

2023

Improving Staff Knowledge of the Value of Hourly Rounding

Dr. Melissa Gagliano, DNP, NEA-BC
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Melissa Gagliano

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Mattie Burton, Committee Chairperson, Nursing Faculty

Dr. Robert McWhirt, Committee Member, Nursing Faculty

Dr. Sue Bell, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Improving Staff Knowledge of the Value of Hourly Rounding

by

Melissa Gagliano

MS, Walden University, 2018

BS, Kean University, 2016

Project Submitted in Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2023

Abstract

Research has shown that consistent hourly rounds improve patient satisfaction and quality of care. Successful implementation and maintenance of this patient-centered practice hinges on nursing knowledge and proper training in the processes and procedures that support timely, purposeful, and effective hourly rounds. The purpose of this doctoral project was to implement a staff education project to improve staff perception of the value of hourly rounding on an inpatient orthopaedic unit. Project materials supplemented the hourly rounding program already in place at the facility. Following an in-depth literature search, pre-intervention multiple-choice knowledge assessment questionnaires were distributed to staff who volunteered to participate in the study; a staff education program was then presented; and post-intervention multiple-choice knowledge assessments were distributed, collected, and analyzed to determine the perceived value of hourly rounding. Of the 27 nurses who completed and returned the pre-intervention questionnaire, 11 completed and returned the post-intervention questionnaire. Among those 11 nurses, a 6% increase from baseline perception of the value of hourly rounding was seen, as well as a 6% increase from baseline on the impact that hourly rounding has on decreasing falls and a 17% increase from baseline on the impact that hourly rounding has on decreasing call bell usage. Recommendations to leadership included a follow-up measure of patient satisfaction. Positive impact on social change was seen related to improvement of staff knowledge of the value of hourly rounding, as well as potential for positive impact on patient perception of quality of care, patient safety, serious safety events, quality metric results, and financial implications for the practicum facility.

Improving Staff Knowledge of the Value of Hourly Rounding

by

Melissa Gagliano

MS, Walden University, 2018

BS, Kean University, 2016

Project Submitted in Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2023

Dedication

This project is dedicated to my dad, Henry Wilson Socks, Jr, who always told me that I would be a doctor one day. Even though you are not here physically to see this day I know that you are with me in spirit. I can hear you saying, “you think you’re hot stuff...don’t you”. So, Dad.... I introduce you to “Dr. Melissa Gagliano”.

Acknowledgments

I would like to take this opportunity to thank the people who supported, tolerated, and nudged me throughout this entire process. With their help I navigated through emotional ups-and-downs, personal health issues, and the COVID-19 pandemic. I could not have completed this project without the unwavering support of my husband, Joe, and sons, Erik and Alex. They supported and encouraged me when I wanted to give up. They gave me space when I needed it and hugs when I was too overwhelmed to ask for help. My right-hand, Lisa, endured every conversation and complaint in our office every day of the week that I would not make it to the end of this project. My educator, Julie, guided me to ensure that the staff who participated in this project understood the “why” behind every step of the process. My work wife, Karen, and my friend/mentor, Susan, who never let me stray from my goals and always reminded me to stay true to myself, as well as helped me to maintain my sanity every minute of every day from the beginning to the end of this journey. My DNP project committee Chair, Dr. B., stuck with me even though I should have completed this project months ago. She told me that she hoped that she would see me at the end of this and to “git ‘er done girl.” Those words made me keep going to show her that I would make it through to the end. Last, but not least, my preceptor and mentor, Dr. Deborah Prodoehl-Caniano, who knew when to push me but also knew when to silently lead me. Her support and knowledge assisted me to seek out and follow the light at the end of the tunnel.

To those that come after me always remember that no obstacle is too high to prevent you from reaching your goals. You can do anything that you set your mind to.

Table of Contents

Section 1: Nature of the Project	1
Introduction.....	1
Problem Statement	1
Purpose Statement.....	2
Nature of the Doctoral Project	3
Significance.....	4
Summary	5
Section 2: Background and Context	6
Introduction.....	6
Concepts, Models, and Theories	6
Relevance to Nursing Practice	7
Local Background and Context	8
Role of the DNP Student.....	9
Role of the Project Team	10
Summary	11
Section 3: Collection and Analysis of Evidence.....	12
Introduction.....	12
Practice-Focused Question.....	12
Sources of Evidence.....	13
Evidence Generated for the Doctoral Project	14
Analysis and Synthesis	16

