

## **Hourly Rounding & Fall Prevention: A Winning Strategy**

**This course has been awarded**

**One (1.0) contact hour.**

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## Acknowledgments

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*...Lindsey Ryan, MSN, RN, CCRN-K, ACNS-BC*

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## **Purpose and Objectives**

The purpose of this one contact hour course is to introduce the concept of hourly rounding to nurses as an effective fall prevention strategy.

### **Objectives:**

1. Identify the prevalence of inpatient falls.
2. Describe the concept of hourly rounding as a fall prevention measure.
3. List barriers to change.
4. Name four strategies for integrating clinical inquiry and initiating change.
5. Discuss the Iowa Change Model and its use in initiating a change in clinical practice.
6. Review appropriate tools for implementing hourly rounding protocols.
7. Outline an implementation plan with timeline for hourly rounding.
8. Discuss the impact of hourly rounding on fall prevention.

## **Introduction**

The Centers for Medicare & Medicaid Services (CMS) have acknowledged falls as an event that is preventable and should never occur. As of October 1, 2008, CMS has placed “falls and trauma” on its list of Hospital Acquired Conditions (HAC) which significantly reduces reimbursement, specifically for falls that result in fractures, dislocations and intracranial injuries (Joint Commission Center for Transforming Healthcare, 2015).

In September of 2015, The Joint Commission issued Sentinel Event Alert 55: Preventing falls and fall-related injuries in health care facilities. This alert summarized best practices related to fall prevention and required hospitals to evaluate current practices and create process’ to fill in identified gaps (The Joint Commission, 2015).

## **Cost of Patient Falls**

In 2013, direct medical costs for falls—what patients and insurance companies pay—totaled \$34 billion (Centers for Disease Control [CDC], 2015). If hourly nursing rounding can reduce the incidence of falls, the risk of accidental injury and death will be decreased, and substantial cost-savings for an organization can be realized.

## **The Concept of Hourly Rounding**

The concept of hourly rounding to improve patient safety is not new to nursing. The practice of rounding requires nurses (including nursing assistants) to purposefully check in on every patient on an hourly basis, and document the interaction.

Typically, a purposeful round includes checking on the status of the 5 Ps:

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- **Pain:** Assess the patient's pain level. Provide pain medicine if needed.
- **Personal Needs:** Offer help using the toilet; offer hydration, offer nutrition, empty commodes/urinals.
- **Position:** Help the patient get into a comfortable position or turn immobile patients to maintain skin integrity.
- **Placement:** Make sure patient's essential needs (call light, phone, reading material, toileting equipment, etc.) are within easy reach.
- **Prevent Falls:** Ask patient/family to put on call light if patient needs to get out of bed.

(Agency for Healthcare Research and Quality [AHRQ], 2013)

A systematic review of the literature shows that hourly rounding decreases falls and call light usage, improves patient perception of nurse responsiveness and is a fundamental tool in improving patient safety and quality of care. (Mitchell, Lavenberg, Trotta, & Umscheid, 2014).

### Test Yourself:

The 5 Ps identified by AHRQ (2015) are:

- Pain Assessment, Position, Potty, Possessions and Prevent Falls- Correct*
- Point of care activities, Promoting healthy habits, Positioning, Potty and Pain relief
- Promoting comfort, Positioning, Pain relief, Predetermining educational level and Potty

### Is Hourly Rounding an Effective Fall Prevention Strategy?

Despite the abundance of literature supporting hourly rounding as an effective fall prevention strategy, there are still many nurses who are opposed to the concept of hourly rounding.

Opponents of the concept are often concerned about increased documentation, loss of effective nursing time, and over-regulation of nursing activities.

However, several studies have shown that hourly rounding increases nursing efficiency, decreases documentation, and improves patient safety.

(Mitchell, et al., 2014).

### Test Yourself:

Studies on hourly rounding have shown that this nursing practice:

- Decreases patient safety
- Decreases nursing efficiency
- Decreases nursing documentation – Correct!*

### Literature Support for Hourly Rounding

Literature clearly supports the use of hourly rounding as a quality improvement measure to increase patient safety and also improve patient and staff satisfaction (Mitchell, et al., 2014). According to Sherrod, et al. (2012), the incorporation of hourly rounding into an existing fall prevention program will decrease fall rates.

