The Effects of an Electronic Hourly Rounding Tool on Nurses' Steps

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Imagine better health.[™]

Disclosures to Participants

Dr. Burch would like to note that there are no financial or other conflicts to disclose.



Objectives

- After completing this activity, the learner will:
 - identify key data analysis showing the relationship between an electronic hourly rounding (HR) tool and nurses' steps
 - identify the relationship between electronic
 HR and patient safety
 - define nursing staff identified barriers and solutions to HR implementation



Why Hourly Rounding?

- HR is used to improve:
 - patient safety
 - patient satisfaction
 - nursing staff satisfaction
- Implemented successfully, HR can decrease:
 - call lights
 - patient falls



Why Hourly Rounding?

- Little data available regarding nursing perceptions related to HR
- Investment of bedside nurses in HR is essential to successful:
 - implementation
 - sustainability



Something needed done

- CHI Health St. Francis had tried 4 times in the past
- Used:
 - Paper
 - White board
- These were not successful



Something needed done

- Staff not on board
- Current process not effective



Initial Hourly Rounding Study

- Qualitative pre- and post- design
- Interventions included:
 - Education on HR
 - Demonstration of skills
 - Implementation of electronic HR software
 - Vigilance[™] by Nobl Health



Initial Hourly Rounding Study

- Convenience sample of bedside nurses and PCAs
 - Included staff at two separate data points
 - n=159 (2014)
 - n=137 (2016)



Initial Hourly Rounding Study

- Validated survey tool
 - Dr. Donna Fabry
 - Tool included questions about:
 - barriers and solutions to HR
 - reasons for HR
 - thoughts surrounding computerized HR tool



Additional Step Intervention

- Nobl Health hypothesized that:
 - implementation of Vigilance[™] would decrease call lights
 - decreasing call lights using Vigilance™
 would decrease nurse staff steps



Additional Step Intervention

- Nursing staff on the medical-surgical unit documented steps taken each shift
 - 2 month baseline pre-implementation of HR system
 - 6 months post-implementation
- Call light usage, on-time rounds (OTR), and falls were tracked



How did we do it?

- Step trackers
- Manual data aggregation
 - Nurse assignment data from EMR report
- Call light data
- Falls data from database
 - Same numbers that are entered for NDNQI
- HR data from Vigilance™



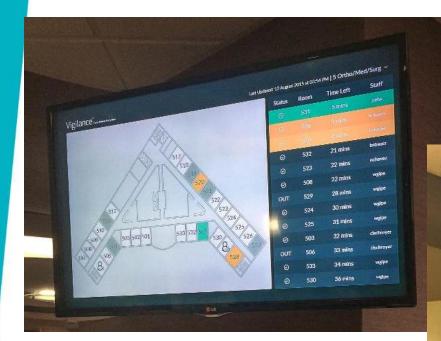
	Fitbit #10 - Med/	Surg Unit	If you leav	e the unit fo	r tasks unrel:	ated to patier	nt care plea	ise take off your Fitbit.
Date	First Name, Last Initial	Nurse Type	Time-In	Steps-In	Time-Out	Steps-Out	Patient Load	Patient Room Numbers
76	Beckys	RN PCA Charge	0555	Ø	1835	8399		
TH	Mil	RN PCA Charge	0553	60111	1843	6550		
17	Whitney W	RN PCA Charge	1850	1753	2359	7.		
718	Whitehen W	RN PCA Charge	0000	Ø	0630	3250		
118	Charda S	RN PCA Charge	0635	3358	1845	11053		7695
-718	Susie	RN PCA Charge	1845	1053	MN	16095	4012	9054
- 7ÅP	<i>leticia</i>	RN PCA Charge	0630	4012	1830	22,903		1898 (
7/9	susie	RN PCA Charge	MN	0	BOUR	P39914	p	3996
7/10	myhp	RN PCA Charge	0600	0	1900	8096		809.6
-7/11	Sephanes	RN PCA Charge	0600	Ø	1830	12109		12109
-1/11	SUSIE	RN PCA Charge	1830	12109	MN	19027		
7/12	SUSIE,	RN PCA Charge	MM	0	0640	5153		12071
7/12	Wrandi	RN PCA Charge	desa	5153	1830	2006	8	14910
17/13	alite	RN PCA Charge	0554	Ø				



Vigilance[™] from Nobl Health



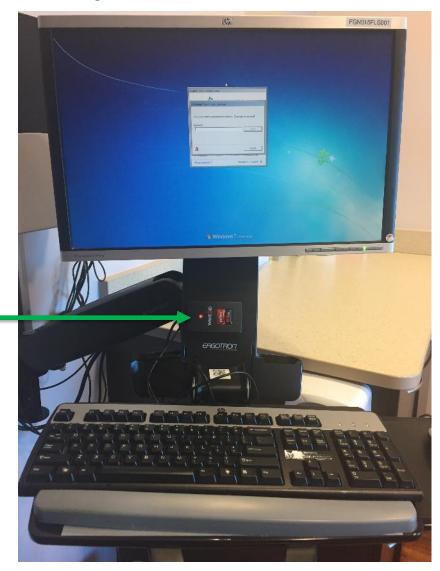
Rounding Map at Nurses' Station







Tap and Go- essential!





