

# **Best Practice Solution to Reduce Patient Falls and Increase Patient Satisfaction**

**By**

**Marilyn Ehlert, Ph. D.  
Fitzgibbon Hospital, Marshall Missouri**

**Angela Igo, RN, BSN  
Fitzgibbon Hospital, Marshall Missouri**

**Brenda Davis, RN  
Fitzgibbon Hospital, Marshall Missouri**

**Ruth Fidler, RN  
Fitzgibbon Hospital, Marshall Missouri**

**Dennis Ehlert, Ph. D.  
University of Central Missouri**

**Track:**

**Public Sector Social and Ethical issues**

## **Abstract**

**The number of times that patients experienced falls on the Medical/Surgical Unit at a small, rural hospital was at an all-time high in the first quarter of 2007. Hospital administration took immediate action in an effort to decrease this trend, and reduce the number of incidences of patients falling during their stay at the hospital. An ad hoc group was formed to address the concerns of the administration and staff physicians. The “Rounding Quality Improvement Team” (the Team) was formed and began meeting in early 2007. The Team’s charge was to develop a set of procedures that were to be followed by all nursing staff members and hopefully would decrease the number of falls experienced by patients on the Unit. These guidelines were created and fully implemented after staff in-service training in April of that year.**

**A reduction in the patient fall rate was noted immediately and has continued to remain near the national average since the project implementation began over one year ago.**

**At the same time, Patient Satisfaction scores were plummeting. As members of the Patient Satisfaction Team noticed the reduction in falls, they determined that rounds might also help with patient satisfaction. The rounding process was begun in May 2008, and so far patient reaction to the visits has been outstanding.**

## **Introduction:**

The Fitzgibbon health care organization is comprised of a 60 bed acute care hospital; a 99-bed long term care (LTC) facility; the Buckner Wellness Center; a Rural Health Clinic; and specialty clinics. The Hospital is located on a 72-acre campus on the south side of Marshall, Missouri. It is a rural private, not for profit, community hospital licensed by the State of Missouri Department of Health and Senior Services Bureau of Hospital Licensing and Certification, and the Centers of Medicare and Medicaid Services. The organization serves portion of eight counties with an approximate population of 35,000.

## **Background:**

The number of times patients experienced falls on the Medical/Surgical Unit at the small, rural hospital was at an all-time high in the first quarter of 2007. During a Patient Care Council meeting in the first quarter of 2007, it was noted that the Med/Surg Unit's patient falls had risen to an average of 12.23 per patient days. This number far exceeded the national average of 4.21 falls a day. Data was collected for 6 quarters beginning with the 3<sup>rd</sup> quarter of 2005 and ending with the 1<sup>st</sup> quarter of 2007. The average patient falls for the time period was 8.7 with a low of 3.38 and a high of 12.23. The nursing staff found this to be very unacceptable; it interfered with the normal flow of patient care and left little time for communication among the nursing staff. They took direct action in an effort to decrease this trend, and reduce the number of incidences of patient falls during their stay at the hospital. A Task Force was formed to address the concerns of administrators, staff physicians and the nursing staff.

The "Rounding Quality Improvement Task Force," (The Team) was charged with developing a fall prevention plan. The Team researched the topic and found studies indicating significant improvement in reducing patient falls and increasing patient satisfaction. Meade et. al. (2007) determined that, specific nursing actions performed during set intervals rounds can reduce falls, increase nurse satisfaction, and reduce the frequency of call light use. Gurney (2006)

found a significant reduction in patient falls as a result of a one hour rounding protocol. The nursing staff instituted the practice of Rounding Protocols which would create a culture of safety (Moran-Peters 2007). Specifically, based on the data, Nursing Round visits to a patient's room just to visit, not a response to a call light, were developed. Nursing rounds differ from ward rounds in that the primary function is the improvement and progression of nursing practice rather than to aid the medical decision-making process. (Jarman & Shopland, 2007)

### **Procedure:**

The Med/Surg Unit developed a rounding procedure based on a Best Practice solution described by Meade et. al., (2006). The premise being that more contact with patients would lower the rate of patient's falls. The Med/Surg staff consisting of RNs, LPNs, TECHs, would all make visits to all patients every hour during the day from 8AM to 6PM and every two hours from 8PM to 8AM.

During the rounding visit the following activities were accomplished:

- Assessed for pain/comfort;
- Offered help for toileting;
- Repositioned – if needed;
- Straightened room;
- Provided personal items within reach;
- Assured communication board was accurate;
- Prior to leaving they asked, "Is there anything I can do for you before I leave? I have time while I am in the room"
- Told patient, " \_\_\_\_\_ Will be back in about an hour to check on you."

