THE STRONG COMMITMENT

February 2009

Hourly rounding helps silence call buttons and improve care

To continually improve the patient experience, nurses and patient care techs (PCTs) on inpatient units will begin making hourly rounds in an attempt to anticipate patients' needs sooner — before they become urgent, and perhaps even before patients voice them.

"This is markedly different from what we have done in the past. Nurses are rounding to consistently and proactively anticipate patients' needs," said Jackie Beckerman, director of the Strong Commitment program. "We want to let patients know that, each hour, we'll be returning to ensure that they're comfortable."

With each rounding visit, nurses and PCTs will ask patients if their pain is being adequately managed, if they need assistance to the bathroom, and if their position is comfortable. Nurses will also place any items a patient may need — a remote control, a beverage, a call button — at their fingertips, and make a point to ask, "Is there anything else I can do for you? I have the time."

"This standardizes care, so patients can expect consistent treatment and frequent check-ins," Beckerman said. "We expect this will lessen patients' anxiety and increase their satisfaction, as they come to trust that their health care team will routinely solicit their feedback and follow through in a timely fashion."

Patricia Witzel, R.N., M.S., URMC associate vice president and chief nursing officer at Strong Memorial Hospital, said she expects that some staff may initially worry how hourly rounding will fit into their already demanding schedules.

"I want to reassure them that this is fundamentally a shift in *how,* not how much or how hard, caregivers work," Witzel said. "There's solid research proving that hourly rounding ultimately gives nurses more control over their own schedules, since it anticipates patients' needs before they become pressing, time-consuming issues."

In a study of 14 hospitals that implemented hourly rounding, Press Ganey reports that one hospital measured a 20 percent reduction in the amount of walking done by nurses, and a 37 percent reduction in call button use.

Even more compelling are the same study's statistics about patient safety: Hourly rounding reduced pressure ulcers (skin breakdown) by 14 percent and falls by 52 percent. The same hospitals also witnessed a nine-point sustained increase on overall patient satisfaction scores.

"You really can't separate service from quality or safety. This is solid proof that the three are inextricably linked," Witzel said.

Increasingly, service satisfaction measures are hard to split from funding, too.

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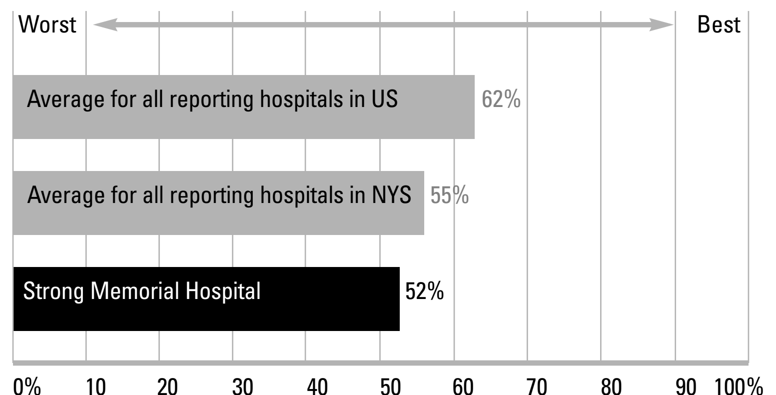
Caregiver responsiveness

Based on data collected between April 2007 and March 2008, the chart below shows how often inpatients report that they *always* received help as soon as they wanted it (both after pressing the call button *and* when needing help using the bathroom/bedpan).



Medicine of the Highest Order

University of Rochester Medical Center

Scorecards offer progress "snapshots"

To reinforce URMC's ongoing commitment to quality improvement — our Medical Center's number one strategic clinical priority — the Office of Clinical Practice Evaluation has developed a monthly scorecard to benchmark our progress toward achieving Medicine of the Highest Order.

