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The Effects of Hourly Rounding on Patient Safety and Satisfaction

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Walden University

College of Health Sciences

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Renee Allatzas

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Review Committee
Dr. Sue Bell, Committee Chairperson, Nursing Faculty
Dr. Andrea Tatkon-Coker, Committee Member, Nursing Faculty
Dr. Mirella Brooks, University Reviewer, Nursing Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

The Effects of Hourly Rounding on Patient Safety and Satisfaction

by

Renee C. Allatzas

MS, Walden University, 2015

MBA, Walden University, 2013

BS, Kaplan University, 2010

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

June2018

Abstract

The clinical practice problems addressed by the DNP project were the low patient satisfaction scores and the high number of falls on a hospital neurological step-down unit. The purpose of this project was to improve the Hospital Consumer Assessment of Healthcare Providers and Systems score on one patient satisfaction question and decrease the number of patient falls by implementing hourly rounding, using a script related to patient comfort and toileting needs. The scripted questions were expected to increase the satisfaction of patients and decrease unassisted falls due to increased attention to patient pain and positioning and timely help with toileting and retrieving personal items. The project was guided by Rosswurm and Larrabee's change model and facilitated by the plan, do, study, act model for rapid change. The satisfaction scores on the survey question "I received help as soon as wanted" and the number of falls were compared before and after hourly rounding with scripting was introduced. During the 3 months of the project, the average monthly number of falls increased from 3 to 3.6 and changes in the patient satisfaction score were within upper and lower control limits indicating normal variation in the process. These findings indicated that barriers to the change on the unit need to be examined further and another short-term, rapid change cycle initiated to meet or exceed the national benchmarks for patient satisfaction and falls incidence. The project may inform quality improvement efforts at other hospitals and assist in social change by increasing scripted communication between nursing staff and patients to ensure that patients' needs (pain, positioning, pottying, and proximity of personal items) are addressed during each hourly rounding encounter.

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Section 1: Project Overview

Introduction

In the acute inpatient care setting, nurses and other health care providers encounter practice issues that prompt them to look for evidence-based solutions that can greatly improve the outcomes of patients and further guide nursing practices in care delivery (The American Nurses Association [ANA], 2011). When working in a critical care step-down unit, where patients' conditions can quickly change, it is imperative to have the right nurse at the right time delivering compassionate, quality care to the patients (Young, 2016). It is also important when the patients' conditions start to improve that the nurses take the opportunity to educate the patients about their medical conditions and how to prevent readmissions to the hospital. Other issues that nurses in critical care step-down units face are patient falls, hospital-acquired pressure ulcers, and low nurse-to-patient ratios (ANA, 2011). Lack of attention to these issues can affect the time available for nursing staff to deliver care and patient education prior to discharge. For this project, nursing staff members are described as registered nurses and nurse aides.

The patients' perceptions of issues in patient education and quality nursing care are reflected on a survey completed by patients after they have been discharged. This survey, which is called the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), provides data on the quality of care being delivered in hospitals. The United States federal government requires each hospital to submit the findings of these surveys to demonstrate the quality of care being delivered by the organization, and the findings affect the reimbursement that the government will provide to the

organization for the services it has delivered. The requirement for completing and reporting the findings of this survey is part of the change in reimbursement from a pay-for-services model to a pay-for-performance model. The experiences the patients have during their stay directly impact how they complete the HCAHPS survey once they have been discharged to their home. Depending on how positively or negatively the survey is scored by the discharged patient, the scores on this survey can decrease financial reimbursement to the hospital up to 25% for care provided (Studer, Robinson, & Cook, 2010). Through a change in nursing practice to improve the inpatient experiences, this project may significantly improve the reimbursement for services that provided by the organization (Studer et al., 2010).

Clinical Practice Problem Statement

The clinical practice problems to be addressed by this Doctor of Nursing Practice (DNP) project are the low patient satisfaction scores on the HCAHPS survey item "I received help as soon as wanted" and the high number of falls on the unit. To address this issue, I implemented staff hourly rounding with a purpose in a critical care step-down unit. Rounding with a purpose means focusing hourly rounds on the four basic needs of the patient: pain, pottying, proximity of personal care items, and positioning (Brosey & March, 2015). When nurses explain to the patients that they will be rounding frequently and want to make sure the patients' comfort needs are met during their stay, the stress of wondering when the staff member will return is reduced and the need for the patients to ambulate unattended is decreased, thus avoiding a potential cause for falls. The average cost of an inpatient fall is between $9,223 and $13,376 (Jenkyn, Hoch, & Speechley,

2012). The need to reduce the number of falls on this unit is evidenced by an increase from 10 falls in 2016 to 27 falls in 2017.

Project Purpose

The purpose of this project is to improve HCAHPS scores and decrease the number of patient falls by implementing rounding with a purpose, using a script related to the rounding. To measure the change from baseline HCAHPS scores and inpatient falls, data were acquired from the hospital.

