



Healthcare

# ALERTBULLETIN®

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## Hourly Resident Rounding: Key to Enhanced Safety and Satisfaction

Resident rounding – defined as circulating among residents on a regular basis to meet their basic care needs and see how they are doing – is not a new protocol for aging services facilities. In the past, rounds for repositioning residents were made on average every two hours, a schedule reflecting ongoing staffing limitations, as well as rising acuity levels that place increased demands upon caregivers. However, the [clinical practice guidelines](#) of the National Pressure Injury Advisory Panel currently recommend tailoring the frequency of resident rounding and repositioning to the resident's general medical condition, existing areas of skin breakdown and therapeutic considerations, as well as pain and comfort levels.

Given the industry's shift toward greater flexibility in rounding schedules, a growing number of aging services organizations are moving toward a policy of more frequent assessments, in order to better anticipate and address resident needs. Such a practice may require a change in staff habits and attitudes, as effective hourly rounding is more than a matter of perfunctory bedside visits and marks on a checklist. Rather, it is a structured, purposeful, interactive process designed to enhance resident safety and satisfaction. Hourly rounding also may help improve staff productivity and efficiency, as the greater frequency of assessments means that service calls are minimized and minor concerns can be resolved before they develop into larger problems.

An hourly rounding routine has been observed to produce a [wide range of benefits](#) for both residents and facility, including, but not limited to, the following:

- Lower fall rates.
- Fewer pressure injuries.
- Improved overall clinical outcomes.

- Less frequent call-light use.
- Enhanced resident satisfaction.
- More positive perception of care by family members.

Hourly rounding also represents a critical risk management strategy. In the event of a lawsuit involving safety-related allegations, documented hourly rounds may significantly strengthen a facility's defense posture. The following case history demonstrates how the lack of hourly rounds and formal reporting protocols can have adverse legal consequences:

An 85-year-old resident with Alzheimer's disease required the aid of a walker to ambulate. His service plan included continence checks every two hours. However, the healthcare information record failed to note resident rounding, although it had been prescribed. Early one morning, the night care manager checked on the resident and found him on the floor, having fallen while walking to the bathroom. The next day, family members observed bruising and increased confusion, prompting them to call the Director of Nursing and request a physician assessment. The director failed to respond to their messages, thus missing an opportunity for timely medical intervention. Two weeks later, the resident was transferred to a hospital, where he exhibited aphasia and other stroke-like symptoms and was diagnosed with a subdural hematoma. Soon after the resident's subsequent death, a lawsuit was filed, alleging staff negligence in failing to ensure his safety through routine checks and to take appropriate follow-up action post-fall. The claim was settled in the high six-figure range.

This edition of *AlertBulletin*® is intended to help facilities achieve a more comprehensive, systematic and consistent hourly rounding program by describing the nature of the rounding process, noting common barriers to implementation and offering strategies to overcome these obstacles. Also included on [page 4](#) is a checklist of practical rounding advice for caregivers.

### Basic Interventions

The fundamental goal of rounding is to improve resident outcomes by implementing a structured set of care-related actions on a frequent basis. These measures will vary from unit to unit and resident to resident, based upon acuity levels and individual needs. Although rounding is often conducted by certified nursing assistants or unlicensed assistive personnel, higher acuity residents may require the attention of a registered nurse.

Typically, rounding includes the following interventions, among others:

- Managing pain.
- Offering nourishment.
- Addressing elimination needs.
- Placing call lights and phones within reach.
- Positioning for comfort and safety.
- Clearing away clutter and waste.

(For a useful mnemonic guide to rounding duties, see “The 4 P’s of Hourly Rounding,” below.)

### Potential Barriers to Implementation

Despite the proven benefits of hourly rounding, overworked caregivers do not always embrace the practice with enthusiasm. Be aware of the following potential barriers to staff compliance, among others:

**Passive leadership.** Effective change requires leaders who are able and willing to motivate others to transform a routine task into a meaningful process. For aging services administrators, this development may require conducting intermittent leadership rounds with staff, reviewing rounding logs on a routine basis, and recognizing and rewarding positive clinical outcomes when they occur.

**Lack of inclusion.** Hourly rounding should not be the responsibility solely of nurses and caregivers. It also should involve all those who have contact with residents and families, including physicians, therapists and non-clinical staff, such as housekeepers and volunteers. Therefore, everyone associated with the organization should understand and support the rounding process and be able to describe it to current and prospective residents, as well as their family members and other responsible parties.

**Staff resistance.** Before mandating hourly rounding, demonstrate to potentially recalcitrant staff members that the practice reflects an important means of enhancing resident safety and satisfaction. The most persuasive evidence is derived from data emanating from in-house pilot programs conducted in select units. Another effective means of overcoming staff resistance is to designate a few experienced and respected frontline caregivers to manage the process of change and to lead the organization forward by their example.

## The 4 P’s of Hourly Rounding

- **Pain** – Check the resident’s pain level and administer “as needed” medication.
- **Potty** – Inquire if the resident needs to use the restroom and assist with ambulation, if indicated in the care plan.
- **Positioning** – Observe the resident’s position in bed or at bedside, and make appropriate adjustments to prevent skin breakdown.
- **Possessions** – Arrange the resident’s bedside space to ensure ready access to the call light, telephone, TV remote control and other commonly used items.

