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 Facilitators: Tracy Rumble, Estelle Monahan

Team/Aim

Box 1: Reasons for Action

PROBLEM STATEMENT
 Clinical hourly rounding procedures conducted by nursing staff at the VA Maryland Health Care System (VAMHCS) are fragmented and lack a standardized procedure. The lack of a consistent hourly rounding procedure for nursing staff across the healthcare system presents numerous patient safety risks and negative customer satisfaction.

BACKGROUND
 Historically, the lack of a consistent hourly rounding procedure for nursing staff has led to several patient incidences. For example, there have been numerous falls due to patients climbing out of bed in search of a nurse to use the bathroom, trying to obtain medication, searching for personal possessions, or reporting pain.



Process Start: Patient is admitted to the clinical unit
Process End: Patient is discharged from the clinical unit
In Scope: VA Maryland Health Care System (VAMHCS), Perry Point Campus buildings 19 and 23A
Out of Scope: Patient care units outside Perry Point buildings 19 and 23A

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Box 4. Gap Analysis

Key Gaps Identified by Multi-Voting	Direct Causes	Root Causes Identified by "5 Whys"
Inconsistent education regarding hourly rounding displayed by nursing staff in units 19 and 23A.	Multiple views on the purpose of hourly rounds, staff unaware if rounds are a mandatory requirement	Poor communication, lack of support from select staff
No evidence of hourly rounding occurring in unit 19. Hourly rounding forms in binder are left blank and not utilized by staff.	Staff unaware of rounding sheets and if they are a mandatory requirement	Poor communication, staff unaware of the location of the log binder, and the need to document on an hourly basis
Staff inconsistently use paper rounding forms, fail to properly archive documentation, or falsify records in log binder stating they completed rounds but never physically walked into the patient's room.	Staff unaware standard practice is to use paper forms, documentation is not thoroughly reviewed for accuracy	Lack of accountability, supervisors don't know if front line staff are truthfully completing hourly rounds by entering all patient rooms or falsifying records in the log binder to avoid walking into all patient rooms on an hourly basis
Patients are not educated on the purpose of hourly rounding, which results in patients frequently ringing the call bell or climbing out of bed attempting to seek assistance from a nursing staff.	Lack of education provided to patients or their families	Poor communication, staff unaware that good customer service involves regularly communicating and educating patients and their families on the purpose of hourly rounds

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Box 7. Implementation

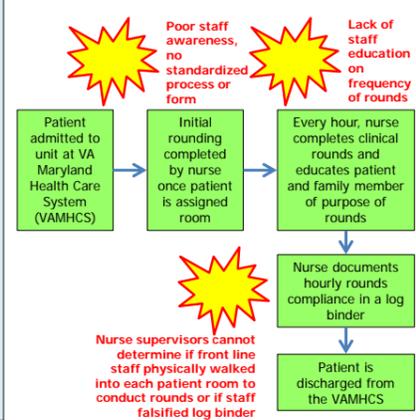
What	Who	By When
Discuss with team the need to create visual cue cards to increase awareness and compliance with the clinical hourly rounding procedure.	Valerie Wright Tracy Rumble Estelle Monahan	April 12, 2016
Submit work order to have VAMHCS Medical Media create customized cue cards for units 19 and 23A for pilot study.	Valerie Wright	April 15, 2016
Obtain visual cue cards from Medical Media. Discuss pilot study with nurse managers, supervisors, and staff in units 19 and 23A.	Valerie Wright	April 25, 2016
Place visual cue cards on units 19 and 23A, initiating pilot study for May 2016	Valerie Wright Heather Riale Romaine Williams	May 2, 2016
Monitor usage and summarize data for May 2016. Report out on increase of awareness and compliance with clinical hourly rounding.	Valerie Wright Tracy Rumble Estelle Monahan	June 1, 2016
Discuss long term sustainability of improvement, and possible expansion of visual cue cards to all Perry Point Campus units.	Valerie Wright Tracy Rumble Estelle Monahan	June 6, 2016

Map/Measure

Box 2: Current State

Attributes of Current State with Barriers Identified

- Inconsistent education regarding hourly rounding displayed by nursing staff in units 19 and 23A.
- No evidence of hourly rounding occurring in unit 19. Hourly rounding forms in binder are left blank and not utilized by staff.
- Staff inconsistently use paper forms, fail to properly archive the documentation, or falsify records in log binder stating they completed rounds but never physically walked into the patient's room as evidenced by verbal patient complaints.
- Patients and their families are not educated on the purpose of hourly rounding, which results in patients frequently ringing the call bell or climbing out of bed attempting to seek assistance from nursing staff.



