I. POLICY STATEMENT
Carondelet Health Network is committed to purposeful, scheduled patient rounding by the nursing care team as a standard of practice within our inpatient facilities.

Overview and Goals:
Research supports Purposeful, Scheduled Patient Rounding as a best practice in providing safe, effective patient care as it reduces patient falls and decreases hospital acquired pressure ulcers. In addition, research shows that overall patient experience improves and call light use decreases as patient needs are met in a timely manner.

Best practice evidence recommends hourly patient rounding as an effective process that anticipates patient needs and allows those needs to be met in an efficient and timely manner. This proactive approach results in improved patient safety and enhances the patient experience. The frequency of patient rounding may be increased based on the condition and needs of the patient but should be minimally performed hourly during the daytime hours and every 2 hours from 2200-0600.

II. PURPOSE
This policy establishes purposeful and scheduled patient rounding as a minimum standard and provides guidelines for conducting rounding on patients within Carondelet facilities.

III. DEFINITIONS

Purposeful, Scheduled Patient Rounding – purposeful rounding on each patient specifically paying attention to the 4P’s.
- Pain – How is your pain?
- Potty – Do you need to use the bathroom? Recommend taking the patient to the bathroom if condition permits
- Position – Assist patient into a new position that is comfortable.
- Possessions – Move personal possessions within reach of the patient (phone, call light, Trash can, water pitcher, over bed table etc). and ensure the area is clutter free.

IV. ROLES AND RESPONSIBILITIES

All CHN Patient Care Services Associates including directors / managers, licensed professional nursing staff, patient care technicians and all other patient caregivers providing care in an inpatient unit are expected to participate in the purposeful, scheduled, patient rounding initiative.

Exclusions: Behavioral Health Units provide rounding that is specific to the unique needs of their patient population and is therefore excluded from this policy.
### V. PROCESS

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>KEY POINTS</th>
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<tbody>
<tr>
<td><strong>Purposeful Patient Rounding</strong></td>
<td>Hourly rounding is decreased at night to facilitate sleep for the patient. If the patient is sleeping, continue to observe and perform detailed rounding when patient awakens and/or is aroused for patient care activities. Nursing care should be clustered to facilitate patient’s sleep. Patient rounding may need to be increased depending on the condition of the patient.</td>
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<td>Patient Rounding will occur every hour on every patient between the hours of 0600 and 2200. Hourly Patient Rounding will be reduced to every 2 hours between the hours of 2200 and 0600.</td>
<td>The RN will inform the patient of rounding upon admission and document in the medical record that the information was reviewed with the patient. The nurse (RN/LPN) and the patient care technician will perform patient rounding as part of a coordinated plan of care. The RN is ultimately responsible for ensuring that patient rounding is occurring on each patient. The general guideline will be that the RN rounds on the odd hours and the PCT will round on the even hours, with the understanding that they can flex depending on unit and patient activities.</td>
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<td>The RN will inform the patient of rounding upon admission and document in the medical record that the information was reviewed with the patient. The nurse (RN/LPN) and the patient care technician will perform patient rounding as part of a coordinated plan of care. The RN is ultimately responsible for ensuring that patient rounding is occurring on each patient. Purposeful and scheduled patient rounding will be patient focused and will address the 4P’s: <em>Pain</em> <em>Potty</em> <em>Position</em> <em>Possessions</em></td>
<td>The 4P’s are to be addressed at minimum. Other patient needs should be addressed at this time as well.</td>
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<td><strong>Pain</strong></td>
<td>The nurse will implement appropriate interventions specific to the patient if pain is present. The patient care technician will communicate the presence of pain or discomfort to the patient’s primary nurse. The nurse will then assess and implement appropriate interventions specific to the patient.</td>
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<td>The nurse will assess the patient’s level of pain utilizing a CHN approved pain scale. The patient care technician will ask the patient if he or she is currently experiencing pain or discomfort.</td>
<td>Actively addressing toileting needs during patient rounds allows the patient to anticipate that someone will be there to assist them regularly and they begin to group their care needs.</td>
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<td><strong>Potty</strong></td>
<td>Offer to assist the patient with toileting needs. It is recommended that Associates take the patient to the bathroom.</td>
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<tr>
<td>Utilize scripting appropriate to the individual patient:</td>
<td>This in turn allows the associates to meet all patient needs efficiently and reduces call lights.</td>
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<td>“Can I assist you to the bathroom?”</td>
<td>Move up in bed. Re-arrange and fluff pillows, offer extra pillows or additional blankets.</td>
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<td>“Would you like to go to the bathroom while I am here?”</td>
<td>Assist post-op patients and those at high risk for skin integrity problems to turn every 2 hours at a minimum.</td>
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<td>“Would you like to try to use the bedpan before I reposition you?”</td>
<td>Assess the environment for potential fall hazards such as cords, linens etc.</td>
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**Position**

Assist patient into a comfortable position.

“Are you comfortable?”

**Possessions**

Ensure patient possessions are within reach: telephone, call light, water pitcher, tissues, trash can, glasses etc…

**Closing Key Words / Actions**

Provide a closing message to the patient when leaving the room. Scripting may be utilized. Example: “Is there anything else I can do for you before I leave? I have the time.”

Explain when you or others will return.

Example: “Mrs. Smith, it looks as if you have everything you need. Julie will be in to round on you again in about an hour.”

**Documentation**

Patient Rounds are to be documented at the time that they occur s.

**Patient Rounding Tools**

- **Welcome Cards**
  
  The welcome card is to be reviewed with the patient / family at the time of admission by the admitting nurse. The welcome card is then left at the bedside with the patient for reference.

- **Wall Posters**
  
  Wall posters will be posted at each bed as a
reminder to the patient that we are committed to the hourly patient rounding initiative.

**Accountability**
The nurse manager has the accountability of ensuring that purposeful, scheduled patient rounding is implemented and sustained as part of the standard of care for the patient areas in their span of control.

It is an expectation that all patient care associates incorporate patient rounding in the care of their patients.

Wall posters will be laminated
All Hourly Rounding Tools will be available in both English and Spanish versions.

The nurse manager is accountable for ensuring purposeful, scheduled rounding is occurring.

Associates who are consistently not performing purposeful, scheduled rounding may be subject to the CHN disciplinary action process.

VI. **EVIDENCE – BASED REFERENCES**


**CHN Policy Cross Reference:**
- Pain Management Policy

VII. **APPROVAL**

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<tr>
<th>Committee/Department</th>
<th>Original Approval</th>
<th>1st Review</th>
<th>2nd Review</th>
<th>3rd Review</th>
<th>4th Review</th>
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<tr>
<td>CHN Hourly Rounding Team</td>
<td>4/3/09</td>
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<td>CHN PCS Policy and Procedure Committee</td>
<td>4/2009</td>
<td>5/16/12(e)</td>
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<td>CHN Nursing Leadership Council</td>
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