Roll-out of hourly patient rounding

Case study

Overview

Hourly patient rounding is a proactive patient-centred approach to determine and address patient care needs. It involves a member of the care team going to the patient hourly (two hourly at night) and asking questions regarding pain, toilet needs, positioning, personal needs and their plan of care.

Western Health introduced the program to improve the quality of care and the patient experience.

In addition hourly patient rounding has had a number of other benefits including improved staff satisfaction.

Key program phases

The following outlines the approach undertaken by Western Health to implement hourly patient rounding across the organisation.

1. Create the case for change

The pilot was an important step to iron out any issues prior to rolling out across the entire organisation. It also was useful in distilling the systems that needed to be in place to enhance sustainability and in identifying accountability requirements.

The finding from the pilot were used to communicate the benefits of hourly rounding for:

- the patient
- ward staff including students and agency staff
- other teams involved in the care of the patient

2. Program design (hourly patient rounding model)

The program design focused on how the model worked at ward level. A limitation of the pilot related to the impact of scaling up in terms of data management, accountability particularly in the longer as the redesign exit from direct program involvement.

Features of the program are:

- Patient arrives on the ward, the nurse-in-charge (NIC) introduces themselves to the patient and explains how the ward 'operates' – that someone will come around approximately hourly to address their needs. The patient then has an understanding of the standard of care to expect. The patient is provided with written material with space to provide feedback to staff.

Strategies for successful program roll out

- Executive sponsorship and buy-in is critical at the commencement of the roll-out program
- Utilise existing data sources
- A multi-pronged communication strategy, including the use of metrics
- Use staged implementation approach
- Implement on wards that are change-ready first
- Use champions from wards to convince other wards of benefits
- Communicate what the expected 'standard' is
- Set clear expectations for roles
- Ensure accountability requirements are revised
- to match new expectations

- Staff 'round' on the patients and address the specific questions relating to the 5P's (Pain, Position, Pan, Patient environment and Plan of care).
- Staff check off each hour that rounding has been completed on a separate log sheet. If rounding is not completed the time is left blank or a reason recorded. This is important in identifying potential improvement activities for the ward.
- NIC reviews the rounding log and signs the sheet at the end of each shift.
- Monthly data is provided to the ward at ward level and benchmarks other wards across the health service and includes comments from the Director of Nursing.

3. Approach to roll-out

The approach to rolling-out the program was to work with individuals that wanted to implement patient rounding as part of their daily routine. This approach has been successful in spreading patient rounding to over 20 wards across 3 hospital campuses.

A communication strategy has been essential in continuing to increase awareness, understanding of patient rounding and promote the benefits across the health service. The use of champions from wards that have implemented patient rounding has been critical to the successful roll-out.

4. Monitoring

Data is provided to the ward monthly and includes:

- Adherence to rounding
- Number of falls
- Number of patient complains
- Number of hospital acquired pressure ulcers
- Number of call bells per hour
- Patient experience audit (conducted by volunteers with training to administer the audit)
- Patient feedback

5. Factors for consideration to scale up from pilot to organisation-wide roll out

Listed are factors to consider as part of a scaling-up from a pilot project to an organisation-wide program:

- Who has the ultimate accountability for the program?
- What is the role of the redesign team (and when do they exit)?
- Who has responsibility for the data management and reporting?
- What is the minimum information (data) required to monitor and

Key lessons:
- Piloting an approach is a useful way to demonstrate applicability locally
- A pilot project enables local adaption of an approach
- Use of benchmarking across wards is useful to promote uptake new ways of working
- Communicate the benefits using both qualitative and quantitative data

facilitate continuous improvement?
- What are training and professional development requirements?

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