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TITLE: The implementation of Intentional Rounding using Participatory Action Research.

RUNNING TITLE: Intentional Rounding and Action Research

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ABSTRACT

'Intentional'/'hourly rounding' is defined as regular checks of individual patients carried out by health professionals at set intervals, rather than a response to a summons via a call bell. Intentional rounding places patients at the heart of the ward routine including the acknowledgement of patient preferences and in anticipation of their needs. The aim of this study was to implement intentional rounding using Participatory Action Research to increase patient care, increase staff productivity and the satisfaction of care provision from both patients and staff. Outcomes of the study revealed a drop in call bell use, no observable threats to patient safety, nursing staff and patient satisfaction with care provision. However, any future studies should consider staff skill mix issues, including the needs of newly graduated nursing staff as well as the cognitive status of patients when implementing intentional rounding on acute care wards.

Key Words: intentional rounding, hourly rounding, patient comfort rounds, participatory action research, nursing practice.

Introduction

It is often recommended in the literature that for change in practice to occur and be accepted, the change practice and process must itself originate from those for whom it is intended, in turn demonstrating staff ownership of the process.¹ One way of encouraging this ownership is to facilitate practice change in a manner directed by nursing staff themselves,² particularly in the current environment where there is a need for practice change amidst a backdrop of limited health care funding and nursing shortages.³

In recognition of these competing but not necessarily intersecting interests, staff on a busy medical ward of a General Hospital in South Australia collaborated with the hospital's nursing executive to consider implementation of a model of care identified in the literature for improving patient care and safety. The model of nursing care chosen was that of 'Hourly' or 'Intentional rounding'.⁴

Hourly Rounds/Rounding

'Hourly Rounding' has been proffered as an intervention to enhance both patient satisfaction and safety.⁵ Also known as 'intentional rounding', it is defined as regular checks of individual patients carried out by health professionals at set intervals (typically hourly) to proactively enquire into any care the patient may need rather than waiting for a summons.⁶ Care needs may be anything from fluffing a pillow, escorting the patient to the toilet, or contacting a family member for patient reassurance.^{7,8}

Intentional rounding places patients at the heart of the ward routine, encouraging a relationship with the patient and their family through acknowledging patient preferences and anticipating care needs.^{6,9} Designed to increase patient satisfaction and the standard of nursing care, the features of intentional rounding

include: ensuring that all patients receive regular attention to meet their individual needs;¹⁰ and flexible adaptation to local conditions of pain, positioning, personal needs and placement.^{6,11}

Literature review

A literature review on intentional rounding suggested that the development of this model of care was as a result of an increased focus on technological advances and procedures. These factors together lead to a decline in nursing care.¹² Within the United Kingdom, a recent report by the Health Service Ombudsman suggested the decreases in basic standards of care included feeding, positioning, hygiene, and skin integrity, particularly amongst the elderly.¹³ To lessen this deterioration in standards of care in the acute care environment where nursing turnover stands at 19%,¹⁴ suggestions have been made that intentional rounding may be a method for facilitating increased nursing care, lessening turnover and leading to greater patient and nurse satisfaction of care provision.¹⁵

Evidence of the advantages of intentional rounding include studies that show increased nursing time with patients contributes to better health outcomes^{6,16}, and improved levels of patient and nurse satisfaction of care provision.^{4,8,12,17-21} Benefits of improved care provision have included: facilitation of the building of trust between a nurse and patient;⁶ reduced incidence of falls;^{6,15} reduced call bell usage;^{4,8,9,12,17-23} reduced patient anxiety and increased patient comfort;⁶ and improved pain management.²³

In particular, responding to patient needs in a timely fashion has been identified as a key factor in patient satisfaction of care.^{12,17,24} For example, Dix *et al.*, found that rounding generated greater and more timely response rates by staff rather

than staff waiting for a summons as call bell use was perceived to be for specific reasons.¹⁷ Intentional rounding thus ensured that all patients received regular care⁶ instead of care unequally distributed among patients when focused towards excessive call bell use.²²

