

HOURLY ROUNDING IN THE EMERGENCY DEPARTMENT: HOW TO ACCELERATE RESULTS

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When a woman died in the ED lobby of a Los Angeles hospital several years ago because she could not obtain timely care, it made national news. On that day, Americans around the country wondered how this could happen in the US health care system today. They wondered if it could happen to them.

However, consider this: If every emergency department in the country implemented hourly rounding in their treatment and reception areas, such an event would be highly unlikely. Hourly rounding on patients in the emergency department is an evidence-based leadership practice that effectively addresses the top 3 priorities of all ED patients¹: pain, plan of care, and delays (PPD). ED patients want to have their pain controlled, they want staff and physicians to keep them informed about their plan of care, and they want to be kept informed about delays.

The key to really accelerating clinical, service, and financial gains from hourly rounding is validating staff accountability through leader rounding on patients, hardwiring the use of rounding logs (Figure 1), and providing real-time feedback to staff.

Evidence for Hourly Rounding in Emergency Department

Because 51% of inpatients come from the emergency department and they typically judge their inpatient experience based on their ED experience, Studer Group (Gulf Breeze, FL) tested the impact of 8 rounding behaviors in 32 emergency departments in 2006.² ED nurses used opening key words to introduce their skill set and

experience, performed scheduled tasks, addressed PPD, assessed comfort needs, conducted an environmental assessment, used closing key words, explained when someone would return, and documented the round on the log or chart.

The study showed that hourly rounding reduced the number of patients who left without being seen by 23.4%, decreased the number of patients who left against medical advice by 22.6%, reduced the number of falls by 54.5%, reduced call light usage by 34.7%, and reduced the number of families and patients who approached the nursing station by 39.5%. Patient satisfaction also increased between 5 and 20 mean points in all areas measured.

Parkwest Medical Center in Knoxville, Tennessee, which sees 48,000 ED patients per year, has found that since they hardwired hourly rounding in 2007, falls are very infrequent in the emergency department. "It's also virtually eliminated the need for the nurse call system," notes Darrell Brackett EMT-P, MBA, and director of Parkwest's emergency department. "Patients no longer use the call light because their needs have been addressed."

How to Get Started

Hourly rounding provides an opportunity to reward, recognize, and connect the practice of the behavior to wins and opportunities for better patient safety, clinical quality, and saving time. Before beginning hourly rounding, you will need to decide who will round on patients. In the ED reception area, for example, the triage nurse owns the process, but organizations use charge nurses, registration clerks, security, chaplains, case managers, ancillary staff from other departments, and even senior leaders to help round. It is a team sport!

In addition, ask leaders to round on patients to verify that staff are rounding on them. It is an important feedback mechanism to ensure that staff are using the rounding behaviors consistently and effectively. (For example, a leader might say, "Our goal is to manage your pain effectively. Did your nurse reassess your pain level after giving your medication?" or "Did your nurse update you on how long the procedure would take?"). At Parkwest's emergency department, 100% of patients who received leader rounding in the emergency department have scored their nurses

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J Emerg Nurs 2012;38:69-72.

Available online 5 December 2011.

0099-1767/\$36.00

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doi: 10.1016/j.jen.2011.09.013

Hospital _____ Date _____	
Inform patient of PLAN OF CARE, inquire about PAIN and inform of any DELAYS (PPD)	
TIME PERIOD	INITIALS OF PERSON ROUNDED
6-7 AM	
7-8 AM	
8-9 AM	
9-10 AM	
10-11 AM	
11-12 AM	
12-1 PM	
1-2 PM	
2-3 PM	
3-4 PM	
4-5 PM	
5-6 PM	
6-7 PM	
7-8 PM	
8-9 PM	
9-10 PM	
10-11 pm	
11-12 PM	
12-1 AM	
1-2 AM	
2-3 AM	
3-4 AM	
4-5 AM	
5-6 AM	

LOGS WILL BE GIVEN TO NURSE MANAGER DAILY AND REVIEWED DAILY FOR ACCOUNTABILITY.
Key= E to denote room is empty

FIGURE 1

Sample ED hourly rounding log.⁵ To download a full-size version of this sample, go to the “Excellence in the Emergency Department” resource page at www.studergroup.com/excellenceintheed.

as “excellent” on their patient satisfaction surveys since November 2010.

It is important to remember, however, that rounding hourly in the emergency department is not the first tactic to use. Successful organizations only introduce hourly rounding after they have hardwired leader rounding on staff and patients. (You must engage employees first before you ask them to engage). Studer Group also recommends implementing post-visit phone calls to patients before hourly rounding, because these calls offer an opportunity to validate whether hourly rounding occurred.³

Train Your Staff

Formalized staff training and competency assessment (Figure 2) are key to success. When you train your staff, focus on what the 8 rounding behaviors look like—how they impact pain, plan of care, and duration—and why they need to do them. Be clear about your expectations.

Role model and practice. By role modeling, you show that none of this is new. It is just better. What is not right about checking patients for pain and updating them on their plan of care? Hourly rounding just asks staff to be more prescriptive.

In addition, after you train staff, ask them to do a written self-assessment on everything from how they introduce themselves and address PPD to how they perform tasks and document their rounding. Then have an evaluator assess them as well. (Download a sample competency assessment at www.studergroup.com/excellenceintheed.)

Validating and Accelerating Results

The best way to ensure that you obtain fast and solid results from hourly rounding on patients is to use a 24-hour rounding log to ensure rounding is taking place hourly (Figure 1). The log should be used both in the ED reception area and in treatment rooms.

Keep the log in the treatment room as patients come and go. When rounding, if the room is empty, staff can write “room empty.” That way, when leaders review the log, they do not think that someone has forgotten to round or document the round. This validates that each assigned individual is actually rounding, so you can ensure that rounding takes place consistently for 100% compliance. Share your findings from reviewing the logs with staff daily so that everyone can adjust and respond to the new information.

The community emergency department at Baylor Regional Medical Center in Grapevine, Texas—which sees 50,000 patients annually—reduced its rate of patients who left without being seen from 6% to 2%, for a return on investment of \$480,000. (It should be noted that this calculation is based on seeing an additional 2,000 patients per year at an average treat-and-release rate of \$240 per patient.) The tactics used were leader rounding, hourly rounding, and key words.⁴

Kris Powell, RN, MSN, CEN, NEA-BC, currently Director of Emergency Services at Baylor University Medical Center, was a participant in Studer Group’s 2006 original hourly rounding pilot study when she was Director of Emergency Services at Baylor Regional Medical Center (the results of which were discussed earlier). She hardwired and accelerated results by placing the hourly rounding log (Figure 1) for leaders on the back of the charge nurse shift report to ensure consistent leader rounding. “Charge nurses, managers, and directors were all expected to round,” she explains. “At the end of shift, an administrative assistant tallied and audited them so we can send reports back to supervisors on how many patients were rounded upon.”

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