

# 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. Nursing, Goldfarb School of Nursing at Barnes-Jewish College, 2019  
B.S. Health and Wellness, University of Missouri-Columbia, 2018

### The Impact of Hourly Safety Rounding on Pediatric Fall Rates

Date: July 19, 2024

Time: 9:30 AM

Place: Nursing Administration Building (NAB) Dean Suite 104

#### **Abstract**

*Problem:* Falls are a common adverse event in the inpatient pediatric setting and are a significant risk to patient safety. Environmental factors, such as unclear pathways, bed rails down, beds in high position, and call lights out of reach, are considered avoidable causes of patient falls. The site's fall data in a 12-month period from January 2023 to January 2024 showed ( $n=9$ ) patient falls occurred with ( $n=5$ , 55.6%) due to environmental factors. The purpose of this Quality Improvement (QI) pilot project was to assess the impact of hourly safety rounding on pediatric fall rates. The study question was: In pediatric inpatients aged 8-14 years on a renal/endocrine floor, how does implementation of hourly safety rounding compared to no intervention implementation affect fall rates over a 12-week period?

*Methods:* The QI pilot project's design was a descriptive cohort study with a pre-and post-intervention comparison. A retrospective data review was performed and the post-intervention period was completed over a 12-week timeframe. This project utilized convenience sampling. Participants were inpatients on the renal/endocrine floor aged 8-14 years. The exclusion criteria was patients who were not in the 8–14-year age range and not on the renal/endocrine floor.

*Results:* There were ( $N=107$ ) patients who met criteria for this project. The number of patients in the pre-implementation phase from July through September of 2023 was ( $n=71$ ) with ( $n=2$ ) patient falls occurring and ( $n=1$ ) caused by environmental factors. In the post-implementation phase from February through April 2024, there were ( $n=36$ ) patients, with zero patient falls occurring (FET  $p= .549$ ). Hourly safety rounding was completed on ( $n=24$ , 66.7%) patients and interventions were completed during rounds on ( $n=20$ , 83.3%) patients.

*Implications for Practice:* The implementation of hourly safety rounding with interventions completed within a fall prevention bundle could be a vital step to decreasing the rate of falls caused by avoidable environmental factors which has an impact on healthcare costs and patient safety.

#### **Defense of Dissertation Committee**

Chairperson, Vanessa Loyd, PhD, DNP

Committee Faculty Member, Elise Schaller, DNP, MHA, APRN, CPNP-PC

Committee Member, Kara Nichols, MSN, RN