

PATIENT CARE EXCELLENCE HOURLY ROUNDING, BEDSIDE SHIFT REPORT, INDIVIDUALIZED PATIENT CARE AND DISCHARGE TELEPHONE CALLS AT ST.VINCENT'S EAST

The Patient Care Excellence Model includes 4 tactics, that when implemented successfully, improves quality, ensures excellence, and increases patient satisfaction with nursing.



How will we achieve this? By using the Studer Group Model of Patient Care that emphasizes behaviors that drive nursing quality and ensure nursing excellence in caring for patients.

What is the Studer Group: The Studer Group is an organization that “continuously shares best practices, discusses challenges, and creates solutions to make health care a better place for employees to work, patients to receive care, and physicians to practice medicine. With this as our focus, Studer Group has developed a model of patient care to emphasize behaviors that drive nursing quality and ensure nursing excellence in caring for patients.”

Key words at key times:

- Are things said and done to help patients, families and visitors better understand what we are doing?
- They align our words with our actions to give a consistent experience and message.
- They are intended to show patients and families that we care about them as a person.

Benefits of key words at key times:

- Provides a consistent experience to patients, families and visitors
- Builds relationships and trust
- Increases patient confidence in care
- Aligns the care of the staff to the needs of the patients
- Rewarding for staff

Examples of Hospital Key Words

- Do you need assistance?
- Can I take you where you are going?
- Is there anything else I can do for you?

Examples of Unit Key Words

- Key words are individualized by unit
 - Based on Priority Index
 - Communicated in Unit Meetings
 - Used with every patient every day
- Examples based on Press Ganey Survey questions
 - I am closing your door for your privacy.
 - Has anyone explained your procedure? It is important that we keep you informed.
 - It is important for us to manage your pain.
 - Is there anything else I can do for you? I have time. (Shows concern)

Body language needs to match the message you are giving.

Non-verbal communication is just as important as verbal communication.

Sometimes it is all about what you should not say. Think about the message these comments might send to a patient.

- We're short staffed
- No one told me you were here.
- We can't get good help on this unit.
- It's not my job.

The Patient Care Excellence Model Implementation

Individualized Patient Care – Ongoing.

Joint Commission NPSG 15 – The organization encourages patients' active involvement in their own care as a patient safety strategy.

Discharge Telephone Calls – October 2006

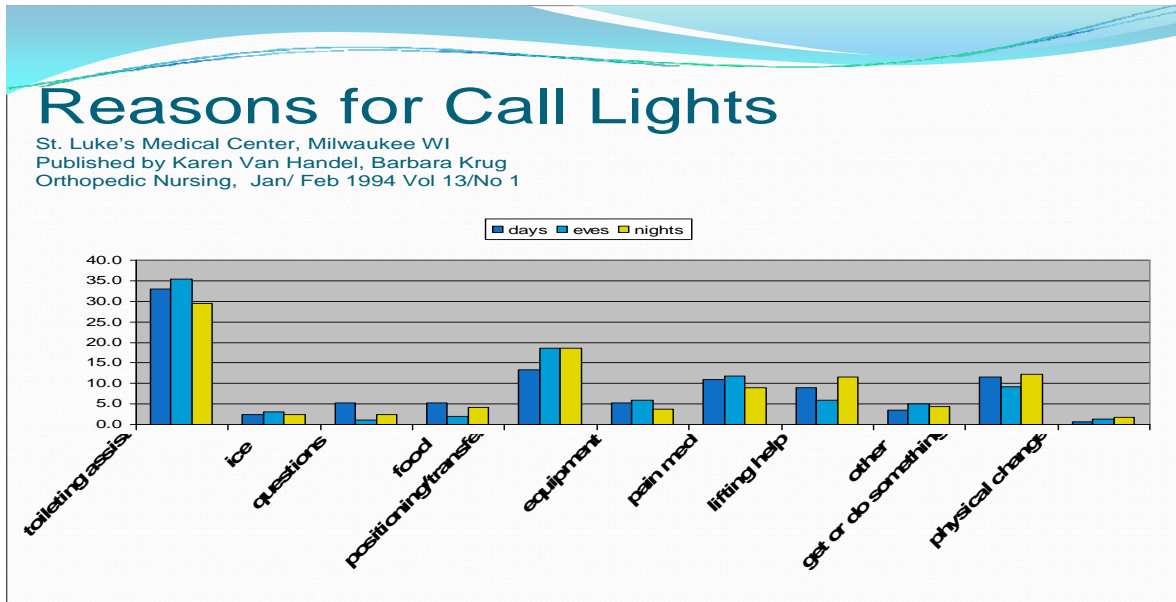
Joint Commission NPSG 15 – The organization identifies safety risks inherent in its patient population.