Nature of the Doctoral Project

For this project, I conducted a literature review, and gathered HCAHPS scores and number of falls before and after the education intervention. I used a quantitative approach to collect the data for this clinical practice project. The hospital routinely obtains HCAHPS survey data and data on patient falls by unit. Thus, I reviewed the before and after HCAHPS scores and the number of falls from the hospital through a data use agreement. After I provided the education of the intervention of rounding with a purpose to staff, the intervention was implemented, and I followed outcomes for 3 months.

The Rosswurm and Larrabee (1999) model for evidence-based practice change directed the planning, implementation, and evaluation of the project through its six-step method. The steps of this method are focused on gaining stakeholder support for the importance and urgency of the change to be implemented and the positive affects the change may have on the outcomes. The six steps include, (a) stakeholders help to identify the need for change, (b) link the problem to an intervention, (c) refine the

evidence, (d) design the intervention(s) for change, (e) implement the change, and then (f) put the change into practice while continually evaluating the intervention(s) for appropriateness and effectiveness (Rosswurm, & Larrabee, 1999). At the organization where the project was conducted, a specific template is used when working through a change process; project staff are encouraged to use the Plan, Do, Study, Act (PDSA) template for project implementation; see Appendix (Rosswurm, & Larrabee, 1999).

Significance

Stakeholders in this change process were nursing staff members who work on the unit, patients and families served, the unit director, the assistant nurse manager, and hospital administration executives who have an indirect investment in the change because the change affects the hospital reimbursement model. I was the project director for this study. The other individuals who were directly involved throughout this change project were the nursing staff on the unit, the unit director, and the patient experience coordinator for the hospital. Developing education for the nursing staff was essential to communicate why the change was needed, who the change would affect, and what the impact of the project would be after the change had been implemented. The impact of implementing hourly rounding was expected to result in a reduced number of falls, reduced costs of caring for patients in the aftermath of a fall during their admission, and increased reimbursement from the Centers for Medicaid and Medicare (CMS) due to increasingly positive patient satisfaction scores. This project also was expected to increase the numbers of falls-free admissions and patient satisfaction due to incident-free stays.

Summary

By using the concept of hourly rounding with a purpose and implementing specific scripted questions during hourly rounding, the nurses and nurse aides were expected to take an active role in reducing the number of falls and increasing patient satisfaction. The scripted questions were focused on the four main reasons patients need assistance from staff and the reasons patients might attempt to get out of bed without assistance. In Section 2, I describe the models used, the relevance of the project to nursing practice, the local background and context, the role of the DNP student, and the role of the team members.

Section 2: Background and Context

Introduction

The clinical practice problems to be addressed by this DNP project were the low HCAHPS scores and the high number of inpatient falls on a hospital unit. The change made on a critical care step-down unit was implementing hourly rounding with a purpose, which means focusing hourly nursing rounds on the four basic needs of the patient: pain, pottying, positioning, and proximity of personal care items (Brosey & March, 2015). This purposeful rounding has been shown in research to greatly reduce the stress of the hospital stay and concurrently provide a safeguard against patients attempting ambulation without assistance, which prevented falls (Gillam & Siriwardena, 2013)..

Framework, Models, and Theories

I used the PDSA model to assist in working through a process change at the organization where I conducted this study. The project team's goal in using the model was to help assess the need for change, link the problem with an intervention, refine the research, design the idea for change, implement the change, and then put the change into practice while continuously evaluating the change (Rosswurm, & Larrabee, 1999). The PDSA template (see Appendix A) is a working model, which means it can be revised as the project is being implemented, and it can be used to track changes reflecting when, how, and who initiated changes. The effects of interventions under the act and check sections of the model can be reviewed throughout the project implementation. It is important to evaluate the interventions being implemented throughout the entire process to be able to work through any misgivings, misunderstandings, and opportunities for

improvements, and to reconsider the plan when an intervention is not working (Gillam & Siriwardena, 2013). The upper left-hand block of the model, *Plan*, is used to plan the project and write down the goals of the change and what the group is looking to change and why. The second section of the model is *Do*; in this section, the planned intervention(s) to reach the group's goals for change are documented. In the *Study* section, the team lists observations and whether the desired outcomes were affected by the plan and whether the group's goals were reached. In the last section, *Act*, the team documents the outcomes and determines if there are any needed modifications to the project. If revisions are necessary, the team can begin again to *Plan*.

Relevance to Nursing Practice

The focus of hourly rounding is to address the main concerns of patients while hospitalized. An assumption of hourly rounding with a purpose is that the staff member asks about and focuses their rounding on the four "Ps": pain, pottying, positioning, and proximity of personal care items (Brosey & March, 2015). Patients perceive that when the nurses and other staff members on the unit are checking on them more frequently they are cared about, and this perception can reduce the anxiety and tension of the inpatient stay. If the patients feel cared for, this perception may be reflected on the patient satisfaction surveys received after they are discharged. When the staff are focused on rounding hourly with a purpose, the patients' impression of their hospital stay can be positive even though they could be very ill (Bragg, 2016). A goal of the hourly rounding is to have the patients feel satisfied with their care and that their needs are being met while they are patients at the facility. For the unit on which the project was implemented,

the overall patient satisfaction was in the 50th percentile with most patients responding that they were less than satisfied with their care. To receive the CMS reimbursement for provided services, the patient respondents must reply “always” on the survey. If they do not, the organization’s reimbursement can be reduced by up to 25%. Patient experience is driving reimbursement now as a measure of healthcare delivery quality in the health care system (Studer et al., 2010).

