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IMPROVING COMMUNICATION AND SATISFACTION THROUGH HOURLY ROUNDS

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Improving Communication and Satisfaction Through Hourly Rounds

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Clinical Leadership Theme

The quality of healthcare is important. The theme rooted within the motivation for this project is Quality Improvement. The American Association of Colleges of Nursing, (AACN, 2013), defines the Clinical Nurse Leader (CNL), role to include quality improvement as a core competency. Quality improvement can be achieved by delivering evidence-based practices in order to improve care. The CNL is poised to assess the microsystem in order to find problems needing design change and to direct improvements for the system. Promoting continuous quality improvement, and evaluation of effective communication within the microsystem is imperative to providing patient-centered quality care. The CNL requires a firm understanding of business plans, a working knowledge of datasets (for example Hospital Consumer Assessment of Healthcare Providers and Systems, HCAHPS scores), and to know how to implement quality improvement projects, (AACN). The essential skill of quality improvement as explained by the AACN is embedded in the project, “Improved communication and satisfaction through hourly rounds.” Nurses do have many tasks within each unique microsystem but one of the most important attributes of the nursing profession is caring about patients, (human beings), and communicating at the bedside is a fundamental part of care. We cannot truly have meaningful caring without patient-centered communication. Performing high quality bedside rounds is an important part of that relationship.

Statement of the Problem

The unit culture, staff mix, and data from nurses creates an understanding on the current practice, belief, and barriers to rounding on the microsystem. These factors create an understanding of reasons why hourly rounding needs improvement, (Appendix A). All audited nurses on the unit believe that hourly rounding is important for patient safety and satisfaction.

Barriers were expressed by nurses to explain why rounding hourly is not always performed such as lack of time, patient preference, patient mental condition, and large numbers of stable patients waiting for placement, (Appendix B). Patient interview audits reveal that the patients are satisfied with getting their needs met through response to use of the call-bell system but that some nurses do not come in with the purpose to check their needs unless they have other tasks to perform such as medication administration. Although several confused and forgetful patients were unable to communicate how their nurses checked on them, some verbalized not knowing if nurses “ever” came to check on them or stated that some nurses do not care for them at all. The CNL intern plan includes the process of analyzing pre-intervention data to contrast with post-intervention audits of patients. The summary of patient audits performed creates qualitative data on communication and rounding quality from the patient perspective, (Appendix C).

The purpose of providing education to nurses about the important aspects of hourly rounding and implementing a bedside document for accountability of the rounding is to improve patient satisfaction and communication. The expectation of the improved rounding intervention is that patient surveys will reflect improved nurse communication and satisfaction. This project is attempting to accomplish verbalization from patients of knowing rounds are being done regularly and measured improvements in HCAHPS scores.

Project Overview

The project plan is to educate nurses in huddles, posted guidelines for rounding, and e-mails about how to do patient-centered hourly rounding. The bedside hourly rounding document will be explained as a tool to show a commitment to hourly rounding and to communicate with patients when rounds have been/will be done. Unit Champions will receive training on best-

practice rounding and the use of the bedside rounding checklist. The goal is to have hourly rounding documents at every patient bedside with nurse participation on all shifts.

The specific aim of this project is to improve hourly rounding with the use of a bedside hourly checklist in 100% of the patient rooms starting on April 15, 2017. This aim provides focus for staff on the unit by stating that there is an expectation for improvement with implementation on a defined date. This specific aim relates to the global aim of the facility as outlined in the quality and mission statement. The mission statement outlines a commitment to providing compassionate, comprehensive, and quality care to the diverse community. The aim of quality is explained as a commitment to measuring and improving the quality of service to the served community. There is a goal to provide safe, patient-centered, efficient, equitable, timely, and effective care. The improvement of hourly rounding can be easily justified to be an important improvement project because it is proven that high quality hourly rounding is patient-centered, improves safety, saves time, and improves the patient experience with communication and satisfaction, (Sidani & Fox, 2014). Evidence also shows that improved communication creates job satisfaction and therefore can be assumed to improve nurse retention (Sharma & Klock, 2014).

Rational

The importance of this project became evident due to analyzing the patient population and the need for close observation. Audits of practice reveals that some nurses do not purposely round on patients but respond to call-bells and the computer charting is not always done to reflect the rounding. HCAHPS survey results indicate that patients report nursing communication below the California, (and National) average. Patients are reporting that they always receive help when they want 53% of the time. The national average is 69%. Another

deficit is the report from patients that their pain was always controlled 63% of the time compared to 71% of the Nation. Improved communication during rounds can be expected to improve these scores. Fabry (2015), cites studies on hourly rounding proving higher satisfaction scores, decreased falls, fewer pressure ulcers, improved pain control and improved staff satisfaction. These improvements with realized higher quality communication and satisfaction is a positive part of the health system's accountability to its stakeholders, (Appendix D).