Summary	16
Section 4: Findings and Recommendations	17
Introduction.....	17
Findings and Implications.....	18
Limitations	19
Implications.....	20
Recommendations.....	20
Contribution of the Doctoral Project Team	21
Strength and Limitations of the Project	21
Summary	22
Section 5: Dissemination Plan	24
Routes of Dissemination.....	24
Analysis of Self.....	24
Summary	25
References.....	27

Section 1: Nature of the Project

Introduction

Successful implementation and maintenance of the patient-centered practice of hourly rounding hinges on nursing knowledge and proper training in the processes and procedures that support timely, purposeful, and effective hourly rounds (Daniels, 2016). Standardized consistent hourly rounding was the ultimate goal of this project with the ultimate intent to improve satisfaction scores after implementation of this staff education project. Evidence has shown that hourly rounding has positively impacted patient satisfaction scores and that patients identify quality of care with their expectations being met (Brosinski & Riddell, 2020). Positive social change was seen by improving staff knowledge of the value of hourly rounding that contributed to consistent hourly rounds.

Problem Statement

The leadership team of the community hospital and the orthopaedic unit where this staff education project took place implemented a standardized hourly rounding process in collaboration with the staff on the unit prior to the start of this project. This project took into consideration current staff knowledge of the value of hourly rounding, as well as the current workflow and rounding processes that affected the success of this educational project. Multiple conversations between the leadership team of the hospital and me, the student leader, regarding shared vision and goals to ensure successful implementation and maintenance of the staff education project focused on improving knowledge of the value and, ultimately, consistency of hourly rounding.

The Institute for Healthcare Improvement (IHI) has stated that hourly rounding is the best way to increase quality of care and patient satisfaction (Daniels, 2016).

Successful implementation and maintenance of this patient-centered practice hinges on nursing knowledge and proper training in the processes and procedures that support timely, purposeful, effective hourly rounds.

Evidence has shown a positive correlation between hourly rounds and positive patient outcomes such as reduced falls and improved patient satisfaction scores (Gliner et al., 2022). Conversations with the leadership team and the Quality Department revealed that hourly rounds were not being consistently performed with purpose on the project unit. This was evidenced by patient satisfaction scores that fell below the national average for staff responsiveness and nurse communication.

This doctoral project holds significance for the nursing field by demonstrating one method of improving patient outcomes such as falls (Gliner et al., 2022) and quality of care (Daniels, 2016). Research has shown that patients relate quality of care with their expectations being met (Brosinski & Riddell, 2020).

Purpose Statement

A gap in nursing practice was seen in the absence of consistent standardized hourly rounding as evidenced by lack of staff understanding of the value of consistent hourly rounding and, consequently, below average patient satisfaction and nurse communication scores. The practice-focused question guiding this project was: Will a staff education program for orthopaedic nurses improve knowledge of the value of hourly rounding toward the ultimate goal of increased patient satisfaction scores? This doctoral

project addressed the gap-in-practice by providing staff education surrounding the importance of consistent hourly rounding and implications of inconsistency.

Nature of the Doctoral Project

Sources of evidence for this staff education project included current and past patient satisfaction survey results, current staff knowledge of the purpose of hourly rounding obtained via staff knowledge assessments both pre- and post-education program implementation, and current evidence and research based on an in-depth literature search. The in-depth literature search demonstrated a lack of knowledge of the value that hourly rounding brings to an acute care inpatient nursing unit. Current evidence-based practice (EBP) guidelines published by the National Association of Orthopaedic Nurses were considered, as well as literature published within the last 5–7 years, to assist in successful implementation and maintenance of a staff education project that will positively influence consistent hourly rounding.

This project was conducted on the orthopaedic unit in collaboration with the nursing staff and project team. The project team consisted of the DNP student, clinical educator, joint program coordinator, member of the facility's quality department, and the DNP student's preceptor. The ADDIE (analysis, design, development, implementation, and evaluation) model for instructional design was utilized to aid in development and evaluation of the staff education program that is the focus of this project. Planning, implementation, and evaluation of the staff education project occurred in collaboration with the project team.

Pre- and post-intervention knowledge assessments regarding hourly rounding were distributed, collected, and analyzed to gain knowledge of the perceived value of hourly rounding, as well as collect suggestions that would ensure consistent and meaningful hourly rounding. An increased understanding of the purpose and value of consistent hourly rounding by the nursing staff on the project unit occurred based on the findings from the data analysis.

