Category: Evidence Based Practice

Title: Improving Patient Satisfaction Through Hourly Rounds and Bedside Shift Report

Description: The Unit Practice Council implemented hourly rounding and bedside shift report to improve patient safety and satisfaction. Improved HCAHPS scores and reduced adverse occurrences demonstrate success of this intervention.

Two Learner Objectives:

- The learner will state two actions that improved patient satisfaction as a result of hourly rounds/hourly rounding.
- The learner will be able to explain two action steps to address during rounding.

Background and Significance: Patient satisfaction was low and call light requests were increasing on this surgical unit. Literature indicates patients often use call lights for problems that do not require immediate responses because they perceive nurses' absence as inadequate care and insensitivity to patients' needs. Also, patients are dissatisfied with the little or no—involved they have in nurse-to-nurse communication during handover (which normally takes place away from patient's bedside). Bedside shift report and hourly rounds are two evidence based practices that decrease call light use, increase the quality of patient care and patient satisfaction, increase patient participation in care planning and delivery, reduce patient anxiety and feelings of "abandonment," and increase staff productivity.

Purpose: The purpose of this evidence based project was to evaluate the effectiveness of bedside shift report and hourly rounding to improve patient-care-management, patient satisfaction, patient safety and increase efficiency of staff due to less time needed for answering call lights.

Method: The Unit Practice Council (UPC) completed a literature review on patient satisfaction, call light use, rounding, and shift report. The UPC examined rounding and reporting practices on other units and decided to implement practice changes. A one-hour rounding practice was instituted whereby registered nurses made rounds on even hours and support staff made rounds on odd hours. During hourly rounds nursing staff used key words to introduce themselves and put patient at ease; performed regularly scheduled tasks; addressed the 4 P’s—pain, positioning, potty (elimination) and proximity to personal items; assessed comfort needs; conducted environmental assessment; told the patient when they would return and documented the round at the patient’s bedside. To ensure accountability and compliance with the intervention, a competency checklist was instituted. During bedside shift report nursing staff conducted a nurse-to-nurse “bedside dialogue” with involvement from patient and family members.

Results/Outcomes: Consistent with the evidence nursing practice changes increased patient satisfaction, reduced call light use, and improved patient safety. During this timeframe there
were no new patient falls or hospital-acquired pressure ulcers. Call light volume was reduced 50%. Patients reported an increase of 55% in adequate pain control. Nurse communication as measured by HCAHPS increased significantly from the 1, 3, and 28 percentile to 72 and 96. The “likelihood to recommend the hospital” improved by 80%.

Discussion/Implications for Practice: Unit Practice Council leadership to implement evidence based nursing practices improved patient satisfaction and safety over a 60 day period. Bedside shift report and hourly rounding improved nursing effectiveness and efficiency. Success with evidence based practice implementation also encourages direct care nurses to continuously assess their practice and outcomes and continue to advance nursing care.