### **Improving Patient Safety**

In today's era of healthcare reform and managed care, nurses must look to evidence-based methods of improving patient safety.

Studies have demonstrated that the incorporation of hourly rounding protocols into clinical practice is an effective evidence-based intervention. Hourly rounding decreases the incidence of patient falls and can be added to other fall prevention bundles to improve patient safety.

## **Organizational Culture & Barriers to Change**

Despite the benefits associated with hourly rounding, challenges with implementation and sustainment have been reported. Some organizations have multiple campaigns to implement rounding, however true integration often falls short and staff revert back to original practices. When examining barriers to the adoption of this practice literature identifies some distinct themes: workload/staffing issues, burdensome rounding logs, missing staff buy-in, patient acuity levels, lack of adequate staff education and a lack of sustainability. (Toole, Meluskey, & Hall, 2015).

Before hourly rounding protocols can be introduced, the culture of the organization needs to be evaluated for readiness to change. Many facilities are resistant to change and have an organizational culture that resists change.

## **Strategies for Integrating Clinical Inquiry**

In addition to identifying barriers to change, nurses need to develop strategies for promoting the integration of evidence-based practices (EBP) into existing work flow pattern.

Some strategies for promoting a new practice include:

- A recognition program for champions of EBP, in which financial incentives to participate on EBP activities could be offered, or recognition badges awarded.
- Complimentary workshops can be offered to foster a spirit of inquiry.
- Distribution of EBP studies at the unit level can be undertaken.
- Lunch-and-learn sessions can be organized.
- Creating new positions for EBP Resource Nurses.

## **The Iowa Change Model**

The Iowa Change Model was first published in 2001 and was revised in 2015. The model utilizes a problem-solving approach based on the scientific process, and is recognized as an effective change model by many multidisciplinary healthcare teams. The Iowa Change Model offers a framework for understanding the evidence-based practice (EBP) process, and for designing an EBP change in the clinical setting. This model includes a multi-step change process with feedback loops (Hanrahan, 2015).

According to the Iowa Change Model, a pilot study should first be undertaken before a change in practice is made. A pilot study involves multiple steps, including the selection of outcomes to be achieved, the collection of baseline data, the design of EBP guidelines, implementation of the pilot study, evaluation of process and outcomes, and the modification of practice guidelines (Steelman, 2015).

*Note! The Iowa Change Model is one framework available for implementing change. There are several other models available that may be used as a framework for implementing evidence-based practice changes.*

The Iowa Change model is particularly effective as a framework for the implementation of hourly rounding as a new EBP, as it includes several feedback loops, which reflect analysis, evaluation, and modification of

processes and outcomes. These modifications are essential to individualizing practice to a particular clinical setting and ensuring that EBP is patient-centered (Ignacio & Choe, 2013).

To view a copy of the Iowa Model or request permission to use the model, visit the [University of Iowa Hospitals and Clinics](#).

### **Step One**

The first step in the Iowa Change model is the identification of the problem or selection of the topic. The Iowa model begins with identifying practice questions or clinical “triggers” that come from questioning current clinical practices (Melnyk & Fineout-Overholt, 2011).

The problem-focused trigger in this course is the alarming incidence of patient falls. The examination of hourly rounding protocols on inpatient fall reduction should be a high change priority in most organizations, where reimbursement is based on patient safety metrics.

### **Step Two**

Once the need for hourly rounding protocols is identified a clinical and administrative team should be assembled to review the problem, or topic, and begin developing and implementing a solution (Melnyk & Fineout-Overhol, 2011). This team can be multidisciplinary and should include Nurse Leaders, Advance Practice Nurses (APNs), and other stakeholders. The implementation of hourly rounding protocols requires buy-in from those it impacts, for this project that would include: nursing assistants, licensed professional nurses, registered nurses, and advanced practice nurses. Studies show that hourly rounding is most effective when all levels of nursing personnel participate in the practice.

This step also involves the review and analysis of existing research evidence to identify a base for the practice change. When sufficient evidence is collected, a practice change can be initiated (Ignacio & Choe, 2013).

### **Test Yourself:**

Why should hourly rounding, as a fall prevention strategy, be a high priority for hospitals today?

