

## **Hourly Rounds on a Heme/Onc/BMT Unit**

Abstract by Catherine Lewis, RN

UCSF Medical Center

catherine.lewis@ucsfmedctr.org

### 1. Purpose/Aims/Research Question:

The PICO question guiding this project was, “In a population of hospitalized adults undergoing intensive cancer chemotherapy and bone marrow transplantation, what is the most effective method for reducing the incidence of falls and fall-related injuries?”

### 2. Background:

The fall rate on 11 Long is 3.15, which is above the CalNOC lower quartile of 2.00. Since falls may result in devastating injuries to this highly vulnerable population, and since injuries due to falls will no longer be reimbursed by CMS, it is urgent that we reduce our falls rate. Research by Meade et al (2006) and others has shown that formalized, scripted hourly rounds significantly decreased patient falls. Additionally, they found that rounds decreased nurse interruptions by significantly decreasing frequency of patient call light use.

### 3. Methods:

The setting is a 34 bed Heme/Onc/BMT unit, with an all-RN staff of 70. The hourly rounds intervention for the four week trial period was taught to the staff in formal classes, and reinforced by e-mails, postings and shift change huddles. Documentation of rounds in the form of a sign-in page outside each patient’s door was done for the final two weeks. The outcomes of the intervention were measured by fall incident reports and by call light data. Patients and nurses were interviewed to determine their impressions of the practice change.

### 4. Results:

There were six falls in the initial two weeks of the pilot, and none in the final two weeks. Three of those falls may have possibly been prevented with supervised toileting of the patient. Data from the automated call light system revealed a 16% increase in patient use of call lights. Nurses documented their rounds only 20-25% of the time.

### 5. Discussion:

The increases in falls and call light use may indicate that rounds were not being done, or not done effectively, or that rounds themselves are not effective with this population. Documentation did not show that rounds were being done, although RN’s stated, and observation showed, that nurses were in the rooms frequently. It was evident from the interviews that the nurses were not generally using the scripted procedures consistently while they were in with their patients.

### 6. Implications/Conclusions:

This pilot project should be extended another 4 weeks to allow for further staff education, with special attention to consistent and effective use of rounds, and to toileting at-risk patients every two hours. It will also be important to show strong management support and visible unit champions for the project. It may be that rounding every two hours during the daytime is sufficient for independent, ambulatory, non-anxious patients. Rounding every two hours should continue for all patients at night.

Key words: Falls, oncology, hourly rounds.