Significance

Identification of key stakeholders in this project was important to understand potential impact that may be seen and to address the problem of inconsistent hourly rounding. Key stakeholders in this project included nursing staff, the leadership team of the project unit, the leadership team of the hospital, and the patients who will be rounded on. Impact on current nursing workflow, current hourly rounding process, patient satisfaction scores, and patient outcomes were taken into consideration prior to, during, and after implementation of the project.

There is potential for this project to be transferred to other areas of the hospital to improve staff knowledge surrounding hourly rounding and the impact that it can have on patient satisfaction and outcomes when completed on a consistent basis and with meaningful purpose. There is potential for positive social change by improving staff knowledge of the value of hourly rounding that could then have a positive effect on patient perception of quality care and staff responsiveness.

Summary

Implementation of a staff education program surrounding the process of consistent hourly rounding has positively impacted social change by improving staff knowledge of the value of hourly rounding that will then potentially lead to positive impact on patient perception of quality care. A gap-in-practice was noted on the project unit by the absence of consistent standardized hourly rounding as evidenced by lack of staff understanding of the value of consistent hourly rounding and less than average patient satisfaction and nurse communication scores. Key stakeholders were identified to understand the potential impact that may be seen and to address the problem of inconsistent hourly rounding. Successful implementation of a staff education program surrounding hourly rounding has potential to be transferred to other areas of the hospital. Understanding of the background and context of this project is important to aid in implementation of the proposed staff education program.

Section 2: Background and Context

Introduction

A gap in nursing practice was noted on the project unit by the absence of consistent standardized hourly rounding as evidenced by lack of staff understanding of the value of consistent hourly rounding and less than average patient satisfaction and nurse communication scores. The practice-focused question guiding this project was: Will a staff education program for orthopaedic nurses improve knowledge of the value of hourly rounding toward the ultimate goal of increased patient satisfaction scores? The purpose of this project was to implement a staff education program that will improve nurses' knowledge of the value of hourly rounding and improve consistency of these rounds.

In this section, I will discuss the concepts, models, and theories used to inform this doctoral project, the relevance to nursing practice, the local background and context, and my role as the DNP student and that of the project team in this project.

Concepts, Models, and Theories

The model used in all phases of this project from planning to evaluation is the ADDIE model, which was developed at Florida State University in 1975 (White et al., 2021). This model assisted me in formulating and guiding the learning experience. The ADDIE model consists of five phases. The first phase, analysis, allows an educator to assess the baseline knowledge, learning goals, and preferred learning styles of the learning targets. The second phase, design, allows setting of learning objectives, design of learning materials, and evaluation methods. Project development and implementation,

the third and fourth phases, are the phases in which the educational program content and materials are created, and the program is presented to targeted learners. During the final phase of the ADDIE model, evaluation, post-intervention knowledge are collected and analyzed allowing the educator to ascertain the value of the education program.

Relevance to Nursing Practice

Evidence has shown that hourly rounding coupled with clear consistent communication can reduce patient safety events such as falls and improve patient perceptions of quality of care and staff responsiveness (Al Danaf et al., 2017). Nurses can positively influence patient satisfaction and safety scores but often do not understand the correlation between their actions and the perceptions of their patients. Maddigan et al. (2019) noted that intentional rounding by nurses decreased fall rates and call bell frequency, as well as improved the patient experience and nurse practice environment.

An in-depth literature review showed that hourly rounding is best practice, but that nurses often view this process as unnecessary and burdensome due to lack of proper process education and leadership support (Al Danaf et al., 2017). Nurses often feel that the process is not well defined and that there is a lack of leadership support to ensure successful hourly rounding (Ryan et al., 2018). Barriers to consistent and effective hourly rounds include interruptions to workflow, current workload, cumbersome and/or unclear documentation of rounds, lack of education, lack of staff buy-in (Toole et al., 2016).

There have been many adaptations of hourly rounding over the years. The terminology has included intentional rounding, hourly rounding, safety rounding, nurse rounding, and rounding with purpose. Each of these terms refers to the process of

scheduled or timed patient rounds to ensure that pain, positioning, personal hygiene, and personal belongings are addressed with each interaction.

This doctoral project addressed the gap in practice previously identified as lack of consistent standardized hourly rounding as evidenced by lack of staff understanding of the value of consistent rounding and less than average patient satisfaction and nurse responsiveness scores. A pre- and post-project evaluation was administered to the test group to evaluate the knowledge base surrounding hourly rounding. Project implementation included an educational program outlining and supporting the current facility process for hourly rounding, as well as evidence-based education materials to support the staff in performing consistent meaningful hourly rounding.

