

RNAO Best Practices: Evidence Booster



Identifying and addressing a barrier through implementation of rounding

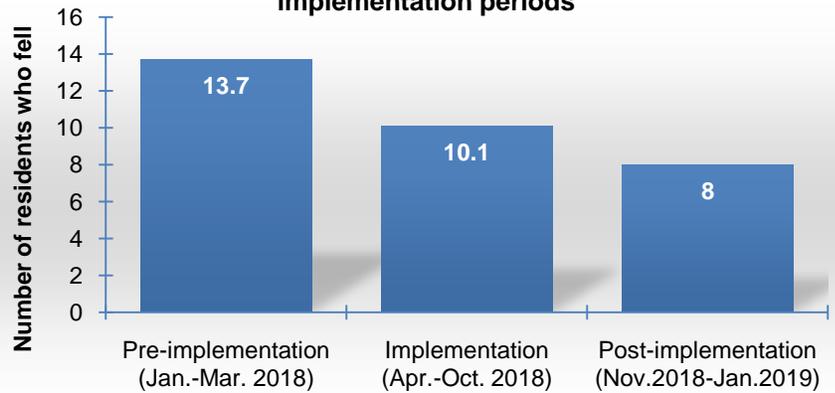


Background

Faith Manor is a 120-bed long-term care (LTC) home in the Central West region. As part of Holland Christian Homes, the home serves mainly the Christian community, and those primarily of Dutch heritage.

In April 2018, Kaitlan Laviolette, nurse practitioner and Best Practice Spotlight Organization® liaison assembled a team to start planning the implementation of the RNAO best practice guideline *Preventing Falls and Reducing Injury from Falls*, fourth ed. (2017). After completing the falls gap analysis, Sellinor Ogwu, the falls team lead, and her team decided to focus on several recommendations. This evidence booster will highlight the efforts with implementing recommendation 5.3 - Implement rounding as a strategy to proactively meet the person's needs and prevent falls.

Figure 1: Average number of residents with a fall over implementation periods



(Source: RAI-MDS indicators)

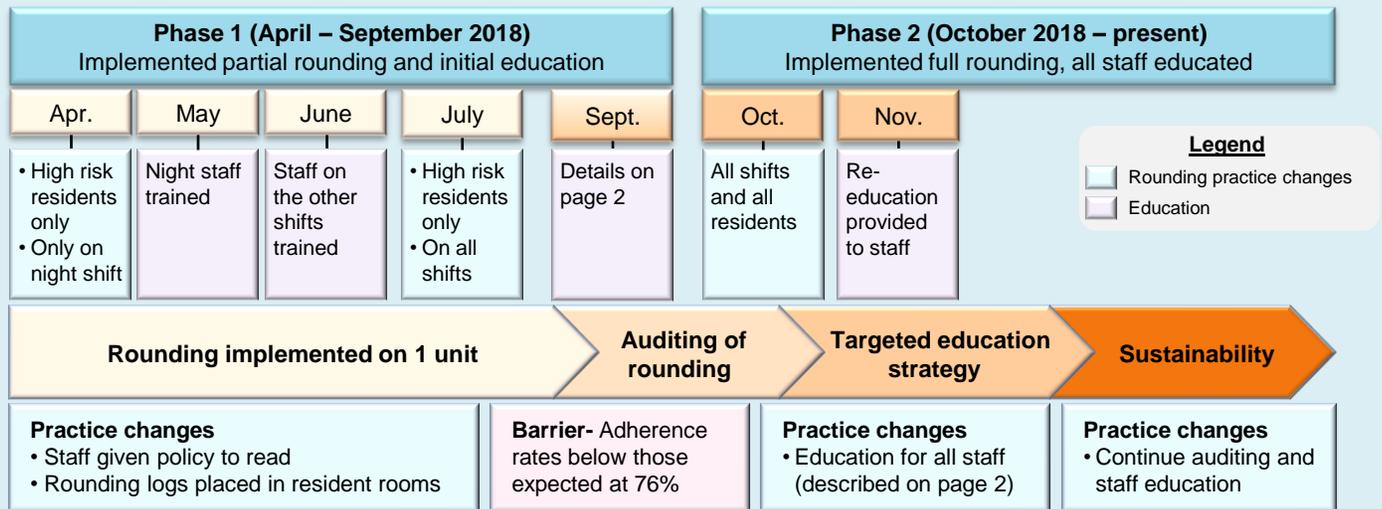
Impact: There was a relative 41.6 per cent decrease in the average number of resident falls from pre- to post-implementation of resident rounding.