Notwithstanding the benefits of intentional rounding, most research conducted on the effectiveness of its use has centred on specialty wards such as orthopaedics, rehabilitation and intensive care units.⁴ Patients on these wards had capacity in decision-making and were provided with an opportunity to participate in the shared care that intentional rounding offers. Studies showed the effectiveness of intentional rounding in these settings.⁴

However, there is a lack of evidence to indicate the effectiveness of this model of care in patient cohorts where such decision-making capacity is diminished, as in acute care settings with a large population of frail and aged patients. This current research study explored the use of intentional rounding for this type of patient cohort to determine if rounding could enhance nursing care practices, including patient and staff satisfaction with care.

Purpose of the Study

Wolf²⁵ argued that in conventional acute care settings nursing staff more often reacted to patient problems and requests rather than developed a focus on preventing them. Thus, for this research study, it was proposed that if nurses made more regular and frequent rounds of patients allocated to their care through intentional rounding, then patients should be more willing to wait for assistance. This approach in turn would reduce the frequency of call bell use.

Aim of the Study

The aim of this study was to support a change in nursing practice that would:

- increase patient care and satisfaction and,
- improve staff productivity and satisfaction with care delivery.

Methodological Approach

To assess the effectiveness of intentional rounding in this study, the research approach of Participatory Action Research (PAR) was used. As a qualitative approach PAR has an emphasis on participation by all relevant players, including collaboration between researchers and study participants.²⁶

Not only does PAR encourage participation, its design also encourages constant revision and assessment of the intervention by all parties to the study. In this research study the parties included multiple levels of staff, patients and nursing executive.

The stages of revision and assessment incorporated by PAR include four cycles: **assessment (planning), implementation (action), evaluation (observe), and reassessment (reflect).**^{27, 28}

Please place figure 1 here.

In the assessment cycle, participants assess their change needs and the approach to be taken to meet the changes required.²⁷ The implementation cycle seeks to enact the change over a specified period of time whilst the evaluation cycle consists of observing the proposed change in action with a discussion of the consequences of the change.²⁷

Reassessment or reflection occurs when all parties are brought back together to discuss what needs to take place to embed the change into practice.²⁷ This multiple-stage process continues in a spiral of planning, implementation, evaluation and

reassessment as participants fine-tune the procedures required to elicit the change practices agreed upon.²⁷

Ethical approval

Before beginning PAR in this study, ethical approval was sought and obtained from the ethics committee responsible for practices within the hospital. Specifically, prior to the implementation of the study, information for ward staff on the research study was distributed. Staff then agreed to participate as a unit in the research project in recognition and acceptance of the need for a change to their practice. Agency and relieving nursing staff were informed of the research study and its conditions as well as receiving education about the intentional rounding model.

Written and verbal consent to participate in the study was also gained by patients on the ward at the time of implementation. Patient consent was obtained through implied and written consent when completing survey instruments.

Action Plan

1 Assess

Throughout the course of this research study, only one full action cycle was completed. However, a 'preliminary cycle' was implemented to test the tools used and to provide some baseline data for the full round.

The first **preliminary** action cycle (assess) was demonstrated by both nursing executive and ward staff prior to the implementation of the study. Staff feedback to nursing executive included the increasing complexity of patient care due to decreased cognition of patients who were older and frailer. Preliminary assessment included data of call bell use by patients. Results of this assessment found that ringing the bell was not necessarily indicative of urgent needs, but rather was due to a deterioration of

patients' cognitive status with an underlying emotional or psychological component. These results were the evidence required to move to the next phase of the PAR cycle, that of 'planning' to introduce intentional rounding.

