

8-15-2025

# Effectiveness of Leadership Rounding in Reducing Patient-Related Falls in a Medical-Surgical Unit

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# Walden University

College of Nursing

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Elsie-Solange Nkoi-Mimba

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Walden University  
2025

Executive Summary: Organization Change Process Initiative  
Effectiveness of Leadership Rounding in Reducing Patient-Related Falls in a  
Medical-Surgical Unit

by

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Executive Summary Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

August 2025

## Summary

In this Doctor of Nursing Practice (DNP) project, I evaluated whether the project site organization's implementation of leadership rounding reduced patient falls within a medical-surgical unit. Despite established fall prevention strategies, the unit continued to experience ongoing incidents, prompting the implementation of structured leadership rounding. The practice-focused question assessed changes in fall rates over a 3-month postintervention period compared to the preceding 3 months. A retrospective chart review was conducted from December 2023 to June 2024, excluding March 2024 due to partial implementation.

I used descriptive statistics to analyze trends. The average monthly fall rate remained stable at 2.67 before and after the implementation of the leadership rounding initiative. However, the median declined from three to two, suggesting a downward shift in monthly fall incidents. Notable reductions included a 33% decrease in monthly patient falls from February to April and a 25% decrease from the preleadership rounding average to June. Conversely, May showed a 49.8% increase in falls compared to the baseline, and the standard deviation rose from 0.58 to 1.15, indicating greater variability in postintervention fall rates.

Although leadership rounding did not produce a sustained fall rate reduction, it remains an important tool because it enables nurse leaders to proactively identify and address fall risks at the bedside, reinforcing a diverse safety culture. From a social change perspective, it helps promote equitable care by standardizing safety practices, reducing outcome variability, and building trust among diverse patient populations.

## **Background**

Patient-related falls are a well-documented and persistent safety concern in acute care environments. These events are associated with significant complications, including preventable injuries, extended hospital stays, higher healthcare costs, and decreased patient satisfaction (LeLaurin & Shorr, 2019). As of November 2023, one hospital within the project site organization reported over 500 patient-related falls, accounting for approximately 4.2% of total inpatient admissions during that time frame. This high rate of falls occurred despite adherence to standard fall prevention strategies, such as hourly rounding, use of bed alarms, and environmental risk mitigation, highlighting a critical gap in the effectiveness of existing safety measures.

In response to the continued incidence of falls, the organization implemented a structured leadership rounding initiative. This intervention involved charge nurses and nurse leaders conducting regular, purposeful rounds to identify at-risk patients, verifying the implementation of fall prevention protocols, and engaging with frontline staff to reinforce safety practices. The goal of the leadership round was to increase leadership presence, strengthen oversight, and promote a culture of accountability around fall prevention efforts. However, since the implementation of the leadership rounding, no formal evaluation had been conducted to determine the initiative's effectiveness in reducing fall rates.

This DNP project's purpose was to evaluate whether structured leadership rounding led to a measurable reduction in patient-related falls within a medical-surgical unit. The project question was to identify whether leadership rounding was effective in reducing the incidence of patient falls in a medical-surgical unit. Specifically, I examined

fall rate trends during a 3-month postintervention period compared to the 3 months before the implementation of leadership rounding.

Support for the project was grounded in a robust body of evidence. Research from systematic reviews and meta-analyses of randomized controlled trials, randomized controlled trials themselves, and quasi-experimental and cohort studies suggested that leadership engagement improved patient safety outcomes when integrated with comprehensive multidisciplinary strategies (Fowler & Reising, 2021; Hult et al., 2023; Reed et al., 2024). Transformational leadership, in particular, was shown to enhance safety culture and team communication, thereby improving staff adherence to safety protocols.

Studies evaluating leadership rounding in isolation have shown inconsistent outcomes, indicating that its success may depend on contextual factors and the rigor with which it is implemented (Gliner et al., 2021). According to the Johns Hopkins Nursing Evidence-Based Practice Appraisal tool, several supporting studies were rated as good and consistent in quality. These ratings reflected methodological rigor, finding reliability, and results alignment across multiple studies. Key outcomes identified in these studies included improved interdisciplinary communication, enhanced team cohesion, and increased real-time accountability associated with visible leadership involvement (Alsadaan et al., 2023; Blake & Bacon, 2020).

The results of the literature review emphasized the importance of applying leadership rounding in a selective and context-specific manner within comprehensive safety frameworks. With this project, I sought to address that gap and generate data that could inform future quality improvement initiatives and enhance patient safety practices

by assessing the effectiveness of leadership rounding within a specific medical-surgical context.

### **Project Development**

In this project, I evaluated whether the project site organization's implementation of a quality improvement initiative, structured leadership rounding, was effective in decreasing patient-related falls within a medical-surgical unit. The primary outcome measured was the monthly number of patient-related falls. I conducted a retrospective chart review using de-identified aggregate fall data from 3 months before (December 2023–February 2024) and 3 months after (April–June 2024) the intervention. March 2024 was excluded due to its midmonth launch of leadership rounding.

