Comfort rounds

Elder Friendly Approaches
EASE - UAH

March 2015

Mollie Cole, RN, MN GNC (C)
What is a comfort round?

- a planned intervention
- staff go to each patient AT LEAST every two hours during the day and evening
- provide care that helps keep them safe and comfortable
Key focus of the care provided

- Pain (assess and manage)
- Toileting (elimination)
- Position (changing position)
- Personal care
- Possessions within reach
- Protection (safety)
Why are comfort rounds important?

• **Patients benefits** include:
  – Fewer falls,
  – less delirium
  – Less skin breakdown (pressure sores)
  – Reduced need to use call bell

• Patients report:
  • Increased sense of control; reduced anxiety, better pain control and improved relations with staff
Why are comfort rounds important?

• benefits to STAFF:
  – A reduction in call bell use (up to 65%)
  – Increased sense of ‘quiet’ on the unit
  – Fewer interruptions; frees up time in staff’s day
  – Staff have more control over their workflow
Pro-active vs. Re-active
How to carry out a comfort round?

Approach the patient calmly

Introduce yourself and your role explain that you are there to do a comfort round

Orient the patient

Help the person put on their glasses and hearing aids
Pain

The best way to assess pain in older patients is to ask if they are in pain.

1) True
2) False
Pain

Ask the person if they have any pain or discomfort AND observe body language:

Pain when moving? Rubbing body? Facial expression? Irritable?

Neuropathic pain: burning, tingling, Numb
Chronic pain: may not “look” in pain
Address pain: offer medications?

Start LOW and go slow
Regular dosing better than prn

Continue meds for persistent pain and
ADD new meds for new acute pain

Heat or cold? Blanket? Massage?
Toileting

Urinary incontinence is a normal part of aging

1) True
2) False
Toileting

walk to toilet – or use urinal/commod

Smaller bladder capacity in older patients
(about half the amount of younger patients)

NEED to empty bladder every 2-3 hours

VERY short time between sensing a full-bladder and needing to empty – "can’t wait long”

Q2 hr trips to bathroom to avoid falls, incontinence
Position

Change the person’s position:

UP FOR A WALK (best)

Up into chair?  Change bed position?

Try walks in hallway at least twice a day

“every day in bed requires 3 days to get back to baseline”
Functional Decline

• Leading complication of hospitalization in the elderly!

• 33% of older patients admitted to a hospital were reported to decline in their ability to perform ADLs - 30% was unrelated to their primary diagnosis

• 1 DAY in BED = 3 DAYS to RECOVER

• Many had not recovered pre-hospital function 3 months post discharge
Assessment of Pre-Admission

If prior functioning not known it is difficult to establish realistic goals

Ask how they were 2 weeks prior to becoming ill or hospitalization

Assessment needs to include:

- Level of Function
  - Independent with ADLs and IADLs?
  - How much assistance did they require? From whom?
- Fall History
Functional Ability in Hospital

Basic skills needed to care for self in hospital

- Roll over and sit up at side of bed
- Stand and be stable to pull up and down pants
- Walk 10 - 15 feet to go to toilet
- Feed self
Functional Ability for Discharge

Additional skills needed to return to home!

- Prepare a meal
- Negotiate stairs
- Walk 150 feet
- Walk on a sidewalk negotiating curbs
- Walk in a busy store
Assessment of Mobility

1. Observe the client response while performing bilateral assessment of grip, pull and push of hands.
   - In supine position, can the client raise hips with bent knees and feet on bed?
     - Can the client roll side to side in bed?
       - Yes → Can the client get into a sitting position at the side of the bed and maintain sitting position for 15 seconds?
         - Yes → Mechanic Lift (Total or Sit/Stand Lift)
         - No → Can the client get into a standing position?
           - Yes → Mechanical Lift (Total or Sit/Stand Lift)
           - No → Transfer

2. Is the client able to bear body weight for 15 seconds? Is the client cooperative, predictable and reliable in physical and mental performance?
   - Yes → Transfer
   - No → Can the client maintain balance when walking/shuffling feet and/or pivoting?
     - Yes → Transfer
     - No → Total Lift