Rounding with a purpose and asking the patient-focused questions when entering their room has been shown to increase patient satisfaction. When patient needs are being met, the patients report having more positive experiences while in the hospital. Patients also have a better chance of reporting those positive experience on the HCAHPS and in communication to others within the community (Berg, Sailors, Reimer, O'Brien, & Ward-Smith, 2011).

Being purposeful and intentional in rounding while asking patients about their needs shows that the nurses are working toward meeting the needs of their patients and making sure patients are as comfortable as possible during their recovery period. When patients’ needs were met, they felt more secure and relaxed while dealing with threats to their health. When patients are less anxious, they are likely to heal faster with fewer complications (Hicks, 2015).

In addition, hourly rounding with a purpose can prevent falls from occurring because the staff are in patient rooms asking essential questions about toileting, which is often one of the most frequently cited reason for a patient to fall (Hicks, 2015). The most common reasons for a patient falling in the hospital are that they must use the restroom,

they are uncomfortable, or they are trying to reach an item of personal need (Carroll, Dykes, & Hurley, 2010). Researchers found that there was a 10% reduction in inpatient falls when the staff asked specific questions to the patient about comfort and their basic needs (Goldsack, Bergey, Mascioli, & Cunningham, 2015). When specific patient care needs are addressed proactively, the patients are less likely to get up without help to meet their own needs without staff member assistance. Goldsack et al. (2015) conducted their research on several different types of inpatient units and showed that when patient needs are met, the need for them to get out of bed without assistance is greatly reduced.

Blakley, Kroth, and Gregson (2011) researched rounding with a purpose and the impact on patient satisfaction and found that there was a significant improvement in HCAHPS scores after rounding with a purpose was implemented on inpatient units within an organization of a similar size to the unit where I implemented this DNP project. The specific patient scores improved in this study were the patients' opinions on being cared for, which is related to having their needs met by the staff. The stakeholders at my project site expected that HCAHPS scores would be affected similarly at because staff would be asking specific patient care needs questions as instructed on the script provided during the education for the implementation.

An unintentional effect of rounding with a purpose has been an increase in satisfaction of the nursing staff. They are spending less time going in and out of patients' rooms because when they round hourly, they are taking care of the needs of the patients instead of entering and exiting multiple times. This finding is possibly a result of the

nursing staff having to spend less time in and out of patient rooms and having more time to do patient education because the time spent in the rooms was efficient (Kelley, 2017).

Local Background and Context

The project site hospital is a community-based, non-profit organization. It currently has 450 inpatient beds and all rooms are private. The organization has a variety of specialties such as neuro-medicine, neurosurgery, orthopedics, maternity, respiratory management, and cardiology. This project was implemented on a neuro-medical unit that houses 27 beds with 52 nursing staff members. This project was monitored by the unit director and the hospital project committee. The project was approved by both the Walden University Institutional Review Board (IRB) and hospital project committee.

Role of the DNP Student

The role of the DNP student in implementing rounding with a purpose was to participate in education of unit staff (registered nurses and nurse aides) on the process and the script for rounding with a purpose. The unit director, the patient experience director, and I educated the staff one-on-one and kept record of who had been educated and all participating staff members signed an acknowledgement statement indicating that they had been educated about the project, its goals, and the script they were being asked to use. The patient experience director manages the hospital's satisfaction scores and change project implementation and planning. Written education materials supplemented the one-on-one education to ensure all expectations of the project were covered with each staff member in the same manner. The education on the script taught the nursing staff what they needed to say when they entered a patient's room and asked about the four

"Ps." The text of the script was: "I wanted to check on you and see if you need anything. How is your pain? Are you positioned comfortably? Do you need to use the restroom, and can I help you to do so? Do you have all your personal items close to you that you need such as tissues or your cell phone/room phone, call light, or water?"

I applied to the Walden University Institutional Review Board (IRB) prior to initiation of the project to ensure that all human subject requirements were met for the project. The IRB approval number from Walden University was 11-08-17-0082022. I also followed the proper channels at the project site to ensure that this project gained approval from the administration as well. Approval by the hospital administration was evidenced by a signed data use agreement that allowed unidentifiable hospital data on the unit's HCAHPS item and falls numbers to be used by me to evaluate the PDSA project's outcomes.

Role of the Project Team

The unit director, the patient experience director, and I educated all the staff members one-on-one, ensuring that the scripting of the planned change was understood, and assist in performing intermittent checks on staff to see if they were using the scripting during hourly rounding interactions with patients. The unit director, the patient experience director and I disseminated the findings to the nursing staff on the unit at the conclusion of the project.

