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## Educating Staff on Hourly Rounding Toward Fall Prevention in a Long-Term Care Facility

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# Walden University

College of Nursing

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Princess Aminata Kanu

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Walden University  
2025

Executive Summary: Staff Education Project  
Educating Staff on Hourly Rounding Toward Fall Prevention in a Long-Term Care

Facility

by

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MS, Walden University 2021

BS, Grand Canyon University 2018

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## Summary

The identified problem at the project site facility was rising incidences of patient falls, which was attributed to insufficient staff knowledge of evidence-based strategies for preventing falls, including purposeful hourly rounding (PHR). Research has demonstrated that PHR effectively reduces the risk of falls among patients by allowing clinicians to proactively address patient needs. The purpose of this staff education project was to enhance healthcare providers' knowledge of PHR and its role in fall prevention. The practice-focused question that guided this project was: For staff in a long-term care facility, will training on hourly rounding increase knowledge toward the goal of reducing the rate of falls among older residents? To evaluate the project, I gave pre- and posttest knowledge questionnaires to the participants and used a *t* test to assess variation in their knowledge following the intervention. All healthcare staff ( $N = 85$ ) participated in the training and completed both assessments. Results indicated a 40.8% rise in mean scores, from 65.4 to 92.1, following the education sessions. This improvement was statistically significant ( $t = 19.01$ ,  $df = 84$ ,  $p < .001$ ). The project's outcomes highlight the value of regular training initiatives in strengthening staff knowledge and competencies in evidence-based practices to advance safe, effective, and high-quality patient care. I recommended to leadership that the practice of hourly rounding be established as facility standard. Additionally, the project supports positive social change by promoting patient safety, dignity, and independence, while fostering inclusivity through equal access to training opportunities and reducing healthcare disparities affecting older and vulnerable populations.

## **Background**

The global geriatric population is steadily increasing as a result of rising life expectancy and declining mortality rates (Li et al., 2023; Salari et al., 2022). It is projected that the number of older adults worldwide will grow from 600 million to 1.2 billion from 2001 to 2025 (Salari et al., 2022). Within the United States, falls represent a significant concern among older adults, with about half of all nursing home residents encountering a fall each year (Agency for Healthcare Research and Quality, 2024). Falls, common among older adults, cause serious problems that can lead to fatal or nonfatal physical and psychological harm (Salari et al., 2022). Falls have several negative impacts, including increasing the cost of care, prolonging hospitalization, decreasing quality of life, and increasing dependence (Giovannini et al., 2021). Falls decrease a person's capacity to carry out daily activities, leading to greater reliance on others for support (Giovannini et al., 2021; Li et al., 2023). In the United States, falls among older adults create a significant economic impact, with approximately \$50 billion spent each year on medical expenses for injuries caused by falls (Centers for Disease Control and Prevention [CDC], 2023).

Multiple factors contribute to patient falls, including muscle weakness, depression, medication use, osteoarthritis, dizziness, reliance on assistive devices, impaired vision, chronic diseases, advanced age, and disturbances in balance and gait (Giovannini et al., 2021; Salari et al., 2022). Furthermore, fall risk may be influenced by demographic and clinical variables, such as gender, body mass index, the presence of chronic illnesses, and the use of psychotropic medications (Gallagher et al., 2023).

Proactive interventions, such as PHR, have demonstrated efficacy in reducing fall incidence (Anu, 2021). During PHR, nurses attend to patients' needs related to pain, positioning, toileting, and possessions. Based on Johns Hopkins hierarchy of evidence, high-level evidence (i.e., Level I) supports the efficacy of PHR for decreasing the cases of patient falls (Di Massimo et al., 2022; Ojo & Thiamwong, 2022; Roberts et al., 2020). Level I evidence comprise randomized control trials (RCTs) and systematic review of RCTs (Dang et al., 2021). By proactively addressing patient needs, PHR reduces the likelihood of falls that may occur when patients attempt to manage their needs independently.

