

# Intentional rounding reduces serious falls at BOP DHB



## OVERVIEW

After a discussion with Julie Robinson, Director of Nursing, and the Reducing Harm from Falls project group, one of the medical wards at Bay of Plenty District Health Board (DHB) decided to pilot intentional rounding to help reduce the risk of serious harm from falls.

## Background

Intentional rounding, sometimes known as hourly rounding, helps frontline teams organise ward workload and ensures all patients receive attention on a regular basis.

In the UK this approach has significantly reduced falls and pressure injuries, and improved pain management. It can also reduce nurse calls, improve employee and patient satisfaction, and reduce costs associated with adverse hospital events.

The Kaupapa medical ward staff at Bay of Plenty DHB had been practising intentional rounding on an informal basis, however they felt a more formal system was needed to ensure rounding occurred more consistently. The focus was on reducing the risk factors for falls, such as patients mobilising in a hurry, or not getting assistance when needed. Environmental and other factors (such as patient pain) were also considered.

“We were already carrying out regular checks,” says Anamaria Watene, Clinical Nurse Manager at the DHB’s Kaupapa medical ward, “but it’s good to have something to prompt you to ask those questions – ask if they’re in pain, make sure they’ve got drinks that they can reach from their bed, ask them about toileting needs etc.”

## Method

Regular checks were carried out on all patients every hour, with a tick-box system used to prompt nursing staff to ask patients about their pain, comfort and toileting needs, and ensure patients had easy access to the call bell, drinks and mobility aids. Staff also checked that the area surrounding the patient’s bed was clear and clutter free.

### INTENTIONAL ROUNDING CHECKS

- A** - Aid Mobility 
- B** - Bell/Pain/Position 
- C** - Clutter 
- D** - Drink 
- E** - Elimination 



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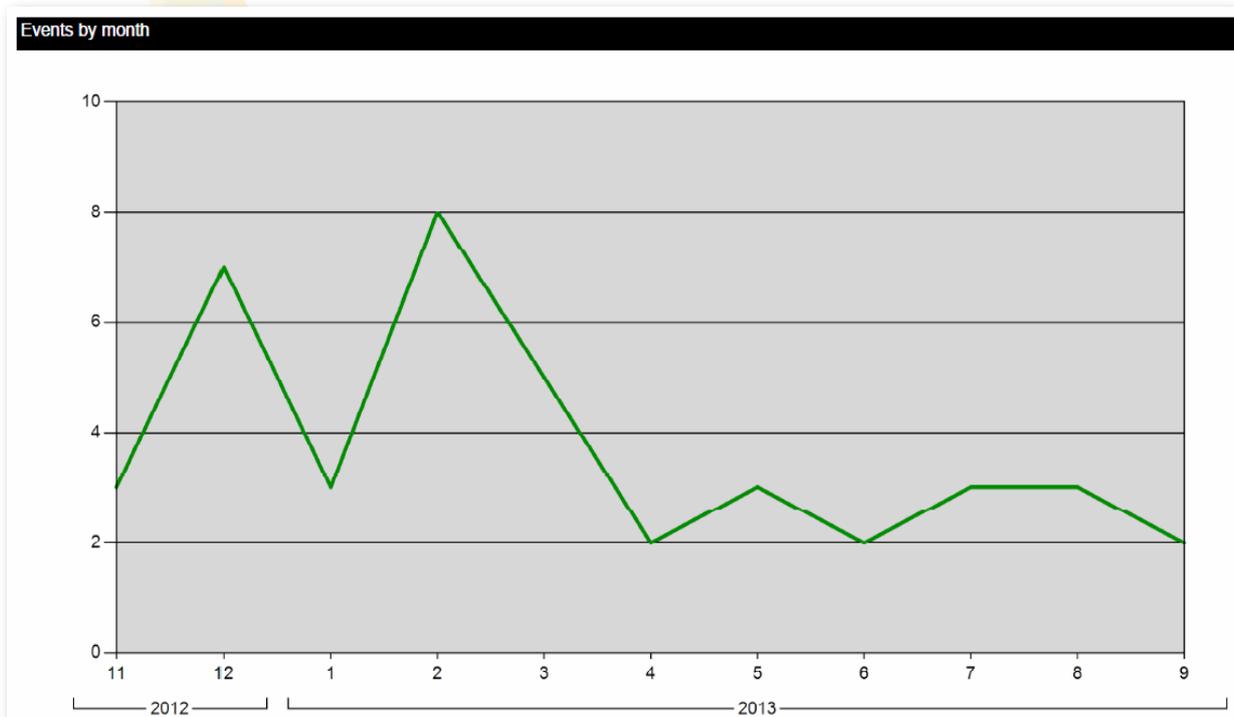
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A chart was put up above each patient's bed with recommendations on how to move them safely, so anyone attending to the patient could see at a glance what assistance that patient needed.

The pilot was carried out from September 2012 to November 2012, and data was recorded in an audit calendar.

## Results

There have been no major falls (those that result in a fracture, cerebral incident or death) in the medical ward since the pilot started and the overall number of falls has dropped significantly. Formal intentional rounding has been adopted as standard practice across all inpatient wards in the DHB.



## Lessons learnt/Top tips

The key lesson learnt has been the need to engage all health care staff in the process of intentional rounding. Even if they are not carrying out the hourly check, anyone who attends to the patient can check that pain, comfort, toileting and other needs are attended to. Moving the focus of intentional rounding from being yet another 'check-list' activity to being truly focused on the patient and meeting their needs for a safe and supported hospital experience has been a key driver for the project.

## Next steps

"The important thing is to look at trends, like what's been causing falls in the past, and eliminate the risk factors," says Anamaria. The medical wards are now participating in a "Why? When? And where?" exercise to further identify trends and causes for falls.

She says collating information over the past two months has helped identify the value of equipment such as true floor-level beds (for those patients who regularly roll out of bed) and helped ensure toileting is supported before and after meals, and during the early hours of the morning.

## CONTACT INFORMATION

*For more information about this project, please contact:*

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