The cost of the project is considerably modest, (\$1,605 to implement) in relation to the expected outcomes. Improved patient satisfaction rates and reports of improved communication is expected as the quality of rounding increases. HCAHPS surveys results are expected to improve with linked increases of reimbursement funds, (Appendix E). High quality hourly rounds are proven to improve safety and fall rates. The average cost of a hospital fall is over \$30,000 nationally (Centers for Disease control and Prevention, 2016). It can be assumed that there will be cost savings from falls associated with improved hourly rounding. Nurse satisfaction could accomplish improvements in staff retention. Direct costs due to losing staff includes cost of temporary staff, recruiting costs (advertising, screening, bonuses, interviews), cost to train new staff (classroom, on-the-job training), lost productivity and cost incurred with reduced quality or errors and waste from new employees (Center for American Progress, 2012).

This project is expected to achieve some measure of success due to the strengths of the microsystem. There is an expected team-based culture with supportive management and leaders. Challenges of best-practice hourly rounding were assessed to be a difficult patient population with many confused, dual-diagnosis patients, (Appendix F).

Methodology

Implementing a bedside checklist to document nursing rounds is the change to be tested. The objective is to improve compliance and proof of rounds at the bedside. The document is also a visual tool for patients. It is expected that patients and family members will see that nursing is providing regular checks on patients even if they are confused or asleep. The steps in the process to integrate a bedside rounding tool begins with assessment of the current process through audits of patients and nurses and continues through steps to achieve integration of the tool in the culture of the microsystem, (Appendix G).

Kotter's change theory is useful to understand the way this change will be guided and experienced by staff nurses. The change theory encompasses eight stages beginning with identifying a need through evaluation of the change and reinforcement. (Grossman, & Valiga, 2011).

In the first stages the unit nurses will become aware of the need to improve hourly rounding in order to improve care. The audit data from nurses and patients will be shared in a staff meeting, and e-mail in order to create an understanding of the problem. Nurses will become aware of what others find difficult about hourly rounds and what unit expectations are. The idea of a bedside hourly log will be introduced. The following steps of the process include use of unit champions, huddles, ongoing education and support. Improved practice and successful outcomes will be celebrated and shared with the staff during huddles, posters, and e-mails in order to continue momentum and encourage buy-in.

As the improvement project progresses it will be imperative to monitor data in order to understand how the rounds are being done. Review of the paper logs will be performed in order to verify practice. Ongoing communication with Unit Champions will be in place to determine if

there are barriers to the improved practice in order discover what changes may be needed.

Audits performed by light-duty staff on nurses entering rooms will be performed and checked against the bedside rounding document. Surveys of patients will be performed to determine if patients are mentioning the rounding tool and to create understanding of how they perceive nurse communication and satisfaction using the same survey performed prior to implementing the change.

The change will be evaluated with information from patient surveys and HCAHPS scores. Improvements needed to the hourly rounding practice can be determined and reinforcement of successes can help to keep the practice part of the unit culture.

Data Source

The CNL improvement project takes place on the medical unit of a county hospital. The hospital system strives to provide care to an underserved community. Patient have a variety of challenges that include dual diagnosis, oncology, homelessness, with many uninsured, non-English speaking clients. Review of HCAHPS survey results is important to encourage efforts toward improved nurse communication and patient satisfaction. Audits of staff rounding prior to implementing the change shows inconsistent compliance to unit expectations for rounding. Varied understanding and perceived communication quality by the patients (from audits), of how rounding is performed was evaluated. Improving quality of care can be achieved through purposeful hourly rounding as proven by evidence from a literature review.

Evidence is imperative to support efforts for improvements in rounding practice. The search undertaken by the CNL intern was guided by a PICO search strategy as outlined by University of Illinois (2016), in the Cumulative Index to Nursing and Allied Health Literature database, (Appendix H).

The focus of the search was, “strategies for patient-centered rounding on medical units to improve communication and patient satisfaction.”

Support for the benefit of hourly rounding is provided by a study from Bragg et al. (2016). The authors analyzed descriptive statistics from six hospital surveys and found consistent data proving that patients have improved satisfaction and a perceived higher quality of care related to the nurses physical presence and communication occurring on regular rounds.