Summary

With the assistance of unit director and the patient experience director, I educated nursing staff one-on-one about the implementation of hourly rounding with a purpose and asking

four specific rounding questions of their patients that can prevent falls and increase patient satisfaction. The unit director and the patient experience director were also involved in assessing whether staff members applied the script when they entered patients' rooms hourly. The PDSA model was used to implement the change and continuously monitored for areas of opportunity to improve the plan. Based on the literature, implementing the rounding with a purpose intervention was expected to impact the inpatient fall numbers and the patient satisfaction scores for that unit. Patients' satisfaction perspectives were expected to be changed on HCAHPS when staff demonstrated that they are highly aware of their patients' needs to be cared for during a particularly vulnerable time in their life (Bragg, 2016).

In Section 3, I will describe further the specific practice-focused questions addressed by the project, the sources of evidence for the project, the participants in the project, and the project procedures.

Section 3: Collection and Analysis of Evidence

Introduction

The purpose of the project was to implement rounding with a purpose to increase patient satisfaction on an HCAHPS survey question and reduce inpatient falls on a critical care step-down unit in the hospital. The specific item on the HCAHPS survey to be increased was “I received help as soon as wanted.” The HCAHPS survey is sent out randomly to patients who were discharged home from an inpatient care unit within the hospital. Based on the responses to this survey, the organization’s financial reimbursement for the care they have provided these patients can be reduced and result in a poor service rating on a public rating website for hospitals, the Hospital Compare website (Studer et al., 2010).

Population-Focused Question(s)

The guiding, practice-focused questions for the DNP project were:

- Will implementing hourly rounding with a purpose increase the HCAPHS score on the item “I received help as soon as wanted” in a critical care step-down unit by 20% within 3 months after implementation?
- Will implementing hourly rounding with a purpose decrease the number of falls on a critical care step-down unit to the hospital overall mean within 3 months after implementation?

Sources of Evidence Generated for the Doctoral Project

After a gap-in-practice has been identified, it is important to determine the changes that could be put into place to correct the issue (Kettner, Moronet, & Martin,

2017). For my study, I compared the HCAHPS scores prior to the implementation of the hourly rounding with a purpose to the HCAHPS scores postintervention implementation to assess for an improvement in the score on the specific HCAHPS item. I also compared the number of falls on the unit at 3 months prior to implementation and 3 months after implementation.

I conducted a literature search through the Walden University Library via the Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus with Full Text search engine and Medline to review current data and research about hourly rounding on inpatient hospital units. I looked for evidenced research from other similar studies that showed the benefits of hourly rounding.

Research shows that rounding with a purpose and asking patients focused questions when entering their room showed that patient satisfaction scores went up in general as patients' needs were being met. When a patient's personal needs were being met, they reported feelings of satisfaction with their care (Gillam & Siriwardena, 2013). When a patient was satisfied by the stay in a hospital, it was more likely the patient would report this satisfaction to those they meet in the community; thus, others may be more likely to use the services within the hospital for their health care needs (Berg et al., 2011).

Rounding with a purpose and being intentional about questions to patients also showed that the nurses were working toward meeting the needs of their patients and making sure patients were as comfortable as possible during their recovery period. When patients' needs were met, they felt more secure and relaxed while dealing with the

hospitalization and illness. There were also health benefits noted to being less anxious such as the ability to heal faster with fewer complications. In addition, hourly rounding with a purpose prevented a fall from occurring because the staff members were in the patients' rooms asking essential questions about toileting, which is often one of the most frequently cited reason for a patient to fall (Hicks, 2015).

One study showed that there was a 10% reduction in inpatient falls when the staff member asked specific questions to the patients about comfort and their basic needs (Goldsack et al., 2015). By focusing on specific patient care needs, the patients were less likely to get up without help to meet their own needs. This unassisted ambulation could lead to potentially deadly situations.

Another study looked at rounding with a purpose and the impact on patient satisfaction and found that there was a significant improvement in HCAHPS scores after rounding with a purpose was implemented on inpatient units within an organization of a similar size to the unit where this project was implemented. The specific patient scores improved in this study were the patients' opinions about being cared for and related to having their needs met by the staff (Blakley et al., 2011). The scores were expected to be affected similarly in the proposed project because staff were asking specific patient care needs questions.

An article by Lowe and Hodgson (2012) suggested hourly rounding with care, compassion, and a focus on assessing pain, nutrition, and toileting needs with the use of the acronym CARE (communicate with compassion, assist with toileting, ensure dignity, relieve pain effectively, encourage adequate nutrition) is effective. This study had a

positive impact on the unit's overall fall rate with no falls report during the 2 weeks the rounding trial was initiated. However, this study did not look at the impact on patient satisfaction.

Potential challenges to the implementation of these changes were the buy in of nursing staff on the unit to participate in the hourly rounding and how important it is to have all staff members participate positively in the change. These potential challenges were kept in mind throughout the presentation of the education to staff nurses about the project. The purpose and processes were communicated to all staff on the unit, including the importance of their participation. Questions about the project were answered during the one-on-one education.

