

TIMED PURPOSEFUL ROUNDING FOR FALL REDUCTION AMONG RESIDENTS IN THE SKILLED NURSING FACILITY

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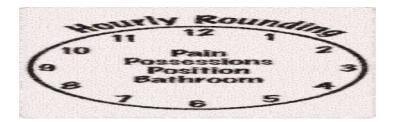
PURPOSE

The purpose of the quality improvement project was to plan, implement, and evaluate the use of a TPR by staff and determine if using the 4ps (pain, possession, position, potty) reduces falls in a SNF over six months.



BACKGROUND & SIGNIFICANCE

- TPR decrease falls, anxiety, call light use.
- TPR increase patient satisfaction, nurse-patient relationship, and patient safety.
- Falls costly, and stressful for everyone involved in the healthcare system.

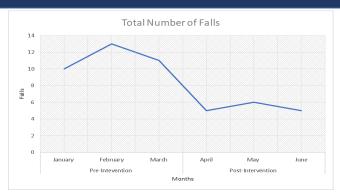


METHODS

- <u>Design</u>: Pre-post test design
- <u>Setting</u>: A 100-bed non-profit SNF in rural southern United States.
- <u>Sample</u>: Nursing staff (RNs, LPNs, CNAs) that worked full-time and part-time.
- Intervention: TPR
- <u>Outcome</u>: Falls (frequency, location, shift, and timing)
- <u>Data analysis</u>: Descriptive statistics and paired t-test were used to compare the incidence of falls during two phases: preintervention (January to March 2021) and post-intervention (April to June 2021). The primary outcome examined differences in the total average number of falls for the three months prior and three months after implementation of the hourly rounding.

RESULTS

- TPR reduced falls by 53%.
- T-test indicated a statistically significant reduction in falls as a result of the intervention t(2) = 10.39, p < .01.
- Intervention had the greatest impact on falls occurring during the evening/night shift, weekdays, and during shift change. The intervention was also particularly effective to prevent falls among repeat fallers.



CONCLUSIONS

- The project outcomes encouraged the work, TPR can reduce the incidence of falls.
- TPR should be implemented as primary and preventive care regarding falls to prevent the risk of injuries, save money and ensure better healthcare.
- Practice sites should continue using TPR, I recommend that TPR be done for all patients, especially high-risk patients.

REFERENCES

Center for Disease Control (2021). Falls in nursing homes. Center for Disease Control. https://www.in.gov/isdh/files/CDC_Falls_in_Nursing_Homes.pdf Mitchell, M. D., Lavenberg, J. G., Trotta, R. L., & Umscheid, C. A. (2014). Hourly rounding to improve nursing responsiveness: a systematic review. The Journal of nursing administration, 44(9), 462–472. https://doi.org/10.1097/NNA.0000000000101. The Registered Nursing Association of Ontario, (2018). Clinical Best Practice Guidelines. Preventing falls and reducing injury from falls. Retrieved from https://rnao.ca/sites/rnao-ca/files/bpg/FALL_PREVENTION_WEB_1207-17.pdf