Home screen/Dashboard

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Note from Katie	06/09	Note fro	m Marilyn B	3	12/06	Note from.	Janelle S	12/06	Note from Su	ısan W	12/05				
There is a mandatory staff meeting Wednesday in conference room 41 Thank you for attending in advance	We have r		erall Rating by 22 providin			John, Cindy, and Martha on cellent care! I've just received arks from the family in room		Our focus this month is pain mar Remember to ask about pain lev everytime you are in a patient's Keep up the good work!		els					
									Email Supp This softwa	ne: 888-592-5991 port: xxxxx@noblh are is licensed for N /ersion 3.3.0					



First Round- Room Code

← → C Q = khottovv 4PCU Room 401 VigilanceTM Every Patient, Every Hour Room not active | Hourly Rounds Hourly Rounding Tasks **Patient Comments New Patient Rounding Reminder** 1. Educate the patient about why we hourly round at our hospital. 2. Inform the patient and their family about the available Friends and Family Portal. ۲ **Complete All Tasks** Active Room Code Ì Hand-Washing Procedure 820D mc Time C Rounder C you are the last person that rounded on a room, that http://rounding.noblhealth.com/820D room will be displayed here. Please note: The comments that you enter will be seen by the patient's friends and family. Meaningful comments will **Complete All Tasks** Submit Hourly Round be appreciated. Support Line: 888-592-5991 Done Email Support: support@noblhealth.com enobl This software is licensed for Nobl Inc. Version new_version



Fall Assessment- Fall Risk Settings

← → C							
Vigilance [™] Every Patient, Every Hour				Room not ac	tive Hourly		Room 411
Hourly Rounding Tasks			Patient Comments				
Personal Needs							
Position				~		\sim	
Additional Comfort Needs	Fall Risk Settings			@ 1	R	() 	>
Environmental Assessment					১	-;¢ :	
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	or bed alarm for hig	h fall risk patients.	01 -22mir				
Hand-Washing Procedure	•	No. This patient is not a high fall risk.				N Health	
Upon Entry	Yes. This patient is	a high fall risk.	05				
Upon Exit	Back	Done	06	31min		N Health	
Complete All Tasks			Subm	nit Hourly	Round		
					Email Suppor	: 888-592-5991 rt: support@noblheal	



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Screen Changes

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Upon Entry	0	\odot	405			Health	X
Upon Exit	0	\odot	406	31mins	N	Health	>
Complete All Tasks	Submit Hourly Round						
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Tabs/Bed Alarm Reminder

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Hand-Washing Procedures	monitor or bed	alarm is set.	402				
Upon Entry	Okay, I've	got it!	405				- 3
Upon Exit		0	406	31mins		nobldemo	
Complete All Tasks			Subr	nit Hourly R	ound		
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Vigilance Version 3.3.0

Rounding Screen

← ⇒ C Q									
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Additional Comfort Needs	0								
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Upon Exit	0	No rooms to show yet. If you are the last person that rounded on a room, that room will be displayed here.							
Complete All Tasks	Submit Hourly Round								
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Icons Individualized to Unit

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Friends and Family Portal

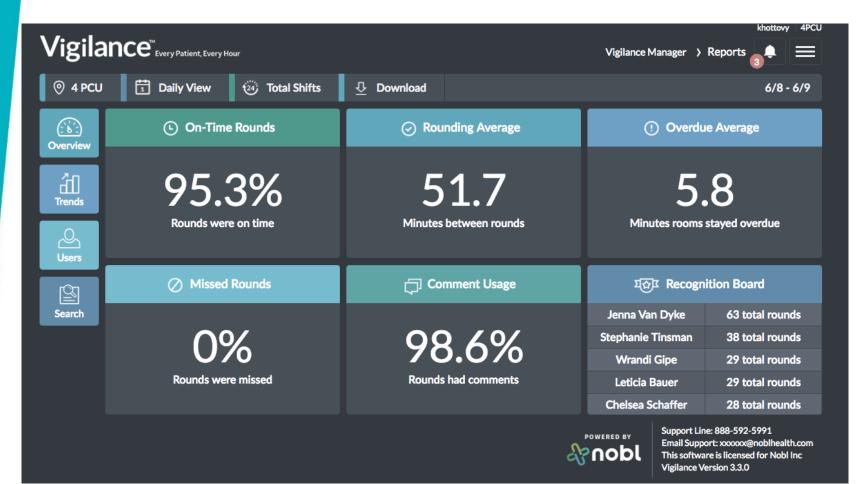
000	Nobl Friends & Family Port		<u>•</u>
€ ⇒ G 0	2		=
		Chi Health St. Francis Friends and Family Portal Keping families involved in their loved one's care. Larn More	
	Date & Time	Comments on the patient Show all comme	nts 🕀
	19 Nov - 6:35 PM	Patient is currently working with Physical Therapist.	
	19 Nov - 5:40 PM	Patient is awake and feeling much better since last night. She's holding down liquids and has even managed to eat	~
	19 Nov - 4:42 PM	Patient visited with her mother and father. Seeing family really made her happy.	
	19 Nov - 3:58 PM	Patient's bandages were changed this hour. Patient took medication with her dinner.	
	19 Nov - 3:02 PM	Patient is up and out of bed, and watching a movie. She drank an 8 oz glass of water this hour.	
	19 Nov - 2:15 PM	Patient was visited by her doctor this hour. If she maintains a low pain level, she should expect to be discharged	~
	19 Nov - 1:07 PM	Patient was rounded by her doctor, who administered a small dosage of pain medication, as she complained of a dull	~
	19 Nov - 12:22 PM	Patient was assisted to restroom this hour. She reported feeling much better this afternoon, compared to this	~
	19 Nov - 11:47 AM	Patient is still watching a movie, and requested a small snack.	