Stanford Health Care (2017), provides guidelines on the behaviors of high quality rounds including tasks (pain, toileting, position, environment assessment), patient-centered questioning, and explaining rounding process. Documenting the round is an aspect of the quality and accountability of the act. Findings reported by Stanford Health Care during research from 14 hospitals showed a 12% improvement in Patient Satisfaction scores, reducing falls by 52% and a 37% reduction in call-bell use. This work is useful to support the aim of the CNL intern in the microsystem in order to strive towards similar results.

Fabry’s (2015), work directly discusses the importance of understanding HCAHPS results and their impact on payments from the Centers for Medicaid and Medicare Services (CMS, 2017). Improving nursing measures such as quality communication, responsive care, and pain management can be effected by purposeful, regular rounding. Patients correlate quality care and satisfaction with nurses’ visibility, availability, and proficiency with care. Fabry also discusses how patients experience relief of anxiety and reduced pain levels when they understand and can anticipate when rounds will take place. Fabry explains that implementing and sustaining improved rounding can be challenging due to a disparity of knowledge and motivation between the bedside staff and management. The author asserts that nursing leaders need to educate and lead with evidence-based initiatives at the microsystem level. The theoretical framework to

solidify adoption of the practice to improve rounding is discussed to be Rogers' Theoretical Framework of Diffusion of Innovation. The staff can have more success in adopting the new practice if they are actively participating in the implementation and are supported with education, reinforcement and validated practice.

Barriers to adopting new patient-centered care is the focus of Frampton and Guastello's (2014), work. They outline patient-centered care attributes such as attentiveness, empowering patients through collaborative care, and patient engagement. Adopting patient-centered practices may have the challenge of lack of evidence of the efficacy of patient-centered care. The authors state that building evidence is important but that efforts to facilitate patient partnerships should not be delayed due to lack of evidence regarding patient-centered care. Practices may not be proven to qualify as 'best' practice such as bedside report and unrestricted visiting hours but these practices are 'patient-preferred.' The authors embrace qualitative data as a part of patient-centered, quality care. This important work supports the CNL intern's use of patient surveys in understanding perceived quality and communication.

One of the most influential works to support the CNL intern project is from Krepper et al. (2012). The authors describe routine rounds improving safety, satisfaction, and patient outcomes. The authors reinforce how rounding improves patient satisfaction scores. The researchers implemented a two-group quasi-experimental study to track improvements through hourly rounds. The study includes staff education on how to do quality hourly rounds. Patient and family awareness is addressed with posters in rooms. Staff is expected to do charting on rounds as well as to initial a paper log at the patient bedside. Ongoing coaching and monitoring during the study takes place. The HCAHPS results on the intervention unit improved patient satisfaction rates by over 8% during the 6 month collection of data. The value of the study

supports the CNL intern project due to similarities of the focus and interventions with an actual realized improvement.

Sharma and Klocke (2014), discuss the importance of improving communication between health professionals and patients. A pilot study is examined in order to understand patient-centered rounding and its effects on improving nurses' perception of the work environment leading to team-based collaboration, enhanced inter-professional relations, and improved job satisfaction. This work aids the CNL intern improvement project by creating support for rounding as an important aspect of the microsystem which may improve nurse retention due to job satisfaction.

Timeline

A timeline was created to assist in keeping on track with the time limitations for the project, (Appendix I). The CNL intern first did a microsystem analysis and reviewed data to discover a need to improve rounding at the microsystem level. Over a one week period, nurses were randomly surveyed on all shifts to gain understanding of current practice, belief, and difficulties with rounding. Patient audits were to be done randomly over one week but it was determined that only five patients were alert and oriented enough to answer all of the audit questions. Five patients with dementia and psychiatric illness were audited but were unable to communicate much of their answers. The information from the incomplete surveys is still useful to see if improvements can be made.

A two week period is proposed to educate Unit Champions and staff about the improvement effort. Huddles will start on April 15, 2017 at the same time as implementation of the bedside rounding tool. Ongoing huddles will continue until deemed unnecessary. After five days of using the new checklist, patient surveys will take place as well as review of HCAHPS

results. Audits of nurse rounding practice and review of completed rounding tools will start after five days of implementing the checklist. Results of rounding and any successful measures will be shared with staff at the beginning of May. There is an expectation that all nurses will make efforts to use the new tool.

Expected Results

This project is expected to improve the results of patient satisfaction on the HCAHPS survey in the area of nurse communication and patient satisfaction.

