Inspiring Innovation: Patient Report of Hourly Rounding

Using Patient Report of Staff Behaviors to Support Improvement Efforts

Behavior change can be difficult and feedback about the process is critical for success. When instituting any new process or improvement initiative, such as hourly rounding, the new behavior must either be fit into the existing repertoire or be conducted in place of a prior behavior or activities. With any newly instituted process, competing priorities will create a natural tendency is to revert to what is comfortable and familiar, often at the expense of the new hourly rounding process. Implementing hourly rounding requires leadership commitment and a well-planned training process that includes information about the benefits of hourly rounding for patients and staff, the process that will be utilized and the critical components or behaviors that are expected during the hourly round. Additionally, reinforces the rounding process by demonstrating the impact and by tracking the frequency with which it is occurring.

For hourly rounding checklists and logs can be used by staff both to prompt certain activities and to document the steps that have been taken (e.g., to document the round has taken place and to ensure specific issues are discussed with the patient). However, logs can lose their utility if they are completed retrospectively, not completed at all, or not tied to results. Alternatively a peer or manager may directly observe the hourly rounding process and give either immediate or delayed feedback on what was observed. This offers the opportunity for rich feedback about the quality of the interaction and is especially useful when the rounding process is new, though can be time and staff intensive when used for long periods of time. Patients can offer valuable information regarding how care is being provided by incorporating survey questions into the ongoing measurement of patient experience. In this manner, patient report of staff behaviors can be directly tied to patient evaluations of the broader experience.

There are several important criteria to consider when selecting a behavior for patient feedback.   The behavior must be something that occurs in front of the patient or has an outcome that is directly observable by the patient. The behavior should be something that the patient would typically notice if it occurs, rather than elements of the process that may not immediately salient or understood by the patient. Finally, the benefit of using patients as sources of feedback should be balanced with the burden it places on them to report on specific aspects of their care. We should not ask patients to police every element of quality so should choose wisely among those being focused on for quality improvement initiatives for which the patient feedback will be actively used and shared.

Hourly rounding meets the above criteria. It occurs with the patient and is something the patient will likely notice and recall. Two critical insights can be gained when patients report on hourly rounding within the ongoing patient experience survey. First, the impact can be measured by comparing scores for patients who report experiencing hourly rounding vs. those who did not. Second, the frequency with which patients remember and recall hourly rounding occurring can be tracked as a measure of the

adoption rate of the intended process. Organizations can track how often the behavior is occurring, whether adoption rate of the new process is improving and which units are having greater success with the implementation.

Feedback to staff should focus first on the evidence supporting the impact of the behavior by showing the extent to which patient evaluations of care are higher when the hourly rounding occurs. This ties the process back to the shared purpose of the team, to make care better for their patients. It also allows for refinement of the rounding process if the desired benefit is not being reflected in patient evaluations. After the impact of the behavior is demonstrated, the trend for adopting the new process can be displayed as a reflection of current progress and encouragement to maintain and increase the use of hourly rounding.

National Results

Study Population

- In 2013 there were 108 Press Ganey Inpatient clients asking the following question regarding hourly rounding:
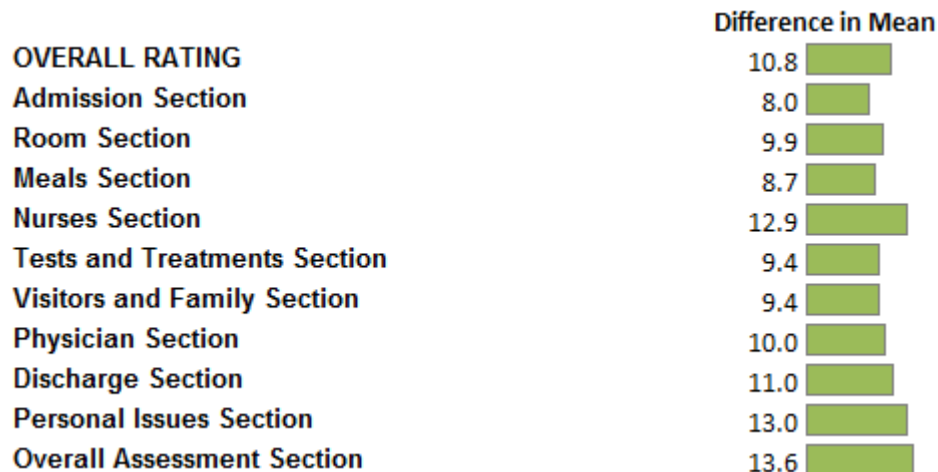 *Did a staff member visit you hourly during your stay? Yes/No*

- Across those 108 client organizations, there were 120,164 patients who answered the question regarding hourly rounding.

