Priscilla Meza IM8

Question:

In the elderly population that is hospitalized, how does hourly rounding provide safety to the patient to prevent an increase in numbers of new falls?

Summary:

Hourly rounding is projected into our EPIC system to go and assess the status and needs of our patients every hour, but how well are we following this? As we all know, when we leave a patients room, we are taught in nursing school to follow our 4 P'S. These are position, potty, possession, and property, but it never fails that when we leave, they need something. A lot of times, the patients try and get whatever they need themselves, which sometimes results in falls. On admission, it is practiced that we assess very critically for fall risk precautions on all patients. The CDC developed a guide called STEDI, Stopping Elderly Accidents, Death, & Injury. "CDC STEADI: Best Practices for Developing an Inpatient Program to Prevent Older Adults Falls... the purpose of this guide is to help inpatient teams integrate a fall prevention program into their existing workflow and clinical practice." (Centers for Disease Control and Prevention, 2021). By knowing our high-risk patients beforehand, we are more precautious in keeping an eye out or taking more narrative into providing safety and reducing falls within the elderlies hospitalized especially on a med-surge floor, for example South 10. A good algorithm to follow hourly to reduce new falls from elderly patients are assessing their gait, making sure they use mobility devices if indicated, wear non-slip shoes or hospital yellow socks, and making sure we always have the bed alarms on. When we are assigned a patient, we need to evaluate their feelings towards falling, their history of falls, medications they are taking, visual impairments, vital signs, or any other commodities (Kruschke, C, 2017). Knowing our patient's stability and applying safety boundaries will help reduce new falls in their stay at the hospital. According to a best practice implementation project by Joanna Briggs "patient falls decreased by 50%" (Daniels J.F. 2016) when implementing hourly rounding. It also reduces the patient from overly using the call light and improve patient satisfaction. It is hard to do hourly rounding because the duties on the floor are unpredictable and chaotic at times. Good patient nurse communication and staff responsiveness help decrease new numbers of patient falls.

Conclusion:

In conclusion, following hourly rounding as protocol has been proven to have positive results in improving patient satisfaction and decreasing new falls. The project of Joanna Briggs Institute's Practical Application of Clinical Evidence System resulted in the hospital responsiveness to increase moderately 15%, 41% in sub-element toileting and a decrease in falls by 50%. "Having a supportive infrastructure and an organized approach, encompassing levels of staff, to meet patient needs during their hospital stay was a key factor for success" (Daniels, J.F. 2016).

References:

Primary:

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Tertiary:

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