Improvements in reduced falls, improved pain management, and a reduction in patient call-bell usage is expected to occur. The desire and hope of this CNL intern is to realize an improved unit culture. Nurses are hoped to experience improved satisfaction due to improved communication with patients and a feeling of connection to patients due to patient-centered rounding. There could be the realization of a happier work environment due to being proactive to patient needs instead of reactive to patients using the call light. As patients experience higher quality nurse rounds they may feel more cared for. If anticipation and trust of regular rounding is created by the bedside checklist patients may experience a reduction of pain or anxiety. It is expected that visitors will have a sense that their family member is being attended to even if they cannot use the call-bell or if they are asleep. Patients with psychiatric illness and dementia can be reminded of the bedside tool and this may improve anxiety levels and mood.

It is anticipated that some nurses may be resistant to the new intervention but continued education and support may encourage improvement. It is also an area of concern that the tool is not appropriate for all patients. Nurses will be encouraged to use nursing judgement in order to provide patient-centered interventions appropriate to their unique patients such as a young alert and fully oriented patient who requests not to be disturbed at night.

Nursing Relevance

This project will create understanding of evidence-based care through purposeful rounding on this unique microsystem. The goal of providing attentive, patient-centered rounding for all patients can be realized even if individuals have dementia, psychiatric-illness, or are stable and refuse hourly rounds. The trusting relationship and caring created by attentive, predictable rounding should improve the unit culture and result in patient and staff satisfaction. In a busy, chaotic environment it is necessary to be proactive and purposeful in our rounding in order to provide quality care. Although some improvements cannot be measured easily there is relevance in nursing's commitment to caring. This project provides support for the significance of the caring that takes place at the bedside.

Summary

The plan for implementation of the project was drastically altered due to a dangerous event on the unit leading to focus on the immediate problems taking priority for all teaching, changes, and alterations of staff routines. Management expressed continued support for the CNL intern project by permitting a limited test of the change.

The objective of the CNL intern project aims to provide higher quality patient hourly rounding in order to improve communication with patients and improve satisfaction. Patient-centered care during hourly rounding is proven to achieve improvements in communications between caregivers and the client. The experience of higher satisfaction is expected to occur for patients and staff with purposeful rounding.

The setting for the project is a medium sized county hospital in Northern California. The clients served are mostly Medicare and Medicaid patients, many are without insurance. The population is diverse including high numbers of non-English speaking, homeless, dual-diagnosis,

and elderly with dementia. The microsystem targeted for the project is a medical-oncology unit with Registered Nurses providing primary care. Nursing assistants are on the unit providing close supervision to some and safety checks on many. A high number of patients on the unit are long-term, difficult to discharge due to aggressive and disruptive behavior or elopement risk. Due to the high numbers of confused, dementia, and psychiatric patients it is appropriate to expect a rounding tool would be useful to reorient patients to their performed and expected rounding from staff in order to create an understanding of caring and attention. Evidence gathered during the creation of the plan shows that patients will have improved experience of their care when they understand and can anticipate regular care during rounding. Development of trust should improve the care experience for nurses and clients.

The original plan included education of Unit Champions on all shifts by meeting with the CNL intern and utilizing a handout summarizing the plan, (Appendix J). The Unit Champions were to start huddles and act as leaders and a resource for all staff. It was the goal to use the bedside hourly rounding tool in every patient room on all shifts. Management had expressed support of the project by including the Nurse Educator and providing light-duty nurses for audits of rounding practice.

Baseline data from audits of staff and patients showed that many patients did not know when or if rounding was done regularly or at all during sleeping hours. Many patients are confused, demented, or have psychiatric illness. Nurses expressed some patients were forgetful and don't remember how often nurses provide care, many patients call several times every hour. Some nurses expressed not rounding regularly on some patients because they believe that the patient will use the call bell if they need help, or they express not having enough time. All nurses surveyed indicated that hourly rounding is important for safety and patient satisfaction but

actual practice is below unit expectations. Survey results (HCAHPS), reveal that nurse communication and patient satisfaction is below National averages. Research supports high quality, patient-centered rounding to improve these weak areas. It is for these reasons that the CNL project of improving hourly rounding was chosen for the unit by implementing a simple bedside checklist, (Appendix K).

The actual limited implementation included auditing and huddles to start education on improved rounding. Unit Champions were chosen and briefed on the purpose and plans for the project.

The occurrence of the crisis on the unit lead to limiting the implementation to a smaller amount of patients during fewer shifts. The CNL intern was permitted to use the tool during a three week period on the evening shift for up to five patients per day. The patients were educated at the start of the shift that the tool would be used to document hourly nursing rounds. At the end of the shift the patients were asked questions about their perceived care and experience of hourly rounding. The CNL intern made changes to the original rounding tool to make improvements for the second week of using the tool. The change included larger font for easier patient reading. From nurse suggestions regarding the tool, it was been determined that a pre-filled time is confusing to some patients and nurses because rounds do not happen on the hour. The rounding tool could be improved by providing a column for each hour but the nurse would fill in the time to better reflect the visit time.

