REDUCING RISK WITH RED ROUNDS

Sheri Renaud, MS, RN NE-BC, Rebecca Hamilton, MSM, BSN, RN, Brianna Lawton, BSN, RN, Katie Treacy, BSN, RN, Jessica Aman, BA, LSSGB

Project Description

In an effort to align our hospital's approach to fall reduction, the Falls Committee adopted a house-wide prevention strategy called Red Rounds.

Red Rounds consists of real-time inspection of numerous fall reduction techniques. These include: each bed and/or chair alarm programmed appropriately, the fall risk sign flagged, and non-skid red socks on.

Red Rounds are performed at every shift change and after each fall that occurs. This strategy offers an immediate opportunity to discover non-adherence or oversight of a fall reduction strategy, allowing reduction for preventable patient harm.

Objectives

- Engage staff in routine monitoring of compliance with fall reduction strategies
- Inspect, in real-time, fall reduction strategies to implement immediate interventions to reduce preventable patient harm
- Measure a decrease in patient falls post-Red Rounds implementation

Implementation

Educated all inpatient staff regarding the purpose, what to assess, and when Red Rounds would occur: 0700,1500,1900,2300 (common shift changes) and immediately following any patient fall. Then, a competency form was developed and implemented to ensure staff education and compliance. Finally, the team developed a form and added it to each unit's safety book for staff to perform audits. Continual follow-up was conducted on each unit to ensure accurate completion.

Methods & Measurements

Red Rounds are completed each shift and then documented by a manual audit. This information is reported through the unit manager and then the director. Compliance is measured by the total number of Red Rounds completed, divided by the total minimum Red Rounds that are supposed to be performed (at the beginning of every shift). The data is tallied to provide monthly compliance reports and compared to monthly fall rates. This is also tied to a number of performance metric incentives.

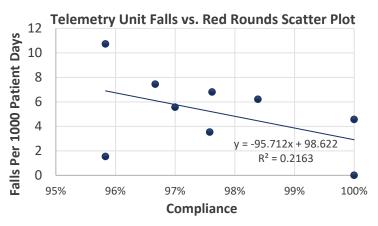


REDUCING RISK WITH RED ROUNDS

Sheri Renaud, MS, RN NE-BC, Rebecca Hamilton, MSM, BSN, RN, Brianna Lawton, BSN, RN, Katie Treacy, BSN, RN, Jessica Aman, BA, LSSGB

Results

Mean Falls per 1000 Patient Days Pre Red Rounds
9.33
Mean Falls per 1000 Patient Days Post Red Rounds
5.15
Percent Change Calculation
-45%



Conclusions

Using data from the last 12 months, we evaluated falls per 1000 patient days per month and Red Round compliance.

The mean of falls prior to Red Rounds was 9.33 and decreased to 5.15 post-Red Rounds implementation. When calculating percent change, this indicated a reduction of falls by 45%!

Variation of Red Round compliance (post-implementation) had an R-square value of 0.22. This indicates that a difference in Red Rounds compliance of 4% could affect a reduction of falls by 22%.

This initiative reinforces the necessity for live monitoring of fall reduction strategies to reduce preventable patient harm.