Impact of Behavior

- Patients who reported experiencing hourly rounding during their stay reported higher evaluations of care in all areas across both Press Ganey measures and HCAHPS measures. All differences were statistically significant based upon independent *t*-tests (<.000). Results are displayed in the graphs below.

Difference in Press Ganey Section Scores: Hourly Rounding Yes vs. No

Difference in Mean

Section	Difference in Mean
OVERALL RATING	10.8
Admission Section	8.0
Room Section	9.9
Meals Section	8.7
Nurses Section	12.9
Tests and Treatments Section	9.4
Visitors and Family Section	9.4
Physician Section	10.0
Discharge Section	11.0
Personal Issues Section	13.0
Overall Assessment Section	13.6

- Differences in scores for individual Press Ganey measures ranged from +6.7 to +15.5. All differences were in favor of patients who stated that hourly occurred.

- The Nurses, Discharge, Personal Issues and Overall Assessment section of the Press Ganey survey had individual items where the benefit of hourly rounding exceeded 10 points, most exceeding 12 points
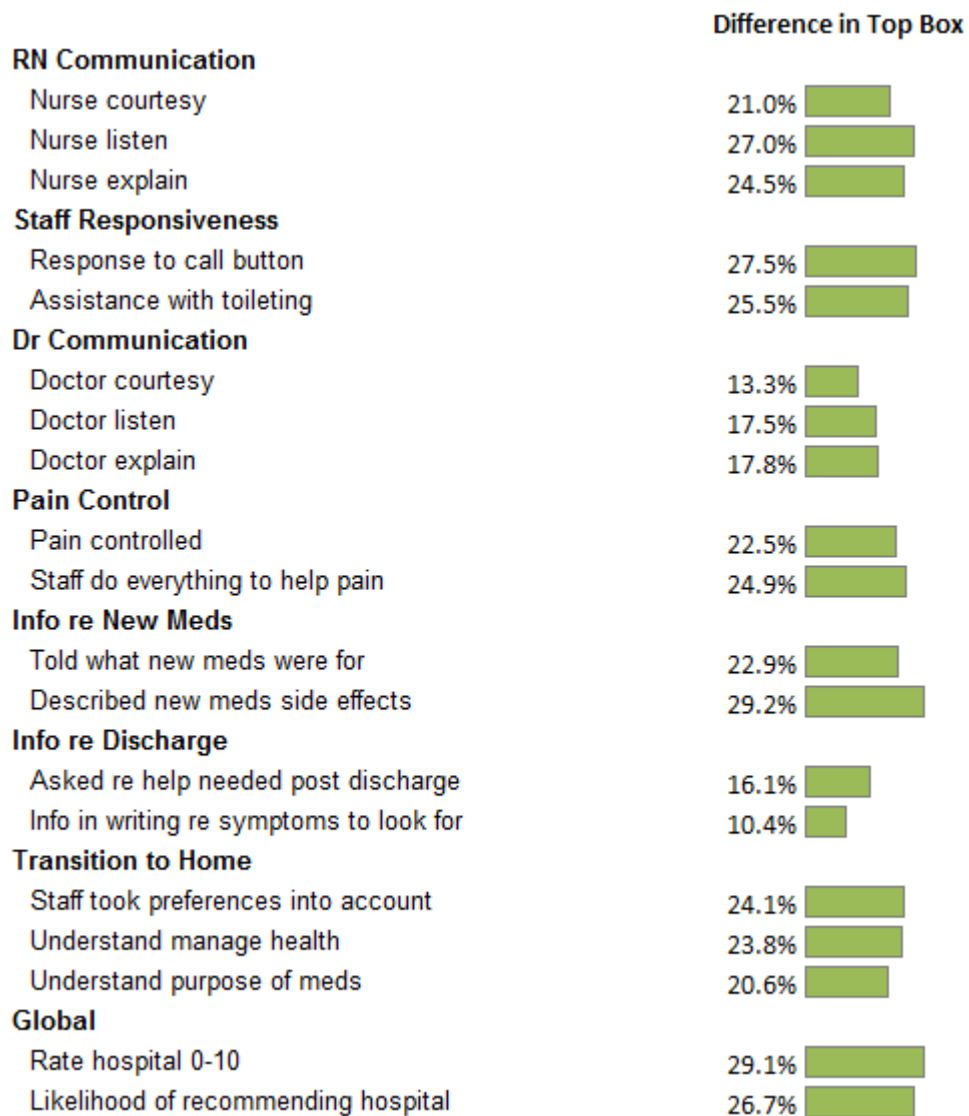
Press Ganey Items Most Impacted by Hourly Rounding