I conducted an organizational readiness assessment and found it was moderate to strong based on staff engagement, leadership support, and infrastructure capabilities. Key observations included a moderate commitment to change because staff expressed a willingness to improve outcomes and concerns about feasibility. Confidence in execution was also moderate, with staff able to track progress and manage challenges, though there were concerns about maintaining momentum and adjusting workflows. Notably, the organization showed strong adaptability and support, demonstrated through its ability to coordinate logistics, support staff, and respond to institutional challenges.

Using a stakeholder analysis, I identified key internal stakeholders, including charge nurses (tasked with executing leadership rounding); unit managers and hospital administrators (responsible for policy alignment and resource allocation); the quality improvement team (charged with data collection and analysis); frontline nurses (who implemented recommendations and reported challenges); and interdisciplinary

colleagues, such as physical therapists, occupational therapists, and respiratory therapists (who contributed to holistic patient safety strategies). Early engagement and alignment of project goals with hospital safety priorities fostered buy-in across these groups.

A strengths, weaknesses, opportunities, and threats analysis informed implementation planning. Strengths included a culture prioritizing patient safety, skilled charge nurses, and strong teamwork, while weaknesses centered around high staff turnover, inconsistent adherence to rounding protocols, and heavy workloads. Opportunities emerged through additional training, targeted funding, and refining fall prevention protocols. Threats included staff burnout, limited resources, and a rise in high-risk patients.

The intervention officially began on March 15, 2024. Leadership rounding was conducted each shift by nurse leaders and charge nurses using a standardized electronic checklist (see Appendix A). A checklist was used to assess environmental safety, individual fall risk indicators, and staff adherence to fall prevention protocols. Completed checklists were auto-synced with a performance dashboard, allowing real-time visibility of compliance metrics and supporting weekly audits by nurse leaders (see Appendix B).

All data were stored and accessed using a Health Insurance Portability and Accountability Act compliant platform. The project site organization's Institutional Review Board approved a Health Insurance Portability and Accountability Act waiver, allowing me access to de-identified data for quality improvement purposes without requiring individual patient consent. This waiver ensured ethical compliance while minimizing privacy risks.

I calculated descriptive statistics, including means, medians, standard deviations, and percentage change, using Microsoft Excel to evaluate pre- and postintervention fall trends (see Simonovic, 2024).

## Results

Following the implementation of leadership rounding, the average monthly fall rate remained unchanged at 2.67 falls per month, both before and after the intervention period. However, the median number of monthly falls declined from three falls before the intervention to two falls following the intervention, indicating that the typical monthly fall rate decreased (see Table 1). This median decline represents a positive outcome, suggesting a general improvement in patient safety.

**Table 1**

*Descriptive Statistics of Patient Falls*

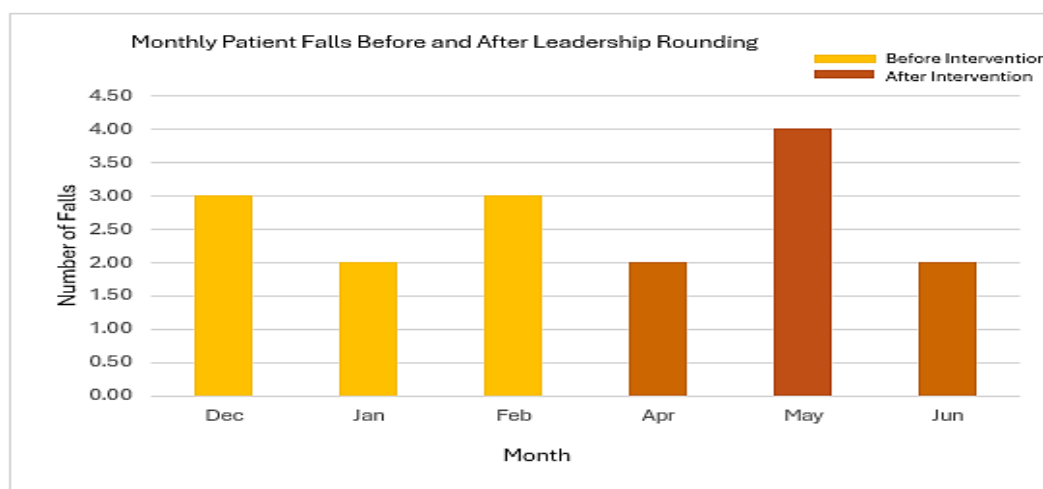
Metric	Before (Dec-Feb)	After (Apr-Jun)
<i>M</i>	2.67	2.67
<i>Mdn</i>	3	2
<i>SD</i>	0.58	1.15
Min	2	2
Max	3	4

Conversely, the standard deviation of monthly falls increased from 0.58 before the intervention to 1.15 after, indicating greater variability or dispersion in fall occurrences. This rise in standard deviation implies that despite the overall decline in the typical fall rate, there was less consistency in the fall rate across the months following the intervention, with some months experiencing significantly fewer falls and others experiencing more.

