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Reduce call light frequency with hourly rounds

By **Tom Culley**, RN, BSN, MBA

Hourly nursing rounds aren't a new concept. In recent years, strategies have developed across organizations to initiate hourly rounds to reduce the noise and interruption caused by unnecessary call lights. The benefits of this practice can't be denied, as studies show that properly conducted rounds reduce call light use and increase patient satisfaction scores. New research supplements these results,

member of the units involved was necessary. Investigators were directly involved with the off-shifts and weekend staff. Long hours were required from investigators, as well as the dedicated assistance of managers and champions among the staff.

Methods

A quasi-experimental design was used, as many uncontrollable variables while using live units in the

presentation of a week, the duty of tracking call lights was managed for a total of 14 hours to represent 24/7 work. The days and hours used for the study were chosen to represent a statistically equal amount of weekdays versus weekend times using a 5:2 ratio, and off-shift hours to daylight hours within those days using a 2:3 ratio. Follow-up data were collected on subsequent 4-week increments using the same tool for the following 3 months. Each month's data were compared to baseline and the previous month. Updates and education were provided to staff members on a continual monthly basis, which allowed them to adjust practices and follow their own progress.

After baseline data were collected, a full 4 weeks of education were provided to each of the three units prior to initiating. The education sessions introduced staff members to hourly rounds, the rationale for using hourly rounds, patient satisfaction data, and the accountability tool. Rounds were to be conducted every hour from 6 a.m. until 10 p.m. and every 2 hours from 10 p.m. until 6 a.m. Data found during the baseline study that geared nurses into specific actions while doing rounds were highlighted. The education sessions leading to initiating rounds were met with resistance from staff. Common themes were that they already conducted the activities we were teaching them to do and that the accountability tool was one more piece of paperwork. Those discussions were viewed as positive interactions and important to the education process.

Feedback

On-the-spot education and feedback were provided after hourly rounds

The presentations provided valuable information to staff members such as updated comparison information specific to their unit in regards to unit census, frequency and reasons for call light use, and patient satisfaction data.

as established nursing rounds across three separate and unique units significantly reduced call light use on all accounts.¹⁻³

The purpose of our study was to pattern hourly rounds around proven research, help nursing staffs gain control of their workload, save time by reducing "busy work," and increase patient satisfaction scores. In order to be successful, education was required, and consistent follow-up on a near-daily basis with each staff

hospital were imminent. Units assigned to the project were deliberately chosen based on scope of practice, and baseline data were collected prior to education and the initiation of hourly rounds. A tracking tool was developed to statistically represent a full 7-day period, and call lights were tracked for frequency and reason during specific times on specific days of the last full week of the month.

Since the tool is a statistical repre-

went live. Criticism was provided based on questions, observation, and information collected during patient rounds. After 1 month of rounding, data were collected using the same tool, days of the week, and time as the baseline. Those results were calculated and presented to staff. This process became the routine over the following 8 weeks, and each month the updated presentation was presented to the staff. The presentations provided valuable information to staff members such as updated comparison information specific to their unit in regards to unit census, frequency and reasons for call light use, and patient satisfaction data. They also imparted increased motivation on select units as results began to improve in one area or another.

Data showed that improvements weren't necessarily measured solely on frequency of call light use. At the end of the study, all of the unit's call light frequencies were close to one another. When adjusted for patient census, the call light reductions were 77% on the step-down unit, 31% on the surgical unit, and 56% on the medical unit. This data allowed investigators to see what constitutes interventions for problems with call light frequency. The benefit is being able to focus improvement strategies on initiating rounds based on frequency, patient satisfaction, or both if necessary.

Improvements in patient satisfaction proved to be a motivator for continuing rounds. The surgical floor didn't have a significant decrease in call light use, but its patient satisfaction scores showed significant gains. Because of these various victories, resistance from staff lessened and champions

among the staff were born and came in the form of nurses as well as support staff. Patient satisfaction

Time well spent

The pilot was enough of a success to convince executive leadership to

Dedicated education and staff champions are a must since a large part of nursing rounds is adjusting staff priorities and attitudes.

scores also increased significantly on the surgical and step-down floors.

implement the project on several more units. Hourly rounding continues to be a process and will be

adjusted to meet individual unit needs in the future. Success comes in the form of call light reduction or

Hourly rounding continues to be a process and will be adjusted to meet individual unit needs.

an increase in patient satisfaction scores. Dedicated education and staff champions are a must since a large part of nursing rounds is

adjusting staff priorities and attitudes. Finally, the time spent on the project is worth it, as it has a direct correlation on results. **NM**

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