Evidence Based Practice Paper

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Abstract

There has been debate in the field of nursing regarding the benefit of performing structured hourly rounds on patients. Many hospitals, if not already using the system, are beginning to implement structured hourly rounds in their institutions. The decision for hospitals to implement hourly rounding as part of patient care is primarily driven by patient satisfaction scores and efforts to increase positive patient outcomes. Nurses and other support staff are responsible for completing hourly rounds on patients. Using information from three research studies done on hourly rounds, this paper will discuss the results of implementing structured hourly rounds in the hospital setting. Remember the abstract is a summary of the paper and is not written in the future tense.
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Every nurse is faced with the challenges of trying to identify patient needs, as well as providing care that fosters positive outcomes for every patient. With the numerous demands nurses face in the hospital setting, it can be very challenging at times to fulfill all nursing responsibilities, while maintaining emphasis on patient satisfaction and outcomes. Therefore, it is imperative that nurses manage their time effectively and implement evidence-based practices, such as rounding, in their daily patient care. Three research studies will be reviewed: Meade, Bursell, and Ketelsen (2006), Woodard (2009), and Sobaski, Abraham, Fillmore, McFall, and Davidhizar (2008). Each study address the topic of hourly rounding in the hospital setting, and its relevance to nursing practice.

The concept of making rounds on patients is not unfamiliar to nurses, nor a new practice. By structuring the already familiar concept, “hourly rounds provides nurses with a surveillance mechanism to purposefully keep patients safe and comfortable by proactively meeting their needs” (Halm, 2009, p. 582). Structured rounding is performed by the nurse and other support staff, by intentionally checking on patients at scheduled hourly intervals. When rounding, staff addresses the ‘4 P’s’: pain, potty, positioning, and proximity of personal items (Halm, 2009, p. 581).

The first study reviewed by Meade et al. (2006) was performed “to assess the frequency of and reasons for patients’ call light use as well as the effects of 1 and 2 check APA for numerals-hour nursing rounds on patients’ use of the call light, patient satisfaction, and the rate of patient falls” (Melnyk, 2007, p. 220). The study consisted of three groups: (a) hourly patient rounding, (b) patient rounding every 2 hours, and (c) control group, no regular rounding. The study sample included 14 hospitals across the United States, totaling twenty-seven individual
nursing units. Rounding was done by nurses over a period of four weeks, during which specific key actions were performed (e.g., pain assessment, offering assistance to the toilet, positioning call light in reach, and informing patient that staff would round again at a scheduled timeframe) (Melnyk, 2007, p. 220). The findings from this study indicated “hourly rounding was more effective than 2-hour rounding and no rounding on call light usage, patient satisfaction, and number of patient falls. Two-hour rounding was more effective than no rounding on patient satisfaction” (Melnyk, 2007, p. 220). This study initially had participation from 46 units in 22 hospitals, but excluded 19 units in eight hospitals due to poor reliability and validity of data collection, thereby threatening the internal validity of the study overall (Melnyk, 2007, pp. 220-221). Even with consideration of the identified flaws of this study, the evidence is strong enough to suggest hourly rounds may lead to an increase in patient satisfaction and a decrease in the number of patient falls (Melynk, 2007, p. 221). Review of further studies was done to strengthen the findings of this study.

The next study was performed by Woodard (2009). The purpose of this study was to evaluate an intervention tool, routine rounding by the charge nurse, developed to increase patient satisfaction scores and improve overall safety of patients (Woodard, 2009, pp. 200-201). The study analyzed fall rates, patient satisfaction, and call-light usage among patients who received the rounding intervention versus those that did not. Patient feelings of “help uncertainty”, defined as “the inability to determine the meaning of nursing workflow and occurring when the patient cannot identify the predictability of the nurse being physically and emotionally available to help” (Woodard, 2009, p. 201), was also analyzed by comparing a nursing unit that uses routine rounds with one that does not. Lastly, barriers and challenges to implementing and
maintaining a routine rounding schedule identified by charge nurses were examined (Woodard, 2009, p. 201).

Statistics for the study related to rates of falls and patient satisfaction scores were obtained from National Research Corporation Pickers surveys. Call-light usage frequencies for the study unit were collected from an online reporting system (Woodard, 2009, p. 202). A Likert-type scale was used to measure “help uncertainty” on the study unit and another unit not using routine charge nurse rounds. Twenty-five patients on each unit were asked ‘How certain are you today that a caregiver will be available to address your immediate needs?’ The barriers to implementing and maintaining a routine rounding schedule identified by charge nurses, were measured by conducting a short survey with the charge nurses of the study unit (Woodard, 2009, p. 203). The study took place at a Magnet accredited, teaching hospital, on a 27-bed medical-surgical unit.