- A. The inpatient population is aging and most of the elderly are at risk for falls due to advanced age.
- B. Nursing shortages mandate the need to utilize ancillary nursing personnel to perform nursing duties.
- C. *Reimbursements are based on patient safety metrics. Correct!*

## **Hourly Rounding Toolkit**

### **Introduction**

Creating, or identifying, an Hourly Rounding Toolkit can assist the healthcare organization implement hourly rounding protocols, as well as improve quality and safety in patient care. This toolkit could be useful in anticipating and meeting patient needs, and promoting patient safety.

Toolkits may include:

**Promotion Flyers:** Describe the concept of hourly rounding to staff and patients. Creates awareness of the program.

**Patient Information Cards (Welcome Cards):** Introduce the concept of hourly rounding to patients. Have been linked to higher patient satisfaction scores.

**Documentation Logs:** A log to record the rounds and the 5 Ps.

**Pillow Cards:** Are placed on the pillow when patients are out of the room at the time of the visit. They communicate to the patient that staff came by to check on them during hourly rounds.

**Pocket Cards:** Remind nursing personnel to inquire about the 5 Ps (Pain, Position, Potty, Possessions, Prevent) when performing rounds.

**Competency Checklists:** Ensure that nursing personnel receive instruction in conducting hourly rounds and have been assessed to be competent in performing purposeful rounding.



## Piloting Change

A pilot study is an essential component of the change process, as it identifies potential barriers to change that can be overcome prior to instituting a facility-wide rollout (Melnik, 2015). A pilot study can be conducted over a short time period (usually over a minimum period of 6 months), in random units.

The outcome to be achieved from the implementation of an hourly rounding protocol is a statistically significant reduction in patient fall rates. Baseline data can be collected from the units participating in the pilot study, prior to the implementation date. Data collected can include fall rates for each unit over a set period of time prior to the beginning of the pilot study.

Hourly rounding protocols and practice guidelines need to be provided to the nursing staff, to outline how purposeful hourly rounding will be implemented.

It is recommended that staff education begins at least three months prior to the implementation date.

### Test Yourself:

What is the recommended timeframe for a pilot study?

- A. One month
- B. Three months
- C. *Six months or more – Correct!*

## Implementation Plan

Since the implementation of hourly rounding is considered a quality improvement initiative, approval from institutional review boards (IRB) for a pilot study is unnecessary, providing that patient information is kept strictly confidential and no patient identifiers are shared.

In the pilot study, the incidence of falls in randomly selected units can be compared to findings in a control group, consisting of similar units which do not follow hourly rounding protocols.

### Staff Training

It is important to obtain staff buy-in when introducing change. Nurse managers can facilitate change by adequately preparing nurses prior to the implementation date.

All staff can begin hourly rounding when training is completed and can use the documentation log to record activities. Competency checklists and hourly rounding documentation logs can be introduced. Hourly rounding welcome cards, pillow and pocket cards will be printed and distributed.

An hourly rounding champion resource nurse can provide staff training access to EBP literature that supports the use of hourly rounding as a quality improvement initiative.

Process fidelity will be achieved through monthly audits of random rounding documentation.

*Sherrod et al., (2012) stresses the importance of creating support committees and involving frontline staff in the implementation process.*

## **Engaging Patients**

It is important for nurses to involve the adult patient in his/her care, and nurses should frequently elicit feedback from the patient regarding care received (Pulvirenti, McMillan & Lawn, 2014).

Informative flyers and Welcome Cards can introduce the concept of hourly rounding to patients participating in the study group.

Pillow cards can be left on patient's beds when they are not in the room at the time of the hourly round. This lets patients know that someone has been in to check on them.

*These tools engage the patient and demonstrate the nursing staff's commitment to their care and safety.*

## **Implementation Timeline**

### **Introduction**

It is advisable to implement this program over a lengthy period of time (preferably more than 6 months), to allow time for staff training and preparation, implementation and data collection, and evaluation of the effectiveness of hourly rounding and decreasing patient falls.

### **Phase 1 – Identify Resource Champion**

Three months prior to the implementation date a Resource Champion should be identified to train nursing personnel and assist with the implementation and evaluation phases.

### **Phase 2 – Implementation**

Hourly rounding begins.

