Every Step Matters: A Team Approach to Fall Prevention

Brittany DaTorre, BSN, RN, CMSRN, Vickie Olkowski, BSN, RN, CMSRN, Ashley Campbell, BSN, RN,
Shannon Borton, BSN, RN, and Michelle Knope, BSN, RN
Virtua Health

INTRODUCTION

Background
- Falls in the acute care setting are a significant patient safety concern leading to complications such as patient injuries, prolonged length of stay, and increased healthcare costs
- 3NE is an infectious disease medical-surgical unit where patients are often on isolation precautions for various infections, which can lead to increased risk of falls
- In June 2024, the fall rate on 3NE was 3.62 per 1,000 patient days, which was above the system goal rate of 1.8 per 1,000 patient days
- In June 2024, the compliance rate for the fall bundle audit tool completed by Unit Secretaries was 6%

Purpose
- To reduce the incidence of patient falls through a multimodal, unit-specific fall prevention strategy

Framework:
- Quality Improvement project utilizing Plan-Do-Study-Act (PDSA) Framework

Objectives of Poster:
After reviewing this poster, learners will be able to:
- Identify unit-specific trends and risk factors contributing to inpatient falls
- Demonstrate understanding and implementation of targeted fall prevention strategies and interventions to reduce falls and enhance patient safety

METHODS

Setting and Participants:
- 3NE Infectious Disease Medical-Surgical Unit
- Participants included Unit Secretaries and Registered Nurses

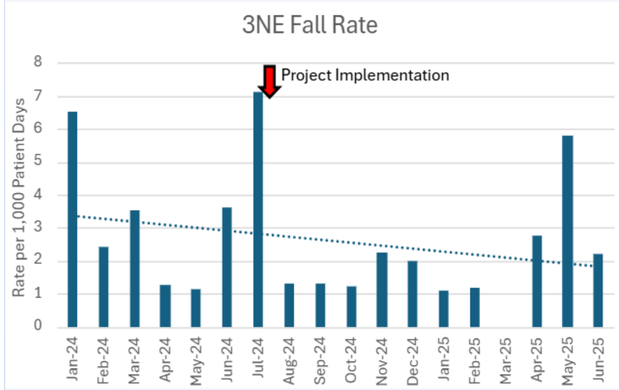
Intervention/Process:
- Modified unit-specific fall bundle audit tool
  - High risk patient population adaptation to include COVID, Confusion and CIWA
  - Completed by Unit Secretaries
  - RN sign off required
  - Submitted daily to 3NE Advanced Nurse Clinician for compliance
- Enhanced communication of fall risk patients
  - Daily discussion during patient progression rounds
  - Identification on assignment board and assignment sheet
- Performed quarterly walker inventory
- Increased fall prevention education
- Created designated fall bundle bin for centralized access of fall bundle items
- Pre-Intervention = January 2024 to July 2024
- Implemented July 30th, 2024
- Post-Intervention = August 2024 to June 2025

Data Collection and Analysis:
- Data was collected using a modified unit-specific fall bundle audit tool (please scan QR code to view the form)
- Data was analyzed using fall rates provided by Director of Nursing Outcomes

RESULTS

Key Findings:
- Compliance rate for audit tool completion increased from 6% to 100%
- 47.81% reduction from pre-intervention fall rate (3.66) to post-intervention fall rate (1.91)

Actionable Data:
- Continue project to improve staff collaboration and fall prevention strategies
- Continue project to further analyze process improvement opportunities
- Collaborate with Physical Therapy Department to identify knowledge gaps regarding patient mobility



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CONCLUSIONS

Interpretation:
- Overall, the goal of identifying unit-specific trends and risk factors contributing to patient falls on 3NE was achieved
- Data suggests that consistent application of a multimodal, patient-specific fall prevention strategy is effective in reducing fall rates in the acute care medical-surgical setting

Relevance:
- Identifies unit-specific trends and risk factors contributing to inpatient falls
- Increases education and awareness regarding fall risk factors and strategies to prevent future falls
- Increases staff communication and collaboration regarding patient fall risk, mobility, and safety

Limitations and Future Directions:
- Limitations: single-unit scope and small sample size
- Future Direction: continue project on 3NE, share results with hospital-based fall committee and system-based fall council, replicate project on another unit with goal to be standardized at Mount Holly Hospital

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