2 Plan

A **Research Advisory Group** consisting of the Director of Nursing; Nursing Services Manager; the Nurse in charge of the ward and the Research Project Manager was established to oversee the project. Additionally, a **Research Focus Group** was convened to design the project and the documentation required to evaluate the effectiveness of intentional rounding for decreasing call bell use and increasing patient and staff satisfaction with care. Participants in the research focus group consisted of the Research Project Manager; Research Project Facilitator and 2-5 nursing staff from the ward. This research planning group developed the 'prompt card' (nurses script for nurse/patient introductions); 'call bell log'; the 'nurse rounding log' and the 'patient and staff satisfaction surveys'. The shift coordinator was educated in intentional rounding and was able to manage rosters ensuring appropriate skill mix at all times.

All tools used were modified from those in the literature,^{5, 29} then pilot tested using focus groups of staff (5 members) and patients (4 members). Information sought from these pilot testing groups included the amount of time taken for patients and staff to complete the tools and participants' understanding of the questions posed. Information generated from the pilot test also provided baseline data for the first action cycle. This pilot phase was conducted in the course of routine quality assurance assessment done on the ward.

3 Implementation

For the implementation phase, a preliminary test of the efficiency of both the call bell and nurse rounding logs was undertaken over a 5 day period. This ‘practice run’ of intentional rounding included:

- Nursing staff introducing themselves to their allocated patients at the beginning of their shift following script from their prompt card.
- Nursing staff recording call bell rings by patients and completing the tasks performed in response to the call bells on their nurse rounding logs; and
- Patient satisfaction surveys were distributed to patients discharged during the 5 day period.

4 Evaluate- preliminary cycle

Following the preliminary implementation phase, the call bell log data and nurse rounding log data were assessed. The call bell log collection found that the majority of call bells occurred during the night shift, predominately for toileting.

However, during the other shifts there was a noticeable use of call bells owing to confusion and accidental use of the bell rather than a need for toileting. These two highest need indicators were seen to be consistent across all call bell log collection points only superseded during the night shift by the need for toileting. When nurses recorded patient needs in answering these accidental bells, results indicated that needs were largely composed of adjustment to environment (positioning, blankets) or attendance for medical needs (pain relief, thirst).

FIRST MAJOR PHASE- one fully implemented Action Cycle

This phase incorporated a period of 28 days including the completion of nurse rounding logs and call bell log collection over this time. Additionally, patient satisfaction surveys were distributed to all patients discharged from the ward during this time.

At the conclusion of the last call bell and nurse rounding log collection, staff satisfaction surveys were distributed for assessment of the staff response to intentional rounding in their nursing practice. Following the conclusion of the month long implementation, both the Research Focus and Research Advisory Groups met and provided both verbal and written feedback of their experience of the nurse rounding practice.

RESULTS

During the course of both the preliminary and full cycles of this study, over 86 patients received nursing care in the form of intentional rounding. This care was performed by a total of 141 nursing staff.

Nursing Rounds and Call Bell logs

The *Preliminary cycle* found that the majority of rounds were completed between five and ten minutes. Due to patient circumstances (i.e. extra time required for activities of daily living for less mobile and cognitively impaired patients as well as meeting non-urgent requests arising from staff being present in the bay) only 50% of the possible number of rounds that could have been completed were done. However, during the night shift 90% of the rounds were completed suggesting the majority of patients were sleeping and did not need to call for a nurse. Table 1 illustrates the frequency and reason for call bell use over these time periods.

Please place table 1 here

For the full 28 day *Action cycle* of intentional rounding approximately 30% of logs were completed by nursing staff. Reasons offered for the poor completion rates were the same as stated previously. (That is extra time required for ADL, less mobile and cognitively impaired patients etc). Particular indications of patient needs recorded throughout this time are illustrated in Table 2 which covers one morning shift but was also reflective of the afternoon shifts.

Please place table 2 here.

