Hourly Rounding: 3 South Model PET
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Problem: Patient comments on this Medical/Surgical/Telemetry floor revealed that patients were not satisfied with the length of time staff took to respond to call lights to assist in areas of toileting, pain, and environmental needs. Additionally, pain reassessments were not consistently documented. To improve these areas a call light program was implemented.

Evidence: Literature revealed consistent rounding on patients improved staff and patient satisfaction, reduced call light usage (38%), patient falls (50%), and skin breakdowns (14%). A baseline log at Darnall demonstrated calls were primarily environment (44.4%), pain/position (13.2%), toileting (11.8%) or undetermined (31.2%).

Strategy: A committee was formed, the floor staff educated and feedback received. From the baseline existing documentation, audit, and satisfaction tools were modified to include a rounding program. The program was implemented with the assistance of the staff.

Practice Change: The practice affected involved the Medical/Surgical/Telemetry floor. Based on the collected data, the PET (pain reassessment/position, environment, and toileting) model was developed. Hourly rounds were conducted from 0600 to 2200 by the day shift staff and every two hours by the night shift (2300 to 0500).

Evaluation: The program was implemented in mid January of 2009 and will end 15 April 2009. Comparison of baseline data to the post implementation data will occur at that time.

Results: Initial results are a reduction in call light usage and increase in satisfaction for both patients and staff.

Recommendations: Longer collections times for baseline data to reflect actual call light use during average census. And more implementation time for pre positioning of necessary support components such as equipment and patient education.

Lessons Learned: Hourly rounding should be the standard practice for nursing. This program can serve as a tool to improve patient safety, reduce skin breakdown, improve satisfaction scores, maximize pain management, improve communication among staff and provide early rescue for patients.
Bibliography: