

Staff Responsiveness

Question Details

Staff Responsiveness is an HCAHPS “summary measure” consisting of two questions:

- After you pressed the call button, how often did you get help as soon as you wanted it?
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
- The scale for rating these questions is “always”, “usually”, “sometimes” and “never”.

Overview

While patients are hospitalized they rely on us not only for medical care but often for more basic care that they would ordinarily be able to complete for themselves. This new reliance on others for these otherwise routine needs can be frustrating, and, when not readily met by hospital staff, can contribute to lower scores on the two Staff Responsiveness HCAHPS questions, the Overall Rating of the Hospital question and the Likelihood to Recommend question.

When patients cannot rely on timely responses to call lights or requests for assistance of any kind, they may use the call lights repeatedly and sometimes ring in anticipation of needing assistance. Patients not getting timely assistance to the bathroom may decide to try to get there on their own, which can result in patient falls.

Most commonly, patients use the call light because they need:

- Bedpan or assistance getting to the bathroom
- IV Pump alarm checked
- Pain medication
- Comfort measures such as change of position, water, need for extra blanket
- Personal items (tray, phone, water or wastebasket) moved closer

Strategies

Proactively Addressing and Anticipating Patient Needs

Rounding on Patients has emerged as a best practice on many fronts. It was once standard practice to round hourly, but nurses often just peeked in the door and moved on unless a call light was pushed, which would have signaled a real urgency. The new rounding is more about engaging the patient: *going in, assessing their needs and accomplishing tasks*. It's proactive, comprehensive and more effective. It is *anticipatory*, rather than *reactive*.

In most hospital units that have initiated the hourly rounding, the function is shared by nurses and nursing assistants or patient technicians, with RNs doing the one hour and aides the other. Also, some units opt for rounding every two hours, especially

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during late-night hours when patients may not want to be disturbed. However, hourly rounding shows better results.

To exemplify the benefits of rounding on related HCAHPS satisfaction scores: At **Akron General Medical Center** nurse aids and/or licensed practical nurses rounded one hour and registered nurses the next. It was determined that all staff would be included. Built into the protocol were designated time frames for the rounding.

Between the hours of 7:00a.m.-10p.m. hourly rounding was conducted while between 10:00p.m. and 7:00a.m. rounding was set at every two hours. Four target areas were incorporated as part of the protocol for the content of the rounding. These areas included:

1. Pain
2. Positioning and Comfort
3. Toileting Needs and
4. Asking the question, "Is there anything else I can do for you".

Patient satisfaction scores at Akron General Medical Center increased significantly to the 90th percentile rank.¹

A 2006 study involving 27 nursing units in 14 hospitals showed a consistent strategy of checking on patient needs:

When compared to a control group and a group conducting rounding every two\ hours, the group conducting rounding at one hour intervals:

- **Improved HCAHPS scores related to pain management** (Repositioning is also a key practice for effective pain management)
- **Effectively reduced monthly call light use by 38%,**
- **Reduced patient falls by 50%** when toileting was addressed,
- **Reduced skin breakdowns by 14%** when positioning was addressed.

There were unexpected efficiency gains as well. At one hospital they had the nurses wear pedometers and found they walked 5.2 miles per shift before the implementation of hourly rounding and 4.3 miles per shift afterward. They were shaving 20% off the steps they were taking to meet patient needs by being more proactive. That's pure time given back to the staff².

How patients are approached will also help support rounding efforts. Respectful entry of patient room sets the stage for positive and easy interaction between the staff member and the patient.

Suggested Script

After knocking on doorway...

- "Good morning Mrs. Jones"
- "My name is Rita/James, your nurse today. I am here to make sure you are comfortable and have everything you need."

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After entering the room, use the following table to identify and address patient needs:

Table 1: Actions to be Taken by Nursing Staff Members during Rounding³

<p>(Each nurse staff member in the experimental groups received the following instructions regarding actions to be performed for each patient during one- hour and two-hour rounding)</p> <p>The following items will be checked and performed for each patient. Upon entering, tell the patient that you are there to do your rounds.</p>	
1.	Assess patient pain levels using a pain-assessment scale (if staff other than RNs are doing the rounding and the patient is in pain, contact an RN immediately, so the patient does not have to use the call light for pain medication).
2.	Put medications as needed on the RN's scheduled list of things to do for patients and offer the dose when due.
3.	Offer toileting assistance.
4.	Assess the patient's position and position comfort
5.	Make sure the call light is within the patient's reach.
6.	Put the telephone within the patient's reach.
7.	Put the TV remote control and bed light switch within the patient's reach.
8.	Put the bedside table next to the table.
9.	Put the Kleenex box and water within the patient's reach.
10.	Put the garbage can next to the bed.
11.	Prior to leaving the room, ask, "Is there anything else I can do for you before I leave? I have time while I am here in the room."
12.	Tell the patient that a member of the nursing staff (use names on white board) will be back in the room in an hour (or two hours if two-hour protocol is in use) to round again.

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Assist with cleanliness of room as part of hourly rounding

Before leaving the patient's room, wrappings from dressing changes, discarded dressings, alcohol wipes, medication packaging and other items should be discarded properly. Waste baskets, bedside tray and phone, which may have been moved to enable closer access to the patient, should be placed again within reach of the patient. When rounding on patients as part of a formal hourly rounding process or as part of giving care during the day, everyone has the opportunity to have a positive impact the patient's environment and their perception of hospital cleanliness.

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5. End long waits for pain relief. Judy Zeollner-Hunter. *Nursing Management.* Chicago:Jul 1999. Vol. 30, Iss. 7, p. 12 (1 pp.)
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8. Inpatient Care Intensity And Patients' Ratings Of Their Hospital Experiences. John E Wennberg, Kristen Bronner, Jonathan S Skinner, Elliott S Fisher, David C Goodman. *Health Affairs.* Chevy Chase:Jan/Feb 2009. Vol. 28, Iss. 1, p. 103-112 (10 pp.)
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10. What do consumers want to know about the quality of care in hospitals? Sofaer S, Crofton C, Goldstein E, Hoy E, Crabb J. *Health Serv Res.* 2005;40:2018-2036.

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Learning Modules

HealthStream's HCAHPS Module 6: Hospital Staff Responsiveness