Patient Satisfaction Surveys

At the same time that call bell and nurse rounding logs were generated, patients and staff were asked to complete satisfaction surveys of the care provided during nurse rounding. From a total pool of 82 discharged patients over the course of the four weeks of the intentional rounding implementation, 21 surveys were distributed to those who met the inclusion criteria and seven (number of valid responses) were returned indicating a patient response return rate of 33%. Those patients who did complete and return the surveys rated their care very highly over all aspects of care (being seen promptly, provision of assistance for meals, drinks and comfort, pain relief, safety and respect). As a testament to this care, all 7 respondents said they would recommend the ward to others.

Staff Satisfaction Surveys

In addition to the patient satisfaction surveys being completed, staff satisfaction surveys were also completed. Survey return rates from staff represented a return rate of 37%. Of these returned surveys, empirical data indicated that half of the nurses felt call bell use decreased with intentional rounding and that nurse rounding was effective in improving workload.

Overall findings of these surveys are not conclusive and suggest that there were other impediments to conducting intentional rounding during the research study. Other impediments subsequently identified were the difficulties of changing from a 2 x 10 'team nursing' model of patient allocation to the hospital-standard of 1 x 4/5 individual patient load model in which to implement intentional rounding. The cognitive impairment of some of the patients made fulfilling their needs difficult. Further, for newly graduated nurses and advanced diploma enrolled nurses, the breakdown of the team model caused considerable distress for these staff through loss of support of senior nurses in the team format.

Over the period of the 28 day study, there did appear to be a drop in call bell use and there were no observable threats to patient safety recorded. In addition, there was an increase in the accountability of staff members within the ward. Nursing staff reported satisfaction with the role of the shift coordinator during the implementation as being increasingly supportive in assisting nursing staff to incorporate intentional rounding in their practice. Nursing staff also indicated that they appreciated the opportunity to take ownership of practice change through focus group and survey input.

Discussion

Intentional rounding has been shown to create a more rewarding nursing environment via improved time management, patient care team communication and rapport.¹⁴ However, this research study has clarified the importance of patient acuity to ensure the success of intentional rounding and the potential to include hourly rounds within a 'team nursing' model of care.

Within this study, the cognitive impairment of some patients meant a lack of capacity and autonomy in decision making weakened the predicted outcomes of intentional rounding on this ward. In Australian hospitals currently, the decision-making capability of patients in medical-surgical wards is decreasing, providing increased challenges to nurses in the provision of care to those who have cognitive impairment.³⁰

The positive effect of the shift coordinator in this study was indicative of a way to manage the increasing cognitive impairment of patients through better coordination of staff mix. This outcome was directly related to the implementation of intentional rounding. Halm⁴ reported on the importance of the correct nursing skill mix as a factor associated with the most successful applications of nurse rounding in the literature, especially when registered nurses were used for one round and support staff for alternate rounds. The shift coordinator in this study (a Registered Nurse) was able to assist staff across the ward with a clear understanding of each member's role and familiarisation of the patient care load across the ward.

Within this study there was an increase in the documentation required (rounding logs can create not only accountability but also an extra workload).⁴ However, that aspect was offset by staff 'ownership' of patients being viewed in a positive way. Without ownership, research has shown that change to practice may not

be as effective as anticipated.^{5,17} Ownership of this research enabled nursing staff to identify the barriers to effective use of nurse rounding on this ward as well as offer suggestions for improving the implementation of nurse rounding in subsequent action research cycles.

Suggestions for Improvement

Suggestions for improvement include:

- the need to trial intentional rounding in a surgical ward or specialist ward at the same time as a medical ward to determine if patient dynamics make intentional rounding more relevant to one type of ward over another.
- give due consideration to consider intentional rounding within a team nursing model.
- to instigate less documentation for nursing staff to complete when doing the rounding intervention, whilst still ensuring a high level of rigour in evaluation.

Conclusion

The intent of this study was to increase patient care, increase staff productivity and increase satisfaction of care provision from both patient and staff perspectives. Further, nursing staff had control of the process and furthered their own professional development through participation in a research based project. Though some staff approved of the change as evidenced through staff satisfaction surveys, any future studies should consider staff skill mix issues, including the needs of newly graduated

nursing staff as well as the cognitive status of patients before implementing intentional rounding on acute care wards.