The problem identified at the facility was rising cases of falling patients, which was attributed to inadequate knowledge among health care staff about available evidence-based strategies for preventing falls, such as PHR. Many staff members did not recognize PHR as an evidence-based intervention to reduce fall incidence. Therefore, the purpose of this staff education project was to enhance healthcare staff knowledge of PHR and its role in fall prevention. The practice-focused question that guided this project was: For staff in a long-term care facility, will training on hourly rounding increase knowledge toward the goal of reducing falls among older residents?

Evidence indicates that staff education programs are effective in improving healthcare workers' knowledge of current evidence-based practices (Al-Anati et al., 2024; Roustaei et al., 2023). Specifically, education targeting fall prevention strategies has been shown to increase staff knowledge and enhance their implementation of fall prevention practices (Anu, 2021; Roustaei et al., 2023). Improved staff knowledge of fall prevention strategies is also associated with enhanced patient safety, better health

outcomes, and increased engagement in fall prevention activities (Turner et al., 2021; Garcia et al., 2021). Additionally, studies have demonstrated a positive and statistically significant relationship between fall prevention education and fall prevention practices, suggesting that educating healthcare staff strengthens the effectiveness of fall reduction initiatives (Han et al., 2020).

### **Staff Education Project Development**

The purpose of this staff education project was to educate healthcare providers on the benefits of PHR. I informed healthcare staff at the long-term care facility about the project, its procedures, purpose, and how to participate after securing approval from the facility administration to conduct the project. Educational materials on PHR were developed in a slide presentation format (see Appendix A). I used a questionnaire to assess staff knowledge on PHR before and after the education sessions (see Appendix B). The questionnaire consisted of 10 questions related to PHR. The staff training sessions were provided in three shifts to minimize interruptions to the normal workflow at the site. I organized flexible training schedules in collaboration with the facility administration, the nurse manager, and the healthcare staff.

I delivered the instructional sessions face-to-face at the facility across meetings with all three shifts and used a structured slide presentation. All healthcare staff at the facility received education and were assessed for knowledge change using paper-based questionnaires. Staff's pre- and posttest scores were documented in a spreadsheet and converted into percentages. I calculated means, standard deviations, and percentage changes to evaluate changes in staff knowledge before and after training. A paired-samples *t* test was also used as an inferential test for statistical significance in

participants' knowledge improvement postintervention. I performed all statistical analyses using Microsoft Excel, with a  $p$  value threshold of 0.05 applied for determining significance.

### **Results**

All 85 healthcare staff members participated in both the educational sessions and pre- and posttest data collection. The mean staff age was 34.4 years ( $SD = 7.65$ ), with ages ranging from 21 to 48 years. The majority of staff were female ( $n = 58, 68.2\%$ ). The baseline mean staff knowledge score for PHR was 65.4 ( $SD = 11.50$ ), which increased to 92.1 ( $SD = 7.57$ ) following the educational intervention, representing a 40.8% increase. For the  $t$  test, results indicated a significance change ( $t = 19.01, df = 84, p < .001$ ), thereby indicating the success of the training in improving participants' knowledge of PHR.

The observed increase in healthcare staff knowledge regarding PHR has positive implications for both the project site organization and similar healthcare settings. Enhanced knowledge scores suggest that healthcare staff possess greater competence in patient fall prevention strategies. PHR represents an evidence-based intervention substantiated to improve patient outcomes, including reducing the incidence of falls (Al-Anati et al., 2024; Roustaei et al., 2023).

Increasing healthcare staff's understanding of fall prevention measures is associated with improved patient safety, health outcomes, and the implementation of effective fall prevention practices (Garcia et al., 2021). Through this project, health care staff increased their required competence to provide quality care and prevent patient falls. Specifically, an increase in staff knowledge implies that they are more knowledgeable of

and skilled in the frequency and activities they should conduct in hourly rounding to proactively identify and address patient needs. PHR enables healthcare staff to identify and address patients' needs, such as pain, position, potty, and possessions, thereby decreasing the likelihood of falls that could have occurred when patients were left to perform these duties on their own.