Hourly Rounding – March 2008

Joint Commission NPSG 9 – The organization reduces the risk of patient harm resulting from falls.

Bedside Shift Report – March 2008

Joint Commission NPSG 2E – The organization implements a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.



Call light implications – To accomplish arriving at the patient’s room, fulfilling the patient’s request and returning to another task equates to four minutes. If interruptions can be minimized, time saved means hours available for other tasks. For example, 4 minutes x 25 call bells/shift = 1.66 hours which could be used to complete routine tasks if calls could have been prevented.

How can we reduce call light interruptions? By completing hourly rounding, consistently demonstrating particular behaviors, using key words and accomplishing specific tasks during hourly rounds.

What is hourly rounding? Hourly rounding is a proactive assessment by nurses and patient care assistants on an hourly basis (every 2 hours at night) focused on why patients use their call light (pain, potty, positioning, personal belongings, and pumps).

Recent research of the effects of hourly rounding (Article from AJN September 2006: Effects of Nursing Rounds on Patients’ Call Light Use, Satisfaction, and Safety – Studer Group):

- Reduces call lights by 38%
- Reduces falls by 50%
- Reduces pressure ulcers by 14%
- Increases patient satisfaction by 12%

Benefits of Hourly Rounding:

- Anticipates needs of the patient
- Keeps patients and families informed

- Increases trust with patient and family
- Increases presence of the nurse
- Enhances communication
- Better work flow

Specific Behaviors and Tasks of Hourly Rounding:

1. Use opening key words and/or actions to introduce yourself, your skill set, your experience and others.
 - Key words let the patient know who you are and what your role is.
 - Using the word “round” is a familiar term with patients, and they will soon begin to associate a “round” as a consistent action on the part of the staff to assess their pain, comfort, and position.
 - Body language needs to match the message. Non-verbal communication is important.
2. Perform scheduled tasks. Complete any scheduled tasks that are needed for that patient during the round.
 - Medications scheduled for that hour
 - Treatments
 - Procedures
 - Feedings
 - Check pumps and fluids
3. Assess and address the 4 P’s of pain, potty, possessions and position.
 - Offer PRN medications at the earliest frequency during the course of regularly scheduled rounds.
 - If necessary, write the next available time the pain medication can be administered on the patient’s white board.
 - Assess potty, possessions and position needs.
4. Assess additional comfort needs.
 - Straighten sheets
 - Offer something to drink, if not contraindicated
 - Open or close curtains
 - Adjust lighting/temperature
5. Conduct an environmental assessment of the room (possessions).
 - Is the call light within reach?
 - Is the telephone within reach?
 - Is the light switch and TV control accessible?
 - Is there a trash can next to the bed?
 - Is the bedside table within reach?
 - Does the patient look comfortable and is the patient covered to protect personal privacy?
6. Use closing key words and/or actions.
 - Use the phrase, “Is there anything else I can do for you? I have time.”
7. Explain when you or others will return.

- Before leaving the room, use key words and actions that tell the patient when you will return. “Mrs. Johnson, it looks as if you have everything you need. I will be back in an hour to round on you again.”
 - When you tell patients when you will return, they will begin to cluster their requests in the context of your rounds, rather than relying on the call light system, as long as they trust you will come back that next hour.
 - **DO NOT SAY “Call me if you need me.”**
8. Document the round on the log.
- Shows accountability
 - Ensures rounds are being done

What Hourly Rounding Is Not!