Local Background and Context

This doctoral project took place on the orthopaedic unit located in an acute care inpatient facility of a community hospital located on the northeast coast of the United States. The unit consists of 28 beds, six of which are private single-occupancy rooms. The other 22 beds are in semiprivate double-occupancy rooms. The daily budgeted census is 15 and is dependent upon the number of both elective and non-elective orthopaedic surgeries. Patients undergoing total joint replacement surgery, oncological gynecological surgeries, and general surgical procedures are housed on the orthopaedic unit. Patients who have experienced traumatic fractures, whether requiring surgical intervention or not, are also housed on the orthopaedic unit. Telemetry monitoring is available for 16 of the 28 beds on the unit. The staff mix includes, but is not limited to, registered nurses, patient care technicians, unit secretaries, case managers, social

workers, clinical nurse leader/joint program coordinator, physical and occupational therapists, and the director of patient care.

The practice-focused question for this doctoral project was: Will a staff education program for orthopaedic nurses improve knowledge of the value of hourly rounding toward the ultimate goal of increased nurse responsiveness and patient satisfaction scores? This question is pertinent to nursing practice because hourly rounding by nurses has been shown to decrease fall rates and call bell frequency, as well as improve the patient experience and nurse practice environment (Maddigan et al., 2019).

The facility where this doctoral project was carried out recently relaunched the hourly rounding campaign and changed the process from total staff rounding to nurse-focused rounding. An educational campaign was attached to the relaunch but did not include in-depth educational materials related to the importance of and reasoning behind hourly rounds. This doctoral project assisted in supporting the nursing staff to understand why hourly rounds are important and how to incorporate the rounds into tasks that they are already performing throughout their shift.

Role of the DNP Student

As the DNP student, I served as leader of the project team and coordinated and monitored all functions of the team that were related to the staff education project. I was responsible for dissemination of the final project results to the project team, the leadership team and staff of the project unit, and the leadership team of the project facility.

During the course of the DNP project, I held a position as a director of patient care and had been trained at the project facility on the current hourly rounding process and staff expectations for consistency. This project was chosen in direct relation to inconsistent, unstandardized, and unmeaningful hourly rounding processes currently in place. I took a vested interest in this project to improve patient outcomes and patient satisfaction scores not only on the project unit but also throughout the facility. There was potential for unconscious bias on my part related to the knowledge base of staff due to personal relationships with the staff involved in the project. Blinded knowledge assessments were distributed and collected by other members of the project team to ensure no unconscious biases interfere with the project.

Role of the Project Team

The project team consisted of the DNP student, the orthopaedic unit clinical nurse leader/joint program coordinator, clinical nurse educator, quality department representation, and the DNP student's preceptor/mentor. Collaboration among members of this team allowed for formative and summative evaluation of the DNP project which led to a change in practice utilizing best- and evidence-based practices.

The project team collaborated on and implemented a pre- and post-educational program knowledge assessment to gain knowledge of the staff's perceived value of hourly rounding, as well as collected suggestions that ensured compliance with and consistency of hourly rounding. The team was responsible for presenting the staff education program while ensuring the staff's understanding of the proposed process set forth by the project facility. This project was not meant to take the place of the current

hourly rounding program, but to enhance staff knowledge of the importance of hourly rounding to improve compliance and consistency.

Concurrent and retrospective data, including patient satisfaction scores and hourly rounding compliance, were available to the project team. This information was made available by the Quality Department representatives and the clinical nurse leader of the project unit. All data was blinded, and no staff or patient identifiers were used. Pre- and post-education knowledge assessments were correlated based on unique identifiers assigned by the staff member providing the knowledge assessment. The project team met on a routine basis to discuss the timeline, progress, and results of the project.

Summary

It is important to understand the ways in which the background and context affected the workings of the doctoral project. The practice problem of hourly rounding is pertinent to nursing practice but required staff education to ensure successful implementation and maintenance. The ADDIE model was utilized throughout the project from analysis to evaluation to ensure that learning objectives were met, and target learner preferred learning methods were taken into consideration. Multiple sources have shown that hourly rounding is an effective way to improve patient satisfaction and decrease adverse outcomes such as falls. The role of the DNP student and the project team was relevant to successful outcomes of the doctoral project, as well as collection and analysis of project evidence.

