursing Units

I. Purpose:

A. To improve staff responsiveness to patient-initiated call lights by establishing guidelines to answering patient-initiated call lights, including a team based approach and adhering to expected call light response times.

II. Policy:

A. This hospital is committed to answering every patient call light as soon as possible through collaborative measures by clinical and non-clinical staff as a standard of practice within our inpatient facilities.

III. Procedure:

A. Clinical Staff:

1. Upon admission to the unit, admitting or primary nurse will familiarize the patient to the room, including use of phone and call light. Have the patient "teach back" call light and phone use. Place the call light and phone within patient's reach.
2. At beginning of shift, nursing staff to document on the patient's white board the name of the primary nurse and nursing assistant and their respective phone numbers within 30 minutes of start of shift.
3. When patient's call light goes on, within 2 minutes, any staff member (e.g., RN, CNA, Secretary, Case Manager, Housekeeping, etc.) in the vicinity will enter the room and ask the patient what they need.
4. Ancillary staff will not be expected to enter isolation rooms.
5. If the patient needs immediate care, the staff person will immediately contact the primary nurse or charge nurse in person or by phone. Otherwise, the staff person will notify the primary nurse and/or nursing assistant in a timely matter.
6. Staff person will communicate to patient that their primary nurse / nursing assistant has been contacted and will assist them as soon as possible.
7. Staff person will cancel the call light in the patient's room.
8. Nurse / nursing assistant will respond within communicated time and provide appropriate assistance.
9. Volunteers serving on nursing units will be directed by those individual units.

10. Responder Color Light and Tones

| Color | State | Tone | Call Description |
|--------|----------|----------------|--|
| White | Solid | Slow Ding | Normal Patient Call |
| White | Flashing | Slow Ding | Toilet Call |
| White | Flashing | Slow Ding-Dong | Pillow Speaker or Cord Cut |
| Green | Flashing | None | RN Needed |
| Orange | Flashing | Slow Ding-Dong | IV Pump Miscellaneous Equipment Alarm |
| Yellow | Flashing | None | CNA Needed |
| Red | Flashing | Medium Ding | O2 SAT or Bed Exit Call |
| Red | Flashing | Fast Ding | Shower or Staff Assist Call |
| Blue | Flashing | Warble | Code Blue |

Reference/Regulations:

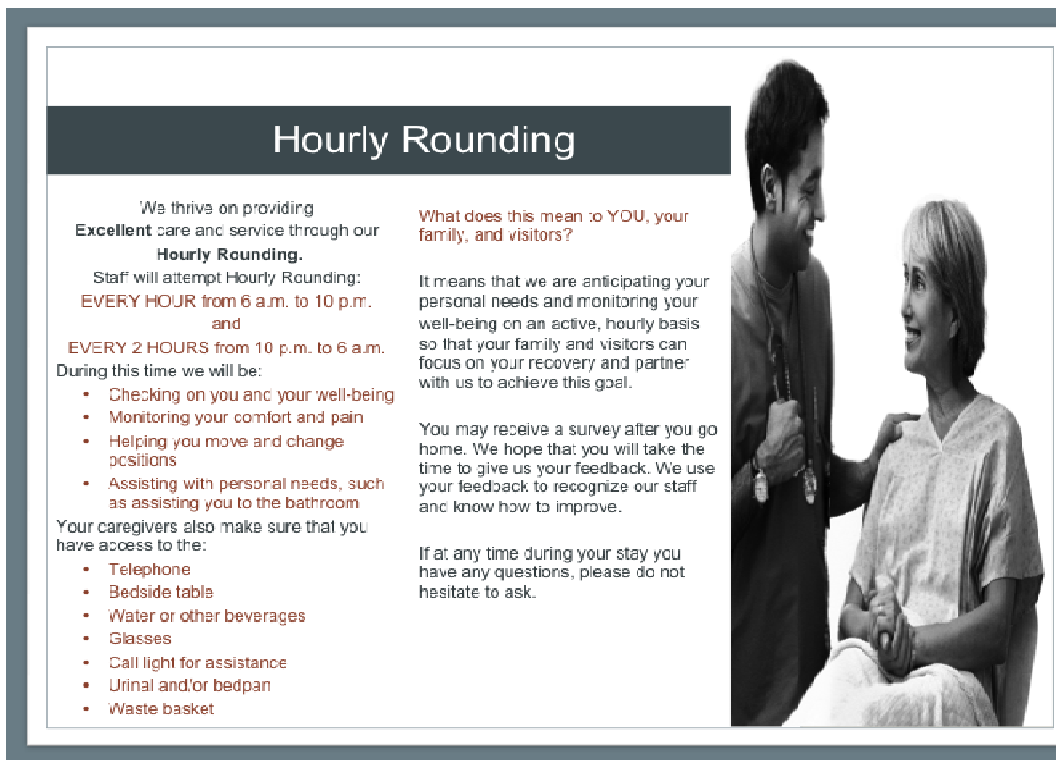
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Sponsor(s): Name & Title
 Coshia Williams, MSN, RN (CML Intern)

Origination Date:
 11/20/24

Appendix K

Hourly Rounding Handout for Patients' Welcome Folder

Hourly Rounding

We thrive on providing **Excellent** care and service through our **Hourly Rounding**.