Analysis and Synthesis

The data were reviewed on a weekly basis from the hospital as patient satisfaction surveys are continuously returned by the patients who were discharged to home and patient falls are tallied on the unit as they occur. I reviewed the incident report for each fall to determine if there was a cause for the fall related to one of the rounding with a purpose causes: pottying, positioning, pain, or proximity of patient's personal items. All these data were reviewed as they came in over the 12 week span, postintervention implementation. At the completion of data collection, the data were compared to data collected prior to the intervention implementation. The goal of the project was to reduce the number of inpatient falls on the unit to the hospital mean and improve the patient satisfaction score on the HCAHPS item by 20%. The comparison reporting of the pre-implementation and

postimplementation outcomes is descriptive and indicates the change in the number of falls and the change in patient satisfaction scores (see Section 4).

Objectives

Objectives of the project were to:

1. Identify the current inpatient fall rates on the unit
2. Identify the past patient satisfaction scores on the "I received help as soon as wanted" on the HCAHPS survey
3. Identify persons who are directly and indirectly involved as stakeholders
4. Identify who will be impacted by the potential change
5. Identify and plan the changes and how they will be made
6. Compare outcome data on inpatient falls and patient satisfaction scores before and after rounding with a purpose was implemented
7. Present the findings to the stakeholders

Project Timeline

My doctoral research spanned 9 months. From July through September of 2017, I collected and analyzed the existing fall rates and satisfaction scores. After obtaining IRB approval, I then implemented hourly rounding. After 3 months of gathering data, I then analyzed the results (see Figure 1).

Activities	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1.Current Fall Rates	X	X	X						
2. Current satisfaction scores	X	X	X						
3. IRB & Hospital Adminstration Approval					X				
4. Educate staff on current scores					X				
5. Educate stakeholders on hourly rounding					X				
6. Implementation of hourly rounding						X	X	X	
7. Evaluate the results and compare to new									X
fall rates and new patient satisfaction scores									X
8. Present the findings to stakeholders									X

Figure 1. Project timeline

Summary

After educating stakeholders, staff members, and then assessing the resulting patient satisfaction scores and fall rates, the findings can be disseminated to staff and the entire organization to determine the impact of a short hourly rounding with a purpose PDSA trial on a critical care step-down unit. The plan was to see a 20% improvement in patient satisfaction scores and a reduction in the number of falls for the unit to the hospital mean. Project success was expected to lead to adoption of the rounding with a purpose practice change on the unit and the spread of the practice change to other specialty areas of the hospital.

Other organizations and health care facilities that have implemented similar or the same ideas with hourly rounding with a purpose have reported a variety of outcomes from positive to need for improvement. Therefore, the use of the PDSA model was important as it allowed for assistance with working through changes and can help guide the stakeholders in making changes to the PDSA and starting over again if necessary to improve outcomes. The challenge will be sustaining the changes past the trial period and making hourly rounding a permanent part of the unit culture. The lack of a sustainability plan was a limitation that was mentioned in many of the research studies that were reviewed in support of this project.

Section 4: Findings and Recommendations

Introduction

The clinical practice problems addressed by this DNP project during the data collection phase were the low HCAPHS scores and the high number of falls on an inpatient hospital unit. The change made on a critical care step-down unit was implementing hourly rounding with a purpose, which means focusing hourly rounds on the four basic needs of the patient: pain, pottying, positioning, and proximity of personal care items (Brosey & March, 2015). All staff members were individually educated on purposeful rounding benefits, script, and expectations that could greatly reduce the stress of the patients' stay and concurrently provide a safeguard against patients attempting ambulation without assistance, which may prevent falls. Unit data collected over a 3 month period after project implementation were compared to data from the previous year.

Findings and Implications

I conducted the education for all staff members one-on-one during the week of November 20, 2017. The education phase was completed by November 30, 2017. The implementation of hourly rounding with a purpose was started December 1, 2017, and the data collection was completed February 28, 2018; allowing for 3 months of pilot data collection on patient satisfaction and inpatient fall rates.

The specific question that was analyzed for evidence of hourly rounding impact was the "I received help as soon as wanted" question on the HCAHPS survey. During the 3 months of the hourly rounding pilot, the scores did drop significantly from 73.3% in November 2017 to 47.8% in December 2017; the percent began to climb in January 2018

to 50% and even higher in February 2018 to 66.7%, but did not reach the November 2017 level of 73.3% (NRC Catalyst Home, n.d.). During the trial period of the rounding with a purpose pilot, the house-wide census rose, with the pilot unit particularly affected. The average daily census went from 22 patients to 25 patients with a high turnover due to a number of patients being admitted and discharged within a 24-hour period. Figure 2 shows the HCAHPS scores over the past year.

