OUTCOMES STORY

SCHOOLCRAFT MEMORIAL HOSPITAL

Evidence-Based Revisions to Fall Prevention Policy and Staff Re-education Results in Sustained Fall Prevention in an Emergency Department and Medical/Surgical Floor

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INTRODUCTION

It is estimated that approximately 700,000 to 1 million patients who are hospitalized fall annually, with more than one-third of falls resulting in injury.[1] Falls are associated with anxiety and can lead to decreased quality of life due to activity restriction and fear of falling.[1] Fall-related injuries are reported to be among the 20 most expensive conditions, with an average hospital cost of more than $30,000 per fall.[2,3]

Hospitals have been focused on implementing evidence-based bundles of care to prevent inpatient falls. Successful fall prevention interventions require interprofessional collaboration, effective identification of patients at risk of falling, and the use of multifaceted and risk-stratified interventions tailored for each patient.[4]

The following outcomes story describes a quality improvement (QI) initiative implemented by 2 units in a multispecialty, critical access facility.

METHODS

Clinical Setting: This QI initiative took place in a 5-bed emergency department (ED) and a 12-bed medical/surgical (Med/Surg) unit.

Departmental Goal: One of the departmental goals for 2018 was to decrease all falls by 40%, which was determined by researching evidence-based fall prevention best practices. Nursing management performed a baseline falls best practice audit and designed interventions for gaps identified.

Interventions:

- An interprofessional team consisting of nurses, nurse's aides, and hospital administration implemented a QI initiative to prevent inpatient falls.
- Re-education was provided on fall risk identification and monitoring (on admission, every shift, and with a change in patient status).
- Re-education was provided on evidence-based fall prevention measures to ensure that they were being implemented consistently and by all team members (Figure 1).
- The fall prevention protocol was updated and revised using the Morse Fall Scale and visual indicators to low, medium, and high risk, with risk-stratified interventions for each level of risk.
- An intervention algorithm was created based on each patient's risk assessment score.
- New beds* were purchased.
- Re-education on stretchers** was conducted.
- Compliance audits were performed weekly to ensure that staff was adhering to risk-stratified fall prevention interventions.
- Education for all departments was provided to ensure that every staff member understood the appropriate use of bed exit alarms and bed technology to ensure compliance with fall prevention interventions.

*S3® Bed and GoBed®II Med/Surg Bed (Stryker Corporation, Kalamazoo, MI)
**Prime Series® Stretchers (Stryker Corporation, Kalamazoo, MI)

METHODS *continued*

QI Timeline:

- July 2018: Fall policy reviewed and new beds purchased
- August 2018: Fall prevention education and in-servicing
- August 6, 2018: QI initiative implemented
- April 2019: All remaining ED and Med/Surg beds standardized

Education: Extensive education was provided on fall prevention, the hospital's revised fall prevention policy, and risk-stratified interventions. Product in-servicing was also provided to ensure appropriate product use in conjunction with fall prevention interventions.

Communication: Weekly emails communicated how many days each unit was fall free and celebrated milestones with ice cream sundae bars. Leadership analyzed QI intervention audits and followed up with staff accordingly. A fall task force met every other month for the first 4 months of the QI initiative and assembled as needed thereafter.

Figure 1. Fall Prevention Interventions by Risk Level

Fall Risk to Be Determined for Every Patient at Admission, Change of Shift, Change of Care Provider, After a Fall, and on Change of Assessment Status.

LOW RISK 0-24

- Patient oriented to surroundings
- Adequate lighting at all times
- Call bell within reach and visible, and patient informed on use
- Personal care items within arm's reach
- Bed in lowest position with wheels locked and 2 side rails up
- Apply nonslip socks
- Room free of hazards
- Ambulate patient early and frequently
- Patient safety information discussed with patient and family
- Tips of cane, crutches, and walker checked for nonskid covers
- Check orthostatic blood pressure if indicated
- Adequate communication at shift change of low risk of falls
- Green star on door

MODERATE RISK 25-50

- All low-risk interventions and…Identify the risk assessment on the med-act
- Q1-hour rounding and Q2-hour comfort and toileting rounds
- Ensure that a yellow fall risk arm band is placed on the patient
- Assistive devices/personal items in reach
- Place patient on an S3 bed if available
- Chair or bed alarm to be used when appropriate. If bed alarm needed, Zone 1 initiated
- Increased observation when patient is out of bed
- Educate and involve family members on fall prevention/ patient observation as appropriate
- Adequate communication at shift change of moderate risk of falls
- Double-check alarms at bed-side report and during rounding
- Yellow star on door

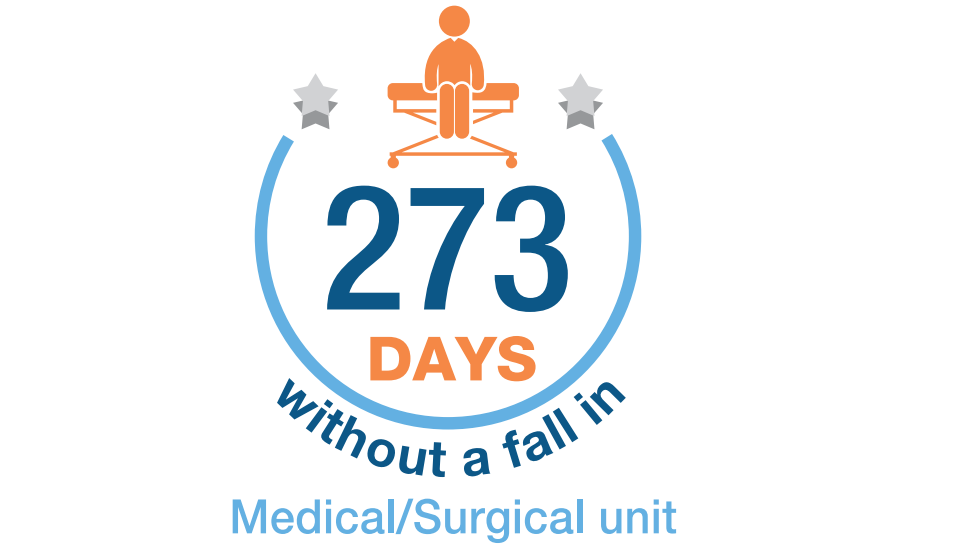
HIGH RISK >50

- All low- and moderate-risk interventions and…
- Place bed at low height, 3 side rails elevated, brake set, and Zone 2 bed alarm on
- Q1- hour toileting and comfort rounds
- Do not leave patient unattended in bathroom or on commode
- Adequate communication at shift change of high risk of falls
- Double-check bed alarms at bedside report and during rounding
- Red star on door

RESULTS

This QI intervention was successful, resulted in a 60% decrease in falls in 2018 compared with 2017, and extended periods without falls (Figure 2).

Figure 2. Results of the QI Intervention



CLINICAL IMPLICATIONS

This QI intervention was successful and led to decreased patient falls and improved patient safety.

- Leadership support was an essential component of this successful QI intervention.
- Compliance audits helped ensure staff account-ability and adherence to fall prevention best practices.
- Communication with patients and families helped enhance patient safety and collaboration regarding the importance of fall prevention interventions.

Future fall prevention interventions will include a new call light system that connects to beds and rings in the hallway for faster response (March 2019).

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