



St. Elizabeth
HEALTHCARE

**Purposeful Hourly Rounding
Best Practices During a Pandemic**

PROBLEM STATEMENT AND EXECUTIVE CHARGE

Problem Statement:

Upon the onset of COVID-19, it was quickly apparent that the inpatient/caregiver relationship needed evaluation. High acuity, increased emotional suffering (depressions, stress, anxiety, etc.), and limited visitation negatively impacted our patients, Nurses, and CNAs

The pandemic was eroding patients' overall perceptions of their care experience and Nurse Communication as evidenced by our HCAHPS scores on our Nursing Domain and 0 to 10 ranking.

With the overwhelming impact of COVID-19 on our staff and standard work, it was decided to focus on the evidence based best practice of Purposeful Hourly Rounding to drive Associate/Inpatient engagement, safety, compliance, and patient education.

Executive Charge

We need to improve how we conduct hourly rounding such that patients value those rounding experience and provide favorable HCAHPS survey responses. We must make this improvement without adding staff.

Quality Improvement Workout

A Quality Improvement Workout with Nursing and PX was held on August 31, 2020, to review:

- Current Hourly Rounding Standard Work and Process Mapping
- Voice of Our Patients: Survey Data, Survey Comments, etc.
- Process Issues
- Barriers
- Concerns
- Control and Influence
- Possible Solutions
- Action Plan – Smart Objectives
- Design
- Implementation
- Sustainability

NEXT STEPS AND IMPLEMENTATION

Areas of Focus

- Standard Work Design
- Patient Experience and Purposeful Hourly Rounding Education and Expectations for Inpatient Nurse Managers, Nurses, and CNAs
- Consistent observation and coaching model to ensure consistency in providing feedback during hourly rounding observations.
- Accountability
- Sustainability
- Patient Education and Engagement

QI 600 – Hourly Rounding

Date 8/31/20

Facilitated by QI: Christina Murphy and Bill Harrington



CHARGE FOR ACTION / CHALLENGE

We need to improve how we conduct hourly rounding such that patients value those rounding experiences and provide favorable HCAHPS survey responses. We must make this improvement without adding staff.

ORGANIZING THE TEAM

Nursing: RNs and CNAs
Patient Experience*



*Patient Experience with ownership of Action Items below with Nursing

DEFINE THE PROBLEM

“To be successful, we need to **improve pt. perception** and **outcomes** through hourly rounding that includes **empathetic** and **timely communication** with pt. **Workflows** to achieve this must be **efficient** and **accepted by staff.**”

(In Frame / Out of Frame & Voice of Customer / Business)



CAUSES & OPPORTUNITY

Within our control

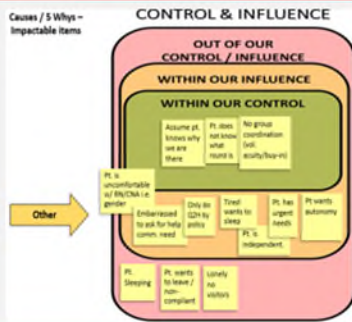
1. Assume pt. knows why we are there
2. Pt. does not know what round is
3. No group coordination (vol./acuity/buy-in)

Within our influence

1. Other

Out of our control / influence

1. Pt. sleeping
2. Pt. wants to leave/non-compliant
3. Lonely, no visitors



DESIGNING SOLUTIONS - The team identified solutions

Solutions within our control

1. Assume Pt. knows why we are here -> Key Messaging to pt. and caregiver
2. Pt. doesn't know what a round is -> Explain hourly rounding on admission & during bedside report
3. No group coordination (Vol/acuity/buy-in) -> Clear expectations of team members before shift
4. Other -> Awareness of body language / Awareness of tone of voice

PAY OFF MATRIX



RECOMMENDATIONS – Around Doing and Design

Design:

Define / Train on empathetic listening and communication

Key Messaging on why we're in room
Explain Hourly Rounds to Pt. (orient Pt. expectations)
Create Daily Plan for Hourly Rounds Coverage includes X-training / roles
Unit defining plan to help each other out (i.e. buddy system)

Doing:

Identify pilot units
Identify pilot leaders
Create Test Plan
Execute the Test
Replication Plan
Execute Replication