← ⇒ C						=
Vigilance [™] Every Patient, Every Hour	Roor	n active for 0 day	s 0 hours 0 minutes	noble		Room 411
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Environmental Assessment	Checklist submitted for 411!	ŧ		হ	-ò : -	
Complete All Tasks	Just a head's up,	Room 0	Time≎	Ro	under≎	
	Room 402 is due now. Don't forget to wash your hands as you	402		NI	lealth	>
Hand-Washing Procedures	exit the room.	405				
Upon Entry	Okay, I've got it!	406	29mins	NI	lealth	
Upon Exit		403	39mins	NI	lealth	>
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Real-time Data





Data Analysis

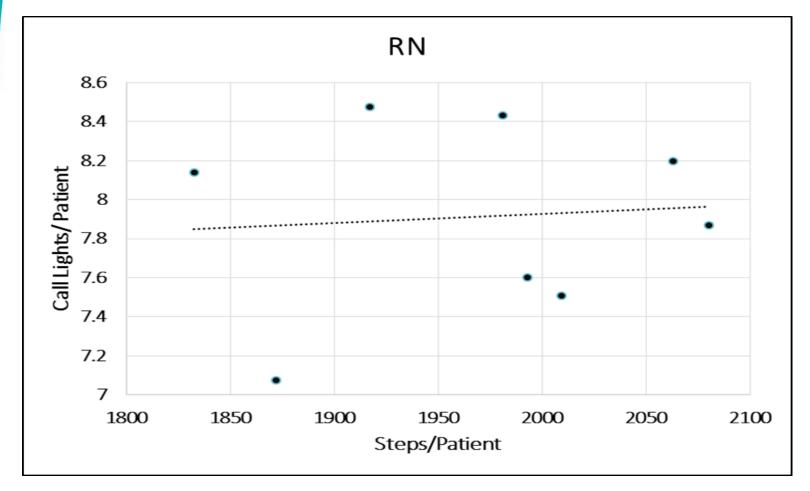


Day Shift Outcomes

Data	2 Months Before	6 Months After	Percent Change
Patients per Nurse	4.32	4.345	.6% increase
Total Call Lights	8.17/patient	7.87/patient	3.7% decrease (12.5% today)
Day RN Steps	8,415 steps/shift	8,502 steps/shift	1.1% increase
Day PCA Steps	11,108 steps/shift	13,013 steps/shift	14.7% increase
Day Charge RN Steps	7,480 steps/shift	8,727 steps/shift	14.3% increase



Call Lights versus RN Steps

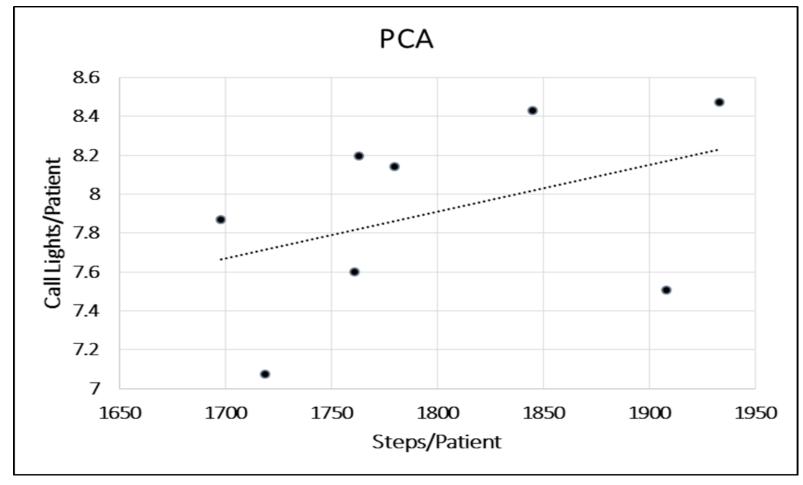


Jun. 2015-Jan. 2016



Correlation= 0.08 (no correlation)

Call Lights versus PCA Steps

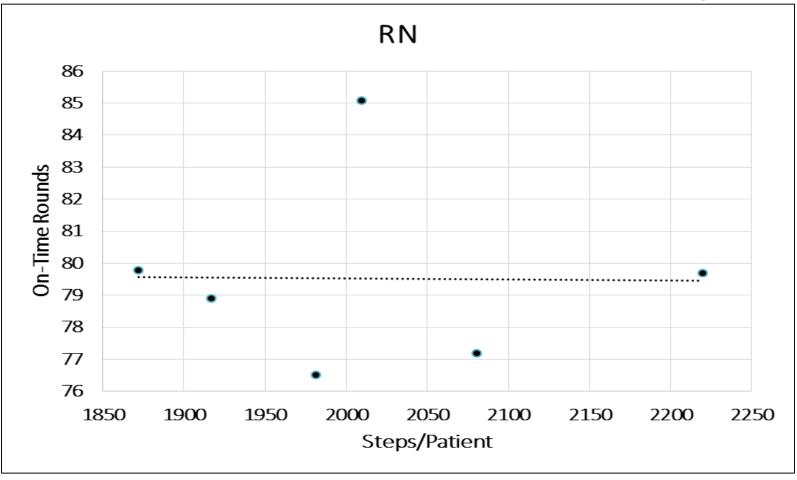


Jun. 2015-Jan. 2016



Correlation= 0.42 (moderate correlation)

On-Time Rounds versus RN Steps

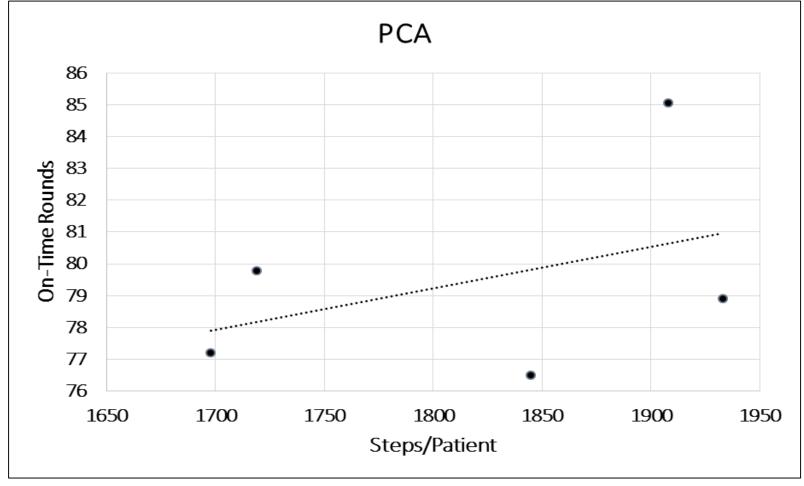


Sep. 2015-Feb. 2016



Correlation= 0.04 (no correlation)

