

# RinginG Or Not ... Here I Come!

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# Ringling Or Not... Here I Come!

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## BACKGROUND

- Identified need to improve compliance with purposeful patient rounding.
- HCAHPS – Response of Hospital Staff
  - 6B FY '17 average – 52.7%
  - 6B FY '18 through March 2018 – 53.5% (goal 55.5%)
  - 6C FY '17 average – 59.9%
  - 6C FY '18 through March 2018 – 44.4% (goal 60.3%)

## PICO

Among registered nurses and technical partners does the reinforcement of purposeful patient rounding with visual cues decrease the frequency of call bell usage on medical surgical units.

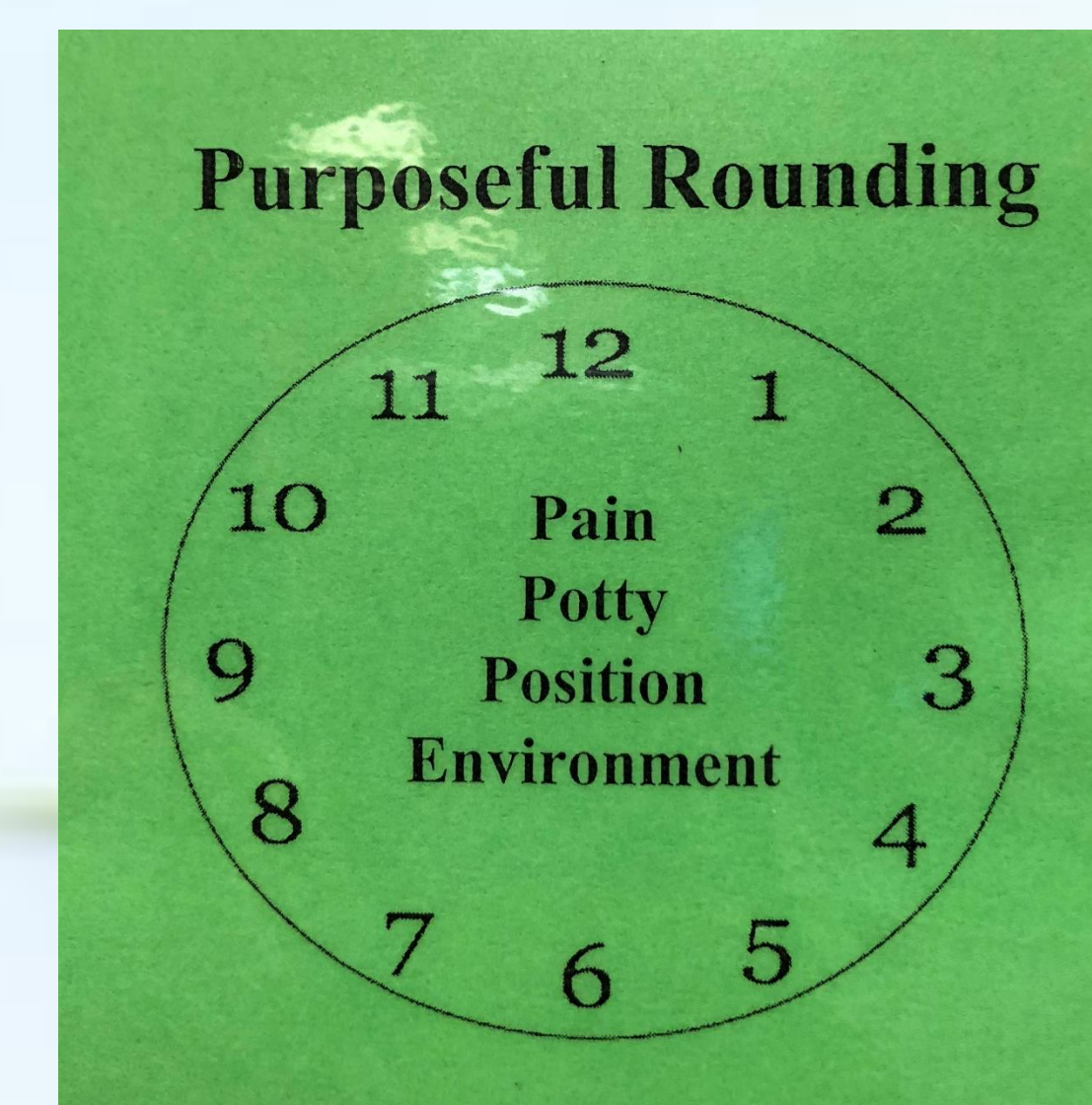
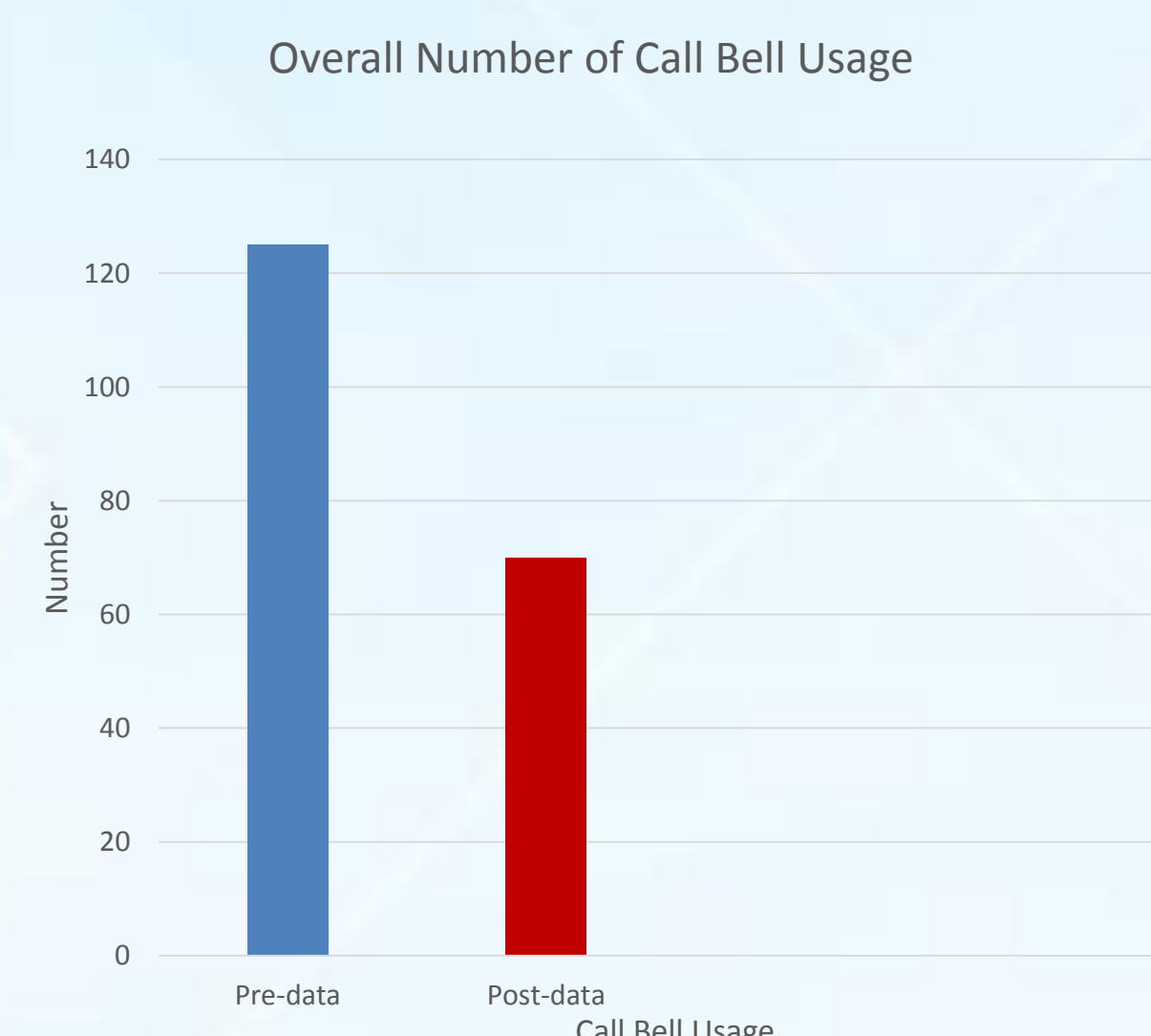
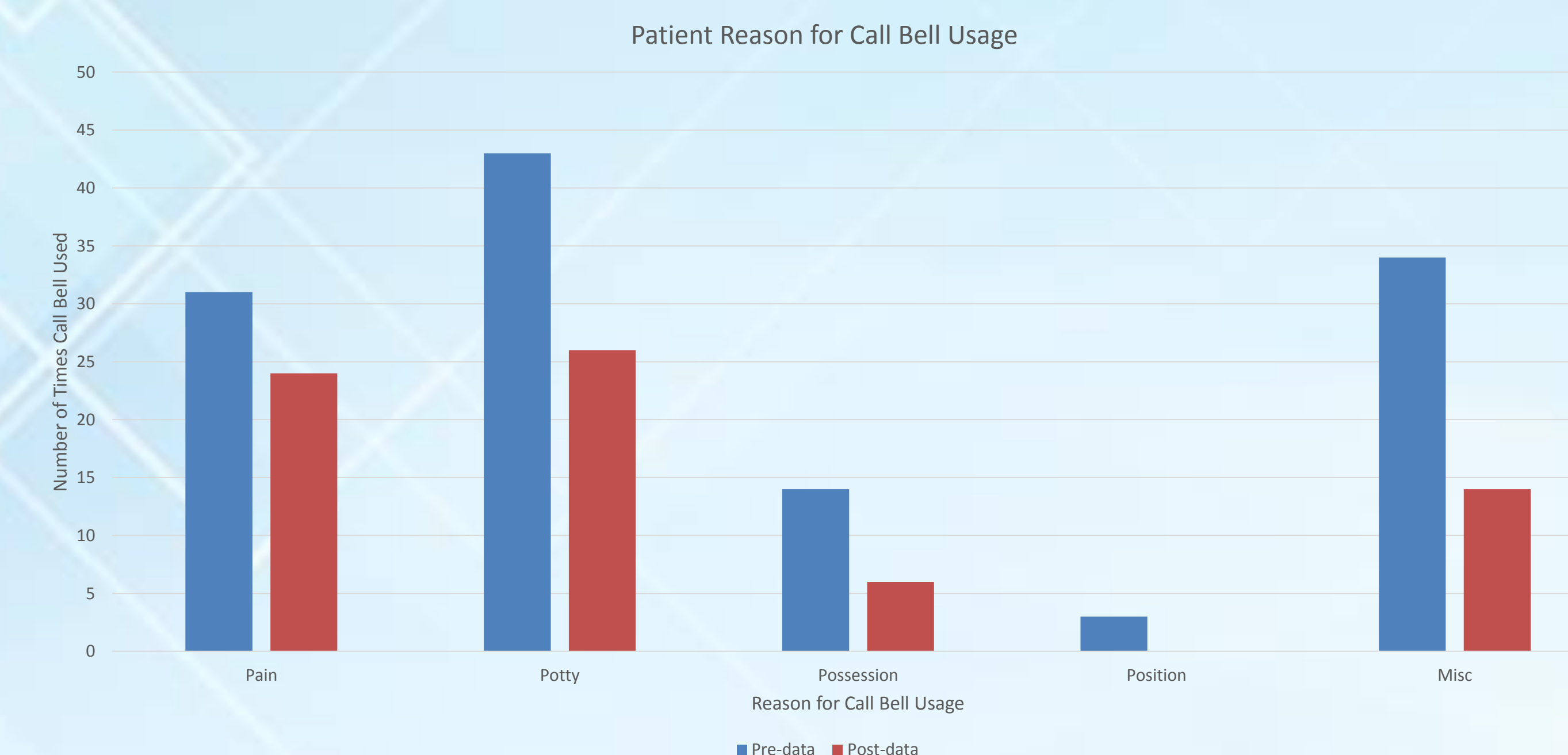
## EVIDENCE