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Authorship Credit:

Conception and design AH & SB; Analysis and interpretation of data SB; drafting the article and critical revision AH, SB, LJ, EL, SK, GK; final approval LJ, AH, SB.

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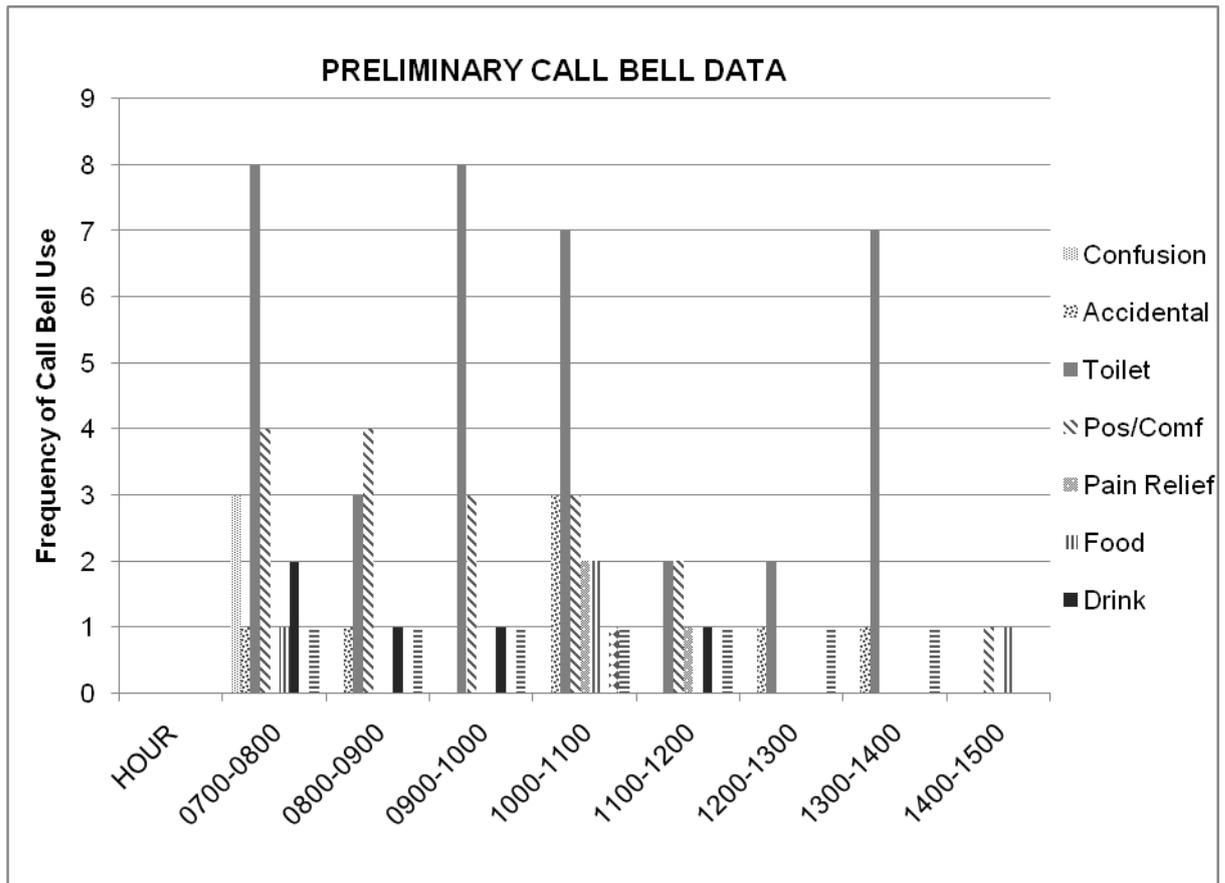