On-Time Rounds versus PCA Steps



Sep. 2015-Feb. 2016

Correlation= 0.12 (no correlation)

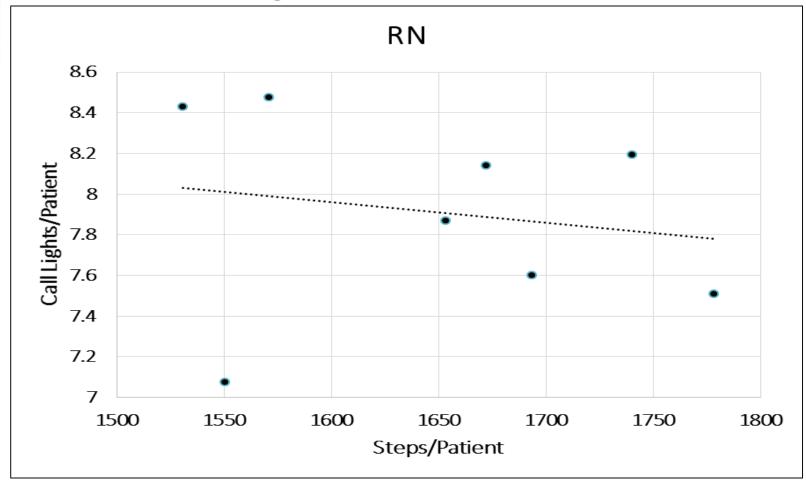


Night Shift Outcomes

Data	2 Months Before	6 Months After	Percent Change		
Patients per Nurse	4.6	4.55	1.1% decrease		
Total Call Lights	Total Call Lights 8.17/patient		3.7% decrease (12.5% today)		
Night RN Steps	7,571 steps/shift	7,062 steps/shift	6.8% decrease		
Night PCA Steps (6 hour shift)	4,640 steps/shift	4,660 steps/shift	.5% increase		



Call Lights versus RN Steps

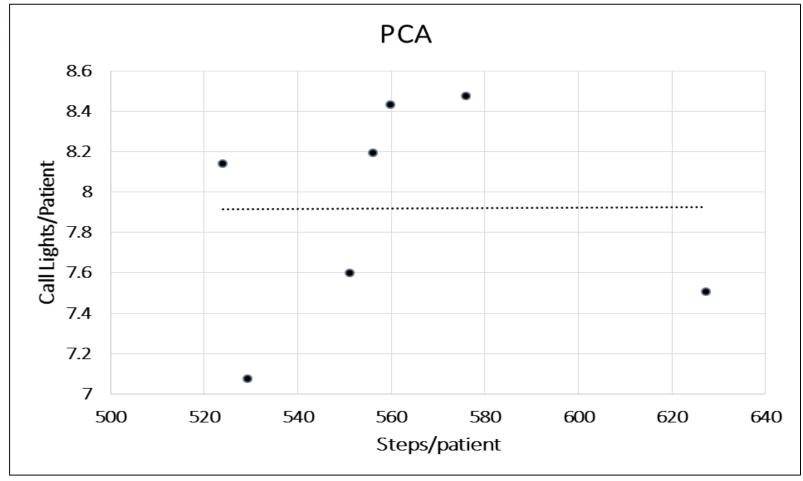


Jun. 2015-Jan. 2016



Correlation= -0.18 (no correlation)

Call Lights versus PCA Steps

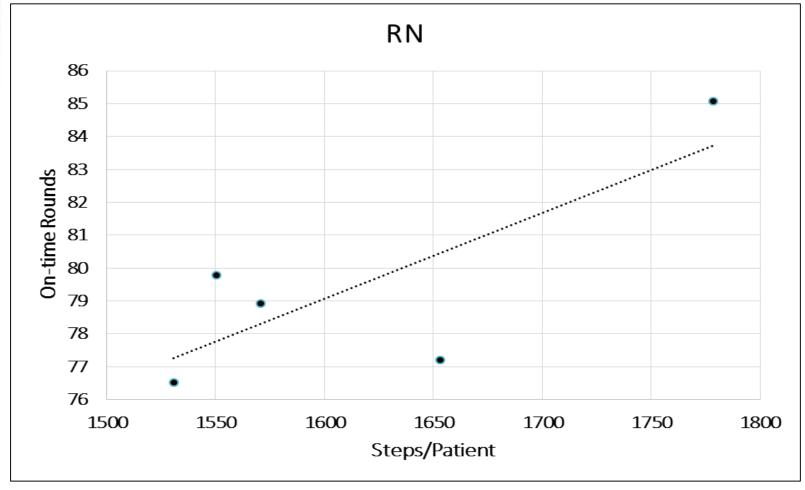


Jun. 2015-Jan. 2016



Correlation= 0.01 (no correlation)

On-Time Rounds versus RN Steps

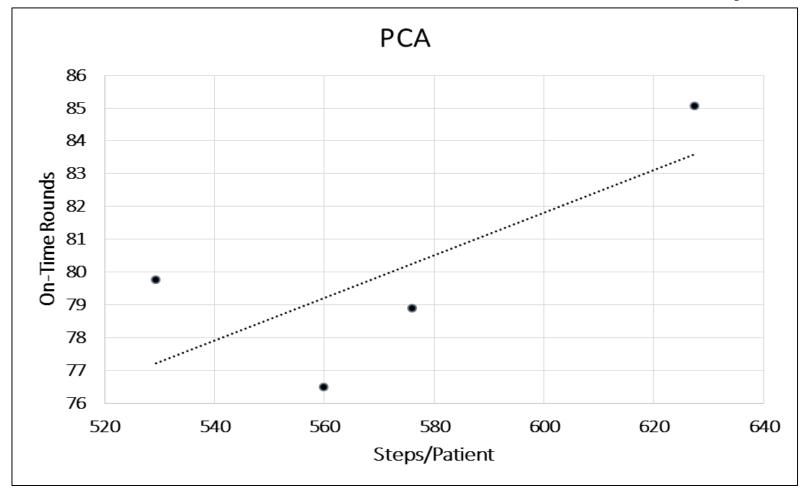


Sep. 2015-Jan. 2016



Correlation= 0.78 (strong correlation)

