Impact of Hourly Rounding on Fall Rates  
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Abstract

Background: Falls can trigger an increase in hospitalization stay, delay or change the discharge plan, or even result in death. Hourly rounding is a technique that focuses on both the patients environmental and physical needs. Research shows that patients are more likely to fall when one of the “5Ps”- pain, positioning, personal care/toileting, protection, and proximity of personal items- are not being met. When adding 5Ps to hourly rounding, the patient is less likely to use the call light to ask for help, and many patient needs such as toileting will be met by the nursing staff who are scheduled to check on their patients. The purpose of this project was to examine rounding using the 5Ps on a hematology/oncology inpatient unit in North Carolina

Methods: Audits of fall rate data pre- and post-implementation of 5Ps were performed. Data were collected daily by the hospital’s Patient Safety Outcomes Manager, who has access to fall metrics, benchmarks, and goals for the hospital. Monthly fall rates were calculated as the number of patient falls per month/occupied bed days). Occupied bed days was obtained from the census report in the electronic medical record. At the end of the project implementation data were reviewed and compared to previous fall rates.

Results: From June 25, 2019 to July 18, 2019, three patient falls occurred, and the fall rate was 17.5 per 1,000 bed days. Previous fall rates were 23.4 (March 2019), 21.6 (April 2019), 17.4 (May 2019), and June 1 – 25, 2019 was free from falls. Patients on the unit voiced satisfaction with the quality of care they received, and they expressed that they felt safe and that the staff met their direct needs.

Conclusion: A decrease in falls was noted after implementation of the 5Ps. Future projects should focus on longer time-periods of study of the 5Ps.