Table 1

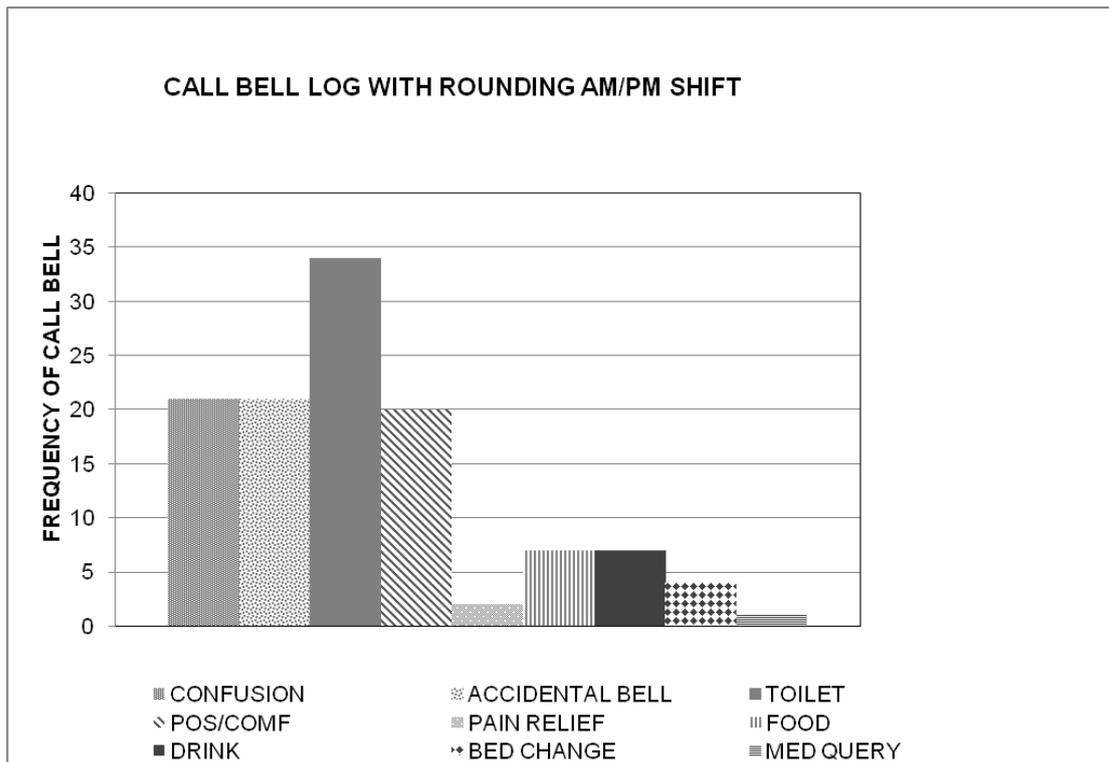
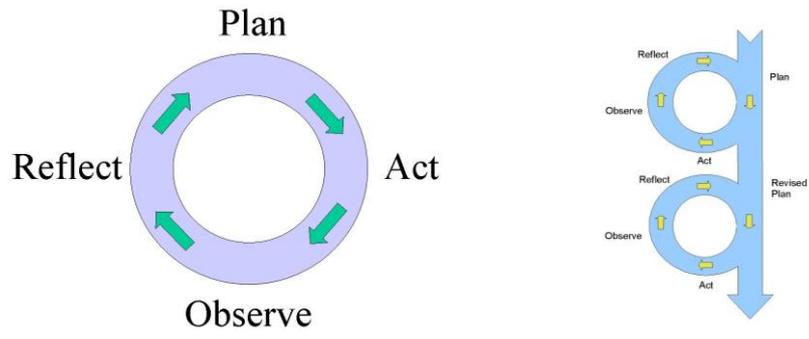


Table 2



The cycles of Participatory Action Research ²⁶

Figure 1