



PURPOSEFUL (HOURLY) ROUNDING

Solution

What...

Long called "hourly rounding," purposeful rounding is simply employees checking in on the patient on a consistent scheduled basis and demonstrating particular purposeful behaviors and completing specific tasks.

Why...

The intentional, predictable presence, through the practice of purposeful rounding, provides ongoing reassurance to patients that the staff are here for them, want to be attentive to them as individuals, and meet their needs.

Purposeful rounding allows staff to organize and deliver patient care in a proactive, systematic, and structured manner.

Research supports that purposeful rounding is a key strategy for nursing excellence and high quality patient care. It is well researched, demonstrating benefits such as these:

- ▶ pressure ulcers decrease,
- ▶ falls decline,
- ▶ call light volume drops – which saves time,
- ▶ positive impacts on employee and patient satisfaction, and
- ▶ creates a proactive work routine versus a reactive one.

How...

The specific schedule and actions for a highly impactful and purposeful rounding practice works best when it is customized to align with the specific needs of the patient populations served in each nursing unit.



How...

These rounding actions aren't simply tasks to check off a to-do list, but a way of seeing the patients' needs proactively - and then caring for them. As a caregiver goes back and back and back - those small rounding encounters can add up to big improvements in patient care in terms of safety, confidence, and satisfaction.

While the unit-specific practice must be clearly defined, there are some common elements to the general practice of purposeful rounding:

- ▶ **OPENING** the rounding encounter by being intentional about the choice of words, such as "Hello again Mr. Davis, as promised, I'm back for my hourly rounds."
- ▶ **BEING ORGANIZED** to perform any required **scheduled tasks** such as medications, treatments, or assessments ... as well as completing a **standard checklist** of actions as defined in the nursing unit's rounding protocol.

For example, a common inpatient checklist includes the 5Ps – Pain, Potty, Position, Proximity of Personal Items, and Promise to Return. To foster the consistent completion of rounding tasks, often an acronym is adopted such as the 5Ps; other examples will be provided below.

- ▶ **OFFERING** personalized assistance by asking about the patient's needs with a question such as "Is there anything else I can do for you? I have time."
- ▶ **DOCUMENTING** on the whiteboard and/or health record as determined for your unit.
- ▶ **TIMING.** In most inpatient care units in a hospital, a schedule of hourly rounding is most common; possibly reduced to q2h during a portion of the night shift.

In outpatient clinical settings, such as ambulatory surgery, infusion clinic, or emergency services, a frequency of q15 or q30 minutes may be the most appropriate timing to meet the patients' needs.

Inpatient or Residential Care

5Ps - Pain, Potty, Position, Proximity of Personal Items, Promise to Return



PEEPPS

- P** Position
- E** Environment
- E** Elimination
- P** Pain/Comfort
- P** Promise to the Patient you will return
- S** Scheduled Tasks (e.g., treatments, assessments, medications, etc.)

Specialty Units


- ▶ **OB – SCIP**
 - Supply Needs (diapers, pads, etc.)
 - Comfort Needs (blanket, cots for dad, pain)
 - Informational/Teaching Needs (Feeding, Car Seat, Circ Care, etc.)
 - Personal Needs (shower, etc.)
- ▶ ER, Infusion, Dialysis, Ambulatory Surgery, Clinics – customize checklist created based on specific common needs of patient population; how frequently to round (q 15-30 minutes)
- ▶ Psychiatric Inpatient Units – q15 minutes safety rounds; then add additional care components to the rounding practice once per hour.
- ▶ Pediatrics –
 - 3Ps = parents/plan/pain
 - E = eating (bottles, meals, etc.)
 - D = diapers (supplies, towels, etc.)
 - 2Is = interaction/ID bands.



How...

Aligning purposeful rounding to the existing patient care model can assist in integrating this practice into the workflow.

Primary Nursing Care	This approach can typically be found in critical care areas or units with all RN staffing. As with the primary model of care, the majority of care duties for the assigned patients are completed by the assigned RN, including purposeful rounding. The RN organizes the care so treatments, medication passes, lab draws, diagnostic testing, and dressing changes are completed during purposeful rounding.
Team Nursing Care	This approach is often chosen when many different types of caregivers make up a team, in both the inpatient and outpatient nursing units. Unlicensed personnel, such as nurse aides and patient care technicians, may either take their "turn" and share in the purposeful rounding, or have the sole responsibility of rounding delegated to them by the RN. The RN may round during even hours and the aide during the odd hours.
Functional Nursing Care	The functional approach has each member of the care team working in the department taking their "turn" to provide purposeful rounding with every patient in the unit. The team members may include the unit secretary, all techs or aides, all RNs, the charge RN and other leader(s) of the unit. After all caregivers have received reports on their patients, everyone, starting with the RNs, commits to one hour of purposeful rounding during the shift.



“Folding purposeful rounding into the nursing care routine becomes a WAY to work rather than MORE work!”





- ▶ Empower staff to lead the efforts to develop or improve rounding - "Do it with employees, not to them."
- ▶ Initiate purposeful rounding as a formal process improvement effort
- ▶ Consider the implication of the physical layout of the patient care unit and patient rooms; and staff assignments (e.g., are the nurses' assigned patients close in proximity, are the supplies and equipment needed nearby to make rounding efficient?)
- ▶ Create a visual cue that rounding is due; and possibly even a symbolic reminder to conduct rounding "with purpose and heart" (meaning that rounding is not a task to get off a checklist, it's a purposeful and sacred encounter between a caregiver and a patient).
- ▶ Frequency of rounding and the rounding "tasks" are determined first and foremost on the objective of proactively anticipating/meeting patient care needs and safety
- ▶ Coordination with, and coverage by, other staff (e.g., team nursing, functional nursing, and/or coverage of staff breaks/meals).
- ▶ Promise it to the patient and family as part of the admission process.
- ▶ Make documentation meaningful. The old adage in nursing documentation "if it wasn't documented, it wasn't done" requires an update to include "and, if it's documented, it better have been done."
- ▶ Utilize a systematic process at scheduled intervals for validating the quality, consistency, and outcomes of rounding