April and June each recorded two falls, reflecting a decrease of approximately 25% compared to the preintervention average. However, May recorded four falls, representing an approximate increase of 50% over the baseline monthly average of 2.67 falls. Fluctuating trends occurred over the project's timeline, and there was a decline in April and June alongside the spikes observed in May (see Figure 1). This variability highlights inconsistencies potentially attributable to variations in staffing, patient acuity, or adherence to rounding procedures during the postintervention period.

### Figure 1

*Monthly Patient Falls Before and After Leadership Rounding*



Leadership rounding was supported by a performance dashboard that visually tracked the number of patients falls per month. This tool facilitated continuous monitoring of the fall trend and identified outcome variability across the intervention period. Although the average fall rate remained unchanged, the visual data highlighted monthly fluctuations, such as the decline in April and June and the spike in May,

prompting further consideration of contextual factors, such as staffing variations, patient acuity, and inconsistent adherence to fall prevention protocols that may have influenced fall occurrences. When combined with ongoing data visualization, leadership rounding may contribute to enhanced situational awareness and support data-informed safety initiatives (Blake & Bacon, 2020; Fowler & Reising, 2021).

The project encountered several constraints, including a short evaluation period that may not fully capture long-term impacts. Additionally, factors, such as patient acuity, staffing levels, and seasonal census fluctuations, that could influence fall rates were not controlled and may have impacted the variability observed. The findings underscore the importance of consistent implementation and protocol adherence for achieving sustainable patient safety outcomes.

This initiative possesses significance that extends beyond the local context. Leadership rounding represents a scalable and cost-effective approach that can be implemented across inpatient units to improve team engagement and accountability. Although immediate reductions in fall metrics may not be evident, leadership rounding enhances safety culture and establishes a foundation for ongoing quality improvement (Alsadaan et al., 2023; Hult et al., 2023). It constitutes a practical element of comprehensive, interdisciplinary fall prevention initiatives within healthcare systems.

### **Conclusions**

In this DNP project, I evaluated the effectiveness of structured leadership rounding in reducing patient-related falls within a medical-surgical unit. While the average monthly fall rate remained unchanged, the reduction in the median fall rate from three to two represented a meaningful step toward improving patient safety. The

increased variability in monthly fall trends postintervention highlighted the need for consistent implementation and adherence to rounding protocols to ensure sustainable outcomes.

The findings have several implications for nursing practice. Nurse leaders could use structured leadership rounding as a proactive strategy to identify safety risks, engage frontline staff, and reinforce fall prevention measures. Incorporating ongoing training, periodic audits, and interdisciplinary collaboration could enhance rounding fidelity and foster a culture of accountability and continuous improvement.

From a broader perspective, leadership rounding supports positive social change by standardizing safety practices, enhancing transparency, and building trust across diverse patient populations. Embedding such strategies into organizational safety frameworks could foster diversity, equity, and inclusion by ensuring that all patients receive consistent, high-quality care regardless of their background. This project underscored the critical role of DNP-prepared nurses in advancing equitable healthcare delivery and highlighted the potential of practical, scalable interventions to improve outcomes across settings.

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### Appendix A: Fall Prevention Rounding K-Card

This tool was used by nursing leadership during structured leadership rounding. It served as a data collection instrument to evaluate compliance with fall prevention protocols and patient safety practices.

Fall Prevention Round K-Card	
<b>Go &amp; See: Fall Precautions</b>	
Unit Visited:	Room Visited:
Date:	
<b>Criteria:</b>	
Y	1. Check: Does the patient have a fall assessment score of 45 or above?
Y	2. Confirm with RN if patient is on VMU, and do they qualify?
Y	3. Introductions: State reason for rounding to staff/patient
Y	4. Environmental check: adequate lighting, dry/uncluttered floors, items within reach, bed low and locked, bedrails up?
Y	5. Confirm: Is the call bell/call light within reach?
Y	6. Check: Appropriate clothing ( <i>yellow</i> gowns, socks, armband, etc.)
Y	7. Confirm: Is the bed alarm on? Is it on the appropriate setting?
Y	8. Ask the patient: How often are you being checked on?
	<b>Record answer:</b>
Y/ N/A	9. If the patient is out of bed, are they wearing a gait belt?
Y/ N/A	10. If the patient is out of bed or chair, is a team member within arm's reach?

### Appendix B: Fall Prevention Performance Dashboard

This visual dashboard displays trends from April to June 2024. It reflects real-time compliance with core fall prevention practices.

## HOW ARE WE PERFORMING?