- Hourly rounding is NOT just checking on patients!
 - Hi, Ms. Smith – you doing OK? Good – I’ll see you in a little while.
- Why don’t we just check on patients?
 - It does not live up to our word.
 - It does not produce results for patients and staff.
 - There are no efficiencies gained.
 - No decrease in call lights
 - No decrease in falls
 - No decrease in pressure ulcers
 - No increase in patient satisfaction
 - No increase in pain management

Tools: The Welcome Card

Welcome To St. Vincent's East

that Works is Hourly Rounding. You will be visited by one of your caregivers.

Every hour from 8 a.m. to 10 p.m. and Every 2 hours from 10 p.m. to 6 a.m.

(We will not wake you if you are sleeping unless your physician has asked us to do so.)

During this time we will be:

- Checking on you and your well-being
- Monitoring your comfort and pain
- Helping you move and change positions
- Assisting with trips to the bathroom

Your caregivers also will make sure that you have easy access to your:

- Telephone
- Bedside table
- Water or other beverages
- Reading glasses
- Call light for assistance
- Urinal and/or bedpan
- Tooth care
- Overbed table

What does this mean to YOU, your family and visitors?

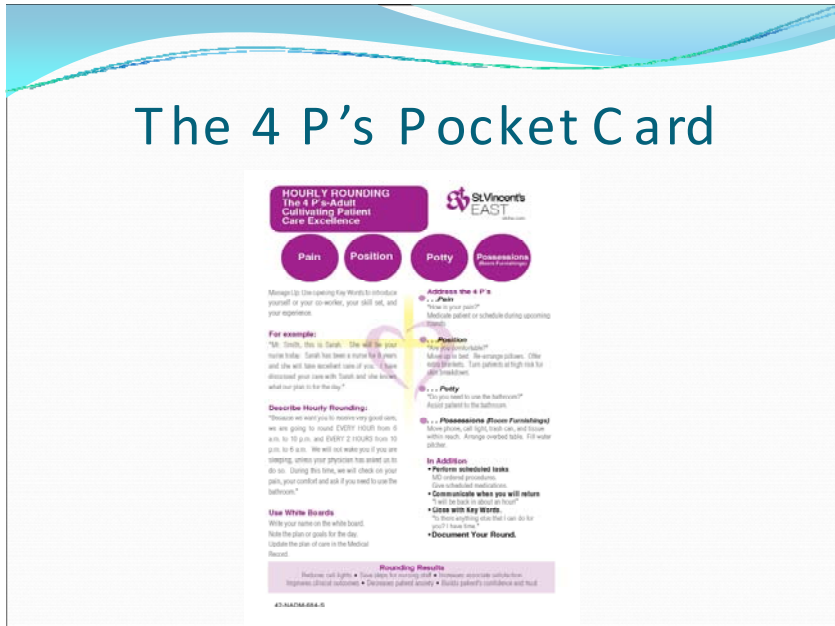
It means that we are anticipating your personal needs and monitoring your well-being on an active, hourly basis so that your family and visitors can focus on your recovery.

You may receive a survey after you go home. We hope that you will take the time to give us your feedback. We use your feedback to recognize our staff and know how to improve.

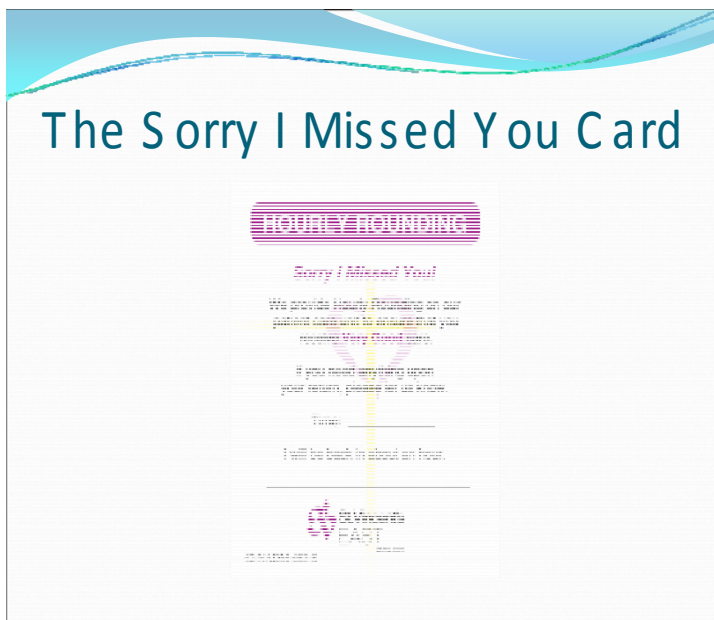
If at any time during your stay you have any questions or concerns, please ask your nurse immediately so we can address them.

