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Background

Falls with Injury (FWI) and Hospital Acquired Pressure Injuries (HAPIs) are a common and deleterious occurrences in the hospital.

- 700,000 to 1,000,000 people fall in the hospital each year. (Agency for Healthcare Research and Quality, 2021)
- Patients may experience long-term pain, disability, increased length of stay and mortality after a fall (King et al., 2016).
- Cost of a fall is estimated at \$14,056 per patient. (The Joint Commission Center for Transforming Healthcare (2021)
- Centers for Medicare & Medicaid Services (CMS) no longer reimburse hospitals for the cost of care related to a patient fall (Fehlberg et al., 2017).
- 2.5 million patients develop HAPIs which can result in longer hospitalizations, chronic wounds, pain and even death (Padula & Delarmente, 2019).
- HAPIs can cost a hospital between \$500 to \$70,000 per occurrence, which is not fully reimbursed by CMS (Padula & Delarmente, 2019).

FWI and HAPIs are considered to be directly related to nursing care, thus their inclusion as a nursing sensitive quality indicators (NSQIs). Health care leaders hold the duty of non-maleficence-to do no harm. FWI and HAPIs are sustained harm within the hospital and ethically require a thoughtful approach to prevent.

Purpose

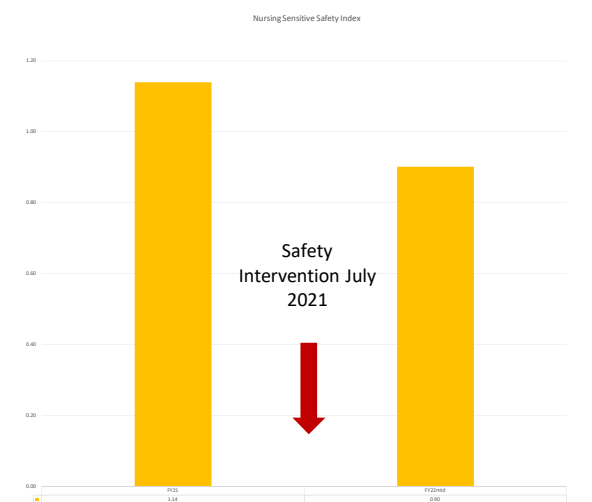
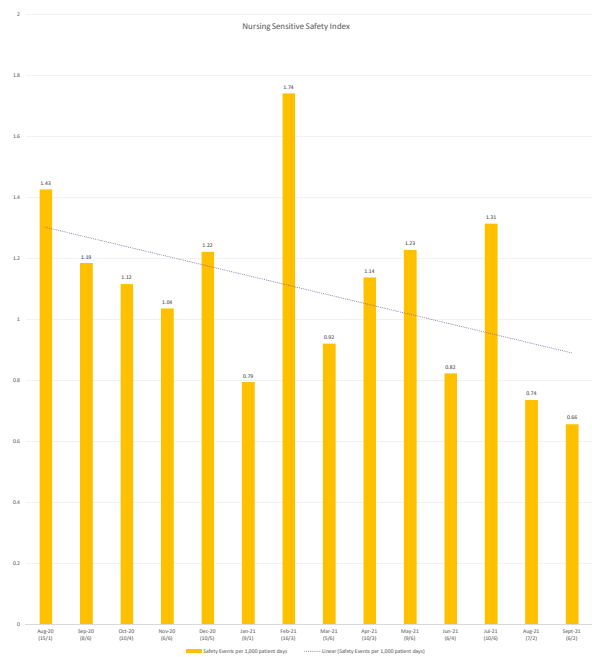
The purpose of the project was to determine if Nurse Managers improved NSQIs of FWI and HAPI after implementing intentional leader rounding at Loyola University Medical Center.

Method

This evidence-based project with a primary, quantitative, quasi-experimental design methodology, addressed the hypothesis that inpatient Nurse Managers improved NSQIs after implementing intentional leader rounding over a three-month period. Exclusion criteria included Managers of areas other than inpatient departments, Assistant Nurse Managers, and Charge Nurses.

The intervention of intentional leader rounding was taught during a mandatory, half-day educational class. Once the education was provided, Managers immediately implemented the new rounding technique. Managers were asked to round on a minimum of 5 patients per day or 20% of the census, whichever is higher, Monday through Friday from July through September, 2021.

Results



**Paired t-test
p = 0.024**

Implications for Research and Practice

The results demonstrated that the NSQIs of FWI and HAPIs improved after the implementation of intentional leader rounding. By incorporating intentional leader rounds and improving the care provided by nurses, the two negative conditions from FWI and HAPIs were avoided, which decreased cost to the hospital and improved patient outcomes.

These results must be a priority to hospital executives as these measures can be cost saving to the organization. Moreover, patients will appreciate the safe care that will be provided. The Intentional Leader Rounding Project can be easily replicated at other organizations.



Conclusion

It is important for organizations to improve NSQIs. Implementation of intentional leader rounding is a thoughtful approach to prevent or reduce FWI and HAPIs which will decrease overall cost to the hospital and improve patient outcomes.