Different researchers have reported a positive and statistically significant association between education on fall prevention and the implementation activities for preventing falls, suggesting that providing educational interventions to healthcare staff enhances their fall prevention practices (Al Balushi et al., 2023; Gliner et al., 2022; Han et al., 2020). Consequently, I anticipate that improved healthcare staff knowledge of PHR will enhance their fall prevention strategies at the project site facility, which in turn may reduce patient fall incidence and improve health outcomes. A reduction in patient falls can contribute to improved health outcomes by minimizing both fatal and nonfatal consequences, including physical injuries, and psychological effects, such as fear of falling (Salari et al., 2022).

Patient falls reduce the ability to carry out daily activities, leading to increased reliance on others for assistance (Li et al., 2023). Decreasing patient falls is, therefore, essential for enhancing residents' independence and optimizing the healthcare staff workforce. In addition, falls are associated with other nonhealth negative impacts, such as increasing the cost of care and prolonging hospitalization (Li et al., 2023). According to the CDC (2023), falls among older adults in the United States account for an estimated \$50 billion in annual medical expenditures. Deaths or serious injuries due to a fall occurring within a healthcare facility are classified as a "never event," and the Centers for

Medicare and Medicaid Services does not reimburse hospitals for additional expenses incurred as a result of patient falls (Agency for Healthcare Research and Quality, 2024). Therefore, decreasing patient falls incidence is a cost-effective strategy for both patients and healthcare organizations.

The success of this project highlights the importance of providing regular education to healthcare staff about existing and emerging evidence-based interventions aimed at improving the delivery of quality, safe, and effective care and patient outcomes. Regular education enables healthcare staff to gain new knowledge and enhance their skills in evidence-based practices required to provide quality and safe patient care. Therefore, healthcare organizations should identify areas where healthcare staff lack or have inadequate knowledge and skills and plan accordingly to enhance these areas through regular educational programs on evidence-based practices.

The findings of this project align with existing literature that demonstrated that training that focuses on specific strategies for preventing falls significantly improves healthcare staff knowledge and practices related to fall prevention (see Roustaei et al., 2023). Some of the limitations associated with this project were the use of a single site and the design. The project was conducted at a single facility, potentially limiting the applicability of its findings to other environments. Additionally, participants' knowledge scores were measured immediately before and after the educational sessions, which may have been influenced by the immediate posttest effect. The staff might have scored higher on the posttest just after an educational session. The data collection timeline did not allow for measuring the long-term sustainability of the gained knowledge.

## Conclusions

This educational intervention on PHR significantly enhanced staff knowledge at the project site facility. The participants' mean knowledge score increased from 65.4 to 92.1 following the training, representing a 40.8% gain. By improving staff knowledge required to identify and proactively address patient needs, the organization not only improves the quality of care but also reduces the financial costs associated with patient falls.

Based on the success of this project, I made several recommendations to improve healthcare delivery and patient outcomes. The project site healthcare organization should implement regular training for healthcare staff on evidence-based interventions to enhance their knowledge and skills in providing quality, effective, and safe care. There is also a need for follow-up assessments, such as at 3, 6, and 12 months postintervention, to investigate the sustained effects of the educational interventions. Regular assessment of staff knowledge would also inform the planning and delivery of additional training. Additionally, it is essential to assess the compliance with hourly rounding and related patient outcomes to monitor and maintain the quality of care.

The results of this project highlight the value of continuous education in improving nursing practice and ensuring patient safety. Increased knowledge about PHR equips nurses with proactive strategies to identify patient needs and reduce fall risks, thereby improving health outcomes and decreasing the cost of care. Regular training on evidence-based interventions ensures that healthcare staff remain up-to-date with the current best practices, contributing to the delivery of safe, high-quality, evidence-based care.

Besides improving clinical outcomes, this project supported the goal of positive social change by promoting patient dignity, independence, and well-being, particularly for older adults and vulnerable populations. By reducing preventable patient falls, health care organizations enhance patients' autonomy and quality of life. Additionally, providing training to all healthcare staff ensured inclusivity, allowing individuals from varied professional, educational, and cultural backgrounds to have equal opportunities to enhance their competencies. This project also contributes to addressing healthcare disparities because falls and their consequences disproportionately affect older patients (see CDC, 2023).

## References

Agency for Healthcare Research and Quality. (2024). *Falls*.