The problem with analyzing patient and nurse experience with the tool is that it was not tested during sleeping hours and was used on fewer than desired patients and staff. The data was collected by the CNL intern doing the rounding for the shift.

The data collected during use of the bedside tool was valuable even with the limitations. The nurse (CNL intern) felt that time management was improved by being proactive during rounds. Patient needs were anticipated and the CNL intern perceived reduction in patient call-bell use between rounds. The CNL intern felt happier while doing rounding with a purpose instead of reacting to patient call bell use. Confused patients were reminded that the nurse would be back within an hour and it seemed to bring comfort to anxious patients. Patient perception of the rounding revealed that some confused patients were able to point to the rounding tool indicating understanding of nurse attention in the room (Appendix L). One patient was able to verbalize that she didn't use the call bell for fresh water because she knew that someone would be coming into the room for rounding soon. Family members inquired about the tool and were informed that the nurse is entering the room even if the patient is asleep. It is assumed that family member would be reassured about safety and quality care.

It is believed that use of the bedside checklist would improve communication, safety, and satisfaction on any group of similar patients. Some patients who have experienced the tool are able to understand that they are receiving regular nurse attention and care and the tool can create a trusting relationship with caregivers. On the limited amount of patients including dementia and psychiatric clients the tool has achieved positive feedback. If the tool was used on the whole unit, the CNL intern expects that HCAHPS results would be improved.

The plan for sustainability of the tool is to present it to staff as an option for dementia, confused, and psychiatric patients who would benefit from understanding nursing rounding frequency. Patients can be reoriented throughout the shift and be reassured that they will receive care. Nurses can benefit from the tool because trust can be developed and they can show patients

that they are being attended to. The tool is simple to perform and did not require a large change in routine.

This CNL intern plans to present the project to management when the crisis is stabilized. The nursing staff has awareness of the need to improve rounding due to the education started on the rounding tool. The CNL intern will share findings with the unit in order to prove the value of the tool. It is the desire of this nurse to promote the role of a CNL and present the efforts and findings of the project.

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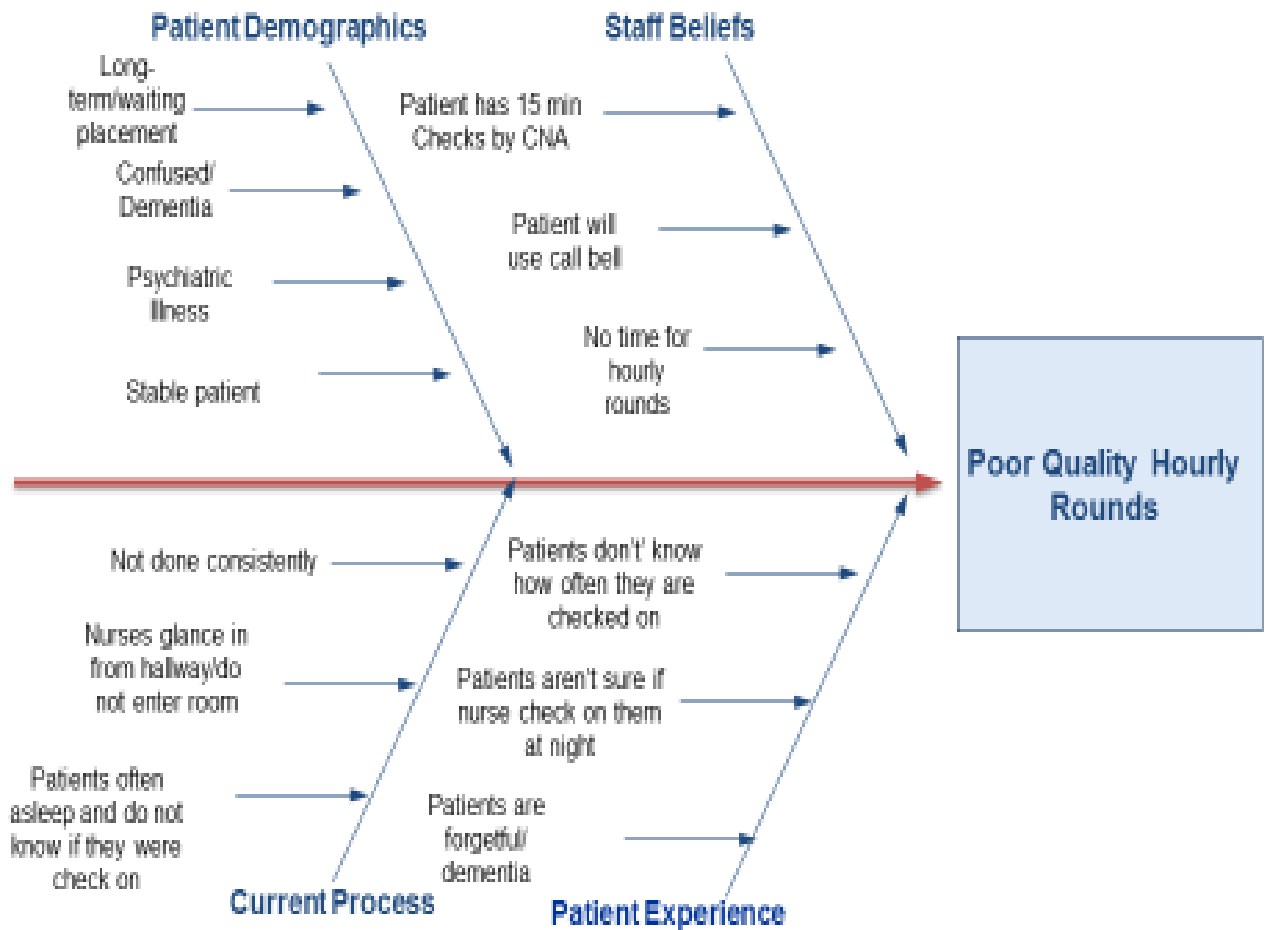
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Appendix A

