



London Health Sciences Centre

Quality, Patient Safety and Patient Experience

Hourly Comfort Rounding Toolkit

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1. Introduction

HOURLY COMFORT ROUNDING TOOLKIT

The hourly comfort rounding toolkit has been developed to provide a framework for interacting with and assessing the needs of the patients every hour. The hourly rounding is purposeful in that there are six key care areas (6Ps) that are addressed that influence the quality and the safety of the care we provide to our patients, and improve the overall patient and staff experience. The six Ps include: Pain, Position, Personal care needs, Proximity of belongings, Pumps and Promise.

- **Pain** - ask if the patient has pain
- **Positioning** – assess if the patient requires a change in position
- **Proximity** – ensure personal belongings are within reach
- **Personal Care** – ask the patient if they need to toilet or require a drink, etc.
- **Pumps** – check any pumps in use for errors
- **Promise** – let the patient know when you'll be back

If you have any questions after reviewing the toolkit, please contact Patient Safety at LHSC.

Research suggests hourly comfort rounding improves the efficiency of patient care, patient safety and fosters effective communication amongst team members (Mead et al 2006, Culley, 2008, Generals & Tipton 2008, Tea et al, 2008, Weisgram & Raymond, 2008, Gardner et al 2009, Dietrick et al 2012).

Dix et al (2012) found the frequency of call bell use was reduced significantly from an average of 8 calls per hour before implementation to once an hour post implementation. Similarly, Meade et al (2006) found not only a reduction in call light use but also in falls and improved overall patient satisfaction scores.

II. Overview

Hourly comfort rounding is considered a standard of care that has been shown in the literature to increase both patient and staff satisfaction by reducing call bell use, reducing patient falls and pressure ulcers and improving the overall patient satisfaction.

Hourly comfort rounding will eventually become routine, helping teams maximize patient and staff safety, creating a culture of safety, a safer work environment and reducing harm to the patients whom we intend no harm to come to.

Hourly comfort rounding seeks to achieve the following:

1. Improve overall care delivery – NO HARM.
2. Incorporate quality and safety into our daily patient care routine.
3. Increase patient and staff satisfaction.
4. Create a culture of safety.

III. Getting Started – Your step-by-step guide

The following is a step-by-step guide to assist in improving patient & staff safety in your areas. Hourly comfort rounding works better in an area where there is supportive leadership and readiness for change.

a. Preparation for Hourly Comfort Rounding

To implement hourly comfort rounding the entire team needs to be committed to the process including the patient and the family. Staff, patients and families need to be educated on the purpose, goal and process of hourly comfort rounding.

Communication with patients, families, all staff including leadership should include what it is, what to expect in the process, and why we it needs to be done. Sharing this information is vital.

b. Metrics to be tracked

The metrics that are currently being tracked through the Nursing Key Performance Indicators (KPIs) include:

1. Pain assessment
2. Pressure ulcer risk assessment
3. Fall risk assessment
4. Medication bar code scanning

This means the outcomes/goals we want to achieve through hourly comfort rounding include the following:

1. Improved pain management
2. Zero pressure ulcers developed within the hospital
3. Zero falls per month
4. Increase in medication bar code scanning – decrease in medication errors caused

c. Staff Conducting Hourly Comfort Rounding

Nursing staff (both Registered Nurses and Registered Practical Nurses) are responsible for conducting hourly comfort rounding; however, health care providers including personal Support Workers (PSWs) will assist with patient care needs within their scope of training and report and patient care concerns/needs to nurses for appropriate management. Everyone must understand their role and scope of their role prior to implementing.

Also consider the following team members in understanding the process of comfort rounding: physicians, physiotherapists, occupational therapists, pharmacists, support service worker, dietician, communication clerks and environmental service workers.

A customized care plan is integral to preventing further adverse events, and can incorporate the input of the entire inter-professional team. Communication with patients and families is critical, as they can also support patients and explain any patient-specific needs.

d. Time of Day

Hourly comfort rounding will occur between 0700 – 2300 hours, and every two hours between 2300 – 0700 hrs. If a patient has been assessed as unpredictable, confused, agitated, requires assistance with toileting, or increased observation, a decision will be made to conduct hourly comfort rounding beyond these scheduled times (i.e. more frequently and around the clock).

e. Accountability

Hourly comfort rounding is a standard of nursing care. It is the responsibility of the clinical coordinator to:

1. Reinforce the standard in rounding and observing for clues for patient risk.
2. Collect the rounding sign off sheets (if deciding to do this). Other option is to conduct leader rounding that includes observations, conversations with patients.
3. Conduct a comparative analysis between the rounding sign off sheets, in the moment feedback from patients, adverse events, and KPI data to ensure compliance and track improvement.

IV. References

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