HARDWIRING INPATIENT HOURLY ROUNding at Self Regional Healthcare

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Self Regional Healthcare
(Greenwood, South Carolina)

Presentation Objectives

• To Communicate the purpose of inpatient hourly rounding
• Gain staff agreement with hourly rounding
• Sustain the inpatient hourly rounding after the newness wears off
**Self Regional HealthCare**

- Serve a population of 257,000 in these counties

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**Self Regional Healthcare**

- 320 general adult medical/surgical, telemetry, step down beds
- 19 LDRP birthing beds
- 16 Pediatric beds
- 10 Adult Intensive Care Beds
- 10 Coronary Care beds
- 10 Open Heart Beds
- 36 Psychiatric beds
- Plus 17 NICU bassinets

**FY 2006-07**

- Adult/Pediatrics Admissions- 13,531
- Emergency Department Visits- 40,950
- Outpatient Visits- 163,789
- Revenue $285,638,511
- 180+ Physicians - 98% Board Certified or Board Eligible
- Family Practice Residency Program

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### Service as Regional Referral Center

- Ambulatory Surgery
- Cardiac Cath Lab
- Cardiac Rehabilitation
- Carolina Vascular Institute
- Comprehensive Cancer Center - Outpatient Chemo
- ED / Trauma Center Level III
- Home Health / Visiting Nurses
- Intensive Care, Coronary
- Intensive Care, Medical Surgical - Open Heart
- Intensive Care, Neonatal Level III - Acute Pediatrics
- Interventional Cardiology
- Lithotripsy
- Medical Surgical Acute Care
- MRI-CT - Nuclear Medicine
- Neurodiagnostics Lab
- Obstetrics
- Physical Therapy, OT, Rehabilitation, Outpatient
- Psychiatric, Acute & Outpatient
- Pulmonary Rehabilitation
- Radiation Therapy
- Respiratory Therapy
- Sleep Lab
- Wound Healing Institute

### Vision and Mission

**Vision:** Through our exceptional physicians, inspired staff and innovative technologies, we will be the leading provider of advanced healthcare services in all communities that we serve.

**Mission:** We improve health by bringing advanced care closer to home.
What we looked like

1. Reacting to problems
2. Early Systematic Approach
3. Aligned Approach
4. Integrated Approach

Our Satisfaction Results at the Beginning

<table>
<thead>
<tr>
<th></th>
<th>1st Quarter 2006 Ranking</th>
<th>1st Quarter 2006 Mean Score</th>
<th>Current Ranking</th>
<th>Current Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>38%</td>
<td>83.5</td>
<td>80%</td>
<td>85.1</td>
</tr>
</tbody>
</table>

62% of hospitals scored higher than SRH on Inpatient Services at the end of 1st Quarter.
### The Beginning of our Journey - What the Staff said about Rounding

- I’m in the room more than one time an hour already ...
- I am answering the call lights already
- I do not have the time to document anymore information
- This is just another “flash in the pan” idea
- This will not help me – it will only cause me more work

### Our Process

- Nursing Management team educated on benefits of rounding
- Provided studies related to rounding and reduction of call lights
- Met weekly with the Nursing Management and educated on the benefits and explained the tools
- Did before and after studies
### Our Process

- **Provided Nursing Management team with implementation tools**
- Explained the processes in depth
- Provided a computer process for all logs
- Implementation was on all inpatient units at once
- No phasing in – no pilot units
- Did not give up on the process, did not turn back even under extreme pressure

### Hourly Rounding Process

- RNs/LPNs/NAs /NTs make hourly rounds on all patients
- RNs / LPNs round during even hours
- NAs / NTs round during odd hours
- The 3 Ps are addressed (Pain, Potty, Position)
- Rounds/comments are documented on a log kept in patient’s room
- White boards in each patient room-use white board to reinforce results
Rounding Behaviors
Key Words and Actions

Address the 3 P’s of Pain, Potty and Position

- “How is your pain level on a scale of 1-10?”
- “May I help you to the bathroom?”
- “I want to make sure you are comfortable in the position you are in while in bed. Can I reposition you to be more comfortable?”