Results from Woodard’s (2009) study demonstrate the benefit of the use of scheduled patient rounds, and its validity as an evidence-based practice. Data for the study was collected from December 2006 to September 2007; results demonstrated a trending of continued decrease in the number of falls and call-light frequency. Patient satisfaction scores increased from less than 60% to almost 80% when patients were asked ‘Would you recommend this hospital to family and friends?’ On the study unit, 72% of patients surveyed were very certain a caregiver would address their immediate needs if needed (Woodard, 2009, p. 204). Nine charge nurses on the study unit were surveyed; identified barriers to completing scheduled patient rounds included completing patient discharges and admissions, as well as rounding on complicated patients may require additional time to address their needs (Woodard, 2009, p. 204).
Although this study clearly demonstrates the benefits of scheduled rounding, there were limitations to the data collected. Qualitative data related to the perception of charge nurses when performing rounds was not collected; the feelings of nursing staff, patients, and families related to charge nurse rounding were not included in the study either (Woodard, 2009, p. 205). Ultimately, no personal responses from those most affected by charge nurse rounding were collected to identify pros and cons of the process.

The purpose of the study performed by Sobaski et al. (2008) was to demonstrate the correlation between scheduled rounding completed by licensed and unlicensed nursing staff and increased patient satisfaction scores measured by Press Ganey Patient Satisfaction Survey scores (Abstract section, para. 9). Two research questions were explored in this study: ‘Does a protocol of routine rounding on the cardiac telemetry unit by nursing staff increase the patient satisfaction of the hospitalized patients?’ and ‘Are there set duties or protocols that nursing staff can perform to improve the patient’s perception of the quality of healthcare they receive while hospitalized as measured by Press Ganey Patient Satisfaction Survey scores?’ (Sobaski et al., 2008, Abstract section, para. 9)

Scheduled rounding was done on the cardiac telemetry unit every one to two hours between the hours of 7 a.m. and 10 p.m.; staff assessed patient pain, positioning, and comfort, as well as assisting with toileting needs, and assuring proximity of patient call-light and other belongings. Rounding was done with minimal activity for sleeping patients (Sobaski et al., 2008). The study took place over a period of six months and included data from a total of 335 surveys returned from Press Ganey; the study included scores three months before implementation of scheduled rounding and three months post-implementation (Sobaski et al., 2008). Baseline satisfaction scores before implementation of scheduled rounding were below
90% in every category except for ‘skill of nurses’. Post-implementation average was higher than baseline scores in every category. Satisfaction scores were higher every month that scheduled rounding was done, except for the second month related to ‘promptness of response to call light’ (Sobaski et al., 2008).

When reviewing the results of this study and possible flaws, one should consider the lack of training received by nurses from other units in the hospital who worked on the telemetry unit during the conduction of this study. Before the start of the study, the manager of the telemetry unit presented the protocols for rounding to all unit staff, as defined by the author of the study. It is possible that floated nurses, due to the lack of training, did not perform patient rounds as defined by the author, nor as diligently as the trained staff (Sobaski et al., 2008, Discussion section, para. 1). Therefore, results from the study may have been affected by this inconsistency.

With consideration of the identified area of weakness within this study, the results ultimately confirm “increased interaction between nursing staff and patient increases the patients’ perception of the care they receive” (Sobaski et al., 2008, Conclusion section, para. 1). This study reveals opportunity for the nursing profession to make a positive influence in healthcare and have an impact on patient loyalty and choice of healthcare institution in the future (Sobaski et al., 2008, Conclusion section, para. 1).

Ida Jean Orlando developed a nursing theory that relates to the concept of rounding discussed throughout this paper. Orlando’s nursing theory, called the Deliberative Nursing Process, is used to help “identify the nature of the patient’s distress and his or her immediate needs for help” (Kearney-Nunnery, 2008, p. 71). Orlando’s nursing theory discusses the relationship between patient and nurse, and the professional responsibility of the nurse to identify and meet patient’s immediate need for help (Alligood & Tomey, 2010, p. 66). Similarly, this
theory correlates with the desired outcomes of performing scheduled patient rounds. When completing rounds, the goal is to anticipate patient needs and address them in a timely fashion. With the implementation of scheduled rounds, nurses can decrease patient anxiety by informing the patient of the rounding schedule and at what intervals staff will be checking on them. As addressed by Orlando’s nursing theory, patients experience feelings of helplessness and distress when their needs for help are unmet (Alligood & Tomey, 2010, p. 66). Orlando’s theory proposed “there is a positive correlation between the length of time the patient experiences unmet needs and the degree of distress” (Alligood & Tomey, 2010, p.66). Orlando’s theory emphasizes the importance of responding to patient needs with a sense of immediacy, to achieve positive changes in the patient’s observable behavior (Alligood & Tomey, 2010, p.66). Overall, Orlando’s theory supports the goals of performing scheduled rounds to increase patients’ sense of well-being and reinforcing the availability of staff to meet their needs during hospitalization.

In conclusion, after reviewing studies on scheduled rounding (one hour and two hour intervals) evidence supports the implementation of structured rounding by nurses and support staff in the hospital setting. Results from the studies reviewed have identified increases in patient satisfaction and positive patient outcomes while hospitalized. By structuring an intervention that nurses already use in their practice, one can only expect patients will receive improved care. Nurses can deliver care in a positive modality, proactively anticipating patients needs versus reacting to problems that may have been preventable with the use of rounding.

References


