



FoNS Improvement Insights

The Introduction of Intentional Rounding to Aid Falls Prevention in an Acute Stroke Unit

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Duration of project: December 2010 – February 2012

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Project background

The ward sister (the project leader) of a 25 bedded acute stroke unit was concerned about the number of patients who were falling and investigated the falls data for the year 2010. The data showed that 104 patients had experienced a fall during this period. This led her to undertake a literature search which identified that other clinical areas have successfully implemented intentional rounding to prevent patients falling.

Intentional rounding is a structured process that involves nurses carrying out regular checks with individual patients, providing care as appropriate and checking the environment. The project leader anticipated that introducing two-hourly intentional rounding on the unit would support nurses to take a proactive rather than reactive approach to care.

Aim and objectives of the project

The overall aim was to introduce intentional rounding on the stroke unit to prevent patients from falling. To achieve this, the objectives were to:

- Engage with nursing staff to understand their views about intentional rounding and to clarify its purpose
- Introduce two-hourly intentional rounding for all patients
- Understand the patient and carer experience of intentional rounding
- Gather data to evaluate whether the introduction of intentional rounding prevented falls on the unit

Key activities and outcomes of the project

A number of methods and approaches were used within the project to engage with staff to gain their views and ideas, gain feedback from patients and relatives and evaluate the impact of intentional rounding on patient falls.

The project leader held meetings with staff and wider stakeholders to share the project aim and objectives and to encourage the sharing of thoughts and ideas that would contribute to the development of documentation and the implementation process. A claims, concerns and issues exercise was used with nursing staff and healthcare assistants to gain their views and perspectives before and after the implementation of patient rounding. Before the implementation of intentional rounding, staff identified potential positive outcomes for both patients and staff but were concerned

about the purpose of it, patients' expectations and how it would impact on their workload. Two 'champions' who had been involved in intentional rounding in another trust were identified to support the implementation process by sharing their experiences. Not all approaches to engaging staff were successful but learning was gained that can inform future practice.

A few weeks following implementation, an appreciative approach was used to gain patients' and relatives' views about what was working well and how this could be developed further using three questions. Patients and their relatives (n=10) were selected at random by the project leader. Informed consent was gained at the time and their responses were anonymised. Positive feedback was received but areas of improvement were also identified including access to information and differences in care during the week compared with the weekend. The feedback will be used to inform future developments.

Falls data was collected before and after the implementation of intentional rounding. Data showed an average of 7.91 patients had fallen per month over a twelve month period before the implementation and an average of 8.33 patients had fallen per month over a six month period after the implementation. Although these figures did not demonstrate the anticipated reduction in falls, the project leader found that the number of falls that resulted in serious consequences for patients, such as fractured bones, had reduced following the introduction of intentional rounding. The project leader believes that the reduced severity of falls can be attributed to the increased frequency of nurse/patient contacts over the twenty four hour period.

Six months after the implementation, the claims, concerns and issues exercise was repeated with staff. Many staff offered positive perspectives including improvements in communication with patients and completion of documentation. A main concern however related to assessing the comfort and needs of patients with expressive difficulties.

Implications for practice:

- Leading an innovation in practice is enabled by planned 'time out' of clinical practice
- The claims, concerns and issues exercise proved to be a useful way of engaging staff and gathering evaluation data
- Ensuring that staff have a shared understanding about the purpose of a project should encourage greater response rates when using tools such as the Context Assessment Index

A full project report including references can be accessed from: <http://fons.org/library/report-details.aspx?nstd=34969>

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