Hardwiring the Process
Patient Hourly Rounding Log (partial)

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Initiate</th>
<th>Time of Rounding</th>
<th>Comments about Patient’s need for care or sleeping</th>
<th>Awake</th>
<th>Sleeping</th>
</tr>
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<tbody>
<tr>
<td>0700 - 0900</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>0900 - 1100</td>
<td></td>
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<tr>
<td>1100 - 1300</td>
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<td>1300 - 1500</td>
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<td>1500 - 1700</td>
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</tr>
<tr>
<td>1700 - 1900</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

ICU/Express Care Key for 3 P’s:
- Pain: Does patient have pain?
- Potty: Does patient have to potty?
- Position: Does patient need to be repositioned?

ICU/Express Care Key for PICC:
- Pain: Does patient have concern about pain?
- Potty: Does patient have to potty?
- Information: Does patient have any questions?

ICU/Express Care Key for FOB:
- Pain: Does patient have pain?
- Potty: Does patient have to potty?
- Questions: Does patient have any questions about their condition or care?

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Hardwiring The Process

- Streamlined management reporting system to the CNO
- All logs due on the 20th of each month
- Each director/manager e-mails the logs and managed up thank you note to CNO and Administrative Assistant
- CNO reviews all data
- CNO’s Administrative Assistant puts all data in the computer folder

Screen shot of one of the computer folders that the CNO’s Administrative Assistant maintains. There are 6 folders in total
### Patient Hourly Rounding Log (results)

<table>
<thead>
<tr>
<th>Patient Hourly Rounding Log (results)</th>
<th>12/09</th>
<th>12/10</th>
<th>12/11</th>
<th>12/12</th>
<th>12/13</th>
<th>12/14</th>
<th>Avg %</th>
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<tbody>
<tr>
<td>ECC</td>
<td>140</td>
<td>112</td>
<td>126</td>
<td>91</td>
<td>108</td>
<td>112</td>
<td>126</td>
</tr>
<tr>
<td></td>
<td>140%</td>
<td>112%</td>
<td>126%</td>
<td>91%</td>
<td>108%</td>
<td>112%</td>
<td>126%</td>
</tr>
<tr>
<td>NCI</td>
<td>14</td>
<td>18</td>
<td>24</td>
<td>20</td>
<td>26</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>18%</td>
<td>24%</td>
<td>20%</td>
<td>26%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>JT</td>
<td>20</td>
<td>24</td>
<td>23</td>
<td>26</td>
<td>34</td>
<td>20</td>
<td>21</td>
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<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>ICU</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<td>100%</td>
</tr>
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</table>

**Example of the monthly patient rounding results**

### Hardwiring The Process

**Monthly wrap up log**

<table>
<thead>
<tr>
<th>Manage Up</th>
<th>Thank You</th>
<th>Staff Rounts</th>
<th>Patient Rounts</th>
<th>Hourly Rounding</th>
<th>Phone Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alma Katherine Hunter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angela Blackwell</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Carole Burgard</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Chuck Steele</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debbie Strickland</td>
<td></td>
<td></td>
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<tr>
<td>Diane McDowell</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dotty Lagroon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ivy Middleton</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James Epperson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janice McMahan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeannie Price</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>Jeff Birch</td>
<td></td>
<td></td>
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<td></td>
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<td>Kaye Brock</td>
<td></td>
<td></td>
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<td></td>
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<td>Linda Phillips</td>
<td></td>
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<td>Linda Russell</td>
<td></td>
<td></td>
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<tr>
<td>Nancy Lumley</td>
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<td></td>
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<tr>
<td>Ray Nelson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tim Hopkins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tina Smith</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Any missing logs, etc-CNO is notified**