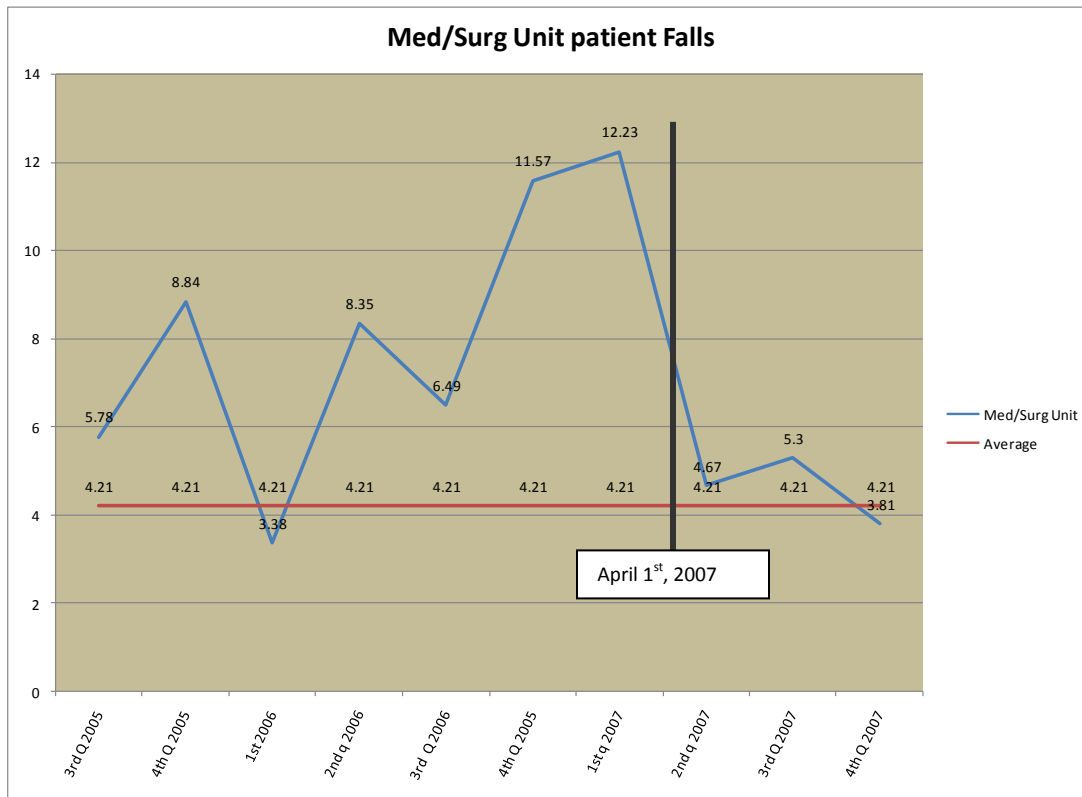
This procedure began April 1<sup>st</sup> of the first quarter 2007 and continues today.

### **Results:**

As can be seen in Figure 1, because of the rounding procedure that began on April 1<sup>st</sup>, the number of patient falls dropped tremendously for the 2<sup>nd</sup> Quarter of 2007.

**Figure 1**

### Med/Surg Unit Falls



With the success of the Med/Surg Unit’s rounding program, the program was expanded to a new program called Service Rounding. The purpose of the Service Rounding is to improve overall patient satisfaction scores.

Patient Satisfaction scores began to stagnate and decline in late 2007. Hospital administration took direct action in an effort to decrease this trend. The Patient Satisfaction Team found that the barriers to high patient satisfaction scores

were: inconsistency, staff compliance and negative attitudes. The strategy used to improve patient satisfaction scores is called Service Rounding.

Service Rounding can take two forms. In one, executives take turns interacting with patients and staff by rounding for a few hours each week. Another form involves nurse managers rounding daily on all patients to encourage them to voice any concerns or complaints. The goal of the practice is to identify and promptly resolve problems while increasing the visibility of executives and accountability of floor nurses for the satisfaction of patients under their charge. Service Rounds are not about catching staff doing things wrong. They're about helping Fitzgibbon Hospital decision-makers learn first-hand how patients perceive their care and services, and finding ways to improve (Vital signs 2007).

There are several factors to a Successful service-rounding program. The first is:

1. The development of a workshop for all involved to educate them on purpose, procedure and reporting of outcomes.
2. Commitment of senior executives and service leaders to stay dedicated to the rounding schedule.  
Senior executives will round 4 hours per month with at least one executive rounding every week. Service leaders will round 1 hour per day.
3. Timely and effective follow-up on patient complaints revealed during rounding.
4. Communication to staff regarding the purpose of creating proactive service rounding.
5. The creation and publishing of a rounding schedule.
6. After rounding, any concern will immediately be sent to the appropriate Service Leader. A complete Rounding report is collated and presented at the monthly Patient Care Council Meeting where Patient Satisfaction Scores are reviewed.

The second factor is a few, Tips for Conducting Service Rounding:

- Ask permission of the charge nurse prior to entering;
- Point your toes to patient;
- Sit down;
- Communicate sincerely.

The third is the an acronym WARMTH

- W**    **Wear a smile**
- A**    **An open posture**
- R**    **Rise and lean forward**
- M**    **Make eye contact**
- T**    **Touch (break zone by talking with hands)**
- H**    **Head nodding**

**The fourth factor to a successful service-rounding program is SCRIPTING: The following is an example of the scripting being used.**

**“Good morning/Hello, Mrs. Jones, I’m name, I’m the role. I want to be sure that we do everything possible to exceed your expectations during your hospital stay. Please let me know of any opportunity where we can exceed your expectations. Is there anything I can do for you before I leave? I have time.”**

## **RESULTS:**

**A preliminary review of the month/quarterly Patient Satisfaction scores indicated that the scores on a majority of the categories are improving.**

## **Discussion:**

**The Med/Surg rounding exercise demonstrated significant improvements in the decline of patient falls. Nurses were able to spend more time with their patients and had uninterrupted time for charting and patient education. A preliminary review of patient satisfactions scores indicates that there is an upward movement of satisfaction scores. The success of the service rounding procedure will continue and a review of the program will be conduct during the coming year.**



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