Section 3: Collection and Analysis of Evidence

Introduction

Success of hourly rounding is dependent on nursing knowledge and proper training in the processes and procedures that support timely, purposeful, effective hourly rounds (Daniels, 2016). Evidence has shown that hourly rounding has positively impacted patient satisfaction scores and that patients identify quality of care with their expectations being met (Brosinski & Riddell, 2020). The ADDIE model was used from analysis to evaluation of this doctoral project and required collaboration of the DNP student and project team to implement and analyze the project.

Section 3 of this document will reiterate the practice-focused question and identify sources of evidence that will be generated for doctoral project purposes. Participants, procedures, and protections, as well as analysis and synthesis of evidence collected as part of this doctoral project will be discussed.

Practice-Focused Question

The practice-focused question guiding this project was: Will a staff education program for orthopaedic nurses improve knowledge of the value of hourly rounding toward the goal of increased patient satisfaction scores? A gap in nursing practice was evidenced by the absence of consistent standardized hourly rounding and lack of staff understanding of the value of consistent hourly rounding, coupled with lower than average patient satisfaction and nurse communication scores.

The purpose of this doctoral project was to provide education to key stakeholders on the project unit surrounding the importance of the process behind, and the implications

of consistent meaningful hourly rounds. The goal of this doctoral project was to provide and implement an educational program for staff that will provide the necessary tools to support successful and lasting hourly rounds as set forth by processes written and executed by the project facility.

Sources of Evidence

Multiple sources of evidence were utilized to address the practice-focused question for this doctoral project. I reviewed past and present patient satisfaction scores through the project facility's Quality Department to gather baseline patient satisfaction scores specifically related to staff responsiveness and nurse communication. A pre- and post-project knowledge assessment was collected from the staff participating in the project to ascertain baseline knowledge and preferred learning styles to ensure successful completion and implementation of the educational program that was part of this project. An in-depth literature search was completed and updated as this project developed that demonstrated a lack of knowledge of the value that hourly rounding brings to an acute care inpatient nursing unit. I used current EBP guidelines published by the National Association of Orthopaedic Nurses, as well as literature published within that last 5–7 years, to assist in successful implementation and maintenance of a staff education project that will positively influence consistent hourly rounding. All evidence was shared with the project team and project participants to ensure total transparency.

These sources of evidence align with the practice-focused project by attempting to improve knowledge of the value of hourly rounding toward the ultimate goal of increased patient satisfaction scores. Identified barriers to consistent hourly rounding can be

overcome by providing staff education and means for sustainability (Toole et al., 2016).

Past and current patient satisfaction scores were presented to project participants to allow them to understand the correlation between hourly rounds and patient satisfaction.

Evidence Generated for the Doctoral Project

Participants

Participants in this doctoral project were the nurses currently employed on the project unit at the project facility. This participant group was relevant to the practice-focused question because a gap in practice was seen in nurses at the project facility. Participation in the project was voluntary and not forced upon any staff member. Pre- and post-project knowledge assessments were administered and collected in an anonymous fashion to assure that no participant identifiers are known. This ensured that no biases, either conscious or unconscious, jeopardized the integrity of this doctoral project. Each participant was assigned a unique identifier that was used to correlate pre- and post-project knowledge assessments for the purpose of evidence and data collection and analysis.

Procedures

Pre- and post-project knowledge-based assessments were administered and collected by the project team. The knowledge-based assessments were anonymous questionnaires completed by project participants. The purpose of the knowledge-based assessments was to evaluate participant learning. The knowledge-based assessment questionnaires were constructed using a multiple-choice format. No patient identifiers or information were accessed, viewed, or collected for purposes of this doctoral project.

Protections

No patient interviews were conducted and there was no patient contact as part of this staff education project. No participant identifiers were used during presentation of the data analysis that could cause potential for bias. Each staff member participating in this project was assigned a unique identifier to facilitate matching of pre- and post-knowledge-based assessments. This identifier did not contain any information that could compromise the anonymous nature of the knowledge-based assessments. No proprietary, sensitive, or confidential information was disclosed in the doctoral project document. Pre- and post-intervention knowledge-based assessments were anonymous, and no staff identifiers were seen by the leadership team of the orthopaedic unit or the DNP project team. All data utilized for this project were of a confidential nature and were requested and received from the proper members of the project team. Potential ethical issues such as breach in staff confidentiality were monitored closely throughout the project and every measure was taken to avoid this issue. All data utilized for this project were available to key stakeholders. These entities included members of the project team, staff involved in the education project, members of the Quality Department of the facility, and members of the senior leadership team. I followed the Internal Review Board (IRB) process at Walden University in accord with the DNP Staff Education Manual to ensure that all avenues of ethical practice were maintained. The project did not commence without approval from the IRB of Walden University and/or the project facility if applicable.

