Influential Nursing Rounds: Impact on Falls in an Inpatient TBI Rehab Program
Dawn Rankin, RN, BSN, CRRN

7th Annual Current Concepts in Brain Injury Rehabilitation
November 5, 2016

Outline

• Background
• Implications to practice
• Transformational Leadership
• Hourly rounding
• Evidence
• Action Plan

Objectives

• Be able to identify the purpose of hourly rounding
• Identify how to increase staff compliance with hourly rounding
• List what the 4 p’s of hourly rounding are
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**Background**

- Falls will endure more than $4300 higher hospital bills than patients who did not fall.  
  \( \text{Rankin, 2013} \)
- 50% of patients who suffer a fall in hospital will have a second fall.  
  \( \text{Tariq, 2013} \)
- Estimated 34 billion dollars are spent for medical care of injuries suffered from a fall.  
  \( \text{CDC, 2015} \)
- 2006- Stuber group

**Implications to practice**

- Proactive Instead Of Reactive Care
- Value Based Purchasing
- Patient & Staff Satisfaction
- 34 Billion Dollars Are Spent For Medical Care Of Injuries Suffered From A Fall (CDC, 2015)
- Transformational Leadership
- Staff Buy-in
- Consistency Of Completing
- Maintaining Compliance
- Effectiveness Of Rounds
- Rehab Specific Fall Tool

**How do staff identify fall risk?**

- Surveys were given to 81 rehab staff of different disciplines with 64% being returned
- Fall risk variables identified by staff
  1. History of falls (5% of staff)
  2. Age (11% of staff)
  3. Medical history
  4. Medications
  5. Vision deficits
  6. Abnormal lab values
  7. Incontinence

\( \text{Ruchinskas, 2001} \)
Evidence
Are we properly identifying fall risk in rehab?

- New fall tool including rehab FIM data trialed
- 30/174 patients suffered a fall
- 72% unattended falls & 28% assisted falls
- 90% success rate of predicting fall, the sensitivity of the new risk tool is 0.88
- Most falls during breaks, nights, & ADL times. TBI - night time


What else should we be including?
- Functional status……..FIM scores
- Devices?
- Patient compliance
- Staff judgment?? Do you think the patient may be at risk to fall?
- Have we involved visitors?
- Are we covering the unit during busy times?

How can we influence change?
- Identify fall risk and individualize plan of care
- Hourly Rounding
- Communication with team members
- Transformational leadership:
  - leadership style that works with employees to identify the needed change
  - creating a vision to guide the change through inspiration
  - executing the change in tandem with committed members of the group

Be the kind of leader that you would follow.
Hourly rounds

- Goal is to anticipate and identify patient needs before incidence occurs
- Four P’s of hourly rounds:
  - Pain
  - Position
  - Personal possessions
  - Potty

Evidence
Care and comfort rounds: improving standards
- 604 admissions, data review
- Staff education, monthly meetings, review of data, checklist development for rounding, leaflet of education for patients, patient experience questionnaires
- Falls were reduced by 39% & call buzzer use decreased by 36%
- According to pt feedback: quieter environment, patients offered and assisted with food and fluids, communication with families improved, documentation improved, time for education was given, and staff satisfaction in care provided increased.

Evidence
Staff nurse perceptions of nurse manager leadership styles and outcomes
- 278 staff nurses & 37 nurse managers given the multifactor leadership questionnaire (MLQ)
- Positive outcomes with transformational leadership = correlated rewards
- Negative outcomes with transactional or passive leadership
- Leadership extra effort, leadership satisfaction and leadership effectiveness = outcomes
- Leadership subscales:
  - Attribution & behavior influence, inspirational motivation, intellectual stimulation, & individual consideration
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Plan for action

- Identify implications for unit...PATIENTS
- Gather your data and your team...RESEARCH
- Discuss smart goal
- Action plan

6e Fall data

Smart Goal

Specific - In 2 months the nurse leader on the unit will coordinate staff committee and nursing in brainstorming regarding how rounds will work best with the new in-service and lead to a final consensus (pre-implementation plan). The goal of completing the hourly rounding will be discussed with the daily fall rate and 2 months.

Measurement/Assessment - Staff will complete a rounding questionnaire at the beginning and at the end of 2 months. Staff will report compliance and barriers to the clinicians. Staff members will complete a questionnaire at the beginning and at the end of 2 months prior to the discussion regarding rounding.

Attainable/Achieve - Decrease falls by 10% on unit compared to 2 months prior to trial. The expected result is 10% reduction in fall rates on the brain injury rehab unit.

Relevant - Clear expectations for hourly rounding. Rounding should include the 4 P’s—pain, position, potty, and personal belongings. Staff education and planning will occur for 1 month within unit meeting and program development meeting. A start date for hourly rounding will be provided to nurses on the floor to document fall rates and rounding compliance.
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Action Plan

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
<th>Who</th>
<th>By When?</th>
<th>How it will be measured</th>
<th>Resources Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conduct clinician rounding at all TBI rehab rooms</td>
<td>Clinician</td>
<td>2 weeks</td>
<td>Ongoing</td>
<td>Staff buy rounds, online training, materials</td>
</tr>
<tr>
<td>2</td>
<td>Clinician ensuring all fall data is collected and shared with staff &amp; leadership</td>
<td>Clinician</td>
<td>2 weeks</td>
<td>Ongoing</td>
<td>ClinicianWG, patient education materials</td>
</tr>
<tr>
<td>3</td>
<td>Continue to monitor and have ongoing checks</td>
<td>Staff</td>
<td>2 weeks</td>
<td>Ongoing</td>
<td>Staff buy rounds, ongoing training, materials</td>
</tr>
</tbody>
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References


Table of evidence

<table>
<thead>
<tr>
<th>Evidence Type</th>
<th>Description</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Study</td>
<td>Clinical decision making in the rehabilitation setting</td>
<td>Rehabilitation Nursing, 35(5), 24-30</td>
</tr>
<tr>
<td>Survey</td>
<td>Staff perceptions of leadership styles</td>
<td>Journal of Nursing Management, 21, 971-979</td>
</tr>
<tr>
<td>Observational</td>
<td>Intentional rounding impact</td>
<td>Nursing Management, 44(2), 25-30</td>
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?? Questions ??