



**LABOR MANAGEMENT PROJECT**

*An employer and 1199SEIU partnership*

# **BEST PRACTICES FOR RESPONSIVENESS**

# HOURLY ROUNDING – WHAT IS IT?

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- **Helps to proactively address reasons for call bells (bathroom/bedpan assistance, pain, position assistance, items that are out-of-reach)**
- **A way of bundling a patient's needs into one visit and setting expectations about frequency of visits**
- **Conducted by a team – nurses, PCTs, CNAs, etc.**
- **A Studer Group study showed that where hourly rounding was implemented, they were able to reduce bathroom requests by 38.7%**

# HOURLY ROUNDING – BEHAVIOR

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- 1. Use opening key words**
- 2. Accomplish scheduled tasks**
- 3. Address Three Ps (pain, potty, position)**
- 4. Address additional comfort needs**
- 5. Conduct environmental assessment**
- 6. Ask “Is there anything else I can do for you before I go? I have time.”**
- 7. Tell each patient when you will be back**
- 8. Document the round**

# UNIVERSITY OF ROCHESTER MEDICAL CENTER – HOURLY ROUNDING

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- 739 bed teaching hospital in Rochester, NY
- **Purpose:** Standardize care so patients can expect consistent treatment and frequent check-ins.
- **Approach:** Nurses and PCTs visit hourly to ask patients if their pain is being adequately managed, if they need assistance to the bathroom, and if their position is comfortable. Nurses place items such as remote control, beverage, or call button within reach of the patient.

# BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC)

## – HOURLY ROUNDING

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- 631 bed teaching hospital in Brookline, MA
- **Initiative:** “We Promise... “ Campaign
- **Purpose:** To increase responsiveness among hospital staff as well as patient safety. To make the patient the focus of every aspect of care.
- **Approach:** Commitment for nursing staff with posters in patient rooms:

### **We Promise...**

**To see you every hour**

**To attend to your bathroom and hygiene needs**

**To ask about your pain**

**To keep the call bell and phone within your reach**

# NO-PASS ZONE – WHAT IS IT?

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- A practice that expects and trains all staff to respond to call bells – no one passes by a room with an activated call light without responding
- Staff respond to call bells within their roles – they are trained in what they can and cannot do

# MT. SINAI QUEENS – “HEADS UP” CAMPAIGN

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**Purpose:** To improve responsiveness to patient call lights

**Approach:**

- Designed by labor/management Responsiveness Committee
- Training for all departments, including housekeeping, engineering, food and nutrition, lab personnel, and transport
- **H**eads up! Look up when you are in patient areas and be aware if call lights are lit.
- **E**nter the room and introduce yourself if call light is on.
- **A**ttend to the patient – ask what the patient needs.
- **D**etermine what you can or cannot do.
- **S**afety first! Make sure never to put the patient at risk.
- **U**nderstand what the patient needs and provide assistance if you can.
- **P**ass it on if you cannot fill the need yourself.

# FRANKLIN HOSPITAL – COMBINATION OF APPROACHES

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- **Purpose:** To increase the patient satisfaction survey rating on response to call bells
- **Approaches:**
  - Weekly tracking of survey results
  - Staff education – everyone answers call bells
  - Hourly rounding
  - Targeted volunteer program
  - Call bell incentives, celebration, promotion of staff ideas
- **Results:**
  - Overall improvement on response to call bell: from 53% to 92% in 6 weeks.
  - Overall satisfaction moved from: 25% always to 70% always from the first to the last 2 weeks of the project
  - Courtesy scores moved from 42% satisfaction to 92% in 6 weeks