Analysis and Synthesis

I obtained baseline patient satisfaction data from the Quality Department and reviewed these data prior to commencement of the educational program. This allowed me, as well as other members of the project team, to present baseline patient perceptions of the hourly rounding process currently taking place on the project unit. Blinded hourly rounding logs free from any participant identifiers were obtained from the project unit leadership team to determine consistency of hourly rounds prior to and after implementation of the educational program. Pre- and post-project knowledge-based assessments were administered, collected, and analyzed to obtain staff understanding of the value and purpose of hourly rounds.

Summary

Careful collection, analysis, and synthesis of collected evidence and data as part of the doctoral project were imperative so that the project integrity was not compromised. Careful consideration was given to the sources of evidence that assisted in addressing the practice-focused question and clearly demonstrated how the evidence related to the practice problem and purpose of the doctoral project. Evidence was collected relevant to the needs of the project with focus on the participants, procedures, and protections. At the conclusion of the implementation of the educational program, an in-depth analysis and synthesis of all collected evidence and data was conducted. After analysis and synthesis was completed, the information was disseminated to all key stakeholders involved in the planning, implementation, and evaluation of the project.

Section 4: Findings and Recommendations

Introduction

Section 4 of this document will reiterate the gap in practice, the practice-focused question, and the purpose of the DNP project. Section 4 will also summarize sources of evidence utilized, how the evidence was obtained, and which analytical strategies were utilized.

The practice-focused question guiding this project was: Will a staff education program for orthopaedic nurses improve knowledge of the value of hourly rounding toward the goal of increased patient satisfaction scores? A gap in nursing practice was seen by the absence of consistent standardized hourly rounding as evidenced by lack of staff understanding of the value of consistent hourly rounding and less than average patient satisfaction and nurse communication scores.

The purpose of this doctoral project was to provide and implement an educational program for key stakeholders on the project unit surrounding the importance of, the process behind, and the implications and positive impact of consistent meaningful hourly rounds. The necessary tools to support a successful and lasting hourly rounding program were provided to support the processes written, presented, and executed by the project facility.

Pre- and post-project knowledge assessments were collected from the staff participating in the project to ascertain baseline knowledge and preferred learning styles to ensure successful completion and implementation of the educational program that was part of this project. An in-depth literature search was completed and updated as the

project developed. I used current EBP guidelines published by the National Association of Orthopaedic Nurses, as well as literature published within that last 5 to 7 years, to assist in successful implementation and maintenance of the staff education project that positively influenced consistent hourly rounding.

Pre- and post-project knowledge assessments in questionnaire format were administered and collected by the project team in an anonymous fashion to assure that no participant identifiers were known. Simple descriptive statistics (percentages) were used to determine changes in pre- to post-education scores.

Findings and Implications

Twenty-seven nurses completed and returned pre-intervention knowledge assessment questionnaires. Of those, 67% perceived hourly rounding as having great value; 78% perceived hourly rounding to be very meaningful; 94% perceived hourly rounding to prevent falls; 88% perceived hourly rounding to prevent hospital-acquired pressure injuries; and 74% perceived hourly rounding to reduce call bell usage. Only 37% stated that they conduct hourly rounds every hour, whereas 48% stated that they conduct hourly rounds every 1 to 2 hours.

Eleven nurses completed and returned the post-intervention knowledge assessment questionnaire. Of those, 73% perceived hourly rounding as having great value; 55% perceived hourly rounding to be very meaningful; 100% perceived hourly rounding to prevent falls; 82% perceived hourly rounding to prevent hospital-acquired pressure injuries; and 91% perceived hourly rounding to decrease call bell usage.

Realizing an increase, 55% stated they conduct hourly rounds every hour with 27% stating that they conduct hourly rounds every 1 to 2 hours.

Final data analysis after the educational program was implemented showed an increase of 6% from baseline perception of the value of hourly rounding, as well as a 6% increase from baseline on the impact that hourly rounding has on decreasing falls. A 17% increase from baseline on the impact that hourly rounding has on decreasing call bell usage was also noted.

Limitations

Unanticipated limitations and/or outcomes were encountered that had potential impact on the results of this DNP project. The practicum facility's inpatient perceptions of care committee launched a revamped hourly rounding program that included an educational program in June of this year that overlapped the educational program that this DNP project was based upon. The educational program set forth in this DNP project had to include previous facility education to comply with the practicum facility's policy and procedures related to hourly rounding, as well as bring new light to the value that hourly rounding can bring to patient care.