Metric	Current State
Safety	Hourly rounding compliance by nursing staff In April 2016, there was 0% compliance in unit 19 and 85% compliance in unit 23A.
Customer Driven	Patient and family awareness of hourly rounding procedure No baseline data

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Box 5. Countermeasures

If we...	Then we expect...
Possible Solutions Identified by Brainstorming and the Impact/Effort Grid	Possible Long Term Outcomes
Develop standardized education regarding hourly rounding in units 19 and 23A.	Increased hourly rounding compliance rate in units 19 and 23A
Establish enhanced routine training for nursing staff unfamiliar with hourly rounding procedures in unit 19.	Increased hourly rounding compliance rate in unit 19
Develop visual cue cards for hourly rounding, and mount them on the door of each patient room in units 19 and 23A.	Increased awareness of hourly rounding and ability for supervisors to instantly note and hold staff accountable if nobody has entered a patient room. Long term results should also include increased usage of paper forms, proper archiving, and accurate records in log binder.
Develop a pamphlet to ensure 100% of admitted patients and their family members are aware of the hourly rounding procedure and safety precautions.	Patients and family members are fully aware of the hourly rounding procedure when admitted to the unit, and can voice their concerns to nursing staff on an hourly basis, increasing patient safety and customer satisfaction.
Huddle daily with each shift to provide a verbal reminder of hourly rounding and designate roles	Guarantee all patients will be included in hourly rounds regardless of absent staff

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Box 8. Confirmed State

Major Accomplishments

- Visual cue cards mounted on each patient room resulted in a significant increase in hourly rounding awareness, compliance, accountability of front line nursing staff, and accurate documentation.
- Distribution of an hourly rounding educational pamphlet to patients and their families upon admission resulted in improved customer satisfaction.



	Metric	Current State	Target State	Confirmed State
Safety	Hourly rounding compliance by nursing staff	In April 2016, there was 0% compliance in unit 19 and 85% compliance in unit 23A.	Ensure at least a 90% hourly rounding compliance rate in units 19 and 23A by FY16, Quarter 4.	After mounting hourly rounding visual cue cards on the door of each patient room in units 19 and 23A, the hourly rounding compliance rate in the log binder increased to 50% in Unit 19 and 100% in Unit 23A at the end of May 2016. The nurse managers will continue to monitor this improvement ensuring compliance in both units by the end of FY16, Quarter 4.
Customer Driven	Patient and family awareness of hourly rounding procedure	No baseline data	Ensure 100% of patients and family members are aware of hourly rounding procedures upon admission	Developed a pamphlet to ensure 100% of admitted patients and their family members are aware of the hourly rounding procedure, and can voice their concerns to nursing staff on an hourly basis

Map/Measure

Box 3. Target State

Attributes of Target State

- Ensure standardized employee education regarding hourly rounding in units 19 and 23A.
- Discuss routine training for nursing staff unfamiliar with hourly rounding procedures in unit 19.
- Increase usage and eliminate abuse of paper hourly rounding forms in binder and research a solution at the bedside that requires all staff to physically enter the patient room.
- Ensure all patients and family members are aware of the purpose of hourly rounding, to increase patient safety.

Aim Statement
 Increase hourly rounding compliance to 90% at the bedside at Perry Point VA Medical Center Units 19 and 23A by fiscal year 2016, quarter 4.

Metric	Current State	Target State
Safety	Hourly rounding compliance by nursing staff In April 2016, there was 0% compliance in unit 19 and 85% compliance in unit 23A.	Ensure at least a 90% hourly rounding compliance rate in units 19 and 23A by FY16, Quarter 4.
Customer Driven	Patient and family awareness of hourly rounding procedure No baseline data	Ensure 100% of patients and family members are aware of hourly rounding procedures upon admission

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Box 6. Rapid Experiments

Description	Who	Hypothesis	Actual Results	Status
Visual cue cards for hourly rounding created by Medical Media, and mounted on the door of each patient room in units 19 and 23A.	Valerie Wright Tracy Rumble Estelle Monahan	If we mount visual cue cards on the door of each patient room, there should be an increase in hourly rounding compliance by nursing staff.	Front line staff were required to physically walk to each patient room, inspect patient, speak with the patient, and flip over visual cue card indicating the patient was inspected. Each hour had a different visual cue card. Supervisors were able to walk down the hall and quickly note if front line staff had completed rounds and physically walked into each patient room. Log binder usage increased, records were properly archived, and accuracy improved.	Complete
Develop a pamphlet to ensure 100% of admitted patients and their family members are aware of the hourly rounding procedure and safety.	Valerie Wright Tracy Rumble Estelle Monahan	If we create an educational pamphlet that is distributed to patients and their family on the day of admission, we will increase patient safety.	Patients and family members are now fully aware of the hourly rounding procedure, and can voice their concerns to nursing staff on an hourly basis, increasing patient safety and customer satisfaction.	Complete

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Box 9. Insights

What Worked Well?

- Collaboration with multiple nursing units and shifts at the Perry Point Campus
- Increased awareness and compliance with hourly rounding procedure
- Patients and families expressed satisfaction with educational pamphlets upon admission

What Didn't Work Well?

- Critical stakeholders and management from select service lines were unable to attend all project meetings
- No standardized form for hourly rounding
- Inconsistent staff participation during the trial

Actions for Improvement:

- Ensure detailed baseline data was available for each nursing unit before starting project
- Improve presence and support of leadership throughout the project
- Increase awareness and education of hourly rounding to ensure all levels of staff comply, not just nurses