Practice Change – Addressing the barrier to change

The Falls Team developed an action plan for implementing rounding (summarized in Figure 2).



Figure 2: Phases of Implementation, Barrier Identified, and Changes Completed



Legend

- Rounding practice changes
- Education

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Education for rounding

Practice change – Education

To address the lower than anticipated adherence to rounding (76 per cent in the first month), the falls team used the “see one, do one, teach one” model (Cameron, 1997) to educate all staff. Table 1 describes the use of the model.

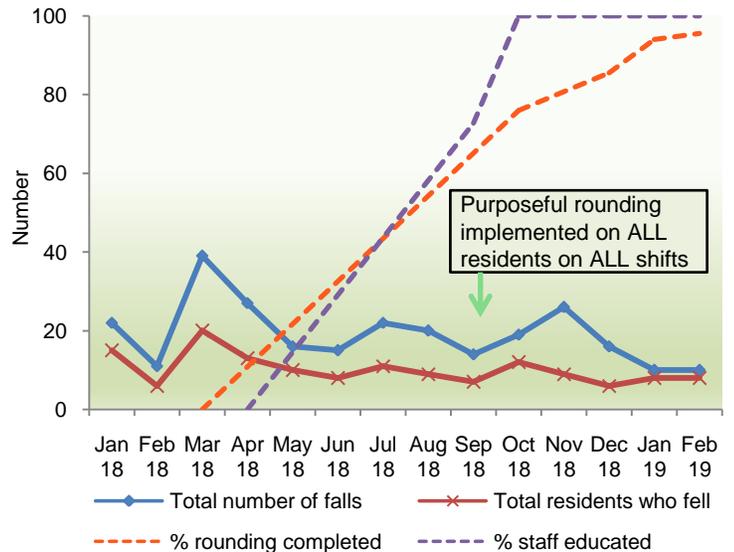
The same trainer provided all the education to ensure consistency. Staff on all three shifts were trained, and each was assigned a 15-minute time slot.

Following the training session, staff were polled regarding their level of comfort with rounding (self-reflection), and the trainer assigned an overall level of skill competence. Upon successful completion of training, all staff received a certificate.

Table 1: How the model was used

Model parts	Steps in education
See one	1) Review of the rounding policy and procedure 2) Trainer demonstrates how to conduct rounding on a resident
Do one	3) Staff member demonstrates rounding on a resident
Teach one	4) Staff member demonstrates rounding to next staff member

Figure 3: Changes in Rates of Education, Rounding and Falls Overtime



(Source: Faith Manor rounding data and falls tracking indicators)

Impact: Providing standardized staff education to 100 per cent of staff on the pilot unit resulted in a relative 46 per cent decrease in the number of residents who fell and a 20 per cent increase in staff adherence to rounding, as shown in figure 3.



RNAO launched the BPG Program in 1999 with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. Best Practice Spotlight Organization® (BPSO®) are health-care and academic organizations that implement and evaluate these BPGs. Currently, there are over 700 BPSOs and implementation sites across Canada and around the globe.

The LTC Best Practices program’s mission is to enhance the quality of care for residents in long-term care homes and create a culture of evidence-based practice by encouraging staff in LTC homes to use RNAO’s best practice guidelines.

References:

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To learn more about RNAO’s Long-Term Care Best Practices Program, please visit RNAO.ca/LTC. This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the Registered Nurses’ Association of Ontario is editorially independent from its funding source. Contact Information: LTCBPP@RNAO.ca