**Director is notified to adhere to deadline**
Hourly Rounding Quarterly Report

<table>
<thead>
<tr>
<th>Date</th>
<th>Jan 08</th>
<th>Feb 08</th>
<th>Mar 08</th>
<th>Qtrly Avg Jan-Mar 08</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECC</td>
<td>3614</td>
<td>2687</td>
<td>361</td>
<td>361</td>
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<tr>
<td></td>
<td>99%</td>
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<td>WC</td>
<td>657</td>
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<td>96%</td>
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<td>99%</td>
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<tr>
<td>CCU</td>
<td>183</td>
<td>181</td>
<td>121</td>
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</tr>
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<td></td>
<td>99%</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>ICU</td>
<td>231</td>
<td>209</td>
<td>226</td>
<td>98%</td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td>91%</td>
<td>98%</td>
<td>96%</td>
</tr>
</tbody>
</table>

- Finally all data and results are reviewed for trends.
- Results as a division are shared in the Leadership meetings.

Benefits of Hourly Rounding

- Reduced the number of call lights
- Reduced number of complaints related to pain
- Increased employee satisfaction
- Increased staff productivity
- Increased nursing staff satisfaction and gave them control over patient care.
Benefits of Hourly Rounding

- Increased Patient Satisfaction
- Patients are happier and feel staff are always accessible
- Families were happier with the care
- Reduced patient and family complaints
- Issues can be resolved immediately

Strive For Five

A card is given to each patient admitted with the Nursing Director’s name, title and contact numbers along with the following information

- “We know you have a choice in healthcare and we want to thank you for choosing Self Regional Healthcare.
- Our goal is to provide you with very good care and we strive to do this for every patient.
- If you feel that your care has not met your expectations, we would like to know.
- We also want to know when our care is very good. We regularly send out surveys to our patients to measure our performance.
- If you receive a survey, we encourage you to complete it and send it in the postage paid envelope.
- Please contact me at the following number if there is anything we can do to better serve your needs.”
Quotes from the SRH Nursing Staff

- “The call lights go off less. We are working smarter, not harder. By using the 3 P’s, we take care of patient needs while we are in the room. This increased patient satisfaction.”
  Autumn Lewis, R.N, Donna Fultz, RN, Angie Paul, NT 3 Tower Orthopedics

- “Not only has using hourly rounding, AIDET, and the 3 P’s increased patient satisfaction, it has increased employee satisfaction, decreased patient falls and the number of call lights. The difference is obvious. If your hospital is not using these, it should.”
  Raye Poole, R.N., Staff Nurse, 4 Tower Surgical

Quotes for the Nursing Staff

- “The kindness was so overwhelming to them they wanted to share with me how wonderful it was in hopes that whatever they experienced would continue. Sometimes growth brings about unpleasant changes, but at Self Regional it has brought customer satisfaction to the top of the list.”
  “They stated that even just walking down the halls they were greeted and acknowledged with “Hello” and “How are you today”.
  This just an example of how our hospital has grown and that, rounding and AIDET really does work. I think that all of the employees at Self Regional should be commended for a job well done.”
  Joyce M Ludwa, RN Oncology Nurse Clinician

- “I have seen hourly rounding increase patient satisfaction as well as employee satisfaction. When we started, our patient satisfaction was running in the 50th percentile. Now we are in the 90th percentile and above. Our employee satisfaction is now above the Gallup 75th percentile while previously it was only at the 50th percentile.”
  Jean H. Price, R.N.,BC. Director
So What’s In It For Your Staff?