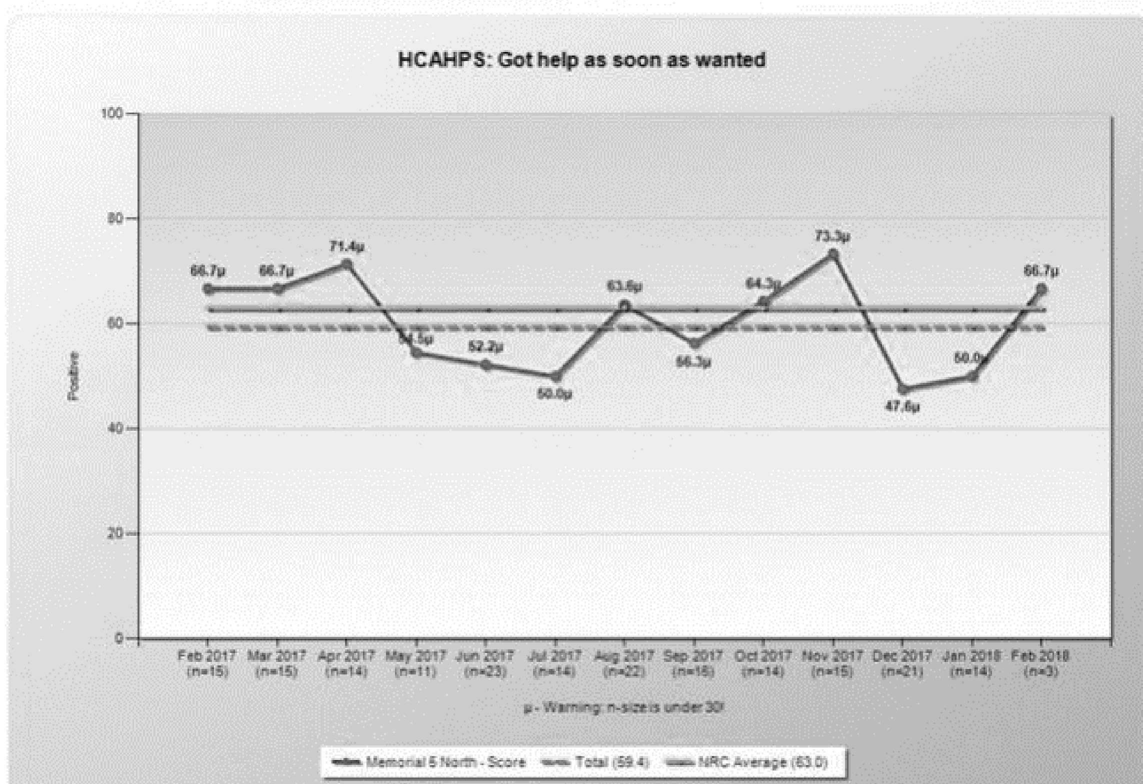

Figure 2. HCAHPS results February 2017 through February 2018

The total number of falls for the pilot unit from January 2017 to November 2017 was 34 with an average of 3 falls per month. The hourly rounding education was completed in November 2017 and rounding with a purpose was implemented December

2017 through February 2018. During this time period, the unit had 11 falls, or an average of 3.6 falls per month. Thus, the hourly rounding did not make an impact on inpatient falls on average. It should be noted that the average daily census was increased during this time frame, as well as the numbers of admissions and discharges. However, upon review of the falls that did occur in December 2017 through February 2018, nine of the 11 falls were related to one of the four Ps: pain, pottying, positioning, and proximity of personal care items. Figure 3 below shows the number of falls by month.