<https://psnet.ahrq.gov/primer/falls>

Al-Anati, A., Molloy, L., Sim, J., Halcomb, E., & Frost, S. A. (2024). Structured interactions between nurses and patients through intentional rounding: A scoping review. *International Nursing Review*, 71(3), 492-503.

<https://doi.org/10.1111/inr.12984>

Al Balushi, Z., Al Adawi, M., Al Hashmi, N., Al Habsi, S., & Al-Habsi, S. (2023). The impact of two hourly purposive rounds (2HNR) on nurses' perception and satisfaction: A cross-sectional study. *International Journal of Nursing and Health Care Research*, 6, 1413.

<https://pdfs.semanticscholar.org/c5a6/be8e5af07b356a9fb4361f1de7789d865f88.pdf>

Al-Nusair, H., Alnjadat, R., Mukona, D. M., Fonbuena, M., & Perinchery, S. (2023). The effect of intentional nurse rounding and nurse prompt response time to call system on patient satisfaction, patient complaints, and patient clinical outcome: An audit trial. *Nursing and Midwifery Studies*, 12(3), 142-150.

Anu, J. A. (2021). Hourly rounding and fall prevention among the elderly in long term care: A change process. *Journal of Geriatric Medicine*, 3(1), 1-5.

<https://doi.org/10.30564/jgm.v3i1.2614>

Centers for Disease Control and Prevention. (2023). *Facts about falls*.

<https://www.cdc.gov/falls/data-research/facts-stats/index.html>

- Dang, D., Dearholt, S. L., Bissett, K., Ascenzi, J., & Whalen, M. (2021). Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines. Sigma Theta Tau.  
<https://books.google.com/books?hl=en&lr=&id=m4k4EAAQBAJ&oi=fnd&pg=PP1&dq>
- Di Massimo, D. S., Catania, G., Crespi, A., Fontanella, A., Manfellotto, D., Regina, M. L., Carli, S. D., Rasero, L., Gatta, C., Pentella, G., Bordin, G., Croso, A., Bagnasco, A., Gussoni, G., Campani, D., Busca, E., Azzolina, D., Molin, A. D., & Group, I. S. (2022). Intentional rounding versus standard of care for patients hospitalised in internal medicine wards: Results from a cluster-randomised nation-based study. *Journal of Clinical Medicine*, 11(14).  
<https://doi.org/10.3390/jcm11143976>
- Garcia, A., Bjarnadottir, I., Keenan, G. M., & R Macieira, T. G. (2021). Nurses' perceptions of recommended fall prevention strategies: A rapid review. *Journal of Nursing Care Quality*, 37(3), 249.  
<https://doi.org/10.1097/NCQ.0000000000000605>
- Gallagher, E., Mehmood, M., Lavan, A., Kenny, R. A., & Briggs, R. (2023). Psychotropic medication use and future unexplained and injurious falls and fracture amongst community-dwelling older people: Data from TILDA. *European Geriatric Medicine*, 14(3), 455-463.
- Giovannini, S., Brau, F., Galluzzo, V., Santagada, D. A., Loreti, C., Biscotti, L., Laudisio, A., Zuccalà, G., & Bernabei, R. (2021). Falls among older adults:

Screening, identification, rehabilitation, and management. *Applied Sciences*, 12(15), 7934. <https://doi.org/10.3390/app12157934>

Gliner, M., Dorris, J., Aiyelawo, K., Morris, E., Hurdle-Rabb, D., & Frazier, C. (2022). Patient falls, nurse communication, and nurse hourly rounding in acute care: Linking patient experience and outcomes. *Journal of Public Health Management and Practice*, 28(2), E467-E470. [https://journals.lww.com/jphmp/abstract/2022/03000/patient\\_falls,\\_nurse\\_communication,\\_and\\_nurse.38.aspx](https://journals.lww.com/jphmp/abstract/2022/03000/patient_falls,_nurse_communication,_and_nurse.38.aspx)

Han, Y. H., Kim, H. Y., & Hong, H. S. (2020). The effect of knowledge and attitude on fall prevention activities among nursing staff in long-term care hospitals. *Open Journal of Nursing*, 10(7), 676-692. <https://www.scirp.org/journal/paperinformation?paperid=101506>

Li, Y., Hou, L., Zhao, H., Xie, R., Yi, Y., & Ding, X. (2023). Risk factors for falls among community-dwelling older adults: A systematic review and meta-analysis. *Frontiers in Medicine*, 9, 1019094. <https://doi.org/10.3389/fmed.2022.1019094>

Ojo, E. O., & Thiamwong, L. (2022). Effects of nurse-led fall prevention programs for older adults: A systematic review. *Pacific Rim International Journal of Nursing Research*, 26(3), 417.

