Around We Go
Anne Arundel Medical Center

Program/Project Description.
Through the review of our fall data, we identified that a major cause of falls was related to patients getting up unassisted to use the bathroom. Though patients are instructed to use the call light to notify the nurse when they need to go to the bathroom, many did not do so. Additionally, we identified an opportunity for improvement in patient’s satisfaction ratings with assistance to bathroom or bedpan. Our overall goal is to reduce the number of inpatient falls.

Process.
After reviewing the evidence-based practice literature and speaking to other organizations that had successfully implemented hourly rounding, we identified that hourly rounding could be an effective intervention in reducing patient falls. Additionally, the intervention could help improve other nurse sensitive indicators such as reducing hospital acquired pressure ulcers, reducing peripheral IV infiltrations, improving pain reassessment, and improving patient satisfaction with nursing care.
The specific goals of hourly rounding are as follows:
1. Reduce number of inpatient falls
2. Reduce number of falls with injury
3. Reduce number of peripheral IV infiltrations
4. Reduce number of hospital acquired pressure ulcers
5. Increase level of patient satisfaction with nursing care, including pain management.

Solution.
1. An hourly rounding script was developed for both the RN and the Patient Care Technician (PCT)
2. All RNs and PCTs were required to formally demonstrate competency in hourly rounding prior to the roll-out of the hourly rounding program.
3. Units selected to participate in this program include the following: Observation Unit, Progressive Care Unit, Oncology Unit, Joint and Spine Unit, General Surgical Unit, Medical Surgical Unit, Special Care Unit, and patients admitted through the emergency room and surgical patients on the Women Surgical Unit.
4. Beginning July 6, 2010 hourly rounding was implemented on the selected units.
5. The following hourly rounding protocol is used:
   a. A RN, LPN, or PCT performs rounding on all ACP inpatients, patients admitted to the ED, Observation Unit and Women’s Surgical Unit.
   b. Between the times of 0700 – 2300, a nurse or PCT performs hourly rounding. PCTs perform on the odd hours; nurses perform on the even hours.
   c. Between the times of 2300 - 0700, a nurse or PCT will perform 2 hour rounding. Patients should not be woken during these hours.
   d. Rounds completed by a PCT are 2300, 0300 and 0700
   e. Rounds completed by a nurse are 0100 and 0500
   f. Patients will be educated on the protocol for hourly rounding by the admitting nurse.
   g. Rounding will include the following:
      i. Introduction of the nurse/PCT to patient at the beginning of the shift
      ii. Assessment of the 4 P’s – Pain, Peripheral IV, Potty and Positioning
      iii. Environmental assessment
      iv. Conclusion (time of next rounds, reminder to use call light)
   h. A rounding log will be kept by each room and signed off by the person performing the round for that hour.
   i. The rounding logs will be collected each morning with the 0700 rounds and given to the unit’s Clinical Director.
Measurable Outcomes.
Data collecting began August 1, 2010 and will be completed on July 1, 2011. The following metrics are currently being collected to measure the effectiveness of hourly rounding:
1. Number of inpatient falls
2. Number of falls with injury
3. Number of peripheral IV infiltrations
4. Number of hospital acquired pressure ulcers
5. Level of patient satisfaction with nursing care, including pain management.
6. Compliance with hourly rounding

Sustainability.
Monthly compliance rates to hourly rounding and outcomes are reported formally through forms:
• Unit-Based Quality Councils
• Medical Surgical Service-Line Quality Council
• Posted on Unit Quality Bulletin Boards along with fall data, hospital acquired pressure ulcers rate, and results of patient satisfaction survey.

Role of Collaboration and Leadership.
The partnership between the Falls Committee and the Unit Based Nursing Quality Councils was instrumental in implementing this new practice change. The Falls Committee developed the hourly rounding protocol; while each Unit Based Nursing Quality Councils implemented hourly rounding on their units. The Clinical Nursing Directors and Nurse Educators were key in educating the staff on hourly rounding and ensuring compliance to hourly rounding. The Senior Director of Nursing for the Medical Surgical Units and the Critical Care Unit and the Director of Nursing Quality and Research, were strategic leaders in developing, implementing, communicating and leading this major practice change.

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