On-Time Rounds versus PCA Steps



Sep. 2015-Jan. 2016

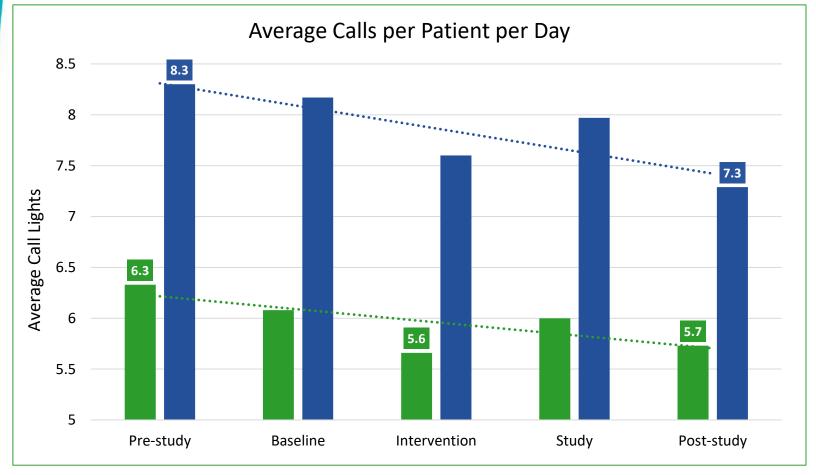
CHI Health

Correlation= 0.73 (strong correlation)

So- how did this affect patient safety and satisfaction?



Call Light Outcomes Hospital vs. Med-Surg



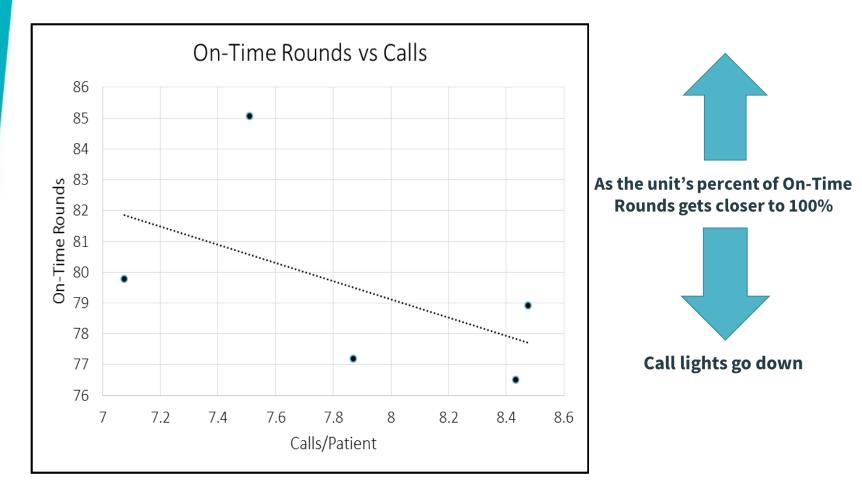


Average Patient Calls

Time Frame		Average Call Lights	Percent Change
Jan.2015-May.2015	5 months prior to study	6.32	N/A
(Pre-study)			
Jun.2015-Jul.2015	2 months prior to intervention	6.1	3.5% decrease from pre-study
(Baseline)			p ,
Sep.2015-Feb.2016	6 months after intervention	5.89	6.8% decrease from pre-study
(Study)			p ,
Sep.2015-Aug.2016	1 year after intervention	5.64	10.8% decrease from pre-study
			p ,
Sep.2015-Jul.2017	After intervention to current	5.8	8.2% decrease from pre-study



Initial Overall OTR and Calls

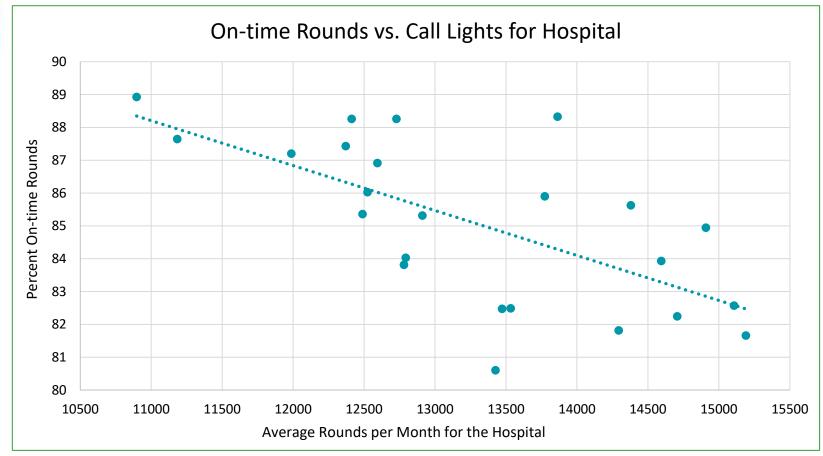


Sep. 2015-Jan. 2016

Correlation= -0.52 (moderate correlation)