- Staff will have more time in a day to accomplish other tasks
- Staff will run around less because of the reduced call lights
- If nursing staff members work as a team to complete the rounding, they will have dedicated time to do their work
- The units will be more quiet and less hectic
- Patients will be happier—that will make the staff’s job easier
- The family will feel more secure since the patients needs are being met

Rounding Works

- It is very hard work to implement
- It is even harder to keep it hardwired
- It takes moving forward even when you just think you can not listen to one more person complain about rounding
- CNO must be a believer- the implementation and hardwiring can not be delegated
- It takes keeping your eye on the ball and never giving up
- It takes “dogging the process”
Staff will take ownership

- ICU/CCU nurses make post transfer visits to patients
- CICU-(open heart) nurses are making post transfer visits to patients
- OR nursing staff are making post surgery visits to patients
- Staff are handing out Director’s business cards to patients
### Pediatric Department Prior to Rounding Implementation and Pre Move to Tower

**Pediatrics Nurse Call Lights**  
5/28/06 - 7/2/06 (35 days)  
ADC: 3.5

- Pain: 27
- Check IV: 26
- Potty/Diaper: 6
- Need a Nurse: 25
- Food/Ice: 7
- Transportation: 4
- Other: 6
- Have a question: 3

### Pediatric Department - Post Rounding Implementation and Post Move to Tower

**Pediatrics Nurse Call Lights After Initiation of Hourly Rounding**  
9/2/06 to 10/6/06 (35 days)  
ADC: 3.7

- Pain: 17
- Check IV: 16
- Potty/Diaper: 5
- Need a Nurse: 1
- Food/Ice: 12
- Transportation: 1
- Other: 1
- Have a question: 4
Total Falls

Current Annualized Decrease estimate:
55.4 falls
664,800 ROI (estimate of $12,000/fall)

Hourly Rounding implemented in July 2006

4.62 Decrease in Falls = 18.3%

Falls with Injury

Annualized Decrease estimate:
10.4 falls per year
$228,800 ROI (estimate of $22,000/fall)

Hourly Rounding implemented in July 2006

0.87 Decrease in Injuries = 49%
Infection Rates

![Housewide Infection Rate Graph]

- **Infection Control:** Blood, Respiratory, Urine, Wound, Stool
- **FY 2005:** 5.57%
- **FY 2006:** 4.17%
- **FY 2007:** 3.36%
- **Q1 FY08:** 2.44%

- 11% decrease from 2006 to 2007
- 103 fewer infections in 2007
- 27% decrease in Q1 08 over Q1 07
- 53 fewer infections in Q1 08 than Q1 07

Gallup Workplace Results 2007

<table>
<thead>
<tr>
<th>Job Title</th>
<th>GrandMean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Nursing (n=1,541)</td>
<td>4.08</td>
</tr>
<tr>
<td>RN (n=428)</td>
<td>4.15</td>
</tr>
<tr>
<td>LPN (n=68)</td>
<td>4.05</td>
</tr>
<tr>
<td>NP (n=7)</td>
<td>4.47</td>
</tr>
</tbody>
</table>
### Awards

#### Clinical Quality

**Health Grades**
- SRH Number 1 in SC for Spine Surgery
- SRH Number 1 in SC for GI Surgery
- SRH 5-star rated for Carotid Endarterectomy (vascular)
- SRH 5-star rated for Prostatectomy (urological)

#### Safety

- Palmetto Hospital Trust Services (PHTS) *Safety Award* for one of the most improved PHT hospitals
- SC Governor’s Quality Explorer Assessment Certificate for outstanding achievement in development and implementation of quality management systems
### Awards......The Best For Last

#### Patient Satisfaction
- Self Regional receives Studer Group’s Fire Starter Award
- Self Regional receives Press Ganey’s Compass Award

#### Employee Satisfaction
- Self Regional Makes Top 20 in World! 
  - Recipient of the Gallup Great Workplace Award

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### Getting Good Results: Leaders Must...

- **Round!**
  - Schedule it
  - Do it
  - Log it
  - Measure it

- **Patient Rounding!**
  - Supervise staff- ‘shadow’ rounding - ensure compliance
  - Meet with staff-understand objections and encourage teamwork

- **Celebrate Success**
Thank You!

Connie L. Conner, RN, BSN, MHA
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Self Regional Healthcare
(Greenwood, South Carolina)

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