### **Phase 3 – Data Collection and Analysis**

Resource Champion collects documentation logs and analyzes the data. Random audits of documentation logs are performed intermittently to assure quality control.

### **Phase 4 – Evaluation of Data**

It is anticipated data will show correlation between increased rounding and decreased incidents of patient falls. Data can then be presented to senior management.

### **Phase 5 – Continuation of Program**

Continuation of program after findings support the program.

## Resources

For hourly rounding to be successful as an evidence-based practice initiative, the support of nursing leadership is critical (Melnik, 2015).

Presenting an outline of an implementation budget to leadership can strengthen the case for implementing hourly rounding, especially when cost-savings can be clearly demonstrated.

The following case study is used to demonstrate how staff nurses and nurse managers can work together to devise a simple yet comprehensive budget plan for implementing hourly rounding on their units.

### Case Study: Introduction

Hospital X is a 600 bed acute care facility located in Georgia. In preparation for the Magnet® Recognition Program application, nurses at this facility are investigating ways to improve patient safety and the quality of nursing care.

One of the staff nurses on a Medical-Surgical Unit suggests the introduction of hourly rounding protocols to decrease the large number of inpatient falls recently experienced on her unit.

The nurse manager is supportive of the idea and presents the concept to senior leadership. It is agreed to test the concept of hourly rounding by conducting a six month pilot study on 6 randomly selected units within the facility.

### Developing a Budget

The nurse manager develops a preliminary budget, and recognizes the following areas of need:

**Resource Nurse:** Based on average annual cost of a nurse in Georgia, it is estimated that this resource will cost \$87,000 per year. The resource nurse will cover training, support and auditing, and eliminate the cost of additional nurse educators.

**Training Costs:** Are estimated to be \$8,400.00, based on 180 nurses (30 nurses per unit multiplied by six units). One hour of training costs approximately \$40.00 / nurse. In addition, there are a total of 20 nursing assistants on day and night shifts per unit that require training, at an average cost of \$10/hr.

**Printing Costs:** Are estimated to be approximately \$3,500.00.

**Total Implementation Costs:** Are calculated by adding the cost of salary for the Resource Nurse, printing and training costs. This came to a total of \$98, 926.

### Summary

The nurse manager then calculates the total anticipated cost of falls (excluding litigation fees), based on a 50% reduction in fall rate (as observed in a previous similar study by Mead et al., in 2006).

This total anticipated cost of falls came to \$365, 925.80. This reflects a 92.35% return on investment. In other words, an organization can expect to save more than 92% of their implementation costs in instituting an hourly rounding protocol.

### Sample Budget: Implementation Costs

Total Resource Nurse Cost	87,000
<b>Printing Costs</b>	
No of Units	6
No of beds/ unit	30
Average length of stay (days)	4
Number pts in study every 4 days	180
Total No. pts in study (assuming 100% occupancy)	8100
Study length (days)	180
Welcome Cards Required / pt/Average length of stay (days)	1
<b>Total Welcome Cards Required</b>	<b>8100</b>
Pillow Cards Required/ Pt/Average length of stay	4
<b>Total Pillow Cards Required</b>	<b>32400</b>
No Nurses /unit	30
Total No of nurses involved in study	180
Assume each nurse requires pocket card/month	1
No. of months in study	6
<b>Total Pocket Cards required</b>	<b>1080</b>
Flyers	1,000
Cost per flyer	0.20
Printing Cost per card	0.08
<b>Total printing costs</b>	<b>3526.4</b>

### Sample Budget: Implementation Costs

<b>Training Costs</b>	
Day and Night Shift Nurses/ unit	30
Day and Night Shift Nursing Assistants/ unit	20
Number of units in study	6
No. hrs training per nurse & nursing assistant	1
Total number of hrs required for training	300
Average hourly salary/RN	40
Average hourly salary/NA	10
Weighted average hourly cost for training	28
<b>Total Training Costs to communicate rounding protocol</b>	<b>8400</b>