ACTION PLAN

Do What	To What	By Whom	How Much	By Whom
Describe the Action	Item Identified	When Target Date	Improvement Desired	Person Lead
Develop Content / Method	Define / Train on empathetic listening and communication	9/1/20	Demonstrate Capability (Observed)	PN Rep. and Loree Holland
Develop Content / Method	Key Messaging on why we're in room	9/1/20	Demonstrate Capability (Observed)	PN Rep. and Nurse Manager
Develop Content / Method	Explain Hourly Rounds to Pt. (orient Pt. expectations)	9/1/20	Demonstrate Capability (Observed)	PN Rep. and Nurse Manager
Develop Content / Method	Create Daily Plan for Hourly Rounds Coverage includes X-training / roles	9/1/20	Demonstrate Capability (Observed)	Unit Based Counsel (UBC)
Develop Content / Method	Unit defining plan to help each other out (i.e. buddy system)	During Pilot	Demonstrate Capability (Observed)	Unit Based Counsel (UBC)

EDUCATION FOR NURSE MANAGERS, NURSES, AND CNAS

Staff Education

- All Inpatient Nurse Managers, Assistant Nurse Managers, Nurses, and CNAs attended a 1 ½ hour in-person Patient Experience/Purposeful Hourly Rounding Workshop (>5,000 attendees).
- One hour of content focused on Patient Experience foundational elements:
 - Interpreting patient survey data
 - Understanding, recognizing and reducing patients' emotional suffering
 - Using empathy to reduce emotional suffering
 - Importance of and how to develop a personal relationship with each inpatient
 - Proactive patient education
 - AIDET and Key Messaging
- Following the first hour, a Nurse Manager presents the Purposeful Hourly Rounding Program
 - Purpose of Hourly Rounding... "The Why" = Safety and Engagement.
 - Review of new Purposeful Hourly Rounding Standard Work and Behavior Expectations.
 - Emphasis on knowing the patient as a person, narrating care, teach-back, proactive education, AIDET, restroom assistance, and reducing patients' emotional suffering.
 - In-house produced videos showing examples of how to/not to perform hourly rounding.
 - Explanation of observations/appreciative coaching to identify individual's strengths and improvement opportunities.

Behavior Expectations

- Build rapport and trust to reduce our patient's anxieties.
- Make the commitment to learn two personal things about each of your patients.
- Perform your scheduled tasks along with your hourly CARE round
- Every round must be in patients' room and not from the hallway
- Address patients need to use the restroom, comfort/pain, positioning, and their environment.
- Critically think through the order.
- Position your patient after you offer to use the restroom.



Behavior Expectations

- **Conduct an environmental assessment.**
 - Does the patient have everything in reach? (Help prevent falls!)
 - Have you picked up trash, trays and/or clutter in the room and restroom?
 - Do they need a fresh cup of ice water?
 - Is the IV plugged in, are the IV fluids going to run out before my next round?
 - Safety Check – Fall Risks / Bundle Compliance
 - Turns – Completed on schedule
 - Proactive restroom assistance
- **Always use an open-ended question when exiting.**
 - *“What else can I do for you?”* *“How else may I help you?”*
- **Tell the patient when you or another member of the team will be back...**
 - *“I’ll be back in about _____ minutes.”*
- **RN is to hourly round on the patient 30-60 minutes prior to shift change to minimize patient requests and call lights during the change of shift.**
 - Rounds should also be completed before leaving the unit for break times.





Observations and Coaching

- The Appreciative Coaching model was implemented to ensure consistency in providing feedback during hourly rounding observations.
- The Appreciative Coaching model is designed for two-way dialogue and utilization of critical thinking skills.
- Our Chief Nursing Executive's expectation is that a minimum of 20 hourly rounding observations/coaching be completed weekly on each Nursing Unit.
- The 20 observations/coaching expectation is a collective total performed by the Unit's Nurse Manager, Assistant Nurse Manager and Team Leads.
- Each observation/coaching are documented in Rounds+ (similar to Survey Monkey)

EDG 2A COACHING: 79% COMPLETION RATE (4 WEEKS WITH 63/80 COMPLETED)