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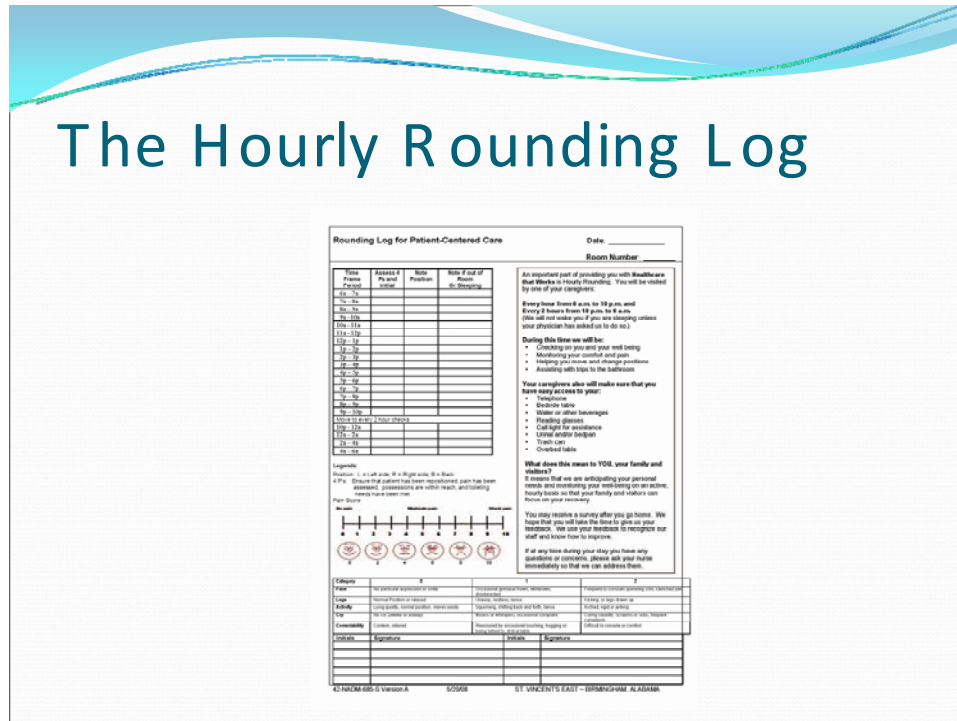
Using the Welcome Card: Upon meeting the patient the first time, use the Welcome Card to set clear expectations with the patient and family. Tell the patient that “If at any time during your stay you have any questions or concerns, please call me immediately. If I am not available, please call my charge nurse.” This is the only time we should tell the patient to “Call me.” When making hourly rounds, we will tell the patient that we will “be back in about an hour”.



The Pocket Card is available for associates to keep with them as a reminder of the components of hourly rounding. If you would like to have one, contact your manager.



The Sorry I Missed You card should be left on the patient's bed if the patient has left the unit for a test or procedure. Only one card should be left. If the patient is out of the room for more than an hour, additional times should be added to the card so that the patient will know that we are continuing hourly rounding even if the patient is not there.



The Hourly Rounding Log is posted in every patient room every day. As hourly rounds are completed, the nurse or PCA should initial the log to communicate to the patient and family that hourly rounds have been done. This log is not a part of the patient's chart and does not replace any required documentation. It is not required that the log be initialed every time that someone enters the room if multiple visits occur during the hour.

Hourly Rounding Example

- Hi, Ms. Smith. I'm here to do my hourly rounds.
- PAIN – How is your pain?
- POSITION – Are you comfortable?
- POTTY – Do you need assistance to the bathroom?
- POSSESSIONS – Do you have your call light, etc.?
- Check pumps to make sure no action is required.
- Update the plan of care on the white board.
- Is there anything else I can do for you? I have time.
- I will be back in about an hour.