- Script cards were developed from Studer resources and placed on each computer in each patient's room to provide visual cues to staff as a reminder to ask about the 4Ps (Daniels, 2016).
- Timely and purposeful rounding has been found to decrease call lights, prevent falls, skin breakdown, and increase patient satisfaction (Daniels, 2016).
- Studies have found that purposeful rounding is not being used properly due to staffing issues, daily census, acuity of patients, competing priorities, knowledge deficit and lack of leadership support (Daniels, 2016).
- Understanding the type and frequency of patient requests paired with timely hourly rounding can help decrease and anticipate call bell usage (Torres, 2007).
- Hourly rounding increases the frequency of physical presence and positively influences patient perception of care and overall satisfaction (Bragg, 2016).

## IMPLEMENTATION PLAN

- Hourly rounding clocks were placed on the doorways outside each patient's room to serve as a visual cue.
- Educational bulletin board created on the process of purposeful rounding. Example: explanation of the four P's.
- Informational e-mail introduced hourly rounding clock and reinforced purposeful patient rounding
- Call Bell Usage – total of 10 hours monitored pre/post.
  - Pre/Post Intervention – Number of call bells within a given hour was counted by Nurse Resident.
  - Each Nurse Resident monitored the same hours pre/post intervention.
  - The purpose/need for each call bell was tracked during those hours to understand most common reasons for usage.

## DATA



## OUTCOMES

- Call bell usage decreased 44% following intervention.
- Purpose of call bells
  - Pain – 23% decrease in usage
  - Potty – 40% decrease in usage
  - Possessions – 57% decrease in usage
  - Position – 100% decrease in usage
  - Miscellaneous – 59% decrease in usage

Miscellaneous reasons for call bell usage include not knowing how to work the TV, closing the blinds, confused patients hitting the button on accident and not remembering why, patients or family members having questions about the plan of care.

## CONCLUSIONS

- Reinforcement of purposeful patient rounding decreases the frequency of calls.
- Next steps:
  - Auditing staff compliance is crucial to help monitor the success of purposeful rounding.
  - The implementation of a "rounding champion" may help increase compliance with the policy.

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