

# Hourly Rounding Protocol Quality Improvement Initiative to Decrease Call light Usage and Increase HCAHPS in an LTACH Facility

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## Description of Problem

- Inpatient hospital falls are the second leading cause of accidental injury or death in the healthcare setting and in just the US, healthcare falls' costs are estimated at costing approximately \$50 billion per year (Sun et al., 2020).
- For the last quarter of 2022, a long-term acute care hospital located in Dallas, TX found that only 56% of patients felt their needs were responded to appropriately on the HCAHPS survey. In the first quarter of 2023 scores were at 68%.
- The purpose of this quality improvement project was to describe an acute care facility's change in process implementing an hourly rounding initiative to increase patient satisfaction and potentially increase patient safety.
- The question that guided this project was: *In a 35-bed adult inpatient long term acute care hospital (LTACH) located in Dallas, TX, does the implementation of an hourly rounding protocol, compared with no hourly rounding protocol, increase HCAHPS patient satisfaction scores and decrease call light usage over an 8-week period?*

## Specific Aims:

- To decrease call light usage by 10% 6 weeks following the implementation of an hourly rounding protocol.
- To increase HCAHPS patient satisfaction scores by 50% 3 months following the implementation of an hourly rounding protocol.
- To reduce fall rates by 20% at the end of 3 months following rounding protocol implementation
- To achieve 90% nursing staff compliance 6 weeks following the implementation of rounding protocol.

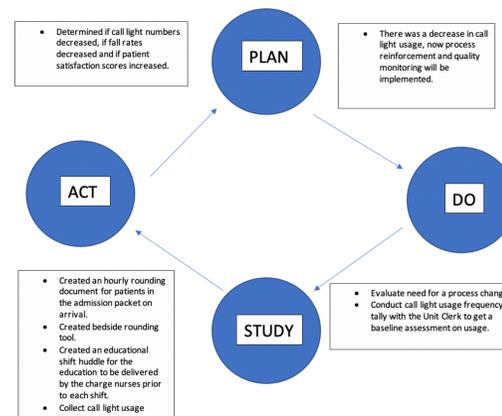
## Synthesis of Evidence

- The Institute for Healthcare Improvement (IHI, 2015) has endorsed hourly rounding as the best practice to reduce call lights while simultaneously increasing patient satisfaction, to prevent potential fall injuries and to improve the quality of care.
- Meade et al., (2006) conducted a nationwide quasi-experimental study that found the addition of an hourly rounding protocol (without tool) resulted in a reduction in call light usage as well as a decrease in patient falls and increased patient satisfaction score.
- A systematic review of the literature conducted by Mitchell et al., (2015) found a positive relationship between the implementation of hourly rounding and the decrease in call light usage overall, with the added benefit of increasing patient satisfaction.

## Project Description

### Conceptual Framework

- A combination of the Lean process and the Plan-Do-Study-Act (PDSA) model were chosen as the framework for this project because they can be used in together to improve workflows, efficiency, and nurse-sensitive outcomes.



## Design

- Evidence Based Quality improvement project used the Before and After design.

## Setting and Participants:

- LTACH Facility in Dallas, TX that included all nursing staff.

## Implementation and Data Collection:

- First, call light frequency data was gathered to evaluate the current use of call lights.
- The unit clerk was in charge of tallying each time a call light was pressed pre implementation for four 8-hour shifts, 2 dayshift and 2 nightshift
- The education phase lasted for 7 days to ensure all staff were educated on both shifts.
- Daily 5-minute education sessions were introduced in huddle, and the staff was updated on current goals and measures. This was a simple document explaining the importance of rounding on our patients.
- The post implementation call light tracking was about 4 weeks, for 8 shifts alternating between dayshift and nightshift.
- HCAHPS scores will be gathered post-implementation at the end of Q1 and Q2 of 2023 when the data is available, as it is only done quarterly.
- During the implementation phase, the facility had many contract/agency bedside staff. This had the potential to affect buy in from staff and their potential lack of interest being contract or agency staff.

## Project Description, cont'd.

### Measurement Tools:

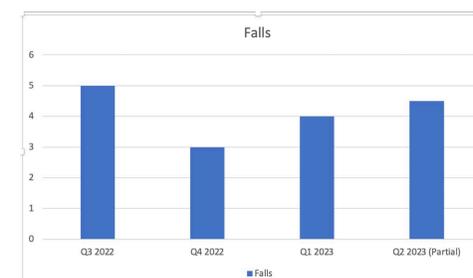
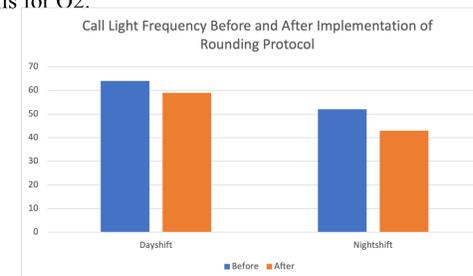
- Call light data was collected for 8-hour shifts, tallying call lights as they occurred. The unit clerks were educated on the importance of ensuring the tally is accurate.
- HACHPS survey to measure patient satisfaction
- Fall data reported in Incident Reporting System
- Compliance measured on bedside rounding tool

### Data Analysis:

- A graph showing the comparison of pre versus post implementation call light data was also created in Excel. The HCAHPS scores were also imported into a spreadsheet and will be evaluated for any improvements post implementation when they are made available.

## Results

- Aim 1 Results:** 12.5% decrease in call light usage with the addition of the rounding tool. This goal was met being over our 10% benchmark.
- Aim 2 Results:** The HCAHPS scores are only available quarterly and we will have the data for Q1 and Q2 in June 2023. At that point, I will be able to compare the pre and post implementation scores to assess for a positive change.
- Aim 3 Results:** The total fall rate for Q2 will be available in June 2023 at quarterly quality meetings. The current fall rate was 4 falls for Q1. Pre liminary data is at 3 falls for the first part of Q2.
- Aim 4 Results:** The nursing staff compliance was 96.89% meeting our goal of 90% compliance.
- Even with the incomplete data from the HCAHPS at this point, there is still a positive trend with the decreasing of call light usage, the increase in nursing compliance, and potential decrease in falls for Q2.



## Implications for Practice

- Further research will be necessary in order to potentially find more innovative and efficient ways of completing rounds as a bedside staff.
- The sustainability of this project should be maintainable for the facility mentioned
- A policy implication for this project would be the creation of the hourly rounding policy and, or the addition of the hourly rounding tool. Other facilities will be able to model this easily to create their own hourly rounding policy/tool.

## Takeaway Message

Through this quality improvement project, it was evident that nurses and CNA's have the ability to improve patient satisfaction scores and decrease call light usage by using nursing rounds, which aim to improve staff responsiveness scores.

## References

Available upon request

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