### Sample Budget: Benefit Analysis

Total Implementation Cost	98,926
Average cost of inpatient fall	24,962
Average fall rate/1,000 pts	3.57
Bed count for Pilot Study	180
Average length of stay (days)	4
Average occupancy rate based on national standards for 500 bed hospital	0.5
Expected turn rate of beds based on 100% occupancy rate & national standards for 500 bed hospital	16425
Based on 50% occupancy (national standard)-total No. pts in hospital/yr	8212.5
Total No. pts in hospital/ 6 months	4106.25
Total No. of anticipated falls	14.65931
Total anticipated cost of falls (excluding litigation fees)	365925.8
Total anticipated reduction in falls (based on Meade et al, 2006)	0.52
Total anticipated savings due to fall risk reduction	190281.4
Cost benefit of pilot study	91,355
Return on investment for pilot study	92.35%

### Analyzing Outcome Data

After outcome data have been analyzed, a practice change can be implemented if the change is appropriate for the clinical setting. If the change is inappropriate for adoption in the clinical setting, further evaluation is needed (Titler, et al., 2001).

## Data Collection

Collecting data with measurements specific to the intervention is key to monitoring progress. Some potential data collection points may include:

- ❖ An hourly rounding log can be utilized to record the exact time of the round, as well as a record of nursing activities performed, that relate to the patient's pain, positioning, toileting and environmental needs.
- ❖ Unit-based fall data (total rate, injury rate, etc.) is a valuable outcome measure that can be directly monitored for improvement, as a result of hourly rounding.

### Test Yourself:

It is important to include a fall record in the hourly rounding documentation in order to:

- Identify the nurses who have the highest fall rates on their shifts.
- Utilize the fall rate data as an outcomes measure for the usefulness of hourly rounding. – Correct!*
- Demonstrate that hourly rounding does not eliminate patient falls.

## Expected Outcomes

It is anticipated that hourly rounding will decrease the fall rate for an organization significantly, and nurses will be empowered to streamline their work processes.

Staff turn-over rates are also expected to decrease with the implementation of this EBP initiative, as nurse satisfaction with improved standards of care increases.

## Outcome Impact

This case study demonstrates the cost effectiveness of implementing an hourly rounding protocol. After successful completion of the pilot study, a hospital-wide implementation strategy can be engaged. The outcomes of successful hourly rounding protocols are expected to include:

- ❖ A positive effect on patient-centered quality care and efficiency of processes.
- ❖ Optimization in shift time utilization (Mitchell, 2014), and increased staff satisfaction with improved efficiency of processes.
- ❖ A cost reduction benefit: In a 2006 study by Meade et al., a 50% fall rate reduction was achieved with hourly rounding.
- ❖ A cost saving benefit: The cost of implementing an hourly rounding protocol is significantly less than the cost of a single patient fall, excluding possible litigation costs and denial of payment for falls as a Hospital Acquired Condition (HAC).
- ❖ Increased professional expertise is also expected to increase. Nurses have been shown to improve their productivity and manage time more effectively when utilizing purposeful rounding protocols.

- ❖ Improved nursing productivity and improved time management.

### **Changes in Nurses' Perceptions**

Increased staff satisfaction is evident when hourly rounding protocols are successfully implemented. In 2008, the Studer<sup>®</sup> Group conducted a study which demonstrated a positive change in nurses' perceptions of hourly rounding.

In the study, nurses perceived improvements in responsiveness to patient's needs, better pain control and improved nursing care when hourly rounding was employed.

### **Implications for Practice**

Hourly rounding will demonstrate a positive financial benefit, increase patient safety and satisfaction and improve quality care indicators.

Other organizations can emulate this approach and implement purposeful rounding as an evidence-based practice to improve patient safety and quality of care delivered.

### **Future Research**

An opportunity for further research is highlighted in the literature, since there are limited studies relating hourly rounding protocols directly to decreased patient fall rates.

It is recommended that future validation efforts focus on additional evidence-gathering, to assemble sufficient evidence from which validity can be inferred (Mitchell, 2014).

Future research studies could examine other best nursing practices that may improve the provision of safe, quality patient care.

### **Conclusion**

Proactive nurse managers recognize the value in further exploring the concept of hourly rounding to decrease patient fall rates.

This continuing education course encourages nurses and nurse managers to introduce the concept of hourly rounding at your organization and recommend the initiation of a pilot study to collect data and evaluate the cost benefit ratio of initiating hourly rounds.

It is hoped that nurses will also engage in further research on hourly rounding and fall prevention, to validate this practice as an evidence-based nursing activity that directly improves patient safety.

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