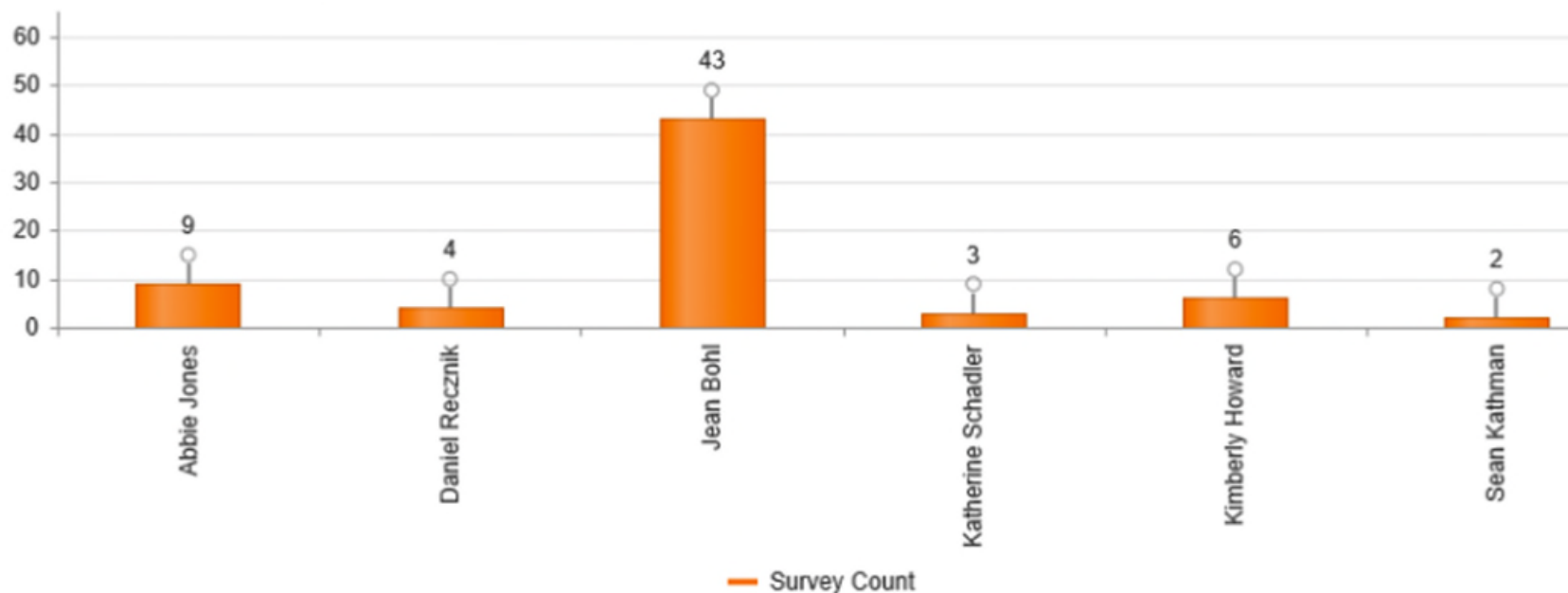
Name: 2A User Level

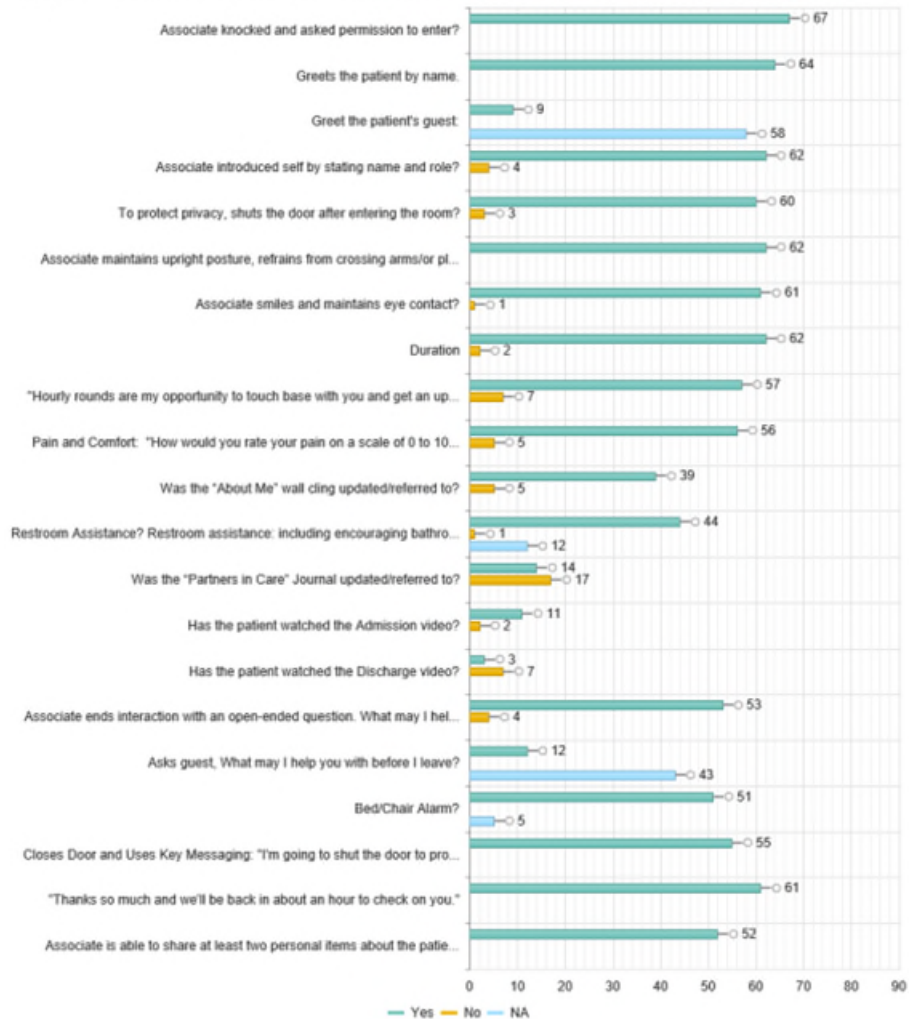
Date range: Last Month (11/01/2022 - 11/30/2022)

Survey: Manager Hourly Rounding Observation Tool

Unit: 2A, Patient Experience

Completed Surveys By User





Accountability and Sustainability

- Rounds+ sends two automatic weekly and monthly reports for each Nursing Unit to Nurse Management and the Patient Experience Team to review accountability and trends.
 1. The Rounds+ reports include the Unit specific number of hourly rounding observations/coaching that have been completed and by whom.
 2. Also, Nurse Management and Patient Experience receive a summary of observation trends to assist identifying trends, improvement opportunities, education needs, and strengths.
- Every Friday, Patient Experience emails each inpatient Nurse Manager a summary of strengths and improvement opportunities that have been identified during that week.
- By the 3rd of each month, Senior Nurse Leaders, Nurse Managers, and Hospital COOs receive a Nurse Unit Specific monthly performance overview that includes:
 - HCAHPS and Integrated survey scores by quarter and year-to-date
 - Greatest survey score increases and decreases
 - All complaints and compliments received for the Nursing Unit
 - Summary of observations/coaching performed
 - Overview of observation/coaching trends
 - Patient Experience specific focus areas for the next 30 days
 - Patients' Perceptions: Question added to the Press Ganey survey: *“During your stay, did a member of our nursing team address your care and comfort on an hourly basis?”*

Patient Education and Engagement

- To help improve patient engagement and education, the following were implemented:
 - **About Me Wall Cling:** Each room includes a dry erase “About Me” wall cling. It includes patient information such as their hobbies, pets, music, sports interest, etc.

It is also used as a diversion resource when patients experience a mental health crisis or exhibit aggressive behavior.
 - **Partners in Care Journal:** The 8 ½” x 11”, spiral bound Partners in Care Journal helps patients manage information received during their stay, document their daily care plan, activities, and their questions, understand their caregiving team’s roles, frequently used medical terminology, the discharge process and the importance of patient engagement during hourly rounding and bedside shift handoffs.
 - **Admission and Discharge Videos:** As a supplement to the Partners in Care Journal, an Admission and Discharge videos were produced to proactively educate inpatients on hourly rounding, bedside shift handoffs, safety measures, pastoral care, guest guidelines and an explanation of the discharge process. These videos are accessed via MyChart Bedside & TV.

