

Inspiring Innovation – Inpatient Behavioral Health Hourly Rounds

Innovation Opportunity

Hourly rounding in an acute care setting is a patient-centered best practice in which nursing staff members intentionally check on patients each hour to proactively attend to specific needs. When executed consistently, the practice enhances the patient experience, improves patient outcomes and increases staff productivity. During a traditional hourly round, staff members assess the four “P’s:”

- **Pain** - Evaluate pain levels
- **Position** - Ensure patients are physically comfortable
- **Potty** - Offer assistance with toileting
- **Possessions** - Place necessities (e.g., water, call button, bedside table) in close proximity

For psychiatric inpatients that are typically mobile and able to meet many of their own needs, tasks associated with traditional hourly rounding are not readily applicable. For example, behavioral health inpatients generally approach the nurses’ station directly for assistance with comfort needs, supply requests and other questions rather than pushing a call button. To effectively meet the distinctive needs of individuals receiving inpatient behavioral health treatment, a tailored approach to hourly rounding is required.

Target Patient Group

Patient Focus	Psychiatric inpatients at NewYork-Presbyterian Hospital (NYP), for whom the traditional approach to hourly rounding is not applicable.
Objective	To develop an hourly rounding approach that creates a therapeutic connection with psychiatric inpatients while also addressing their needs.

Care Redesign

Innovative Approach	<p>Initial Redesign: In 2009, NYP adopted the practice of purposeful hourly rounding at each of its hospital sites. To ensure the applicability of the practice to behavioral health inpatients, a multidisciplinary team convened to discuss how to adapt the traditional hourly rounding model.</p> <p>The team, in consultation with the patient advisory committee, determined that the revised approach needed to be kept simple, supportive and preferably no more than two questions. They developed an approach in which behavioral health staff members visited patients every hour to ask how they were doing and if they needed help with anything. Staff members conducting rounds also carried a tote bag of items (e.g., shampoo, ear plugs, puzzle books) to</p>
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immediately fulfill common patient requests.

The approach was piloted on three inpatient units. Two months after implementation, results were promising. Overall patient experience performance had improved and patient inquiries at the nurses' station were reduced. Based on the success of the pilot, the hourly rounding redesign was implemented on all inpatient psychiatric units.

Enhanced Redesign: In 2011, after two years of utilizing and monitoring the adapted hourly rounding approach, behavioral health leaders at NYP's Westchester Division recognized that the model could be improved; the process had become more of a "supply check" rather than an opportunity to create an emotional connection with patients.

To identify unmet patient needs, unit clerks tracked the types and frequency of common requests and examined patient experience survey comments for insights. These data identified opportunities to address patients' personal and comfort needs, as well as review with patients the plan for their day.

Based upon these findings, NYP developed an enhanced hourly rounding process for its psychiatric inpatient population. The reinvigorated process focused on making an emotional connection with patients by engaging them in conversation around two "P's:"

- **Personal/Comfort Needs** - Identify and address needs (e.g., What can we do to make you more comfortable?)
- **Plan** - Assess how the patient's day/stay is going (e.g., How do you feel about going home tomorrow?)

The two P's are executed within the context of the eight behaviors used hospital wide for hourly rounding, customized to a psychiatric inpatient setting:

1. **Use opening key words** (e.g., "Hi, I'm John, and I'm doing hourly rounds.")
2. **Perform scheduled tasks** (e.g., help patient get laundry started)
3. **Connect through the two P's** (i.e., personal/comfort needs, plan)
4. **Address additional comfort needs** (e.g., additional blanket if cold)
5. **Survey environment** (e.g., if fall-risk, check for proper socks)
6. **Offer help** (i.e., "What else can I do for you? I have time to help.")
7. **Relate upcoming schedule** (e.g., mention group/unit activity occurring during current hour, staff member assigned to round next hour)
8. **Document round** (e.g., rounding log)

Implementation: Two hourly rounding champions were identified for each inpatient behavioral health unit. The champions received training by a core committee on the two P's and the eight behaviors, and were informed of the rationale behind the changes. The hourly rounding champions were responsible for bringing information about the new process back to their units for implementation. Each hourly round was assigned to one staff member (e.g., mental health worker, psych tech or nurse). The assigned staff member carried

a clipboard with a current patient list and walked the unit to touch base with each patient.

To educate patients, a unique hourly rounding logo was featured on posters in the units. The same rounding logo was also displayed on rounding clipboards to help patients differentiate the staff member and the process from other unit tasks.

Because of the nature of an inpatient psychiatric unit, patients were often engaged in activities with peers when hourly rounds occurred. Staff members needed to execute the two P's using the eight behaviors effectively while also personalizing the interactions with each patient in the group. Care was taken to conduct the round in such a way that having others present was not an issue for patients. If a patient needed to speak privately, the staff member offered to meet with the patient after the entire hourly round was complete.

