

Does Intentional Rounding Focused on Toileting Decrease Patient Falls?



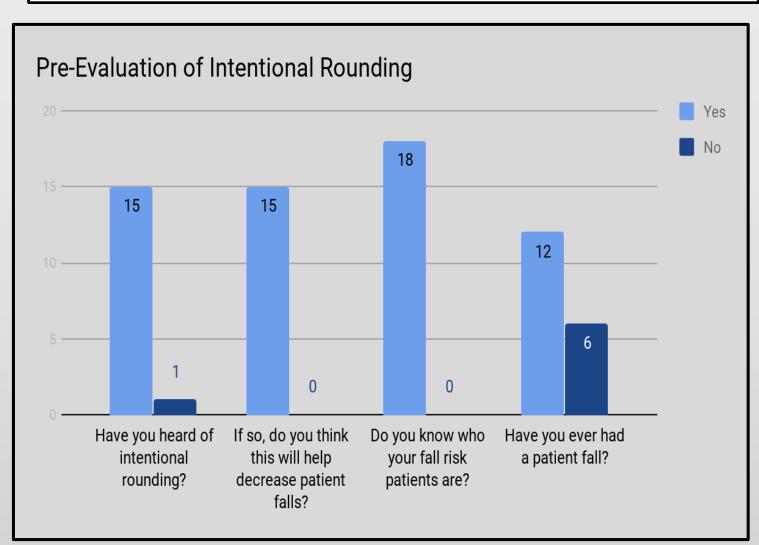
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Background

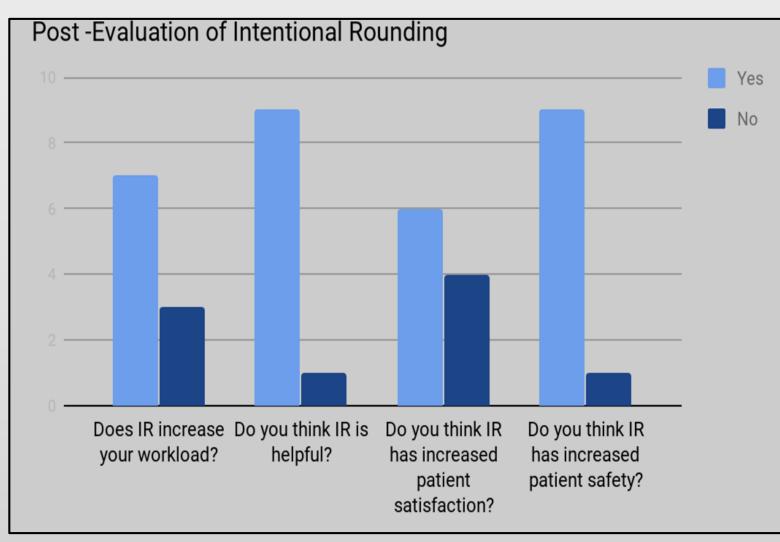
- Falls in the hospital remain a continuing complication of hospitalization, leading to increased cost of stay and further complications
- Intentional rounding inclusive of toileting schedules are proposed solutions in acute settings to combat and reduce falls
- By educating and initiating programs tailored to toileting, staff have the opportunity to initiate fall prevention strategies profitable to patient outcome

Measures and Results

Pre-Survey Results (n=23) Pos



Post-Survey Results (n=10)



Summary/Discussion

Next Steps:

- Continue to evaluate effectiveness of toileting regime in fall prevention
- Improve education implementation by:
 - Mandatory on site education for all staff participating in direct patient care.
 - Audit bedside tool use to accurately assess implementation

Barriers of Project:

- Lack of employee buy-in/education.
- High acuity of hospital population.
- Lack of patient participation in toileting.

Practice Change

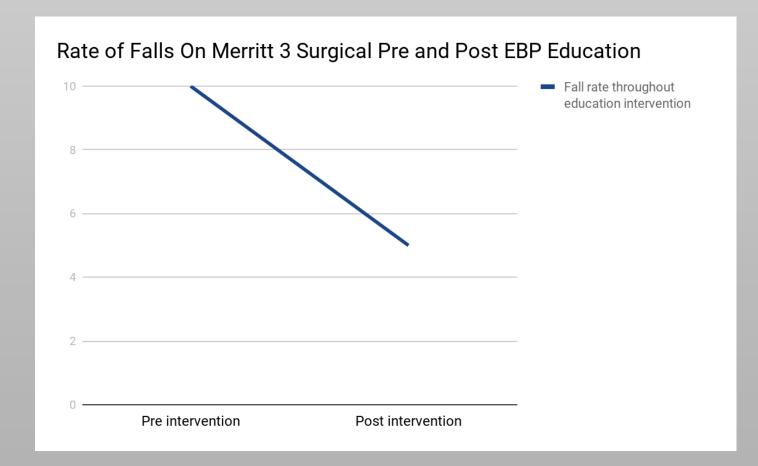
 Implement intentional rounding with emphasis on toileting needs to decrease inpatient falls staff education

Methods

- Pre intentional-rounding survey for Merritt 3 Surgical
 Staff
- Collect fall records from Merritt 3 Surgical
- Present implementation tool to staff:
- *Toileting schedule distributed in all high fall risk rooms
- * Intentional rounding with toileting regimen evaluation
- Collect fall records from Merritt 3 Surgical post intentional rounding implementation

Educational Pamphlet

This patient is to be assisted to the bathroom every 2 hours. Please stay with the patient while they are in the bathroom. Do not leave them unattended. Document the time, results and initial <u>each time</u>. Always engage the bed alarm/chair alarm When this sheet is complete place in NM mailbox. Start a new sheet each morning. Results Other Initials 0700 0900 1100 1300 1700 1900 2100 0100 *Final before bed check-in do not wake if





Conclusion

- Written education provided to RNs and CNAs will help outline why intentional rounding should be a priority in the clinical setting
- Rate of falls on Merritt 3 Surgical progressively decreases following completion of intentional rounding education
- Patient satisfaction and safety increased postsurvey with implementation of education
- Management support is required for continuing education regarding intentional rounding and toileting schedules
- Fall rates decreased by 50% from pre to post implementation periods

Reference

Bluni, R., Daniels, L., Ford, B., Reimer, R. (2016). Purposeful and timely nursing rounds: a best practice implementation project. *JBI Database of systematic reviews & implementation reports*, 14(1):248-267. Doi: 10.11124/jbisnir-2016-2537

Christiansen, A., Coventry, L., Graham, R., Jacob E., Twiig, D. (2018). Intentional rounding in acute adult healthcare settings: A systematic mixed-method review. *Wiley Journal of Clinical Nursing, 27: 1759-1792*. Doi: 10.1111/jocn.14370

Flynn, L., Forde-Johnston, C., McCulloch, P., Morgan, L., New, S., Robertson, E. (2016). Intentional Rounding: a staff-led quality improvement intervention in the prevention of patient falls. *Journal of Clinical Nursing*, 26: 115-124. Doi: 10.1111/jocn.13401