Do not say – Call me if you need me. If we tell patients to call us, they will. If they trust us to come back in an hour as we have told them we will, they will cluster their requests around the next visit and only call when absolutely necessary.

Comments from Nurses:

- “Initially I was uncertain but then I saw how it saved steps. I got better at rounding every day.”
- “I had more time to do my work because call lights were not going off all the time.”
- “I could concentrate on my tasks because I was interrupted less often.”
- “When patients used their call lights, they really needed our help and it was a good use of our time.”
- “Our unit was much quieter and fall less hectic.”

Bedside Shift Report – A Tool for Effective Communication

What it is – Bedside shift report improves safe care for patients and enhances both patient and associate satisfaction. It is an effective tool to use for nurse hand off of patients to one another and meets our Joint Commission required standard of conducting effective patient handoffs. (2007 NPSG) What it does:

- Introduces the on-coming nurse
- Manages up the skill of the next care provider
- Puts the patient at ease, reduces anxiety
- Increases trust with the patient and family
- Communicates the plan of care
- Keeps the patient informed
- Ensures that immediate needs are met
- Decreases call lights during report
- Enhances patient safety
- Verifies IV fluids
- Increases teamwork between shifts
- Gives a consistent message to the patient
- Provides another opportunity to use key words: very good care, privacy, safety.

Bedside Shift Report Using A.I.D.E.T.

- Acknowledge: Acknowledge the patient and family. Make eye contact, smile, greet, and say good morning/good afternoon.
- Introduce: Introduce yourself and manage up your skills or the skills of others (on-coming nurse, physicians, etc.). Update the patient’s white board with your name and goal for the day.
- Duration: Explain the report process – we do bedside shift report so that we can discuss important information to ensure you receive safe care, reinforce hourly rounding and when we will return on rounds.
- Explanation: Explain tests, procedures, or plan of care. Give your report, discuss pain management, treatments in progress, keep your patient informed and encourage the patient to participate in the plan of care, using key words such as “Very Good Care,” “I’m closing your door for your privacy.”
- Thank you: Thank the patient for coming to St. Vincent’s East. Tell them you know they are in good hands and will receive very good care.

- Always end every encounter with “Is there anything else I can do for you? I have time.”

Special Note Related to Bedside Shift Report – There may be rare occasions that you cannot report every thing you need to at the patient’s bedside. If this is the case, please make sure these conversations are held in confidential locations that cannot be overheard. We have received comments from patients and families that they have overheard the nurses talking about the patient outside the room. Confidential information should be kept confidential. Bedside shift report should be given at the bedside with the patient involved in the discussion.

