



# For Hospitalized Patients, Does the Use of Hourly Rounding as a Fall Reduction Intervention Reduce the Risk of Falls Compared to Using Fall Risk Education Alone?

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Top Activities Associated with Falls

## Abstract

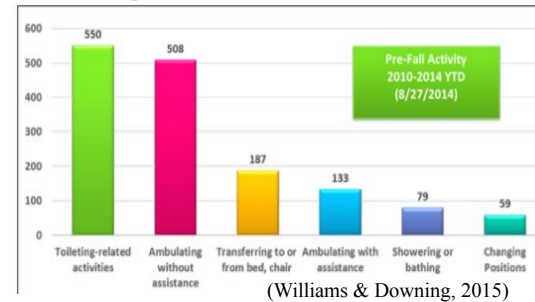
Patient falls are prevalent within hospitals and are considered a never event if resulting in death or serious injury (Patient Safety Network, 2019). There are many precautions set in place in order to ensure that a patient is safe including having a call bell within reach, lowering the bed, bed alarms and using fall risk bracelets for those of increased risk. Some interventions are more effective than others, depending on the patient and their level of cognition (Heng et al, 2019, p.3). Education is a factor in fall reduction, but is not always reliable for those patients that don't understand or are noncompliant. Hourly rounding is used to ensure patient safety by visualizing what the patient is currently doing, while also giving the patient a chance to ask for help while a nurse is present, so they don't have to get out of bed.

## Introduction

When having hospitalized patients, does the use of increased hourly rounding as a fall reduction intervention reduce the risk of falls compared to using fall risk education. The PICO format is used and explained to ensure that there is a well build question to help identify key concepts. The population is patients that are hospitalized, the intervention used to decrease the risk of fall is to increased rounding to hourly, or early rounds to every 30 minutes. The use of hourly rounding is compared to using fall risk education alone, the outcome is to reduce the risk of falls within the hospitalized population.

## Methods/Discussion

The purpose of this literature review was to determine and strengthen the evidence that use of hourly rounding in the hospital setting by nurses can reduce the risk of falls compared to usually fall risk education alone. Articles and journals from multiple databases were reviewed to make sure the material was relevant and current to the topic being presented. Each article was relevant in discussing the benefits of hourly rounding on fall risks, the specific risks for falls, and problems associated with not rounding frequently. Due to the nature of the research there were not many sources that discussed the pros or cons of fall risk education alone. All articles presented strong evidence that hourly "intentional rounding that focuses on patients needs has been shown to improve pain management and reduce falls" (Agnew, Flin, & Reid, 2012, p. 9).



## Evaluation & Analysis

The overall evaluation and analysis of hourly rounding is a form of best practice that improves quality of care. According to Heng et al. (2019, p.4), "patients sometimes took unnecessary risks, such as getting out of bed and toileting without assistance, and they did not always engage fully with falls prevention strategies." Increased rounding is shown to help prevent patients from unnecessarily getting out of bed, because they know the nurse will be in at least once every hour, however, "little is known about patients' perception of the practice" (Burdick et al., 2017, p. 22). Heng et al. (2019, p.4) also talks about "falls knowledge and insight of patients into their own falls risk is a key determinant of hospital falls." This can become a concern because hospitalized patients are not always in the correct state of mind, especially with the growing elderly population. This shows that patients are not being educated enough or do not have enough knowledge about their potential risks for falls. Risk factors could include medications the patient is currently taking with complications that can cause an increase in their fall risk. Hourly rounding gives nurses the chance to check in on the patient to watch for these potential risks.

## Conclusion & Implications for Future Research

Hourly rounding is more effective at preventing falls in hospitalized patients compared to falls education alone. Hourly rounding has been proven to significantly decrease the number of falls in hospitalized patients. Hourly rounding to offer things such as toileting is "a best practice intervention to routinely meet patient care needs, ensure patient safety, decrease the occurrence of patient preventable events, and proactively address problems before they occur" (Daniels, 2016, p. 248). As shown in the image to the left, there are multiple basic pt. needs associated with falls. Implementing a "patient centered proactive hourly rounding program was associated with a significant reduction in the fall rate" (Goldsack et al., 2015, p. 25). Hourly rounding is a relatively easy intervention that is an "effective method to improve patient satisfaction and clinical outcomes" (Brosey & March, 2015, 153). Implications for conducting future research would specifically focus on education alone verses hourly rounding, as there is not much current research on this comparison. This is important research to focus on as "falls are one of the most common adverse events experienced in hospitals and can lead to injury, prolonged hospital stay, and death" (Close & Lord, 2011, p. 580).

## References

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