This scorecard, unveiled as the first agenda item at the Medical Center Board of Director's Annual Meeting this January, tracks our success in 10 key areas:

- Reducing inpatient mortality
- Increasing the rate of vaccination for pneumonia
- Administering coronary intervention to prevent further damage within 90 minutes of hospital arrival after a heart attack
- Reducing incidence of surgical site infections after coronary artery bypass graph surgery
- Reducing adult blood stream infections associated with central lines
- Reducing pediatric blood stream infections associated with central lines
- Reducing pressure ulcers
- Preventing in-hospital falls
- Preventing foreign objects being retained after surgeries
- Increasing patient satisfaction with staff responsiveness

The URMC Quality and Safety Scorecard takes direct cues from Strong Memorial Hospital's Management Plan, by focusing on areas that: represent our greatest opportunities for improving care; are commonly held indicators of high quality, safe care; or represent potential financial or reputational risk, as they are frequently reported publicly to both patients and payors.

We expect that this scorecard will help keep us on course as we strive toward national best practice targets set by our peers at the University HealthSystem Consortium, and as we embrace the Institute of Medicine's goals for safe, patient-centered care. To view the scorecard (which will continue to be the first item presented at monthly Board meetings), visit the Office of Clinical Practice Evaluation (OCPE) Web site at *www.ocpe.rochester.edu/news.html.*

Hourly rounding

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Caregiver responsiveness is becoming a critical element in patient satisfaction surveys. Consider the Hospital Consumer Assessment of Health-care Providers and Systems, or HCAHPS, a government-spearheaded initiative to standardize and publicly report inpatients' opinions of hospitals nationwide. Two of its 27 survey questions spotlight responsiveness — asking how quickly patients receive help from hospital staff, both when they need to use the bathroom, and after they've pressed the call button. *(See graph of Strong Memorial's averages, compared to state and national scores.)*

"The challenge with the way these surveys are scored is that the ratings hinge on how often patients report that we *always* met their needs," Beckerman said. "There is no credit for 'usually' or 'sometimes,' so that's the level at which we need to be operating."

This "caregiver responsiveness" grade is also now one of nine marks tied to local insurers' pay-outs.

"In this category specifically, Strong must score 58 percent to receive part of our reimbursements, and it is anticipated that this pay for performance trend will be adopted by other payors, too," Beckerman said.

On-unit educational training is being rolled out to nurses, and signs in each room alert patients that we have implemented more frequent rounding for their comfort. Should nurses round while a patient is asleep or out, a "sorry we missed you" card is dropped off on a bedside table, noting when they stopped by, and when they plan to return.

Update

ECHO initiative pilots "DATAS" driven hand-offs

As part of our hospital's ECHO (Ensuring Comprehensive Hand-Offs) Initiative, a special team is standardizing the most common type of transfers: routine "shift-to-shift" changeovers when the responsibility for a patient's care is passed from one nurse or attending to another.

Sara Horstmann, M.D., a pediatric hospitalist who helps direct ECHO's Shift-to-Shift committee, noticed that pediatric residents were enjoying success using "DATAS" — an acronym that prompts important dialogue during shift-change hand-offs. DATAS reminds caregivers to discuss:

Description (patient's demographic information, location, history, reason for admission, allergy and code status);

Active Issues (current problems, procedures, significant events, new medications/orders);

To Do (paperwork or tests yet to be completed or reviewed);

Anticipate (events to guard against/watch for); and

Special Needs (patient's preferences, special variances in care).

Per Horstmann's recommendation, Shift-to-Shift committee leader Anna Lambert, R.N., M.S., C.C.R.N., associate director for Cardiovascular Nursing, is piloting the DATAS concept with nurses on the 7-1400 (cardiothoracic surgery) unit.

"Our hope is that this proves valuable and can be adopted hospital-wide," Lambert said. "We have yet to collect hard numbers, but nurses are already finding that, by making these hand-off conversations more formulaic, they're able to position the next caregiver to provide safer, more seamless care."