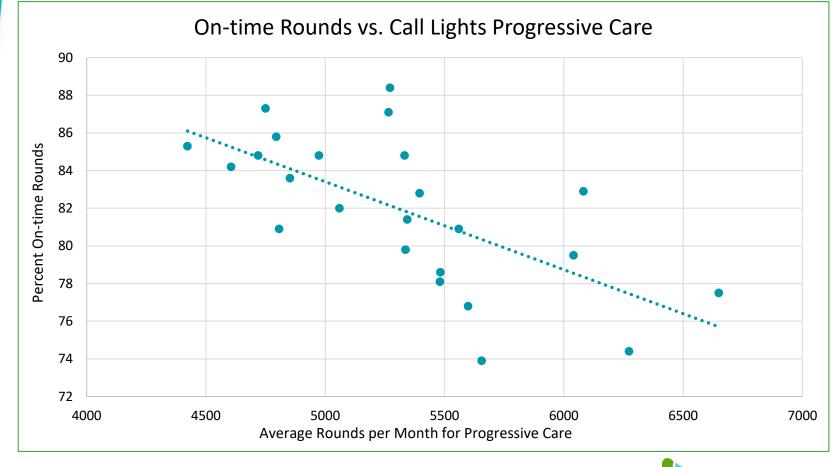
Post-Intervention Overall OTR and Calls





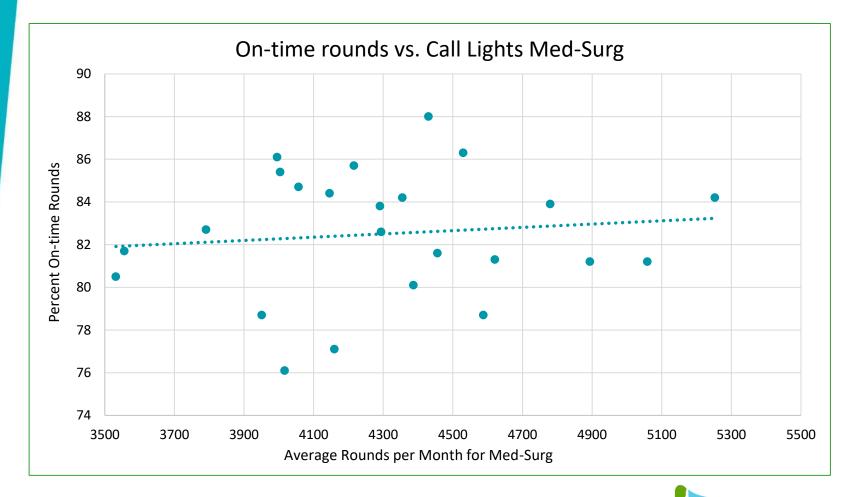
Correlation= -0.6532 (strong correlation)

Post-Intervention OTR and Calls-Progressive Care



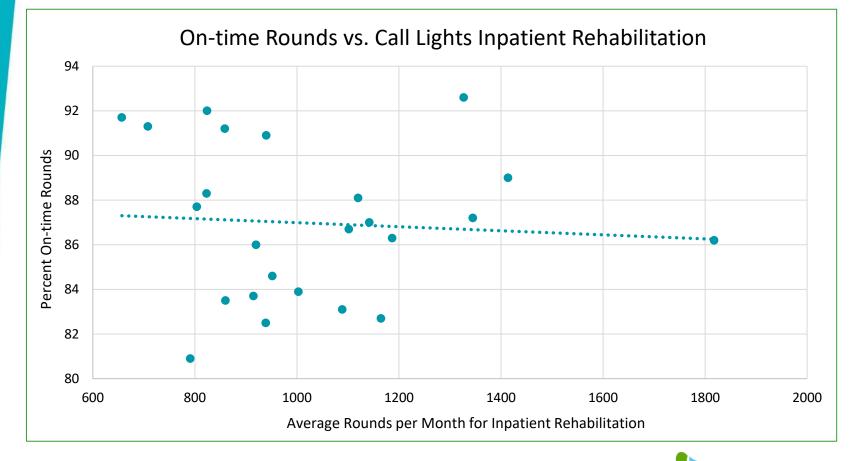


Post-Intervention OTR and Calls- Med-Surg



Correlation= 0.1087 (no correlation)

Post-Intervention OTR and Calls-Inpatient Rehabilitation



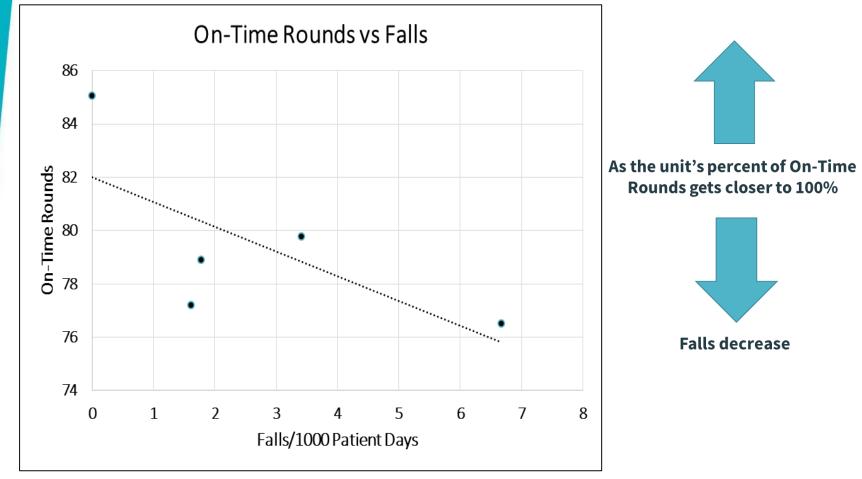
Correlation= -0.0691 (no correlation)

Patient Falls per 1000 Patient Days

Time Frame		Fall Rate	Percent Change
Jan.2015-May.2015	5 months prior to	2.99	N/A
	study		
(Pre-study)			
Jun.2015-Jul.2015	2 months prior to	3.98	33.11% increase
	intervention		from pre-study
(Baseline)			
Sep.2015-Feb.2016	6 months after	2.62	34.17% decrease
	intervention		from baseline
(Study)			
Sep.2015-Aug.2016	1 year after	3.34	16.08% decrease
	intervention		from baseline
Sep.2015-Jul.2017	After intervention to	3.19	19.85% decrease
	current		from baseline