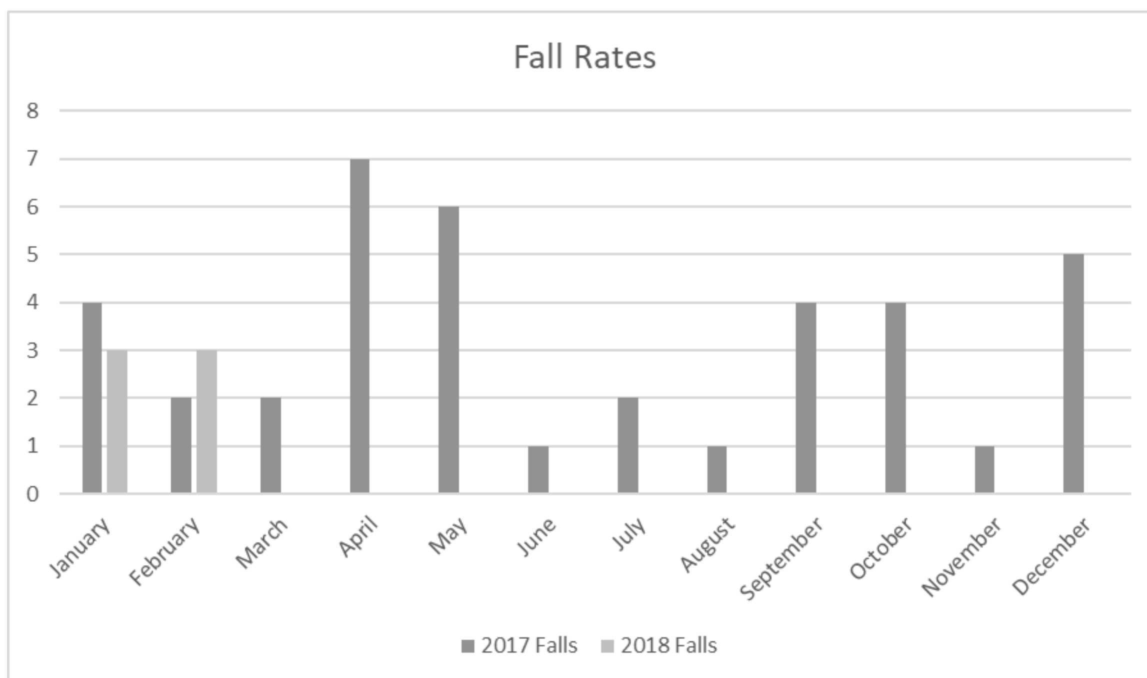

Figure 3. Unit Falls January 2017 Through February 2018

Discussion

The findings of the PDSA rapid cycle change project were surprising due to the positive effects that rounding with a purpose has been shown to produce in other settings. Reasons for the lack of change based on the implementation of rounding with a purpose

on the project unit need to be examined in detail, but could include one or more of the following issues:

1. As reported above, the census was higher on the unit after the implementation. This increased census may have resulted in nursing staff reverting to old patterns simply because they needed to complete their work.
2. The census may have increased because the hospital started taking additional insurance plans in payment in order to open the hospital to a larger market. Another potential reason may have been the closure of another hospital within the community, which decreased the options for customers to manage their inpatient health care needs.
3. Many patients were admitted and then discharged within 24 hours. The workload for admissions and discharges includes extensive charting and interaction with patients and their families on admission to develop the nursing care plan and patient and family teaching at discharge to ensure appropriate self-care management at home. If patients are transferring back to an assisted living or nursing home facility, the paperwork is even larger. The increased number of patients and the increased workload for nurses due admissions and discharges could have limited time in patient rooms.
4. To audit compliance with hourly rounding, secret shoppers (nursing executives, myself, other members of the management team) listened to staff members as they talked to their patients using the rounding with a purpose script. The secret

shoppers asked the patients and their families if the staff were addressing their needs related to pain, pottying, positioning, and proximity of personal care items.

5. In retrospect, the one-on-one education may have been a problem. Staff were approached during their work days and told about the project.
6. Finally, when the upper (75.61) and lower (44.89) control limits were calculated for the year, patient satisfaction scores were all within normal variance (three standard deviations) from the mean (60.25). These data suggest that education and implementation did not change the process of patient care during the PDSA trial and that the approach needs to be adjusted to attain project goals.

When the findings are communicated to the staff nurses, a root cause analysis can be completed to determine what adjustments need to be made to the education and support of the project to make it more successful in a second PDSA iteration.

Recommendations

I recommend that hourly rounding be continued due to the impact that has been shown to occur in other settings when nursing staff actively are rounding and focused on asking patients about the four Ps prior to leaving patients' rooms. Due to the finding that nine of the 11 falls after the implementation were still related to one of the four Ps, if staff continue to focus on asking about pain, pottying, positioning, and proximity of personal care items, a continued reduction in falls may still be seen. I recommend that the pilot continue with adjustments based on the root cause analysis and that staff updates in huddles and in charts posted for the staff continue. The impact that staff nurses can have on patient

satisfaction and falls needs to be supported in meetings and improvements celebrated as they occur.

Contribution of the Doctoral Project Team

Administrative team members assisted in the education of staff members one-on-one during a 1 week period. They ensured that the scripting of the planned change was understood by the staff nurses and assisted in performing “secret shopper” checks on staff to see if they are using the scripting during hourly rounding interactions with patients. The administrative team members accomplished that by performing leadership rounds on the unit throughout the 3 month period and actively listened as staff entered and exited patient rooms. They also spoke with patients about their stay and asked if staff were attending to their needs by addressing pain, positioning, restroom needs (pottying), and the proximity of their personal items.

Strengths and Limitations of the Project

I used the PDSA model for documenting the planning, implementing, and assessing of the change. The template can help to document the collaborative work with stakeholders to consider and modify the ideas, processes, and methods related to how the change has been implemented in the setting. It is a working template and can be used to track changes, how changes were implemented, and the effects of the changes. This information can be used to document how the intervention can be modified, retested, and put into place permanently (Gillam & Siriwardena, 2013).

Although not successful during the first 3 month implementation, the project did improve awareness of the number of falls and the top reasons patients fall. The project

brought a heightened awareness to the staff about the impact of addressing patients' basic needs and brought patient satisfaction to the forefront of the conversations when speaking about and reviewing unit data. During the week of staff education, it was noted by many staff members that they either did not realize the most common reasons for patient falls and/or they did not realize that patient satisfaction was tied to reimbursement for care provided in the inpatient setting.

The falls were not reduced to zero as I would have liked with the average number of inpatient falls increasing and there was not an improvement noted of staff responsiveness according to the HCHAPS surveys for the 3 months of the pilot project.