Other limitations included staff compliance with and willingness to participate in the project. This was affected by issues that occurred on the unit during the evidence-collection process that included multiple staff member terminations, addition of new management team members, staffing challenges, unrest amongst the staff related to disciplinary actions, and a fire in a patient room. These occurrences affected the ability

and willingness of the staff to complete and return the pre- and/or post-knowledge assessment questionnaires.

Implications

Multiple implications resulting from the findings in terms of individuals, communities, institutions, and systems can be seen because of this project. Implications of consistent meaningful hourly rounds include decreased patient falls, decreased hospital-acquired pressure injuries, reduction in call bell usage, and increased patient satisfaction scores in the areas of staff responsiveness and nurse communication.

Potential implications to positive social change include, but are not limited to, improvement of staff knowledge of the value of hourly rounding that will then have a positive effect on patient perception of quality care, nurse communication, and staff responsiveness. Positive impact on these factors have potential to improve quality of care, as well as financial gain and quality score improvement.

Recommendations

Recommendations to ensure successful, consistent, meaningful, and continuing hourly rounds include ongoing real-time coaching by members of the leadership and organizational development team as outlined by the practicum facility leadership team to ensure competency of staff conducting hourly rounds. It is also recommended that annual competencies include hourly rounding education to demonstrate proficiency and complete understanding of the value of hourly rounding and the impact that this practice can have on patient care. It is also important that the facility monitor ongoing procedures to demonstrate changes in patient satisfaction scores.

Contribution of the Doctoral Project Team

As the DNP student, I was responsible for dissemination of the final project results to rest of the project team, the leadership team and staff of the project unit, and the leadership team of the project facility. The project team consisted of the DNP student, the orthopaedic unit clinical nurse leader/joint program coordinator, clinical nurse educator, quality department representation, and the DNP student's preceptor/mentor. This team collaborated on and implemented a pre- and post-educational program knowledge assessment to gain knowledge of the staffs' perceived value of hourly rounding, as well as collected suggestions that ensured compliance with and consistency of hourly rounding. The project team was responsible for presenting the staff education program while ensuring the staff's understanding of the proposed process set forth by the project facility.

After collection and analysis of the evidence and data, the project team collaborated to make recommendations that included continuation of current practices set forth by the practicum facility. Recommendations included dissemination of the DNP project educational program and results to members of the practicum facility leadership team, including the chief nurse officer and chief executive officer, as well as presentation of the DNP project at Robert Wood Johnson Barnabas Health 17th Annual Nursing Research Symposium in conjunction with Rutgers University School of Nursing.

Strength and Limitations of the Project

Strengths of this project include existing staff familiarity with the hourly rounding process, as well as leadership support of this project. Staff were already familiar with

hourly rounding due to a recent relaunch of the hourly rounding program within the practicum facility. This allowed the project team to focus on constructing an educational program that incorporated current facility procedures and policies with a new view on the value of consistent and meaningful hourly rounding based on participant preferred learning styles.

Multiple limitations were noted at the conclusion of this DNP project. The first of these limitations was staff compliance with and willingness to participate in the project. This was affected by issues that occurred on the unit during the evidence-collection process that included multiple staff member terminations, addition of new management team members, staffing challenges, unrest amongst the staff related to disciplinary actions, and a fire in a patient room. The next limitation was the limited number of post-intervention questionnaires by participants, which affected the data collection and analysis process and viability of the project results.

Summary

Evidence has shown a positive correlation between hourly rounding and positive patient outcomes such as reduced falls and improved patient satisfaction scores (Gliner et al., 2022). Implementation of an educational program that supports consistent meaningful hourly rounds has improved staff perception of the value of hourly rounding via this DNP project. Limitations, as well as positive implications, were seen as part of this project. However, based on the results, there is potential for positive impact on social change by improving staff knowledge of the value of hourly rounding, as well as positive impact on

patient perception of quality of care, patient safety, serious safety events, quality metric results, and financial implications of the practicum facility.

Section 5: Dissemination Plan

Dissemination of the DNP project results is an integral part of the project's success. The dissemination plan for this project is multifaceted to ensure that all parties involved take a personal interest in the continuing success of consistent meaningful hourly rounds.