Validation: To create accountability and reinforce the importance of the initiative, Directors of Nursing conducted a weekly validation round process:

1. **Pre-Validation Round Huddle** - Staff members were informed that validation rounds would be occurring on the unit. During the huddle, teams discussed the objective of engaging patients and the importance of hourly rounding in achieving that goal. Staff members were encouraged to talk about hourly rounding challenges and coached on how to overcome them. Patient experience data were reviewed, including the contrast in ratings between patients who reported that rounding occurred versus those who did not.
2. **Staff Observation** - Approximately six to seven rounding encounters were observed on the unit to confirm that staff members conformed to the standardized competency model (i.e., staff members used key words and appropriately implemented the two P's and eight behaviors with each patient). The Patient Care Director for the unit received a validation report that identified staff coaching opportunities.
3. **Patient Meetings** - Patients were asked about the hourly rounding process, including:
 - Do you know what hourly rounding is?
 - Did staff ask about your comfort?
 - Did staff ask about how your day was going?
 - Did any staff members stand out as exceptional?
 - Is there anything we could be doing better?
4. **Post-Validation Round Huddle** - After validation rounds, the Directors of Nursing reconvened with unit staff and leadership. They discussed what went well during rounding, coached staff members on what to focus on to improve and related what patients said about their rounding experiences. Staff members mentioned by patients were recognized.

Critical Success Factors

- **Patient Input:** Patient input gathered through the patient advisory committee and patient experience survey comments influenced both the initial and enhanced hourly rounding redesign. Additionally, the validation round process incorporated patient feedback to monitor effectiveness and identify improvement opportunities.
- **Staff Education:** The goal for hourly rounding—to engage patients and make an emotional connection—was discussed during training of hourly rounding champions and was reinforced during pre-validation round huddles. Emphasizing the therapeutic value of the practice was meaningful to staff members and supported their desire to reduce patient suffering.
- **Accountability:** Specific staff members were assigned to each hourly round each day. In addition, the Directors of Nursing conducted weekly validation rounds to monitor and evaluate the hourly rounding process on each unit. Unit nursing leadership was held accountable for prioritizing hourly rounding and ensuring it was successfully completed each day.
- **Staff Support:** NYP supported its behavioral health rounding staff with:
 - **Hourly Rounding Champions:** Each unit had two hourly rounding champions trained on the process to serve as unit resources.
 - **Best Practice Sharing:** Staff members voiced hourly rounding challenges and discussed how to overcome them during validation round huddles.
 - **Recognition:** During validation round huddles, nursing leadership recognized staff who received special mention by patients.
 - **Coaching:** In addition to coaching during huddles, unit Patient Care Directors worked with staff members on competency gaps identified in validation round feedback reports.
- **Process Tracking:** On its patient survey, NYP asks, “During your stay, did members of the staff conduct hourly rounds to take care of your care and comfort needs (Yes/No)?” The score contrast between patients who respond “yes” versus “no” reinforced to staff that rounding is valuable.

Barriers Overcome

- **Staff Resistance to Change:** While the transition of hourly rounding from a “supply check” to a way to create an emotional connection with patients was embraced by many staff members, others were apprehensive about the change. For example, some staff wanted to continue carrying the supply tote and were not fully comfortable having direct conversations with patients about their needs. Coaching helped staff understand how hourly rounding creates a more healing environment for patients and how to engage patients in conversation within the psychiatric milieu.

Creating Value for Patients: Measurable Results

- **Impact on Caregivers:** Staff members acknowledged the value of hourly

rounding and noted that the atmosphere on the unit was calmer when hourly rounding was conducted well. The practice also enhanced staff camaraderie and teamwork. For example, staff members would often “manage up” the staff member assigned to the next hourly round. This added to patients’ confidence that they were receiving high-quality care. A 2014 employee engagement survey showed a high percentage of engaged behavioral health staff and a low percentage of actively disengaged staff.

- **Improved Clinical Care:** Clinical staff members were more engaged with patients on the unit and had a deeper understanding of their needs. This allowed them to contribute more detailed information about the patient (e.g., mood fluctuations) during clinical discussions with the care team. Patient issues were identified more quickly to provide safer, higher quality care. In 2014, NYP outperformed the NDNQI benchmark for patient falls.
- **Patient Experience:** Adoption-rate tracking through NYP’s patient experience surveys indicated that hourly rounding occurred for over 98% of behavioral health inpatients surveyed in 2014. Overall patient experience performance has been climbing each quarter since the beginning of 2013 and achieved the 88th percentile in 2014. Survey comments indicated that hourly rounding helped meet patients’ emotional needs and allowed more opportunities for one-on-one time with staff.

Improving the Patient Experience

Meeting Inherent Patient Needs

Behavioral health patients often isolate themselves in their suffering. NYP’s customized hourly rounding approach allowed staff members to seek out patients and engage them in therapeutic conversation. The process, when executed well, sent the message to patients that they were in a safe place and that they were receiving high-quality care from empathic caregivers.

Preventing Avoidable Suffering

Patients admitted for inpatient psychiatric care often expect that treatment will consist of one-on-one intensive therapy. They may experience concern when they find that the treatment model is actually more group focused. Hourly rounds provided the opportunity for NYP staff members to reset patient expectations and to address concerns. The practice also provided more opportunities for one-on-one connections and allowed staff to proactively meet patients’ personal and comfort needs without long wait times.

Source: NewYork-Presbyterian Hospital’s Westchester Division

Innovation Stories are intended to highlight case studies and examples of organizations successfully applying a quality improvement strategy to innovate and improve. This Innovation Story demonstrates the effectiveness of understanding the needs of a particular patient segment, considering how their needs differ from other patients or differ from the current process, and then redesigning care to better fit those patient needs.