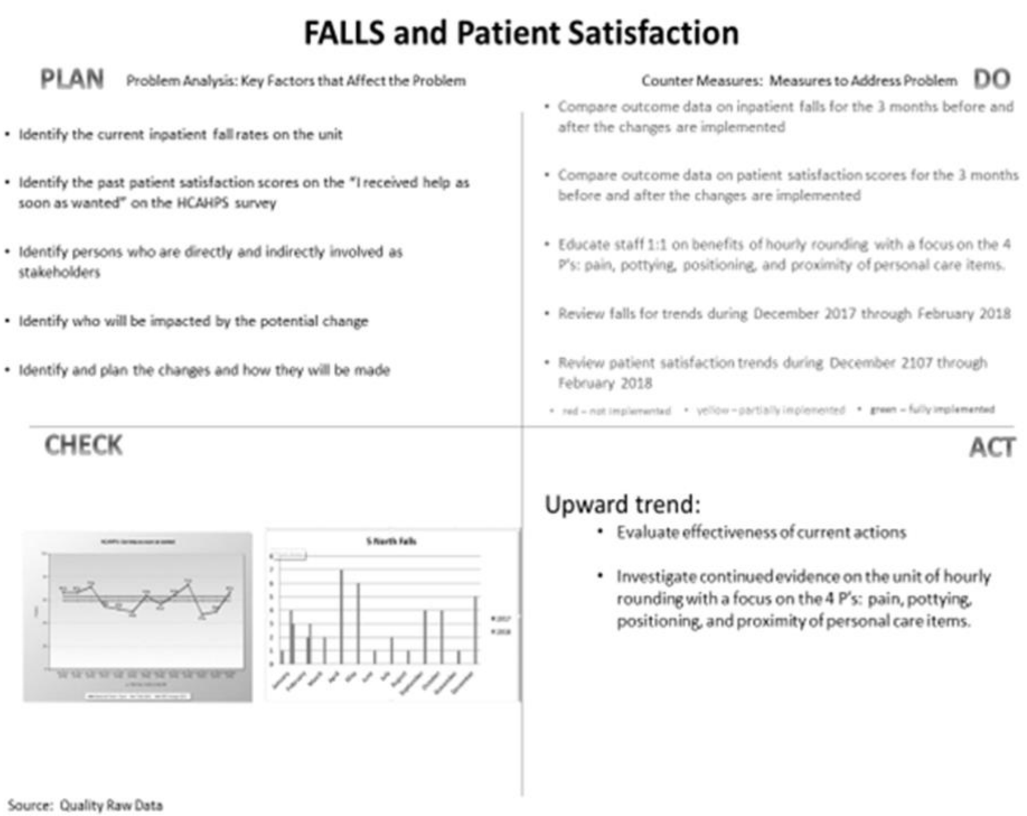

Figure 4. PDSA plan for falls reduction and increased patient satisfaction. Adapted from The Rosswurm and Larrabee (1999) model.

Summary

During the 3 month intervention period, hourly rounding did not significantly impact inpatient fall rates or change the unit's overall rating on the HCHAPS question "I received help as soon as wanted." The pilot project did bring awareness to staff members, according to their personal testimonials, of the four top reasons patients fall during their hospital stay and the effects of patient satisfaction on hospital reimbursement for care provided. If the outcomes had reflected improvement, the intervention likely would have been adopted for maintenance of the new practice. Because the outcomes were not improved, stakeholders will need to decide whether to implement different evidence-based interventions, adjust the current PDSA interventions to be more appropriate for the environment, or discontinue the project.

Section 5: Dissemination Plan

Introduction

Health care providers in the acute care setting encounter practice issues that prompt them to look for evidence-based solutions that can greatly improve the outcomes for patients and further guide nursing practices in care delivery (ANA, 2011).

Dissemination Plan

It is important for me to educate the staff on the unit who participated in the pilot project regarding the results of implementation of hourly rounding with a purpose. I plan to share the results one-on-one with staff and continue to reinforce the importance and affects hourly rounding with a purpose. I will also be discussing with both staff members and the unit administrator's reasons for the lack of improvement in HCAPHS scores and the number of falls during the pilot. I will recommend a root cause analysis to determine causes for the lack of improvement and changes necessary to the PDSA if another trial is supported.

Analysis of Self

Through the DNP project, I learned that the best laid plans may not always go as planned. I hypothesized I would see a reduction in falls during the 3 month period and/or any occurring falls related to causes other than one of the four Ps. However, the results showed otherwise. Even so, the staff nurses were made aware of how they can directly impact patient safety and satisfaction from the one-on-one education they received in November 2017 and this was an unintended improvement because I can say that a knowledge deficit of staff was addressed.

Summary

In conclusion, according to the literature, hourly rounding with a purpose can impact patient outcomes by reducing inpatient fall rates and increasing patient satisfaction. During the 3 month period, the unit had 11 falls with an average of 3.6 falls per month; which was higher than the previous 11 month average of 3 falls per month. The patient satisfaction score on the project question went down from 73.3% in November 2017 to 47.6% in December but began to rebound in January 2018 (to 50%) and even higher in February 2018 (to 66.7%). Continued focus on the four Ps during hourly rounding if extended by the organization will provide an opportunity to make adjustments to the PDSA and to continue to examine the effects on inpatient falls and patient satisfaction. I plan to recommend that the pilot be extended through 2018.

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Appendix: Plan, Do, Check, Act.