CAUSES OF POOR PRACTICE IN HOURLY ROUNDS



Appendix B

Nurse Audit Results Summary

1. WHAT IS YOUR USUAL ROUNDING PRACTICE?

-BUILD RAPPORT, CREATE TRUST, INTRODUCTIONS, SAFETY CHECK, NEEDS ASSESSMENT, REVIEW PLAN OF CARE, DON'T WAKE PATIENT

2 WHAT DO YOU KNOW ABOUT THE UNIT EXPECTATION FOR ROUNDING?

-HOURLY, SAFETY, NEEDS, CARE PLAN, ELECTRONICALLY CHARTED

3. WHAT IS DIFFICULT ABOUT HOURLY ROUNDING?

**- NO TIME, PATIENT POPULATION CONFUSED/DEMENTIA/PSYCHIATRIC
-SOME PATIENTS TAKE TOO MUCH TIME, SOME WILL RING THE BELL FOR NEEDS
- NO ASSISTANCE FROM NURSING ASSISTANTS
-PATIENTS FORGET**

4. DO YOU THINK HOURLY ROUNDING IS IMPORTANT FOR PATIENT SAFETY AND SATISFACTION?

-YES

5. DO YOU ASK YOUR PATIENTS ABOUT GOALS/PREFERENCES/WHAT'S IMPORTANT TO THEM?

**-SOMETIMES, YES, NOT ALWAYS
-MOST CAN'T TELL YOU
-THROUGHOUT MY SHIFT I UPDATE THE WHITEBOARD**

6. HOW CAN WE IMPROVE HOURLY ROUNDING?

-MORE STAFF, LESS CHARTING, BALANCED WORKLOADS, RESOURCE PERSON FOR ROUNDS, CHECKLIST IN ROOM

Appendix C

Patient Audit Results Summary

1. DURING YOUR STAY ON THIS UNIT DID THE NURSE COME INTO YOUR ROOM TO CHECK ON YOU EVEN WHEN YOU DIDN'T RING THE CALL-BELL?

-YES, NO, SOMETIMES, DEPENDING ON THE NURSE

2. DO YOU FEEL THAT THE NURSES EXPLAIN ABOUT WHAT YOUR CARE PLANS ARE FOR THE DAY? DO THE NURSES ASK ABOUT WHAT IS IMPORTANT TO YOU IN THOSE PLANS?

- NO, YES- THEY KNOW ME, THEY WRITE IT ON THE BOARDS, AT START OF SHIFT

3. HOW OFTEN DO YOU THINK YOU SEE YOUR NURSE DURING THE DAY?

- I DON'T KNOW, WHEN I RING THE BELL, WITH MEDICATIONS, LOTS, NOT ENOUGH

4. AT NIGHT DO YOU KNOW IF THE NURSES CHECK ON YOU?

- YES, I WAKE UP, I DON'T KNOW, SOMETIMES, WITH MEDICATIONS, I TELL THEM NOT TO WAKE ME

5. DO YOU FEEL LIKE THE NURSE LISTEN TO WHAT IS IMPORTANT TO YOU/ TAKE CARE OF YOUR NEEDS?

- YES- THEY REALLY CARE, NOT SURE ALWAYS, MOST DO/SOME DON'T, SOME ARE TOO BUSY BUT GET THE JOB DONE.