Staff will attempt Hourly Rounding:
EVERY HOUR from 6 a.m. to 10 p.m.
 and
EVERY 2 HOURS from 10 p.m. to 6 a.m.

During this time we will be:

- Checking on you and your well-being
- Monitoring your comfort and pain
- Helping you move and change positions
- Assisting with personal needs, such as assisting you to the bathroom

Your caregivers also make sure that you have access to the:

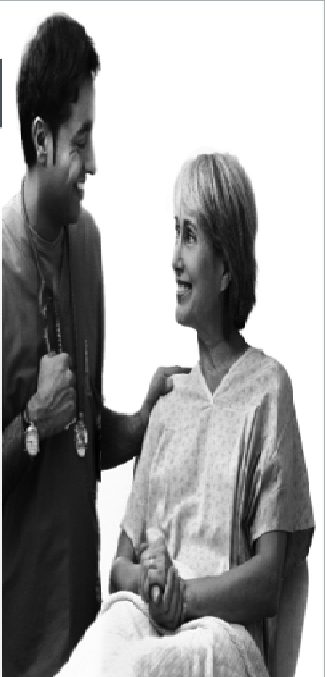
- Telephone
- Bedside table
- Water or other beverages
- Glasses
- Call light for assistance
- Urinal and/or bedpan
- Waste basket

What does this mean to YOU, your family, and visitors?

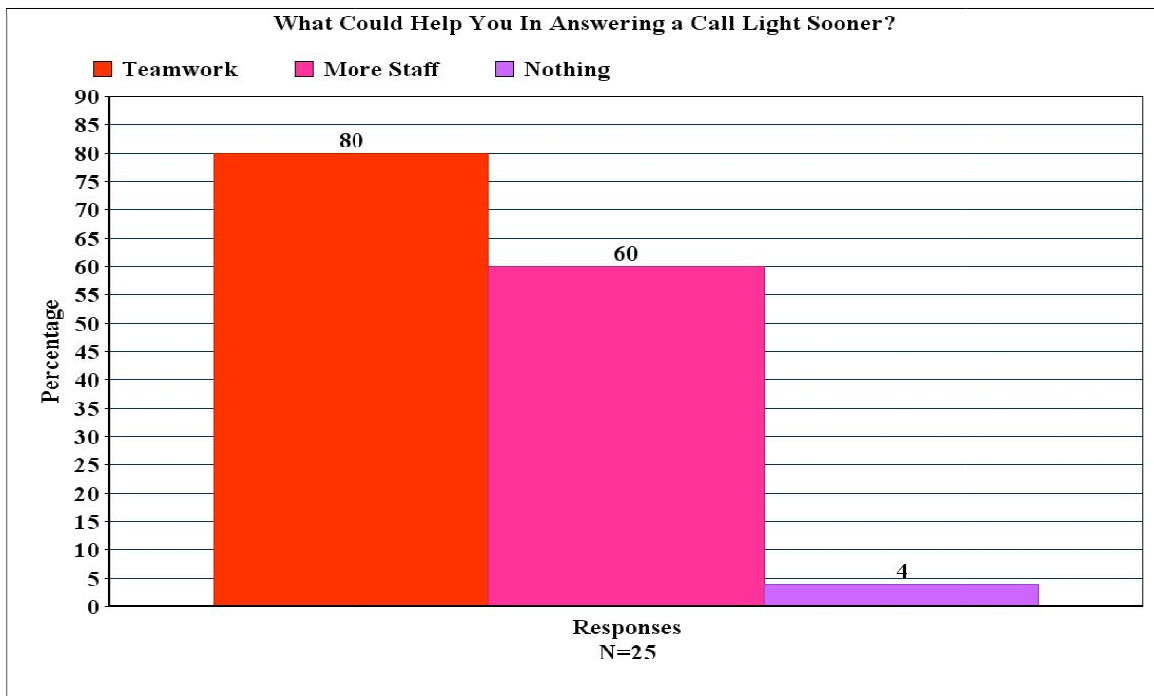
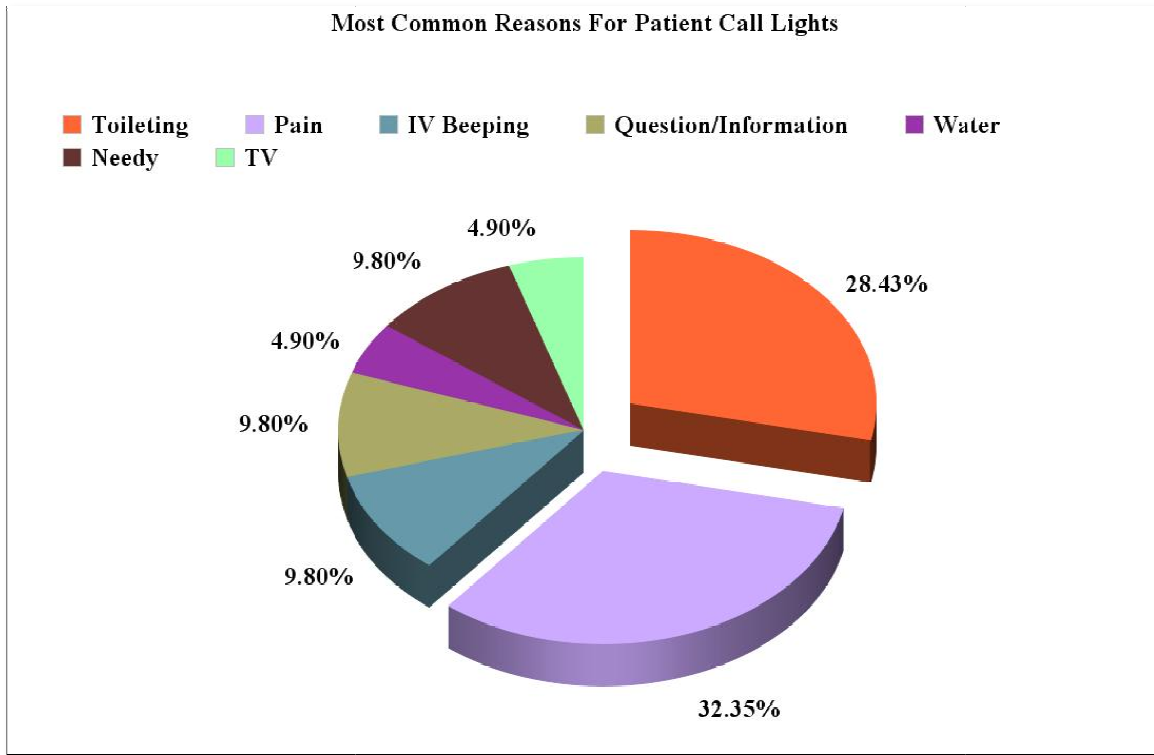
It means that we are anticipating your personal needs and monitoring your well-being on an active, hourly basis so that your family and visitors can focus on your recovery and partner with us to achieve this goal.

