

Long-Term Care Survey Alert

NURSING RESEARCH: Too Many Call Lights Running Staff Ragged? Consider This Hourly Rounding Approach

What sounds like more work may actually be less.

If you want to reduce the number of call lights blinking -- and improve resident outcomes to boot -- try calling on residents on a regular basis to anticipate their needs.

That's a key finding of the "Call Light Study," in which researchers at the **Studer Group** found that performing hourly nursing rounds in acute care settings improved patient outcomes and patient and employee satisfaction.

Study coauthor **Lyn Ketelsen, RN, MBA**, believes the findings can be applied to long-term care settings, as well.

Key point: Everyone assigned to care for the residents has to participate in doing the rounds or the approach won't work, emphasizes Ketelsen. "In our study, we had RNs round on even hours and CNAs on odd hours. But the nursing facility could work with whatever staffing complement it has on a shift -- for example, it might have more licensed nurses on the day doing rounds and more CNAs on the evening and night shifts," she tells **Eli**.

Ketelsen typically recommends caregiving staff round every hour. "If you do that, you'll address a lot of residents' needs before they ask to have them met," she says. "Even if they don't have a need each time, you're still checking on them which from a safety perspective" helps. For example, in evaluating the results of the study in the acute care setting, the researchers found the hourly rounding reduced falls by 50 percent.

In addition, the hourly rounding reduced hospital-acquired decubitus ulcers, "which in a long-term care facility are really a big problem," says Ketelsen.

Round Where the Residents Are

In performing hourly rounds, nurses in acute care settings found patients most commonly requested repositioning, pain medication and to go to the bathroom, says Ketelsen. That would be different in nursing homes, she predicts, in terms of the frequency of the requests and the staff's access to the residents.

"For example, in nursing homes and rehab facilities, patients aren't typically in bed the majority of the time," Ketelsen points out. "They are in rehab or activities or the cafeteria." But the caregiving staff could schedule rounds to check on residents in the dining room or in a recreation room or social area, she suggests.

Identify Common Issues, Needs

Rounding actually helps staff better manage their time because they build it into their routine rather than waiting until the patient asks for something, which interrupts work flow, says Ketelsen. Thus, "the care team should also identify the issues or problems that the residents have on a regular basis so that CNAs and nurses could be proactive in their approach, minimizing interruptions," she advises.

Key example: When family members visit, they usually seek out the caregiver to ask questions, notes Ketelsen. But caregiving staff can preempt that unscheduled interruption by letting family members know that when they come to visit, a staff person will come in to check on them and answer their questions, Ketelsen says.