3. Does the client have partial weight bearing abilities?
   - Yes → Can the client keep at least one arm outside the harness?
     - Yes → One-person Transfer with Belt
     - No → Independent Transfer
   - No → Two-person Transfer

4. Does the client require hands-on assistance to move?
   - Yes → Transfer
   - No → Independent Transfer

Refer to Resource Manual for criteria on lifts and transfers.
It’s Your Move – assess abilities

Is the patient able to:
– hand squeeze?
– Raise hips off bed?
– Roll side to side?
– Sit at edge of bed for 15 seconds?
– Straighten leg and hold for 3 seconds?
– With transfer belt, able to stand at side of bed 15 seconds?
Ways to Support Independence

- Ambulate to bathroom on a regular schedule
- Ambulate out of the room a minimum of 3 X day as early as possible
- Have patient assist with transfers
- Sit in a chair for meals
- Encourage family to walk patient
- Encourage their participation in personal care
- Other?
Personal Care: Other care needs?

Offer a **drink and snack**

Consider doing **mouth care**, or **skin care** (lotion), etc.

Carry out other routine care:
Medications or vital signs, etc.
Possessions within reach/Protection

Are the patient’s personal items close by?

Is the call bell within reach of the person?

risks to falling:
  Low bed?
  Lower side rail down?
  Alarms on?
  Clutter removed?
Ending the round

Before you leave: Ask the person is there is anything else you can do for them

Tell the patient when to expect the next round

Sign on tracking sheet in rooms (if using)
Team communication

After the round, talk to the rest of team

DOCUMENT the round in Health Care Record

On the flow sheet?

Additional notes in progress notes of chart?
### Comfort Rounds

**Room Number:**

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<th>Actual Time of Round</th>
<th>07 hrs</th>
<th>08 hrs</th>
<th>09 hrs</th>
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**Patient name:**

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**Note:** V = void, BM = pain med given, 1PA = 1 person assist, 2PA = 2 person assist, A = asleep, N/A = non-applicable
# Patient Comfort Rounds

Checks to be completed at least 2 hourly on all adult patients between 0800H-2200H.

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<th>Comments</th>
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<tr>
<td>Approach patient calmly: Introduce yourself and indicate what you are going to do. Orient patient to time/place as needed. Ensure glasses and hearing aids worn.</td>
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<td>1. Can I get you a drink/snack? Offer fluid with every interaction unless fluid restricted. Assist with meal tray. ALERT RN IF PATIENT HAS NOT TAKEN A DRINK FOR 4 HOURS OR MORE AND DOCUMENT ACTION IN NURSING NOTES</td>
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<td>2. Do you want to use the toilet? Check that the bed linen is dry for patients restricted to bed, and for patients unable to communicate their needs and write 'dry' or 'unchanged in box'</td>
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<td>3. Are you comfortable? Can I help you change your position? Patients to have position changed at least 2 hourly if on bed rest, or if unable to communicate their needs. Write old and new position in box.</td>
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<td>4. Assess and address pain. For patients who are unable to communicate their needs, use pain assessment tool.</td>
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<td>5. Additional comfort needs: Bed in low position, appropriate bed rail use, personal items within reach [tissue, phone, water, Patient's call bell within reach</td>
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<td>6. Is there anything else I can get you while I am here? (write in box or in more detail in comments section)</td>
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<td>7. Tell the patient when you will be back. Inform team members of any relevant changes in patient's condition. Document the round.</td>
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When to do comfort rounds?

• During the day:

• Comfort rounds AT LEAST every two hours
Night time routine

Older patients need less sleep than younger patients?

1) True
2) False
Night time routine

• Help the patient settle for night
• Any usual night time routines for person?

• **Try:** warm milk, warm blanket, back massage (gentle stroke down either side of spine, starting at neck), hand massage
• reduce noise
• lower the lights
• talk quietly and calmly
Night time sleep

- Longest possible periods to sleep
- Cluster care to minimize disruptions
- Assess pain during night care
- Up to bathroom - when patient is awake
- re-position q2h – if unable to move on own
Who should do comfort rounds?

All members of the nursing team involved in comfort rounds

On some teams:

• HCAs do one round
• RNs and/or LPNs do the next
  ▶ assess: mobility, pain, elimination, orientation, etc.
• Allied health staff welcome
Who needs comfort rounds?