You may receive a survey after you go home. We hope that you will take the time to give us your feedback. We use your feedback to recognize our staff and know how to improve.

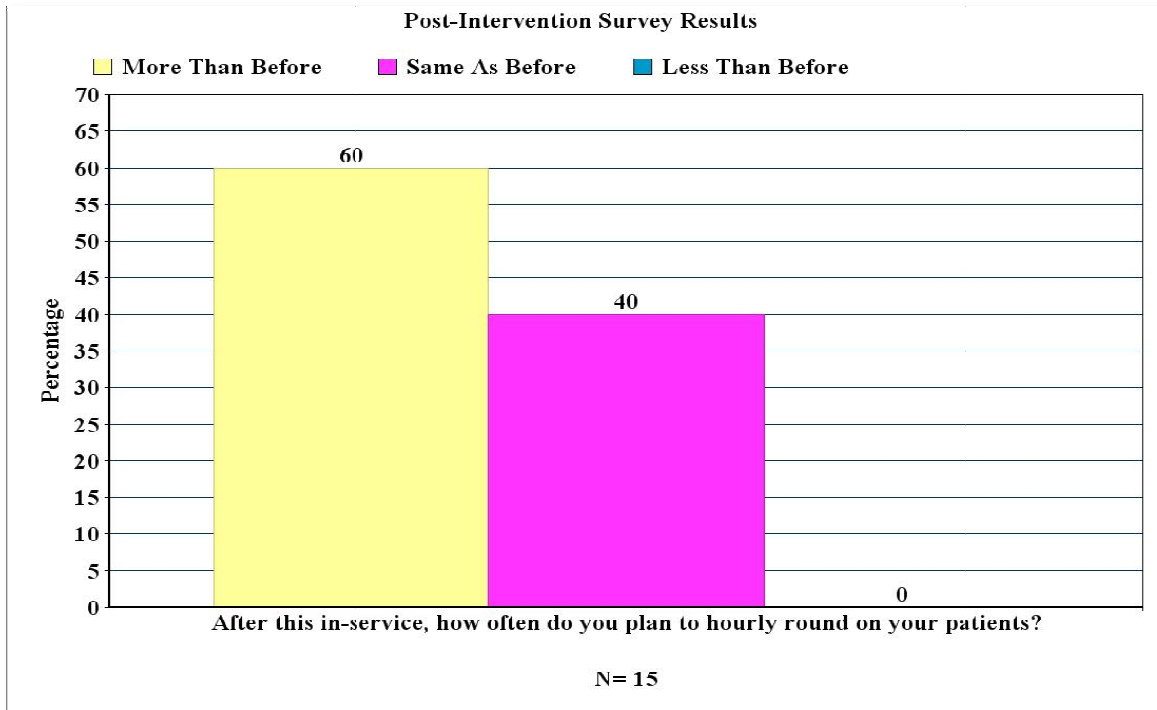
If at any time during your stay you have any questions, please do not hesitate to ask.



Appendix M
Pre-Intervention Survey Responses



Appendix N
Post-Education Survey Results



Appendix O
Visilert Device

