Oral Defense Announcement
University of Missouri – St. Louis Graduate School

An oral examination in defense of the dissertation for the degree
Doctor of Nursing Practice with an emphasis in Pediatric Nurse Practitioner

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B.S.N., May 2019, Marquette University

Implementation of Intentional Hourly Rounding at Pediatric Hospital

Date: July 9, 2024
Time: 11:00 a.m. to 11:30 a.m.
Place: Seton Hall

Abstract
Problem: Intentional hourly rounding improves patient safety and can impact patient fall rates. At a pediatric hospital in suburban Missouri, the fall rate is 25%, and the hospital does not have a clear hourly rounding procedure. This quality improvement project worked to implement a standardized intentional hourly rounding process at a pediatric hospital.

Methods: This quality improvement project was conducted using a descriptive, observational design utilizing patient chart review and hospital quality department records. The setting was a 60-bed pediatric hospital in the Midwest with 2 inpatient units that specializes in chronic, complex care. The sample was a convenience sample of 92 male and female patients ages 0-23 years of age admitted at the time of project implementation. The project focused on implementing intentional hourly rounding on two inpatient units. The 5 P's (pain, position, potty, possessions, and pathways) was the chosen standardization staff was educated on in January 2024. The project ran for 12-weeks from January to March. Fall rates were tracked as well as the safety metric of safe bed heights to analyze how intentional hourly rounding impacted falls and patient safety. Chi-square analysis was run on fall rates.

Results: The fall rate prior to implementation was 25%. After the twelve-week project, the fall rate was 19.5%. The p-value was 0.45. Of inpatient beds, 87.9% were found at a safe height which was almost 5% more than prior to implementation.

Implications for Practice: Future quality improvement projects should be done to continue evaluating for patient safety improvement and fall rate reduction. Bedside nurse feedback should be considered to help improve nurse buy-in. A longer project time would allow for a larger sample size and greater information to analyze.

Defense of Dissertation Committee
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