Sometimes, the scope of rounding is expanded to include the following additional considerations:

- **Peaceful environment** – Reduce unnecessary noise in the resident’s room and lower lighting levels, if requested.
- **Pick up** – Remove rubbish from the resident’s quarters, as well as any clutter that may obstruct pathways.

(For a set of pocket cards describing the four P’s, and explaining how they help improve residents’ quality of life and reduce their risk of falls, see the website of the [Health Quality Innovation Network](#).)

**Inadequate training.** Organizations that limit staff preparation for hourly rounding to an introductory DVD or sketchy conceptual discussion of the process are unlikely to undergo a smooth transition. A successful rollout requires a solid investment of supervisory time and effort, in order to coach staff members on the purpose and elements of hourly rounding, as well as to train them in related communication and documentation skills.

**High acuity nursing assignments.** Nurses assigned a roster totally dedicated to high acuity residents may be unable to perform hourly rounding due to emergencies, interruptions and other unexpected demands on their time and attention. To make rounding duties more manageable and equitable, consider residents' health status and unique care needs when making nursing assignments, as opposed to assigning resident rooms purely on the basis of proximity.

**Conflicting policies.** An hourly rounding protocol may violate resident sleep guidelines, which typically direct staff to limit nighttime and early morning interruptions. Such policy conflicts will inevitably lead to confusion among staff members and inconsistent rounding practices. For this reason, rounding policy language should direct staff to use a quiet, visual approach to assessment during rest periods, rather than depending upon verbal interaction.

To make **rounding duties** more manageable and equitable, **consider residents' health status and unique care needs** when making nursing assignments, **as opposed to** assigning resident rooms purely on **the basis of proximity**.

### Tips for Successful Rounding

#### 1. Prepare residents, families and other responsible parties.

The hourly rounding protocol should be discussed during the admissions process, so that residents, their families and other responsible parties know what to expect. It should be made clear that rounding is not a panacea for all service and quality concerns, rather it represents the facility's commitment to protect residents and ensure that their basic needs are met.

#### 2. Adopt a quality improvement approach.

Implementing an effective hourly rounding protocol involves more than minor tweaking of existing policies and documentation procedures. Instead, the resident rounding initiative should be treated as a performance improvement project (PIP) and incorporated into the organization's Quality Assurance and Performance Improvement program. As with other PIPs, the implementation process should include a comprehensive campaign to communicate the nature and purpose of the change to caregivers, residents, families and other responsible parties.

#### 3. Digitize the process.

The goal of hourly rounding is to address residents' needs in a prompt, consistent and documented manner. By computerizing the process, the organization can capture resident data in real time and swiftly alert providers and staff to key clinical findings and changing needs. An electronic rounding format also serves to strengthen documentation and data analysis, while enabling administrators to track issues from initial trouble signs to resolution.

#### 4. Invest in time management training.

Staff members trained in time management principles are better prepared to finish assigned tasks and to maintain consistent, efficient work routines. By focusing training sessions on such critical skills as setting realistic goals, prioritizing essential duties, avoiding clutter and distraction, and delegating certain tasks, organizations can enhance staff performance in every area, including resident rounding duties.

The benefits of hourly resident rounding are many, ranging from greater resident safety to enhanced staff productivity to reduced liability exposure. The strategies suggested in this issue of *AlertBulletin* can help organizations transform their current rounding program from a routine chore into a powerful quality improvement and risk control tool, potentially serving as a differentiator within the competitive aging services marketplace.

### Quick Links

- "[A Shift to Digital Rounding: Four Reasons Your Facility Should Get Rid of Paper and Pen Rounding.](#)" Posted on *CipherHealth.com*, February 15, 2018.
- "[Is Resident Rounding the Next Trend For Skilled Nursing Facilities?](#)" Posted on *CipherHealth.com*, May 22, 2018.

## Checklist: Conducting Purposeful Hourly Rounds

### 1. Pause

- Take a minute to focus** your full attention on the resident.
- Greet the resident**, explaining what you will be doing and why.

### 2. Pain

- Assess the resident's pain level**, using a standard scale.
- Administer PRN pain medications**, if needed, or tell the resident when the next dose is scheduled.

### 3. Potty

- Ask the resident if bathroom use is desired**, and offer assistance, if needed.
- Confirm that appropriate footwear is nearby**, so that the resident can get to the bathroom between rounding visits.
- Ensure that mobility aids are within reach for safe ambulation**, including canes, walkers and wheelchairs.

### 4. Positioning

- Reposition bedridden residents or residents with pressure injuries every two hours**, or according to the schedule noted in the care plan.
- Check with ambulatory residents**, asking if they wish to be repositioned.
- Secure wheelchair and/or bed** after repositioning residents.

### 5. Possessions

- Place the nurse call light within the resident's reach**, as well as the telephone and TV remote control.
- Arrange personal items on an accessible side table**, including eyeglasses, facial tissues and water.

### 6. Personal Environment

- Adjust lighting and room temperature** to the resident's preferences.
- Offer extra blankets or clothing** for warmth, if desired.
- Reduce unnecessary noise** by turning off an unwatched television or closing the door.

### 7. Pick Up

- Empty waste containers** and place an empty receptacle near the resident.
- Remove clutter** from resident pathways.
- Summon housekeeping to clean up messes** and/or wipe away spills.

### 8. Provide Closure

- Engage the resident prior to departing from the room**, inquiring if there is anything else you can do.
- Announce that you are leaving the room**, and inform the resident when you will return.

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