	Difference in Mean
Nurses Section	12.9
Friendliness/courtesy of the nurses	9.6
Promptness in responding to the call button	15.1
Nurses' attitude toward your requests	12.3
Amount of attention paid to your special/ personal needs	14.6
How well the nurses kept you informed	14.8
Skill of the nurses	10.4
Discharge Section	11.0
Extent to which you felt ready to be discharged	8.4
Speed of discharge process	12.4
Instructions given about how to care for yourself at home	12.0
Personal Issues Section	13.0
Staff concern for your privacy	10.4
How well your pain was controlled	11.4
Degree to which staff addressed your emotional needs	13.8
Response to concerns/complaints made during your stay	15.5
Staff effort to include you in decisions re treatment	14.4
Overall Assessment Section	13.6
How well staff worked together to care for you	12.7
Likelihood of your recommending this hospital to others	14.4
Overall rating of care given at hospital	13.3

- The Press Ganey items that hourly rounding had the largest impact on was: *Response to concerns and complaints made during your stay* (+15.5) and *Promptness in responding to the call button* (+15.1).

- Based on the findings above, the practice of hourly rounding appears to influence the way a patient perceives nursing care overall, as well as many of the more intangible attributes of care. Notably, patients perceive *Response to concerns and complaints* to be higher when they have been visited on an hourly basis. This may reflect both the opportunity to be asked about any concerns they have, the process of being listened to, and the ability for a nurse or staff

member to address the patient concerns in the moment and provide resolution. Additionally, the practice of hourly rounding results in dramatically higher scores for promptness in response to the call button. The rounding process is expected to dramatically reduce the frequency with which patients need to use the call button, so nursing staff may be able to respond more quickly to the patients when they do use the call system.
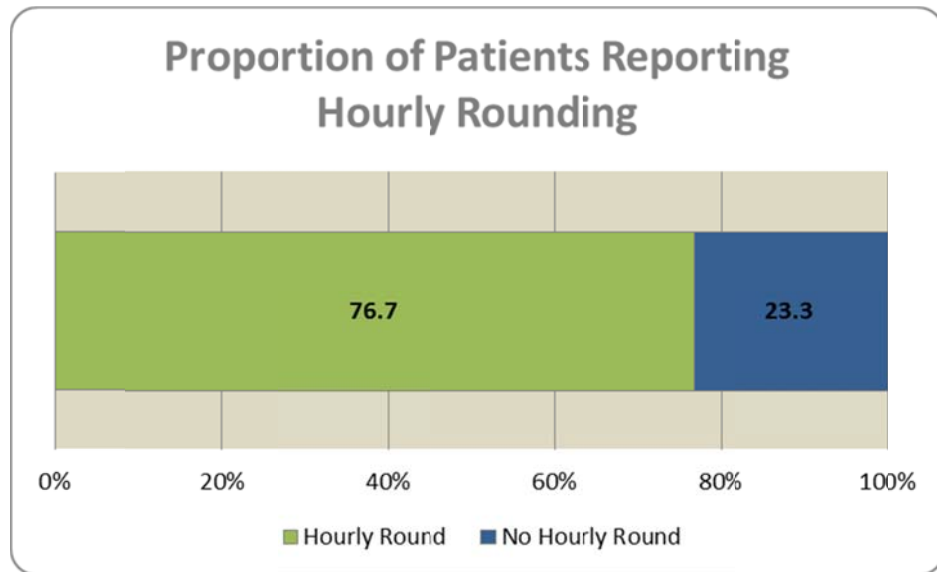
HCAHPS Items Most Impacted by Hourly Rounding

Difference in Top Box

RN Communication

Nurse courtesy	21.0%
Nurse listen	27.0%
Nurse explain	24.5%

Staff Responsiveness

Response to call button	27.5%
Assistance with toileting	25.5%

Dr Communication

Doctor courtesy	13.3%
Doctor listen	17.5%
Doctor explain	17.8%

Pain Control

Pain controlled	22.5%
Staff do everything to help pain	24.9%

Info re New Meds

Told what new meds were for	22.9%
Described new meds side effects	29.2%

Info re Discharge

Asked re help needed post discharge	16.1%
Info in writing re symptoms to look for	10.4%

Transition to Home

Staff took preferences into account	24.1%
Understand manage health	23.8%
Understand purpose of meds	20.6%

Global

Rate hospital 0-10	29.1%
Likelihood of recommending hospital	26.7%

- Patients who experience hourly rounding are more likely to report top box ratings across all HCAHPS measures.

