Hourly rounding by nursing staff helps to proactively manage patient needs and minimize the number of unscheduled calls from patients. The focus of this study was to determine if an increased emphasis on hourly rounding had an effect on call bell usage on an oncology unit. Patient call bell usage requests, such as asking for water or repositioning, and the total number of all alarms, such as bed exit alarms and lavatory assist alarms, decreased. Subsequent patient satisfaction surveys showed an increase in patient perception of how quickly help was received.

AT A GLANCE

- Proactive hourly rounding decreased call bell usage and total alarms in this project.
- There were no significant differences in bed exit and lavatory assist alarms pre- and postintervention.
- Patients' perceptions of prompt responses to their needs increased, as demonstrated on patient satisfaction surveys.

KEYWORDS
hourly rounding; patient safety; patient satisfaction; quality improvement

DIGITAL OBJECT IDENTIFIER
10.1188/20.CJON.328-330

Call Bell Usage

Tracking the effect of hourly staff rounding

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The development of strategic initiatives to enhance the quality of services delivered to patients stems from reimbursement guidelines from the Centers for Medicare and Medicaid Services (CMS) and their link to patient experience and satisfaction. The Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) survey provides a real-time performance scorecard as a measure of a patient's experience (CMS, 2019). Using data from a hospital-wide tracking system, the authors of this article examined patients' call bell usage and alarm frequency and looked for correlations with patients' HCAHPS survey responses.

Based on reports examining the effectiveness of hourly rounding, also known as intentional rounding, differing criteria for determining effectiveness were used with mixed results. Associations among hourly rounding and patient satisfaction (Bragg et al., 2016), staff satisfaction (Flowers et al., 2016), fall rates (Morgan et al., 2017), and call bell usage (Olrich et al., 2012) were studied.

Methods

The project was conducted on a 15-bed adult inpatient unit at a National Cancer Institute–designated comprehensive cancer center. The majority of patients on the unit have a hematologic malignancy, and other patients have solid tumor diagnoses.

The call bell system used throughout the hospital provides each unit with monthly data from each patient room, including the type of alarm or call (e.g., emergency, bed alarm, lavatory assist, routine call). Staff locators, clip-on devices that track staff members throughout the inpatient unit, were used to monitor compliance with the hourly rounding guidelines. Weekly data reports are compiled to assess frequency and duration of time spent in each patient's room. Patient rounds were to be conducted hourly during waking hours and every two hours during sleeping hours.

In June 2018, staff were educated on the project's intervention, which was to proactively round according to minimum guidelines. All members of the unit's nursing staff were informed about the project, the expectations, and the goals to improve patient satisfactions scores, reduce patient falls, and reduce call bell usage. Education about the project was provided to nurses during staff meetings and through emails. Signs reinforcing the rounding guidelines were placed in staff areas around the unit, including in the nurses' station, medication rooms, and staff break room. The hourly staff rounding education focused on the 5 P's: assessing the patients' potty needs, pain, position, possessions, and pumps (see Figure 1).

Data collection for this project began on April 1, 2018, and weekly reports were collected through September 30, 2018. Data were split into pre- and postintervention categories. Preintervention data included patient call bell reports from April 1, 2018, through June 30, 2018. Postintervention data included reports generated from July 1, 2018, through September 30, 2018. Pre- and postintervention mean values and standard deviations were calculated for each type of alarm; each set included 13 weekly reports. Differences between pre- and postintervention values were compared