Our nurses and CNAs have an increased desire to improve engagement and learn more about their patients on a non-clinical level.




Background:

Patient Experience centers upon building relationships. Strong Patient/Caregiver relationships help improve patients' perceptions of their care experience and reduces emotional suffering such as fears and anxieties.

Assessment:

Our current resources do not provide the necessary elements to foster building strong patient/caregiver relationships.

Recommendation: Implement best practices to improve patient education, safety, engagement, and patient/caregiver relationships.

<i>Best Practice</i>	<i>Best Practice details</i>	<i>Standard Work</i>
<p>"About Me"</p> 	<ul style="list-style-type: none"> Helps all associates build the Patient/Caregiver relationship and learn about the patient as a person (<i>beyond a diagnosis or Rm#</i>) Relationship-building information at a glance! Structured questions about topics such as hobbies and pets. Reminders at the bottom—track the patient's cell phone, eyeglasses, dentures, hearing aids A de-escalation tool—meaningful & important patient details to de-escalate the situation 	<ol style="list-style-type: none"> Upon entering a patient's room, ALL ASSOCIATES (<i>including nursing, housekeeping, food & nutrition, therapists and phlebotomists</i>) are encouraged to view the "About Me" info Ensure "About Me" info is current and updated With each additional patient encounter, use the "About Me" info to continually build upon the patient/caregiver relationship Use the reminders at the bottom to track the patient's cell phone, eye glasses, dentures, and hearing aids. <p>*** De-escalation needed? ***</p> <p>Use "About Me" to help identify meaningful details about your patient to de-escalate the situation and foster the positive patient/caregiver relationship.</p>
<p>Partners in Care Journal</p> 	<ul style="list-style-type: none"> An engagement tool to help educate patients about their care team, daily activities, safety measures, the discharge process, and best practices like purposeful hourly rounding. An interactive tool to help patients track their daily care routine and write down questions. Patient is educated regarding the discharge process and questions to ask prior to leaving. Follow-up appointments are recorded for patient to reference later. 	<ol style="list-style-type: none"> Housekeeping will supply/replace the Partners in Care Journal on the overbed table during the room cleaning process for the next patient. Introduce the patient to the Partners in Care Journal during admission or first hourly round performed after admission. Explain the importance of the Partners in Care Journal: <ul style="list-style-type: none"> Helps educate patients about their care team, safety measures, the discharge process and best practices such as hourly rounding. Encourage the patient to complete their Daily Notes Remind the patient to write down questions in their Daily Notes Refer to the patient's Daily Notes during hourly rounding/bedside handoffs In preparation for discharge, ask the patient to review pages 22 & 23 Discuss the "Questions to Ask Before leaving the Hospital" on page 23
<p>Admission & Discharge videos</p> 	<ul style="list-style-type: none"> Updated to explain what patients should expect during their stay Will help to reduce patients' emotional suffering by proactively educating them and engaging them in best practices and daily routine care. 	<ol style="list-style-type: none"> Admission video should be shown to the patient within 4hrs. of their Admission. Ask the patient's Care Partner and loved ones to watch also Answer any questions patient, Care Partner, or family may express During Nurse Leader Rounding, ask patient, "Did you watch the Admission Video?" If they have watched the Admission video. Ask, "What questions do you have about the video?" Que up video if not viewed yet. -Show to patient when Intent to Discharge Order/Discharge Order Placed

RESULTS

HCAHPS Survey Questions:

1. *“Using any number from 0 to 10, where 0 is the worst hospital possible and 10 the best hospital possible, what number would you use to rate this hospital during your stay?”*
 - 80% of our Nursing Units had an average improvement of 4.68% which resulted in the movement from the 62nd to the 80th percentile.

2. Nurse Communication Domain which includes three survey questions:
 - *“...How often did nurses treat you with courtesy & respect?”*
 - *“...How often did nurses listen carefully to you?”*
 - *“...How often did nurses explain things in a way you could understand?”*
 - 70% of our Nursing Units had an average improvement of 3.31% which resulted in the movement from the 62nd to the 83rd percentile.

Questions?

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