

## Hourly Rounds: An Evidence-based Practice

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**H**as your organization instituted “hourly rounds”? This question is raised frequently on discussion lists and blogs. Hourly rounds are systematic nursing bedside rounds that incorporate specific actions, done at specific intervals. The goal of hourly rounds is to prevent potential patient problems or to keep actual problems from escalating. Although “hourly rounds” is discussed as a new care process, many nurses have posted on listservs that hourly rounds are

licensed practical nurse or unlicensed assistant rounds on the odd hours. Also in the study and reports of nurses, patients are not awakened when sleeping, either during day or evening hours.

The study protocol instructions included 12 actions that subsequent users have grouped into categories called the “3 Ps” of “pain, potty, and position.” Some nurses report additional Ps of proximity of personal needs and promise to return. Actions

and data collection aimed at process improvement.

Maternal-child nurses have described how hourly rounds can be adapted to the specialties. Pediatric nurses have explained that frequent checks are already the norm with pediatric patients; mother-baby nurses report that sleeping mothers are not awakened for rounds and that designated “quiet times” are exempt from rounds. Labor units are usually exempted because the nurse is in the mother’s room continuously.

A useful slide presentation summarizes benefits and supporting data for rounds, including on childbirth and pediatric units, and can be found at the URL below (Conner, 2008). The slides include implementation processes, tools, and adaptations for mothers.

How helpful to have research data to support a nursing practice that we all believed was valuable! We need more study about this practice, however, so why not consider replicating the study done, or plan your own study about maternal-child hourly reporting logs? ❖

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*Nurses who have implemented hourly rounds state that patient satisfaction scores have “skyrocketed.”*

“nothing new.” What is new, actually, is the evidence for this practice!

### Evidence for Hourly Rounds

The evidence for the effectiveness of hourly rounds comes from a multisite study conducted by the Alliance for Health Care Research, a subsidiary of the Studer Group (Meade, Bursell, & Ketelsen, 2006). Information about the study and the full study publication ([www.studergroup.com](http://www.studergroup.com)) are available on the Studer Group Web site (Studer Group, 2006). The study tested the effects of a protocol for 1-hour and 2-hour rounds on medical and surgical units (protocol available in the study publication), and found rounds reduced patient use of call lights, increased patient satisfaction scores, and reduced patient falls. In this study and in nurses’ discussions, 1-hour rounds are conducted from 6 a.m. to 10 p.m., while 2-hour rounds are conducted from 10 p.m. to 6 a.m. A registered nurse rounds on the even hours, and a

include a pain rating, providing comfort, assessing the environment to make sure the call light and other needs are accessible, asking the patient if there are any other needs, telling the patient when the nurse will be back, and completing a written rounding log.

### Nurses’ Reactions and Strategies

Nurses on listservs who have yet to implement rounds have voiced resistance and doubt, stating nurses “already round,” or that rounds are “one more thing to do” with “no time to do it.” However, nurses who have implemented hourly rounds have been quick to respond positively, stating implementation was not as hard as expected, call bell use decreased, and patient satisfaction scores “skyrocketed.” A hot issue on informatics discussion lists is whether the hourly rounds should be documented in the electronic medical record. Nurses report that the rounding log is not part of the legal medical record but rather a tool for communi-

### References

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