Appendix D

Stakeholder Analysis

Patients/Community (Those seeking care)

Bedside Caregivers (Frontline staff, RN,
LVN, CNA)

Physicians (Attending, Residents)

Administration (Managers, Supervisors,
Director)

Macro-system Roles (Pharmacists, Lab,
Housekeeping, Food Services etc.)

Appendix E

Projected Cost/Impact Analysis

Expenses

Education

- huddles (\$0.00 CNL intern un-salaried)
- emails (\$0.00 CNL intern un-salaried)
- staff meeting (\$0.00 added to monthly meeting agenda)

Supplies

- paper/poster (\$40/month estimate)
- binder- \$5
- audits (\$1,560 RN light duty staff \$65/hr. – 24hr/month)

Impact/Outcome

Patient

- Improved satisfaction
- Improved perception of quality care
- Improved communication and attention to needs
- Improved safety and patient-centered care

Nurses/Medical Unit

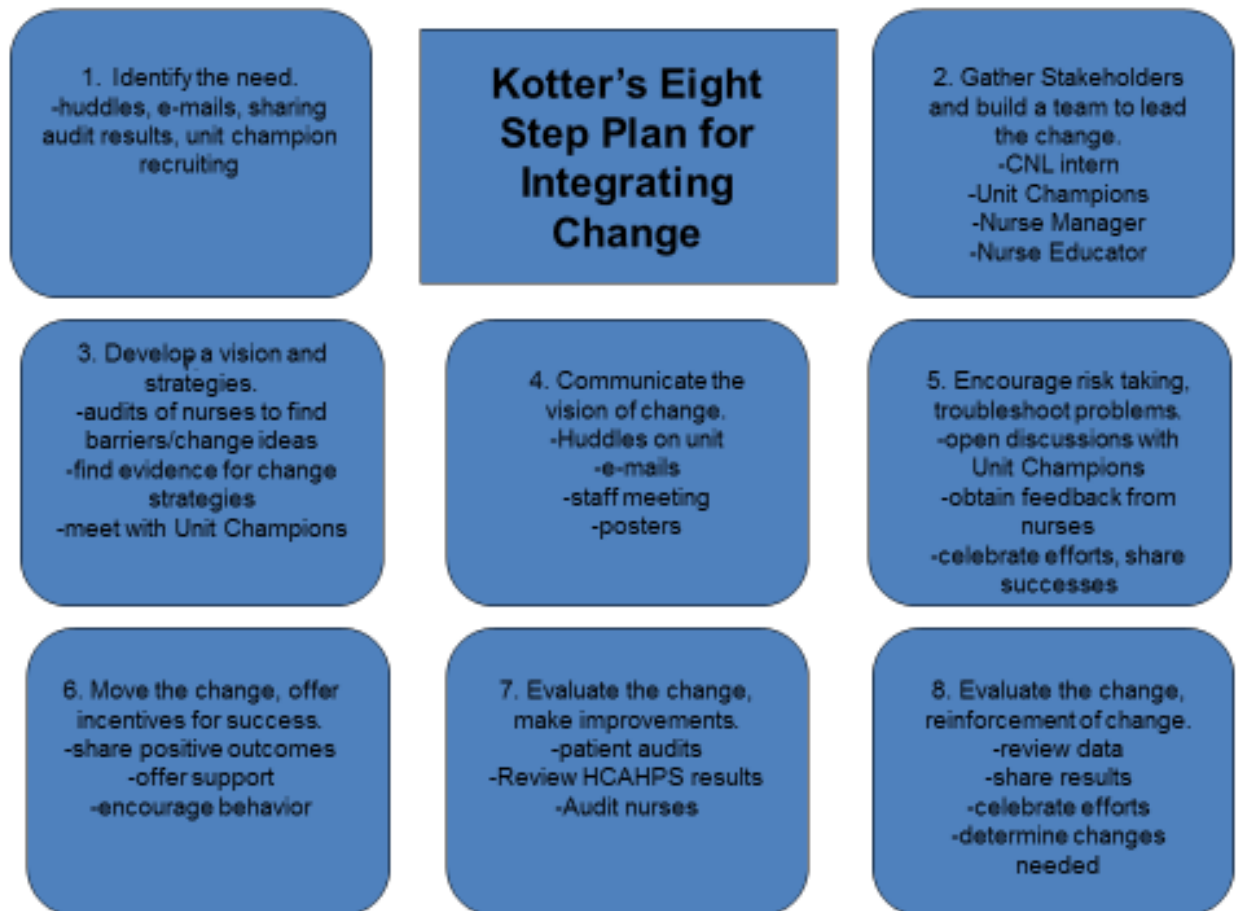
- Improved HCAPS scored with expected increase in reimbursement funds
- Expected improved job satisfaction
- Expected improvement in staff retention

