Effectiveness of Hourly Rounding on Reducing Patient Falls

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Topic Description

Current reforms in the U.S. healthcare sector focus on quality as one of the reform paradigms. The quality perspective targets improvement in patient safety and outcomes as basis for making care service reimbursements. Patient falls and associated injuries have become one of the leading causes of patient safety concerns that affect patient outcomes. They continue to be a serious concern safety concern associated with increased hospital stays and costs of hospitalization. The fall rate is estimated to be at least seven per 1000 patient days and up to 43% of the falls cause injuries (Najafpour, Godarzi, Arab, & Yaseri, 2019). Falls are a great concern, especially among older patients as they have reduced physical activity and psychological functioning.

Older patient with autism are at higher risk of falling and being injured than the rest of acute care population. Existing interventions such as bed alarms have not been effective in reducing falls in this patient population. Apart from physical injuries, falls predispose older patients to other mental health problems, including loss of self-confidence, anxiety, and fear of falling (Najafpour et al., 2019). Hence, hourly rounding has been claimed to be more effective in reducing fall rates in older patients with autism than bedside alarms.

Significance of the topic to Nursing

Nurses play a vital role in ensuring patient safety in any care setting. Hospital protocols require them to assist patients in performing basic physical activities such as going to the loo or taking medication. However, falls associated to patient neglect or nurse failure to perform hourly rounding have been reported in many hospitals throughout the country. Older patients experience more falls as compared to other patient populations yet bedside alarms have not been effective in

preventing falls. The problem as Grillo, Firth, and Hatchel (2019) noted, is that older patients with autism do not just have reduced mental functionality, but also struggle performing basic physical activities. In this respect, they have reduced ability to operate bedside beds and call fall in the process of using them. Hourly nurse rounding provide a more effective approach to preventing and reducing the incidence of falls that cause physical injuries and psychological problems to this population.

Nurses play an advocacy role in promoting patient safety in hospitals by continually seeking ways of reducing injuries. The nursing philosophy as coined by Kolcaba's theory comfort, focuses on improving patient comfort by reducing adverse experiences such as falls that cause injury and prolong recovery. Patient fall lies at the center of some of the ethical dilemmas that nurses face today, especially with overtime shifts. At the same time, bedside alarms have not been useful in preventing falls as patients cannot operate them or nurses do not respond in time (Gavaller, Gavaller, & Oh, 2019). Hourly rounding can enable nurses to identify research-based risk factors at a unit of care and design evidence-based responses. Paying consistent attention to unit of care risks and continuous learning about unit-specific incidences can enable nurses to conduct more frequent checks depending on patient conditions. Effective communication of patient risks and collaboration can improve the effectiveness of rounding regardless of overtime shift challenges.

PICOT Questions

1. In hospitalized older patients with autism, how can hourly nurse rounding be more effective than bedside alarms in reducing the incidence of patient falls during hospitalization?

P- Older patients with autism

I-Hourly nurse rounding

C-Bedside alarms

O- Reducing incidence of fall

T- during hospitalization

2.   In hospitalized older patients with autism, does the use of bedside alarms as compared to no bedside alarm effective in reducing the incidence of falls during hospitalization?

P-Older patients with autism

I-use of bedside alarms

C- No bedside alarms

O- Reducing the incidence of falls

T- During hospitalization

3.   Does the practice of hourly nurse rounding as compared to no hourly nurse rounding reduce the occurrence of falls in older patients with autism during hospitalization?

P- Older patients with autism

I-Hourly nurse rounds

C-No nurse hourly rounding

O- Reducing the occurrence of falls

T-During Hospitalization

References

Gavaller, M., Gavaller, M., & Oh, H. (2019). Impact of Bed Alarm Removal and Implementation

    of Hourly Rounding to Reduce Falls. *Journal of the American Medical Directors*

    Association, *20*(3), B19.

Grillo, D. M., Firth, K. H., & Hatchel, K. (2019). Implementation of Purposeful Hourly Rounds

    in Addition to a Fall Bundle to Prevent Inpatient Falls on a Medical-Surgical Acute

    Hospital Unit. *Medsurg Nursing*, *28*(4), 243-250.

Najafpour, Z., Godarzi, Z., Arab, M., & Yaseri, M. (2019). Risk factors for falls in hospital in-

    patients: a prospective nested case control study. *International Journal of Health Policy*

    and Management, *8*(5), 300.

Comment Summary

Page 3
    1. compared to
    2. State a specific time frame
    3. Define an age
Page 4
    4. Great question
    5. This question is almost identical to the first. Three different questions are required