Roberts, B., Holloway-Kew, K., Pretorius, T., Hosking, S., Kennedy, A., & Armstrong, K. (2020). Does 20-min rounding reduce falls in an aged-care setting? A pilot intervention study. *Geriatric Nursing*, 41(5), 579-584. <https://doi.org/10.1016/j.gerinurse.2020.03.003>

Roustaei, Z., Sadeghi, N., Azizi, A., Eghbalian, M., & Karsidani, S. D. (2023). The effect of regular nursing rounds on patients' comfort and satisfaction, and violence against nurses in surgical ward. *Heliyon*, 9(7), 1-9.

[https://www.cell.com/heliyon/fulltext/S2405-8440\(23\)04916-2](https://www.cell.com/heliyon/fulltext/S2405-8440(23)04916-2)

Salari, N., Darvishi, N., Ahmadipannah, M., Shohaimi, S., & Mohammadi, M. (2022).

Global prevalence of falls in the older adults: a comprehensive systematic review and meta-analysis. *Journal of Orthopaedic Surgery and Research*, 17(1), 334-

341. <https://doi.org/10.1186/s13018-022-03222-1>

Turner, K., Staggs, V. S., Potter, C., Cramer, E., Shorr, R. I., & Mion, L. C. (2021). Fall prevention practices and implementation strategies: Examining consistency across hospital units. *Journal of Patient Safety*, 18(1), e236.

<https://doi.org/10.1097/PTS.0000000000000758>

## Appendix A: PowerPoint Presentation



### Objectives

- Understand the purpose and benefits of purposeful hourly rounding.
- Understand the Pain, Position, Potty, and Possessions (4Ps) framework.
- Understand how purposeful rounding reduces fall risks.
- Understand documentation and communication strategies for continuity of care.



## Definition and Purpose of Hourly Rounding

- **Definition:** A systematic, proactive approach where nurses check on patients every hour to address their needs and safety.
- **Purpose:**
  - Prevent falls and improve patient safety.
  - Enhance patient satisfaction.
  - Improve staff responsiveness and care communication (Al-Nusair et al., 2023; Anu, 2021; Al-Anati et al., 2024; Di Massimo et al., 2022).



## The 4Ps of Hourly Rounding

1. **Pain:** Assess and manage discomfort resulting from pain.
2. **Position:** Ensure proper alignment and comfort of the patient.
3. **Potty:** Provide assistance with toileting needs to prevent unassisted attempts.
4. **Possessions:** Ensure personal items are within reach of patient to reduce overreaching or unnecessary movements (Al-Nusair et al., 2023; Anu, 2021; Al-Anati et al., 2024; Di Massimo et al., 2022).



## Benefits of Purposeful Hourly Rounding

- Increases patient satisfaction and safety.
- Enhances communication within care teams.
- Reduces the risk of falls and complications.
- Promotes proactive rather than reactive care (Al-Nusair et al., 2023; Anu, 2021; Al-Anati et al., 2024; Di Massimo et al., 2022).



## Addressing Pain.

- Use pain scales and patient feedback to assess pain.
- Pain reduces independent movement due to discomfort.
- Reducing pain enhances satisfaction and comfort, reducing the likelihood of risky behaviors such as unnecessary movement (Al-Nusair et al., 2023; Anu, 2021; Al-Anati et al., 2024; Di Massimo et al., 2022).



## Addressing Toileting.

- Mitigate falls resulting from unassisted bathroom visits by the patient.
- During hourly rounding, ask patients about toileting needs and assist them accordingly (Al-Nusair et al., 2023; Anu, 2021).



