

Hourly Rounding and Patient Falls

Name

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Hourly rounding aims at improving patient experience through scheduled hourly routine. Evidence-based literature indicates that hourly rounding can significantly decrease the patient falls within a particular healthcare setting. Hourly rounding seeks to accomplish a number of initiatives. Some of these include accomplishing scheduled tasks, carrying out environmental analysis (bed alarms, IV pumps, urinals, and others), interacting with patients, addressing their various personal needs, addressing the 4 P's (pain management, toileting, positioning, and fall prevention), and among others (Cumbler, Simpson, Rosenthal, & Likosky, 2013). The following is the PICOT statement relating to this study. Among surgical patients in acute health care setting (p), is hourly rounding (I) or use of environmental aids (C) more effective in reducing patient falls (O) during a patients hospital stay? (T)

Problem/Issue under focus

The problem or issue under focus is patient falls among surgical patients in acute care settings. Patient falls contribute to lower patient outcomes and low satisfaction levels. Studies indicate that there is a significantly high number of falls among patients in the surgical unit, especially the oncology unit (Cumbler, Simpson, Rosenthal, & Likosky, 2013). The high number of patient falls has necessitated the need to take action in order to improve patient safety. There are a number of interventions to this problem including hourly rounding, medication management, use of fall alarms, environmental aids, video monitoring, and among others. However, the efficacy of each strategy is different from the rest. This calls for the need to implementing evidence-based practices in health care settings.

The setting or context

There is a higher number of patient falls in the oncology unit or the general oncology unit. Patients in acute care settings have increased likelihood of falls, which may lead to serious health consequences (Toole, Meluskey, & Hall, 2016). Hourly rounding is one of the interventions that can significantly reduce patient falls.

Description of the problem

There is a high number of patient falls in oncology units and in the general oncology units. Patient falls in oncology units increase the risk of serious injury among patients, while in some cases leading to mortality. Patient falls often lead to serious harm among patients due to their underlying medical condition. For instance, patients undergoing cancer treatment may sustain serious injuries because of patient falls due to certain medical conditions. One of these medical conditions is bony metastases or certain medications, which increase susceptibility of bones to fractures.

Impact of the problem

Patient falls increase the risk of harm and mortality in serious cases. Patient falls lead to low health outcomes and dissatisfaction among patients (Toole, Meluskey, & Hall, 2016). In particular, patient falls can significantly increase hospital stay and hence lead to higher medical costs. Patient falls lead to extra medical costs.

Significance of the problem

Examining the different interventions that nurses can apply to reduce patient falls is critical in improving health outcomes in acute care settings. Conducting studies on patient falls will help in developing a robust fall-reduction program. Conducting research in this area will help in developing an evidence-based fall-risk reduction program.

Proposed solution

The proposed solution to this problem is hourly rounding. Hourly rounding revolves around three key principles. The first principle is to avoid redundancy with regard to the existing strategies. The second strategy seeks to involve patients as active partners in reducing falls. The third principle involves nurses and aims at establishing accountability.

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References

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- Toole, N., Meluskey, T., & Hall, N. (2016). A systematic review: Barriers to hourly rounding. *Journal of Nursing Management*, 24(3), 283-290. doi:10.1111/jonm.12332

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