

Hourly Rounding to Prevent Patient Falls in Acute Care Settings



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Patient falls are among the most frequent and preventable safety incidents in hospitals. These events can result in serious injuries, longer stays, higher costs, and reduced patient satisfaction. Nurses are central to fall prevention because of their constant presence and direct care responsibilities. One widely adopted strategy is scheduled hourly rounding, where nurses proactively check on patients to meet needs, assist with mobility, and ensure safety. This approach aims to reduce unsupervised movement and fall risk. Gliner et al. (2022) found a 21 percent reduction in fall rates in facilities using hourly rounding, highlighting its effectiveness. This paper examines the link between hourly rounding and fall prevention using two primary research articles.

Clinical Question

The clinical question guiding this research is: In hospitalized adults, how does the use of scheduled hourly rounding compared to standard care without structured rounding affect the rate of patient falls during hospital stays? This question is structured using the PICOT format. The population of interest includes hospitalized adult patients. The intervention is scheduled hourly rounding performed by nurses. The comparison group includes patients receiving standard care without formal or consistent rounding protocols. The outcome being measured is the number of patient falls that occur during hospitalization. The timeframe is the duration of the hospital stay.

This clinical question is relevant to nursing practice because it focuses on a routine nursing task that could significantly reduce preventable harm. Fall prevention has long been a concern in hospital settings, and structured rounding is a strategy that may improve outcomes without requiring complex technology or major financial investment. Nurses already perform many of