## Addressing Positioning

- Positioning and repositioning patient prevent falls by decreasing fall risk during unassisted movements.
- Positioning also promote patients' comfort and safety, decreasing the unnecessary movements.
- During hourly rounding, reposition patients based on their needs.
- Additionally, assess patients' mobility limitations and needs and address them.



## Addressing Patients' Possessions

- Ensuring patient access their possessions decreases falls by reducing unnecessary movements as they try to retrieve.
- Place phones, call buttons, water, and other patient items within the reach of patients.
- Inform patients to seek help assessing their personal items.



## Documentation of Hourly Rounding

- It is essential to document activities completed during hourly rounding to facilitate continuation of care.
- Document patient needs assessed during hourly rounding.
- Document interventions and other activities aimed at reducing falls conducted during hourly rounding.
- Give feedback and documented information to the care team to facilitate effective continuation of care.



## Frequency of Hourly Rounding

- Address 4Ps every hour during day shifts.
- Address 4Ps based on patient needs at night shifts.
- Built trust with patients to facilitate collaboration and adherence to recommended fall prevention practices.



## Sustaining 4Ps

- Collect and analyze patients' feedback during hourly rounding.
- Conduct team meeting to discuss, review, and plan hourly activities.
- Review fall incidences and adjust fall prevention strategies accordingly.



## References

- Al-Nusair, H., Aljadat, R., Mukona, D. M., Fonbuena, M., & Perinchery, S. (2023). The effect of intentional nurse rounding and nurse prompt response time to Call system on patient satisfaction, patient complaints, and patient clinical outcome: An Audit trial. *Nursing and Midwifery Studies, 12*(3), 142-150. [https://www.researchgate.net/publication/374551746\\_The\\_effect\\_of\\_intentional\\_nurse\\_rounding\\_and\\_nurse\\_prompt\\_response\\_time\\_to\\_Call\\_system\\_on\\_patient\\_satisfaction\\_patient\\_complaints\\_and\\_patient\\_clinical\\_outcome\\_An\\_Audit\\_trial](https://www.researchgate.net/publication/374551746_The_effect_of_intentional_nurse_rounding_and_nurse_prompt_response_time_to_Call_system_on_patient_satisfaction_patient_complaints_and_patient_clinical_outcome_An_Audit_trial)
- Ann, J. A. (2021). Hourly Rounding and fall prevention among the elderly in long term care: a change process. *Journal of geriatric medicine, 3*(1), 1-5. <https://doi.org/10.30564/jgm.v3i1.2614>
- Al-Anati, A., Molloy, L., Sim, J., Halcomb, E., & Frost, S. A. (2024). Structured interactions between nurses and patients through intentional rounding: A scoping review. *International Nursing Review, 71*(3), 492-503. <https://doi.org/10.1111/inr.12984>
- Di Massimo, D. S., Catania, G., Crespi, A., Fontanella, A., Manfellotto, D., Regina, M. L., Carli, S. D., Rasero, L., Gatta, C., Pentella, G., Bordin, G., Croso, A., Bagnasco, A., Gussoni, G., Campani, D., Busca, E., Azzolina, D., Molin, A. D., & Group, I. S. (2022). Intentional rounding versus standard of care for patients hospitalised in internal medicine wards: results from a cluster-randomised nation-based study. *Journal of Clinical Medicine, 11*(14). <https://doi.org/10.3390/jcm11143976>

