Patient falls are associated with increased length of stay, decreased functional ability, decreased quality of life and can result in injuries such as fractures, lacerations or internal injuries leading to increased health care utilization (Agency for Healthcare Research and Quality, 2013).

In 1st Quarter 2017, patient falls at Union on a med surg unit, a telemetry unit, and an observation unit remained higher than benchmarks.

The units were consistently above the mean in the National Database of Nursing Quality Indicators (NDNQI) when compared to similar units within the database.

Project Selection

- Patient falls are associated with increased length of stay, decreased functional ability, decreased quality of life and can result in injuries such as fractures, lacerations or internal injuries leading to increased health care utilization (Agency for Healthcare Research and Quality, 2013).
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- The units were consistently above the mean in the National Database of Nursing Quality Indicators (NDNQI) when compared to similar units within the database.

Goal

- 25% reduction in patient falls within the three units, from 144 to 116, by Q4 2017.
- < 20 falls per quarter total among the three units would put us on target to be better than the mean within NDNQI.

Methodology

Practical problem solving and PDSA cycles were used for identifying root cause and testing small changes.

Initial barriers for fall prevention were identified using:
- Post fall huddles - 5 Why
- Going to Gemba - Engaging nurses and CNAs

Methods for evaluation of ongoing work included:
- Gate charts - MDI boards and Continuous auditing and monitoring

Interventions

- All high risk patients to have their bed alarm engaged.
- Yellow stars used on doorframe of high risk patients for easy identification.
- Walkers and gait belts added to each room for easy access.
- High risk patients were not left unattended when toileting.
- Chair alarms in all rooms

Fall Risk Sign

YOUR FALL RISK

LOW  MODERATE  HIGH

DATE:  SHIFT: AM or PM

Fall Prevention Training

- Problem Solving A3 identified variation and subjectivity in assessing fall risk score and in implementation of fall prevention interventions
- Standard work written
- Purpose- to create culture of ownership and critical thinking
- Focus- 1. decrease variability in assessment and 2. use targeted interventions based on patient’s fall risk factors
- Included hands-on role play for assessing and implementing interventions

Outcomes

- 25.3% reduction from 2016 with sustained change beginning April 2017.
- Average monthly falls until April had been 13.
- From April- December 2017, average monthly falls was 7.6, sustaining through June 2018.

Resources


Contact Info

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