- The impact of hourly rounding is particularly noticeable for the global items as well as the areas of nurse communication and responsiveness.

Frequency of Behavior

- When pooling all patient respondents across the 108 client organizations, 76.7% of respondents experienced hourly rounding during their stay.

Proportion of Patients Reporting Hourly Rounding

| | 76.7 | 23.3 |

0%   20%   40%   60%   80%   100%

■ Hourly Round   ■ No Hourly Round

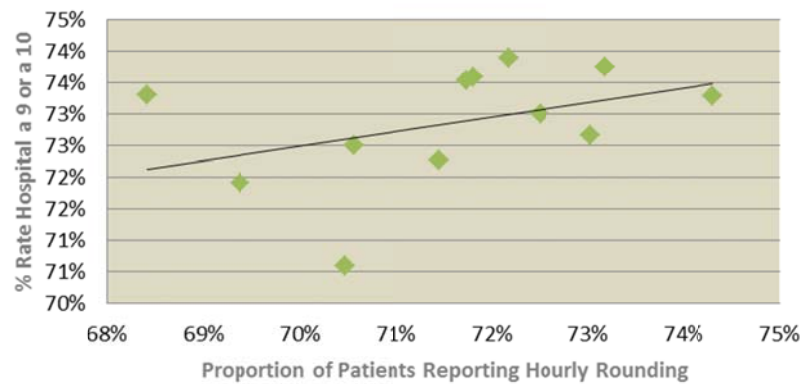- Rates of patient report of hourly rounding across hospitals ranged from 61.3% to 90.8% of patients.

Tracking Improvement

The relationship between hourly rounding and patient experience is complex. There is not a specific threshold or level of hourly rounding that guarantees an organization particular experience scores. Other organizational characteristics (e.g., size, region of the country patient mix) and improvement initiatives (e.g., bed-side shift report) contribute to explaining organizational performance.

However, tracking the relationship between hourly rounding and patient experience scores within a single organization demonstrates the positive relationship. A single organization was selected from the national study based only on the criteria of having the largest total number of patients answering the question regarding hourly rounding (*n*=7043). Monthly performance on the rate of hourly rounding and patient experience measures were calculated. Although correlations can be difficult to detect with just 12 data points (monthly scores for the year 2013), correlations between hourly rounding and evaluations of care were notable.

For example, hourly rounding was positively correlated with patients' report of rating the hospital as a 9 or a 10 (on a 0-10 scale) at .40 and with patients' likelihood of recommending the hospital at .58. The scatter plots on the following page reveal that even though this organization had more than 70% of patients reporting hourly rounding across the entire year, months with higher rates of hourly rounding were more likely to have higher patient evaluations of care.

Relationship Between Rate of Hourly Rounding and Patient Rating Hospital as a 9 or 10

Relationship Between Rate of Hourly Rounding and Patient Likelihood to Recommend
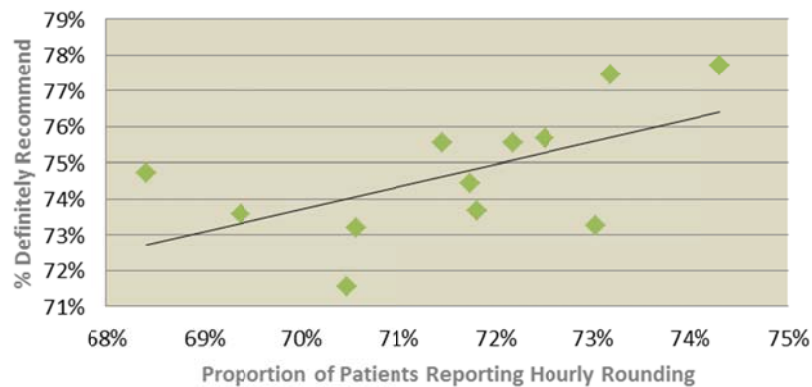
Summary

- Using patient report of staff behaviors can be an effective means of tracking feedback regarding the implementation of new behaviors and processes.

- When patients report that nurses and staff rounded hourly, they have statistically significantly more positive evaluations of their care experiences.

- Organizations that are tracking patient report of hourly rounding vary considerably in terms of the proportion of patients who report that hourly rounding is occurring.

- Rates of hourly rounding are positively significantly correlated with patients' evaluations of their care experiences. For example, the more consistently that hourly rounding occurs, the more positive patients are about their care experiences and their likelihood to recommend.