Thank You

Questions and Comments

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## References

- Al-Nusair, H., Aljadat, R., Mukona, D. M., Fonbuena, M., & Perinchery, S. (2023). The effect of intentional nurse rounding and nurse prompt response time to Call system on patient satisfaction, patient complaints, and patient clinical outcome: An Audit trial. *Nursing and Midwifery Studies, 12*(3), 142-150. [https://www.researchgate.net/publication/374551746\\_The\\_effect\\_of\\_intentional\\_nurse\\_rounding\\_and\\_nurse\\_prompt\\_response\\_time\\_to\\_Call\\_system\\_on\\_patient\\_satisfaction\\_patient\\_complaints\\_and\\_patient\\_clinical\\_outcome\\_An\\_Audit\\_trial](https://www.researchgate.net/publication/374551746_The_effect_of_intentional_nurse_rounding_and_nurse_prompt_response_time_to_Call_system_on_patient_satisfaction_patient_complaints_and_patient_clinical_outcome_An_Audit_trial)
- Ann, J. A. (2021). Hourly Rounding and fall prevention among the elderly in long term care: a change process. *Journal of geriatric medicine, 3*(1), 1-5. <https://doi.org/10.30564/jgm.v3i1.2614>
- Al-Anati, A., Molloy, L., Sim, J., Halcomb, E., & Frost, S. A. (2024). Structured interactions between nurses and patients through intentional rounding: A scoping review. *International Nursing Review, 71*(3), 492-503. <https://doi.org/10.1111/inr.12984>
- Di Massimo, D. S., Catania, G., Crespi, A., Fontanella, A., Manfellotto, D., Regina, M. L., Carli, S. D., Rasero, L., Gatta, C., Pentella, G., Bordin, G., Croso, A., Bagnasco, A., Gussoni, G., Campani, D., Busca, E., Azzolina, D., Molin, A. D., & Group, I. S. (2022). Intentional rounding versus standard of care for patients hospitalised in internal medicine wards: results from a cluster-randomised nation-based study. *Journal of Clinical Medicine, 11*(14). <https://doi.org/10.3390/jcm11143976>

## Appendix B: Assessment Tool

1. What is the purpose of hourly rounding?
  - a. To document patient care
  - b. To decrease nurse workload
  - c. To prevent falls and improve patient safety
  - d. To collect patient's feedback
2. What do the 4Ps stand for in purposeful hourly rounding?
  - a. Pain, position, pressure, potty
  - b. Pain, pills, possession, potty
  - c. Pain, possession, potty, position
3. How does addressing patient pain during hourly rounding decrease the risk of falling?
  - a. By distracting the patient from feeling the pain
  - b. It decreases the need for movement by increasing patient satisfaction
  - c. By decreasing the likelihood of patients moving independently due to pain discomfort
  - d. By decreasing the need for bathroom visits
4. Why is it important to ask patients if they need assistance with toileting during hourly rounding?
  - a. It reduced the risk of falling from patients trying to use the bathroom without assistance
  - b. It shows nurses' concerns about patients' needs
  - c. It helps nurses manage their time more effectively by decreasing the need for patients to call for help after the nurse leaves the room.
  - d. It helps in keeping patients engaged
5. How does ensuring patients' possessions during hourly rounding, such as phones are within their reach help in preventing falls?
  - a. It ensures that patients remain seated
  - b. It keeps the room tidy
  - c. It helps in decreasing confusion on where patient placed their items.
  - d. It decreases unnecessary movements such as patient trying to get out of bed or overreaching their items
6. What is the main reason for repositioning patients during hourly rounding?
  - a. To help patients sleep better
  - b. To make the patients feel more comfortable in bed
  - c. To prevent the likelihood of patient trying to change their position on their own without help
  - d. To check patients' bedding
7. Why is it important to document processes completed during hourly rounding?
  - a. To ensure the next nurse performs the same tasks
  - b. To ensure accurate billing

- c. To facilitate the continuation of care by understanding the patient's needs and conditions
  - d. To decrease the risk of litigation
8. How often should patients' 4Ps be addressed?
- a. After every hour
  - b. Once a day
  - c. After every two hours
  - d. Only during nurse shift changes
9. What is the most important factor for continuous improvement in hourly rounding?
- a. Increasing the intervals of assessing patients' 4Ps when all patients show no need for help in addressing them
  - b. The presence of sufficient nurses to facilitate hourly rounding
  - c. Using different nurses to conduct hourly rounding
  - d. Collecting patient feedback, condition, concerns, needs, and risk of falls and sharing them among the care team
10. Which of the following is not among the primary benefits of purposeful hourly rounding?
- a. Increases patient satisfaction with care
  - b. Improve communication among health care staff
  - c. Increases staff responsiveness to patients' risk of falling
  - d. Improve communication and engagement between health care staff and patients