Initial Overall OTR and Falls

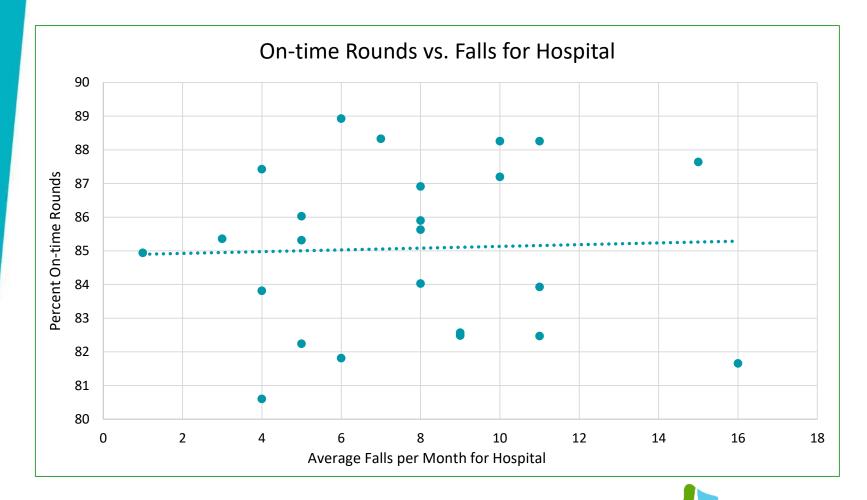


Sep. 2015 – Jan. 2016

Correlation= -0.69 (strong correlation)

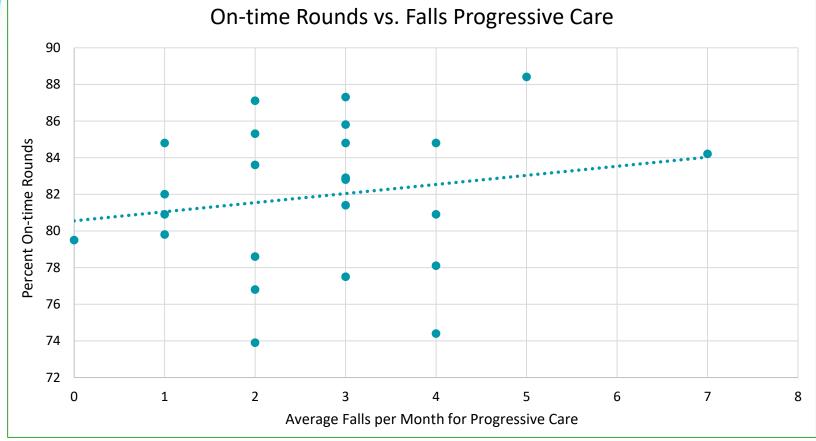


Post-Intervention Overall OTR and Falls



Correlation= 0.0382 (no correlation)

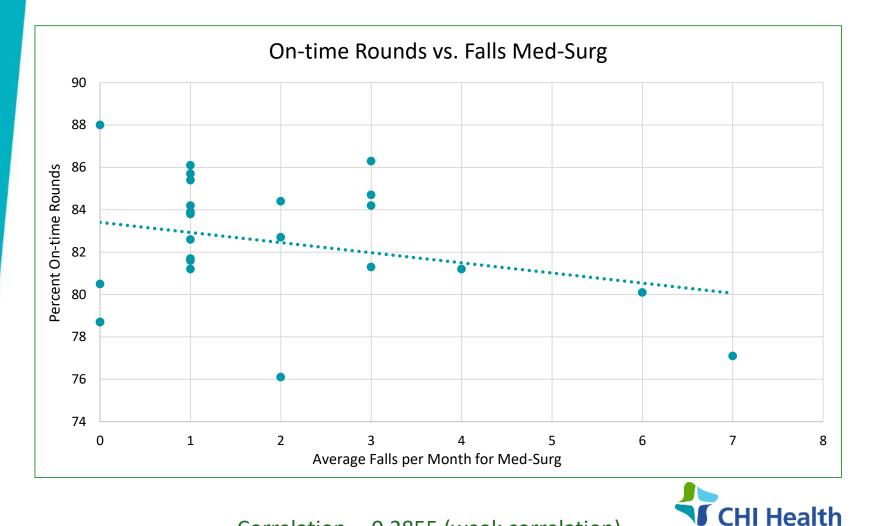
Post-Intervention OTR and Falls-Progressive Care





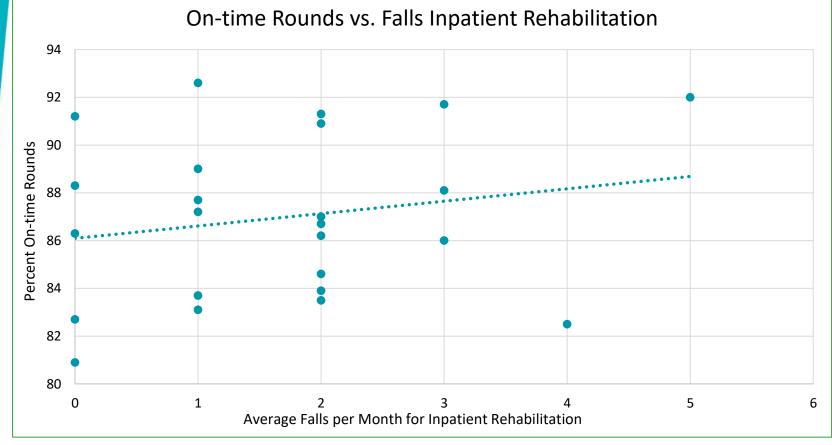
Correlation= 0.1895 (no correlation)

Post-Intervention OTR and Falls- Med-Surg



Correlation= -0.2855 (weak correlation)

Post-Intervention OTR and Falls-Inpatient Rehabilitation





Correlation= -0.1983 (no correlation)