- All patients will benefit

- MUST do comfort rounds for patients who need:
  - help moving
  - help managing the toilet

Or for patient who have
- hearing and vision losses
“ordering” comfort rounds

Unit decides where to indicates patient needs “Comfort Rounds”

Write “comfort rounds” on white board in room and/or put a tracking sheet in room
Team approach!

We’re all in this together!

Good Luck!
Posters and pocket cards

Comfort Rounds

Please follow the information below for all patients (particularly if the patient is having difficulties with 1 or more activity of daily living or has sensory impairment)

AT LEAST EVERY 2 HOURS during the Day and Evening:

- Approach patient calmly
- Introduce yourself and your role
- Orient patient to time/place as needed
- Make sure patient is wearing their aids (e.g. glasses, hearing aids)
- Offer drink unless fluid restricted
- Offer snacks or meal set-up as appropriate
- Ask about and address pain
- Assist patient (as independently as possible) with:
  - Getting out of bed/Chair
  - Toileting
  - Repositioning
- Keep bed in a low position
- Use bedrails as little as possible
- Make sure the call bell and personal items are within reach
- Ask patient if they need anything else
- Remind patient to call for help if needed
- Inform patient when the next rounds will be
- Inform other health care team members of relevant changes in patient’s condition

EACH EVENING: Try to promote sleep at night

- Warm milk
- Warm blanket
- Back or hand massage
- Reduce noise
- Low light
- Talk quietly

www.albertahealthservices.ca
Implementation tool kit

• Tools and strategies to help units implement Comfort Rounds (including this PowerPoint):

• Home > Our Teams / Departments > Seniors Health > Seniors Health Zones > Calgary Zone > Elder Friendly Care

• Email: ElderlyFriendlyHospital@albertahealthservices.ca
**Comfort Rounds**

Comfort Rounds are patient-focused rounds that are scheduled, purposeful, and involve key behaviors that focus on addressing unmet care needs: toileting, mobilization, hydration/nutrition, and pain. Rounds are scheduled at least every 2 hours. This care is sometimes known as “the 4 Ps: Pain, Potty, Position and Personal”. Comfort Rounds address patient orientation and safety issues and support delirium prevention and management. Comfort Rounds are a collaborative approach to care that involves all team members.

**Implementation Tools for Clinical Managers**

- Comfort Rounds Announcement poster
- Comfort Rounds Key behaviours
- Comfort Round and Delirium cards
- Comfort Round Policy
- Delirium Plan and Audit
- Delirium plan audit form
- Delirium Comfort Rounds workflow messaging instructions
- Delirium Medical RN, UAPI, and HQA NA workflow map
- Delirium Surgical RN, UAPI, and HQA NA Workflow Map
- How to Complete Intentional Rounds/Comfort rounds checklist
- Successes: Steps to Implementation of Comfort Rounds
- Tips for Comfort Rounds

**Information for Clinicians**

**Comfort Round Documentation Examples:**

1. Comfort Round Checklist
2. Comfort Round Checklist
3. Comfort Round Checklist
4. Comfort Round Checklist (24 and 16 hour)
5. Comfort Round Checklist (24 hour and no team coordinator)
6. Comfort Round Checklist (from South Health Campus 24 hour)
7. Comfort Round Checklist (AHS Form 18649)

**Ordering Resources**

Ordering resources information (templates cards)

If you decide to implement Comfort Rounds on your unit, please contact:
elderfriendlyhospital@albertahealthservices.ca or you can receive additional resources as they are developed and learn of the successes of comfort rounds in other areas.
References

**Book of Answers** Written for the Health Care Team c VIHA - April, 2012 Patient Care Centre, Royal Jubilee Hospital - Victoria, BC


Mississippi Hospital Association:

[http://www.mhafoundation.org/AM/Template.cfm?Section=Hourly_Rounding_Tools&Template=/CM/HTMLDisplay.cfm&ContentID=65833](http://www.mhafoundation.org/AM/Template.cfm?Section=Hourly_Rounding_Tools&Template=/CM/HTMLDisplay.cfm&ContentID=65833)


Wiley, J. & Sons, Ltd *Exercise for acutely hospitalised older medical patients (Review)* ii The Cochrane Collaboration.