

# **11th Floor Bulletin**

##  **Date: February 2012**

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| **Pillar** | **Content** |
| Quality |  |
| HCAHPS  | HCAHPS Overall Rating: YTD – 69% (below target); December – **13%** (below target); November - Overall 94% (exceeding target)Pain Management: YTD – 46% (below target); December - **17**% (below target); November – 70% (approaching target)Responsiveness of Staff: YTD – 68% (exceeding target); December – **36**% (below target); November – 99% (exceeding target)Results posted in bathroom on bulletin board.  |
| HCAHPS  | The question remains, why is it that the results are so different month to month? What are the things that really make an impact? One place to start is changing the way we communicate. Most or all of you are familiar with the **AIDET** acronym. (If you haven’t attended a training session you can sign up in LEARN.) Please read the article I sent you via email called *The Power of Our Words*. It gives some practical tips that make a big difference for patients. Upon visiting with some of our own patients, the same message was true. Communication makes all the difference! One of the patients reported it made a tremendous difference in her pain, anxiety level, and confidence in the nursing staff when she had nurses who explained what they were doing and why, as well as talking with them during treatments to make the procedure more tolerable. A patient also mentioned *how* someone entered the room has a big impact. For instance, smiling and offering assistance makes one feel cared for as opposed to “what do you need? She said no one ever came by “just to see if she needed anything or how she was doing.” She knew staff was nearby and available if needed, but staff only came in if there was a task to complete or if she pushed the call light. Below is some information related to Hourly Rounding from *The HCAHPS Handbook* by the Studer Group.**Hourly Rounding**Essentially, this technique means that staff members round on patients every hour from 6 a.m. through 10 p.m. and every two hours from 10 p.m. through 6 a.m. They don’t just check in on them. Instead, they practice a series of eight specific behaviors that provide a structure for explaining care to the patient and create expectations for that care.

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| **Hourly Rounding Behavior** | Expected Results |
| **Use opening key words** | Contributes to efficiency |
| **Accomplish scheduled tasks** | Contributes to efficiency |
| **Address Three P’s (pain, potty, position)** | Quality indicators – falls, decubitus, pain management |
| **Address additional comfort needs** | Improved patient satisfaction on pain, concern and caring |
| **Conduct environmental assessment** | Contributes to efficiency, teamwork |
| **Ask, “Is there anything else I can do for you before I go? I have time.”** | Contributes to efficiency; improves patient satisfaction on teamwork and communication |
| **Tell each patient when you will be back** | Contributes to efficiency |
| **Document the round** | Quality and accountability |

Some tips to make Hourly Rounding successful in both reducing the number of call lights and improving responsiveness are:* **Explain Hourly Rounding.** Let the patient know your goal is to be so responsive she doesn’t have to use the call light. For example, “One of our staff members will round on you every hour during the day because we want to make sure we are meeting your needs before you have to use the call light.” Setting the expectation when someone will be back to check in helps reduce anxiety.
* **Share rounding hours with the patient.** Explain we will be rounding every hour until 10 p.m., then every two hours during the night so they won’t be disturbed as often and be able to rest better.
* **Be consistent. Round every two hours without fail.** If Hourly Rounding isn’t practiced every hour, patients won’t feel confident that someone will round and they will use their call light.
* **Use the 3 P’s of pain, potty, and position.** “You’ve been in the same position for a while. How are you feeling? Would you like to sit in a chair or at least change your position? Would you like going to the restroom first?”
* **Add a “P.”** Add a “P” for pump, patient education, or personal needs.For example, “I am checking your pump every hour so the alarm won’t go off and disturb you.”
* **Let patients know you are planning ahead.** “Your pain medication is due in an hour. Shall I get that ready and bring it with me when I come back in an hour?”
* **Prior to leaving the room, ask, “Is there anything else I can do for you before I leave?”** This is one of the most effective ways to proactively meet patient needs and eliminate call lights that interrupt work flow. It demonstrates care, compassion, and empathy.

If we successfully incorporate the above strategies into our care, we will have great clinical outcomes, engaged and fulfilled staff, and satisfied, loyal patients who receive care in a safer environment. |
| Fall | Fall Prevention: * Proactively place high fall risk patients on low beds and bed alarms. (Confused, AMS, previous history of falls, CIWA)
* Place high risk patients across from nurses' station as soon as possible.
* Utilize family members or sitter if patient continues to try to get up alone, pull at tubes, etc.
* Perform hourly rounding **24 hours/day for patients on bowel prep, increased amount of diuretics, known, history of falls or current fall, CIWA, or confusion.**
* Document hourly rounding in the safety intervention and schedule the frequency for Q1H.
* Include fall risk in the SBARQ report.
* Instruct families not to get the patient up alone and to call for assistance.
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| Pain | Pain Management Update:IV push Dilaudid dose is limited to 1mg in all patients.* 1 mg of Dilaudid is equivalent to 7-8 mg of morphine.
* The current recommended prn dose of Dilaudid is 0.2 mg-0.6 mg Q 2hrs.
* Elderly patients and patients with Obstructive Sleep Apnea are at a higher risk of respiratory depression from narcotics and decreased dosage should be considered.
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