Appendix F

SWOT Analysis



Appendix G



Appendix H

Literature Search PICO Strategy

P- PATIENTS ON A MEDICAL UNIT

**I- PATIENT-CENTERED, EFFECTIVE
HOURLY ROUNDS**

C-IMPROVING ROUNDS

**O-QUALITY IMPROVEMENT,
COMMUNICATION, SATISFACTION**

IMPROVING COMMUNICATION AND SATISFACTION THROUGH HOURLY ROUNDS 27

Appendix I

Tasks	Who	Start	End
Survey Nurses on All shifts	CNL intern	March 9, 2017	March 16, 2017
Survey Patients	CNL intern	March 9, 2017	March 16, 2017
Education for Unit Champions	CNL intern	April 1, 2017	April 15, 2017
E-mails, posters	CNL intern, CNL preceptor	April 1, 2017	May 15, 2017
Huddles, Implement Rounding Checklist	Unit Champions, CNL intern, Charge nurses	April 15, 2017	Ongoing
Patient Surveys, Review HCAHPS scores	CNL intern, CNL preceptor, Nurse Program Manager	April 20, 2017	Ongoing
Rounding Audits, Review of Checklists	Light Duty Nurses, CNL intern	April, 20, 2017	Ongoing
Present Outcomes/ Share Results	CNL intern, Unit Champions	May 1, 2017	Ongoing

Appendix J

Unit Champion

Thank you for your decision to act as a Unit Champion on 4B. The aim of our work is to improve hourly rounding by implementing a simple bedside checklist to document our time in the room doing care/safety checks. The patient population of 4B has many who are forgetful and confused. Visual proof of hourly rounding is proven to reassure patients and family members who may visit. Hourly rounding is proven to:

- reduce falls
- improve patient satisfaction and communication
- improve pain management, reduce anxiety
- reduce call-bell usage

The role of the Unit Champion is to act as a leader and educator on the unit. Huddles will be used to introduce the rounding tool, explain the benefits of high quality rounding and share successful outcomes in order to encourage staff. Feedback from staff will be useful to improve the success of the project and discover changes needed. Please read the information necessary for an informative Huddle.

- At the start of your shift explain that you (or a CNA) will be rounding regularly to check for needs, safety, (**4P's**: pain, potty, position, proximity of items-call bell, remote etc.)
- Your rounding is not expected to occur "on" the hour but at least eight times in your shift spread out regularly.
- Night shift will place a new checklist at the bedside and collect completed ones.
- Night shift staff should use nursing judgement to determine if some patients would not want to be disturbed while sleeping
- Continue with computerized hourly rounding as before
- This project will be monitored for outcomes such as patient satisfaction, perceived communication with nurses, and needs being met on time.

IMPROVING COMMUNICATION AND SATISFACTION THROUGH HOURLY ROUNDS 29

Appendix K

Hourly Rounds Room# _____ Patient Initials _____ Date. _____

	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300			
Staff Initials																											
Safety Check/Personal Needs/ Comfort																											
Safety Check/Patient Asleep																											
Staff Initial / Print Name																											

Appendix L

Summary of Patient Questions During Bedside Tool Use

1. During your stay here with us on 4B did the nurses come into your room to check on you or offer help even when you didn't ring the call bell?
Not sure/ hourly/ when I use the call bell.
2. Do you feel that the nurses explain about what your care plans are for the day? Do the nurses ask about what is important to you in those plans?
Yes/ Sometimes/ I don't know/ Some do
3. How often do you think you see your nurse this shift?
Once every hour/ I don't know/ Pointed to rounding tool/ Saw you enough/ Patient unable to verbalize
4. At night do you know if the nurses check on you?
I don't know/ yes/ I don't like to be woken so I told the nurse only to come in if needed/ sometimes.
5. Do you feel like the nurses listen to what is important to you/ take care of you needs?
Yes/ Some do.
6. What do you think about this bedside tool? (Was shown the used tool for the shift).
I liked it/ I don't know/ I knew you were coming so I didn't call for fresh water/ It's fine/ Patient didn't verbalize.