Routes of Dissemination

Results of this DNP project were presented at staff meetings on the project unit and at the Robert Wood Johnson Barnabas Health 17th Annual Nursing Research Symposium in conjunction with Rutgers University School of Nursing. Plans have been made to present the educational program and project results at the next nursing leadership meeting, as well as the department directors meeting at the practicum facility. This plan will ensure that the project results are disseminated at unit, facility, system, and corporate levels.

Analysis of Self

This project allowed me to function in numerous roles including practitioner, scholar, and project manager. I enjoyed coordinating the project team, constructing the educational program, and presenting it to the staff. To my surprise, I took a great interest in the data collection and analysis portion of this project. I have always been drawn to public speaking and was excited to be able to present this project to and in conjunction with members from facilities throughout the healthcare system, as well as from a well-known state university. Without this opportunity, I would not have been able to evaluate and re-evaluate my long-term professional aspirations and goals.

At the beginning of this project, I had a very clear vision of my career goals knowing that I wanted to be in a senior leadership position that would allow me to use my voice to make a difference in the world of nursing. Through the course of time while completing this project I have been exposed to different leaders, colleagues, positions, departments, and focuses in healthcare. Each of these exposures brought changes to my thought processes, aspirations, and future goals. Upon completion of my DNP project, there is not one thing that is clear to me about my long-term professional goals. I do not have any idea of where I want to go from here but do know that I want to be in the public eye speaking and making a difference. I do not know which position I want to pursue, what field of nursing I want to continue in, or even if I want to remain in my current position. I had the privilege of giving a brief keynote speech to a group of first-year nurses during my DNP journey. My message included advice such as think outside of the box, do not let fear hold you back, and jump into a new opportunity with both feet. I can say with great confidence that the message that I delivered was greatly influenced by not only this project but by the accomplishments that I have made thus far.

Summary

Evidence has shown that hourly rounding has positively impacted patient satisfaction scores and that patients identify quality of care with their expectations being met (Brosinski & Riddell, 2020). Implementation of a staff education program supporting current policy and procedures of the practicum facility had a positive impact on staff perception of the value of hourly rounding. Staff voiced a change in perception post educational program presentation including the effect that hourly rounding could have on

patient falls, hospital-acquired injuries such as pressure injuries, and call bell usage. This project positively impacted social change by improving staff knowledge of the value of hourly rounding, as well as having the potential to positively impact patient perception of quality of care, patient safety, serious safety events, quality metric results, and financial implications of the practicum facility. The results of this DNP project can easily be disseminated at multiple levels to support current hourly rounding practices.

References

- Al Danaf, J., Chang, B. H., Shaeer, M., Johnson, K. M., Miller, S., Nester, L., Williams, A. W., & Aboumatar, H. J. (2018). Surfacing and addressing hospitalized patients' needs: Proactive nurse rounding as a tool. *Journal of Nursing Management, 26*(5), 540-547. <https://doi.org/10.1111/jonm.12580>
- Brosinski, C., & Riddell, A. (2020). Incorporating hourly rounding to increase emergency department patient satisfaction: A quality improvement approach. *Journal of Emergency Nursing, 46*(4), 511-517. <https://doi.org/10.1016/j.jen.2019.08.004>
- Daniels, J. F. (2016). Purposeful and timely nursing rounds: A best practice implementation project. *JBIR Database of Systemic Reviews & Implementation Reports, 14*(1), 248-267. <https://doi.org/10.11124/jbisrir-2016-2537>
- Fabry, D. (2015). Hourly rounding: Perspectives and perceptions of the frontline nursing staff. *Journal of Nursing Management, 23*(2), 200-210. <https://doi.org/10.1111/jonm.12114>
- Gliner, M., Dorris, J., Aiyelawo, K., Morris, E., Hurdle-Rabb, D., & Frazier, C. (2022). Patient falls, nurse communication, and nurse hourly rounding in acute care: Linking patient experience and outcomes. *Journal of Public Health Management and Practice, 28*(2), E467–E470. <https://doi.org/10.1097/phh.0000000000001387>
- Maddigan, J., Butler, M., & Davidson, J. (2019). Changing nursing practice: Implementation challenges of intentional rounding on three rehabilitation units. *Healthcare Management Forum, 32*(5), 237-241. <https://doi.org/10.1177/0840470419849612>

Toole, N., Meluskey, T., & Hall, N. (2016). A systemic review: Barriers to hourly rounding. *Journal of Nursing Management*, 24(3), 283-290.

<https://doi.org/10.1111/jonm.12332>

White, K., Dudley-Brown, S., & Terhaar, M. (2021). *Translation of evidence into nursing and healthcare* (3rd ed.). Springer Publishing Company.