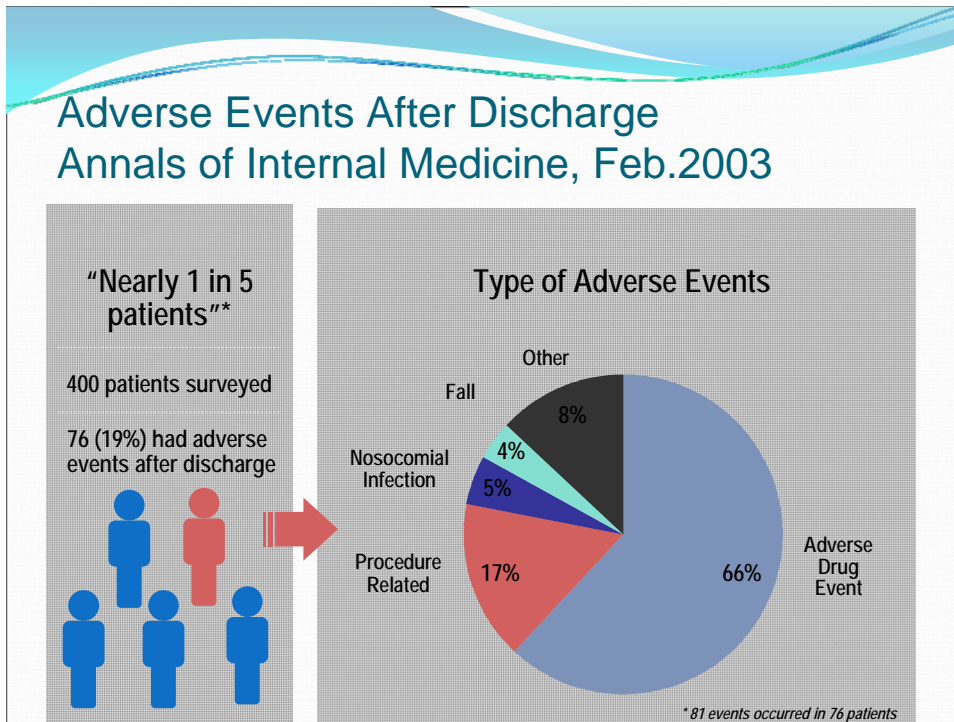
DISCHARGE TELEPHONE CALLS

Benefits:

- Reconfirms discharge instructions
- Reduces patient anxiety
- Reduces complaints and claims
- Reduces adverse drug events
- Reinforces patient perception that very good care has been provided

Discharge Call Study – State University of New York – Mayo Clinic Proceedings, August 2005

- Only 28% knew medication names
- Only 37% knew the purpose of the medications
- Only 14% knew the side effects



Discharge Call Questions

- Call all inpatients within 24-48 hours of discharge
- Review discharge instructions
- Ask about recognizing staff for giving very good care
- Review discharge medications
- Answer questions
- Ask if there were ways that we could have improved our care
- Remind the patient of the survey

Please complete the attached Patient Care Excellence Post Test and Statement of Commitment. When complete, please return to your manager.

PATIENT CARE EXCELLENCE
POST TEST

1. What are the identified rounding behaviors?
 - a. Use opening _____ words and/or actions to introduce yourself, your skill set, your experience, and others.
 - b. Perform _____ tasks.
 - c. Address the 4 P's of _____, _____, _____, and _____.
 - d. Assess additional _____ needs.
 - e. Conduct _____ assessment.
 - f. Use closing _____ and/or actions.
 - g. Tell each patient _____.
 - h. _____ the round on the log.
2. What are the results of implementing hourly rounding in your unit? Write decreased or increased.
 - a. _____ decubitus ulcers
 - b. _____ patient falls
 - c. _____ call lights
 - d. _____ patient satisfaction
3. What are the 4 P's? _____, _____, _____, and _____.
4. Name at least three things to do during an environmental assessment.

5. True or False?
 - a. _____ You always have to go through every rounding behavior thoroughly every time you interact with the patient.
 - b. _____ Only nursing can use the rounding behaviors.
 - c. _____ Hourly rounding is proven to reduce call lights.
 - d. _____ Hourly rounding saves nurse time overall.
 - e. _____ Patient satisfaction with nursing is at the center of the Patient Care Excellence Model.
6. What is a closing key word or phrase you can use?

7. The four tactics outlined in the patient care model are:
 - a. _____ Rounding
 - b. _____ Patient Centered Care
 - c. _____ Shift Report
 - d. _____ Phone Calls

Statement of Commitment – Hourly Rounding/Bedside Shift Report

I acknowledge that I have received training on how to implement hourly rounding and bedside shift report on my unit. I know that my unit is currently performing hourly rounding and bedside shift report.

I understand that hourly rounding and bedside shift report have been proven to increase patient satisfaction and safety. Hourly rounding has also been proven through evidence based practice to enable nurses to be proactive and not reactive to patient care management related to the use of call lights.

I also understand that hourly rounding and bedside shift report will support our hospital's mission of providing patient-centered care, and will help us to sustain the appreciation and trust of our patients.

By signing this statement, I commit to hourly rounding and bedside shift report in my daily patient care activities, consistent with the training I have received, and using the tools that the hospital has provided. This includes:

- Educating the patient upon arrival on the unit regarding hourly rounding and bedside shift report.
- Making hourly rounds every hour from 6:00 am until 10:00 pm and every 2 hours from 10:00 pm to 6:00 am.
- Assessing the “4 P’s” on each round.
- Leaving “Sorry I Missed You” cards when the patient is out of the room.
- Giving bedside shift report at the bedside with the oncoming nurse and involving the patient.
- Updating the patient’s white board to include care giver’s names and goals for the day.

Name: _____

Signature: _____

Date: _____

Unit: _____