University of Colorado Hospital is renewing its commitment to a simple but powerful patient satisfier: hourly rounding by inpatient nurses and certified nursing assistants.

The approach, already used consistently on some units at UCH, goes far beyond a head poke through the door and a hasty “How are you doing?” Rather, the goal is for nurses and CNAs to spend meaningful time with each patient, checking on his or her pain, providing toileting help, changing positions for comfort, putting personal belongings and the call light within easy reach, and simply offering an attentive, caring presence.

The hospital this month begins organization-wide training and refresher sessions, including an explanatory PowerPoint, fact sheets and validation tools. The roll-out also includes a video, “I Get to Round,” inspired by a Beach Boys musical classic, that dramatizes the right way to round (see sidebar). In addition, the hospital will distribute buttons and put up wall clings with the “I Get to Round” logo.

Every medical/surgical unit is to begin hourly rounding Sept. 1 and report its results on a weekly basis.

**View from the top.** The new initiative has the full backing of hospital leadership. For example, to open the “I Get to Round” video, Chief Nursing Officer Carolyn Sanders, RN, PhD, delivers a brief message that stresses the organization expects all units to incorporate hourly rounding in their daily routines. She also emphasizes that research shows regular rounding improves patients’ perception of their care and reduces the risk of falling.

The hospital will assess the success of hourly rounding by tracking the number of patient falls and call lights on each unit. Administrators will also look for increases in three key measures of patient satisfaction in the Center for Medicare and Medicaid Services HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) inpatient survey: nurse communication, responsiveness of staff, and pain management.

But the fundamental goal of hourly rounding goes beyond statistical measurement, said Amy Searls, the hospital’s executive director for Service Excellence.

“We’re trying to create a quiet, healing environment that is beneficial for both patients and nurses,” Searls said.

The formula for reaching that goal will be similarly straightforward, she added. “If hourly rounding is an expectation of the organization and our managers support it, it will be very successful,” she said.

**Fits and starts.** Hourly rounding to prevent patient falls began at UCH in 2009. In 2011, as part of its Service Excellence initiative, the hospital launched nurse rounding pilots aimed not only at fall...
prevention but also improving patient satisfaction. A few units have incorporated hourly rounding into their daily routines, notably the 9 West Pulmonary Medicine Unit, which has since seen various patient satisfaction measures improve.

“Hourly rounding is something we should already be doing, and it’s been a hospital expectation for years,” said Service Excellence Administrator Jaclyn Griffin. “We just haven’t had a systematic approach for the medical/surgical units.”

Beginning Sept. 1, nurses or CNAs on the day shift will round every hour; those on the night shift will do so every two hours. Nurse managers, educators or charge nurses will observe rounding providers to validate not only that they spoke with patients but also anticipated their needs with purposeful questions (see box).

Each week, units will submit validation checklists to quantify their rounding activity. The hospital will maintain a dashboard to track compliance for each unit, Searls said.

In addition to observing and validating rounding, nurse leaders will themselves round on five patients each week to assess patients’ perceptions of the care they received.

I spy. Staci Aden, RN, a clinical nurse educator on the Pulmonary Medicine Unit who appears in the “I Get to Round” video, acknowledged that some nurses may feel like they are being “spied” on during rounding. But there has to be some way of making sure nurses are in fact rounding, she said. The pay-off for nurses comes from having meaningful contact with patients, not from meeting a requirement, she added.

“The real value for me comes from the conversations I have with patients,” she said.

Some nurses may fear that hourly rounding will add to the burden of their already busy days, but Aden said her experience speaks otherwise.

“When you get in the rhythm of doing it, it becomes a habit,” she said. “We’ve seen the numbers of call lights on our unit go down, because we’re making sure we’re proactively meeting our patients’ basic needs. Patients say they are more satisfied and that they feel people care. They aren’t worried about when we are coming back.”

In fact, the busier a unit is, the more important it becomes for staff to maintain the rounding schedule, Aden said.

“When we’re crazy, patients often feel they can’t call and ask for help,” she said. “I take a deep breath and remind myself that this is a person I’m taking care of and try to connect. It only takes an extra minute.”

At top academic institutions, nurses like Aden play out that scene consistently, day after day, Searls said.

“Rounding is a key strategy and tactic that they are using,” she said. “There is not a top performer that isn’t doing it.”

The 5 Ps of Rounding

During hourly rounding, nurses and CNAs are to ask patients purposeful questions aimed at meeting five fundamental needs:

- **Pain** – Address pain scale
- **Potty** – Ask patients if they need to go to the bathroom
- **Position** – Complete turning or ask patient if they are comfortable
- **Personal Needs** – Make sure bedside table and all belongings are within reach and ensure call light is with patient
- **Presence** – Let patient know you are available and have time

Continued
Quiet on the Set

The “I Get to Round” video used to dramatize hourly rounding in the inpatient setting was a home-grown production. Filming took place in early June in a patient room on the Medicine Specialties Unit on the 9th floor of AIP 2. Perry Richardson, e-learning technology specialist with the Human Resources Learning and Development team, shot and edited the video.

The video shows a “patient” (Carl Miller, director of the Patient and Family-Centered Care Council at UCH) visited by Staci Aden, RN, a former charge nurse and now nurse educator with the Pulmonary Medicine Unit, and Erin Arbogast, an advanced care partner. Aden converses with Miller, telling him she’ll be back each hour to make sure his needs are met.

Alison Short, RN, a Pulmonary Unit nurse, and Kaycee Shiskowsky, RN, nurse manager for the Pulmonary Unit, also make appearances. Service Excellence Administrator Jaclyn Griffin served as producer and director. Aden wrote the script, which adheres to what nurses should tell their patients during hourly rounding.