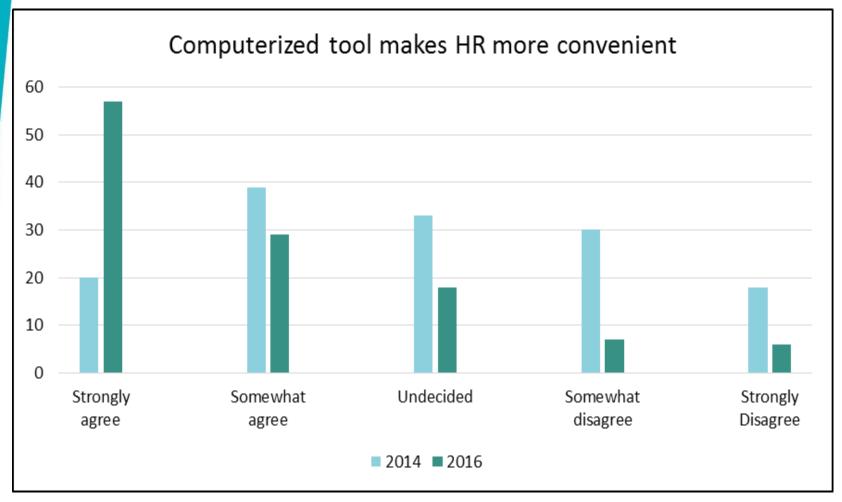
Hourly Rounding Perceptions, Barriers, and Solutions Survey



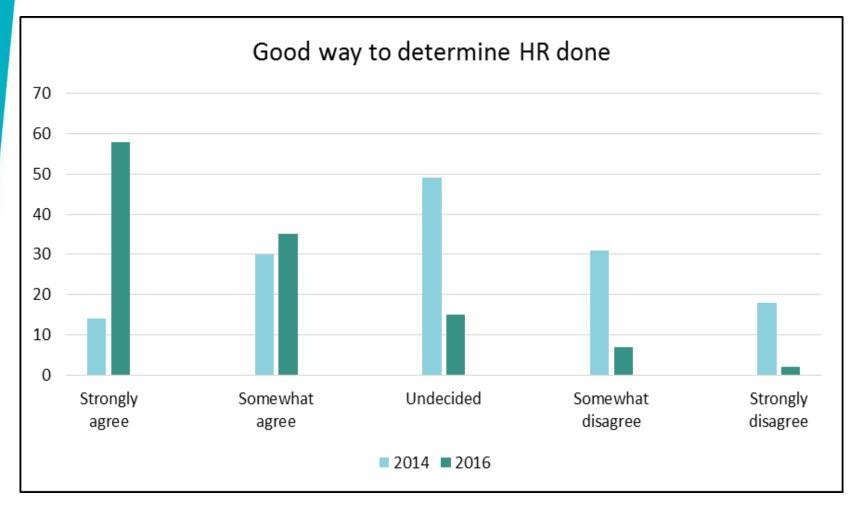
Hourly Rounding Survey

- 2 questions applicable to Vigilance[™]
 - Having a computerized tool would make HR more convenient to complete
 - There is a good way to determine if HR is being done
- 3 questions added for Nobl Health
 - I feel that I am more efficient with the use of HR
 - I feel that when I HR I decrease return visits to the patient room each hour
 - I feel that I walk less with proper HR

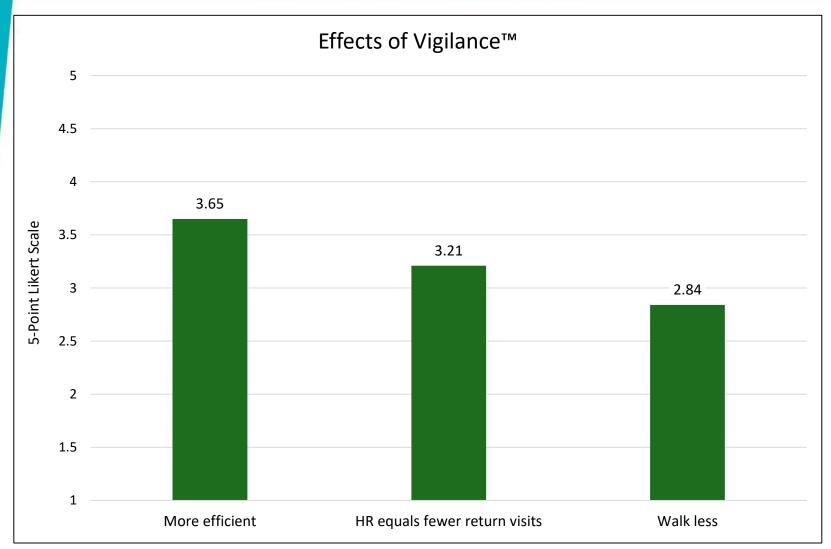














Significant Outcomes

- Higher OTR = fewer lights per patient; Hospital & Progressive Care were significant
 - Maintained an 8.2% decrease in call lights from pre-study data
- Reduced calls on Med-Surg by 1/patient; Hospital by 0.6/patient
 - Average Med-Surg census of 20, 10 fewer lights/shift
 - Average Hospital census 60-90, 15-23 fewer lights/shift
- Higher OTR = fewer patient falls on Med-Surg
 - Maintained 19.85% decrease in falls from baseline
- Reduced call lights ≠ higher or lower walking steps
- Higher or lower on-time rounding percentage ≠ higher or lower day shift steps
- Higher on-time rounding percentage = higher night shift steps
- Staff strongly agrees having an electronic documentation tool

✓ = HR more convenient to complete

 \checkmark = easier to determine that HR is being completed



Special Thanks

- Beth Bartlett, MSN, RN, CENP; Vice President of Patient Care Services, CHI Health St. Francis
- Dr. Brenda Bergman-Evans, PhD, APRN-NP, APRN-CNS; CHI Health, for initial data analysis
- Natasha Quinones, BSN, RN for initial research assistance



Questions & Follow-up

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- Aimee Burch, CHI Health St. Francis www.chihealthstfrancis.org | aburch@sfmc-gi.org

