Falls Tailoring Interventions for Patient Safety (TIPS) to Reduce Falls in PCU.

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INTRODUCTION

Background

- Fall prevention is a National Patient Safety goal for all healthcare facilities.
- Patient falls are costly (average total cost of a fall- $35,475), Common (3-20% inpatient falls), and preventable adverse events.
- Savings with The Fall TIPS Program was $22 million for five years at the 4 study sites and $14,600 in net avoided costs per 1,000 patient days.
- The current Fall rate /1000 pt days in PCU increased from 2.86%-6.84%,
- In May2025, The PCU Leadership and staff decided to address this issue as a PCU Professional Governance project using Falls Tailoring Interventions for Patient Safety (TIPS): An Evidence-based tool to reduce falls in PCU.

Fall Prevention is a 3-step Process

3. *Consistent* Preventative Interventions
- Universal Precautions
- Tailored interventions to address patient-specific areas of risk

2. Tailored/Personalized Care Planning

1. Fall Risk Screening/Assessment

Fall Prevention-3 step Process. (Used with permission Falls TIPS Collaborative)

PURPOSE:

At the end of 8 weeks after receiving the Falls TIPS education:

- Knowledge level of the staff on Falls prevention strategies increases by 80%
- Confidence level of the staff on prevention strategies increases by 80%
- Falls rate in the PCU will be reduced by at least 25%

OBJECTIVES OF POSTER:

After viewing the poster, participants will be able to list the steps of the Evidence based TIPS Project to reduce falls in the PCU using the IOWA model.

METHODS

Setting and Participants: All staff (Leadership, RN's, PCT's, Unit Secretaries) (N=60) Pav 4 PCU VOLOL

Planning Phase: (4 weeks, May 2- May31)

Intervention Phase: (8 weeks, June 1- July 31)

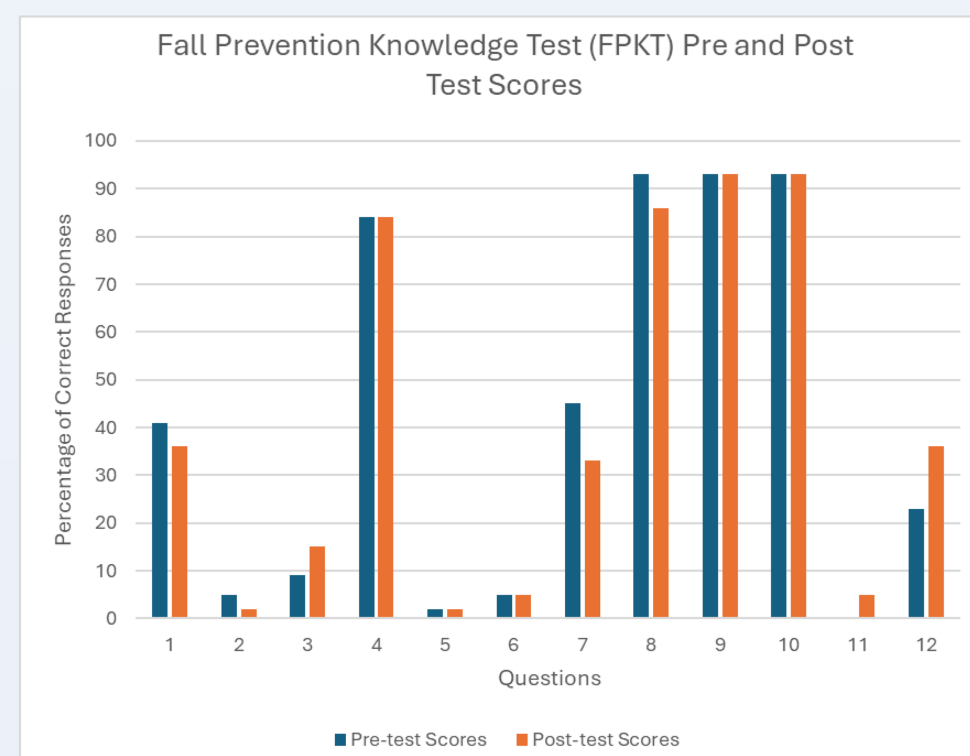
•Identified 5 Fall champions (4 RN's,1-PCT)
•Falls Tailoring Interventions for Patient Safety (TIPS)
•24 hourly purposeful rounding protocol with a log,
•Falls Safety Cubicle for all falls supplies.
•Safety Huddles/safety updates/Falls debrief

Patient Name: Date:
Increased Risk of Harm If You Fall
Fall Risks (Check all that apply): History of Falls; Medication Side Effects; Walking Aid; IV Pole or Equipment; Unsteady Walk; May Forget or Choose Not to Call
Fall Interventions (Circle selection based on color): Communicate Recent Fall and/or Risk of Harm; Walking Aids: Crutches, Cane, Walker; IV Assistance When Walking; Toileting Schedule: Every ____ hours: Bed Pan, Assist to Commode, Assist to Bathroom; Bed Alarm On; Assistance Out of Bed: Bed Rest, 1 person, 2 people

Fall Risk and Intervention Chart. (Courtesy of Fall TIPS © Brigham & Women's Hospital 2016.)Used with permission(Falls TIPS collaborative).

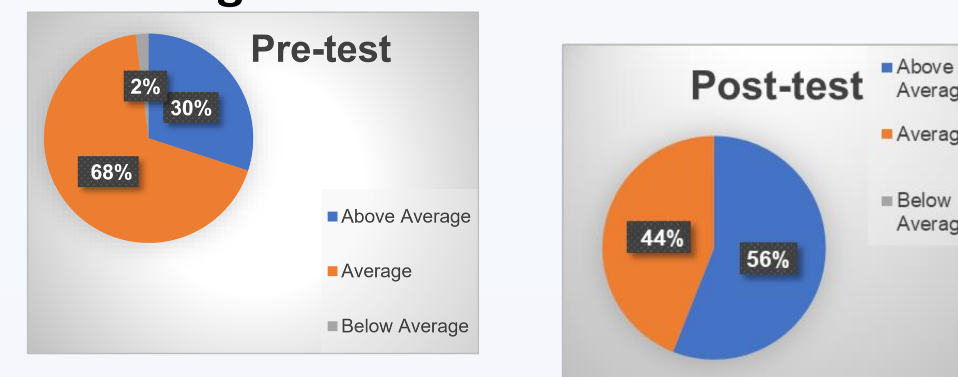
Data Collection and Analysis:(2 weeks, August 1-15)

- A validated Fall Prevention Knowledge Test (FPKT),
  - Pre & Post test
- Qualitative feedback-daily rounding.



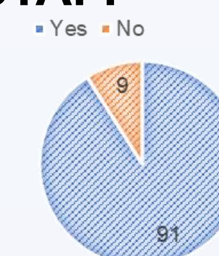
RESULTS

Q.13.Confidence in the ability to prevent hospitalized patients from falling

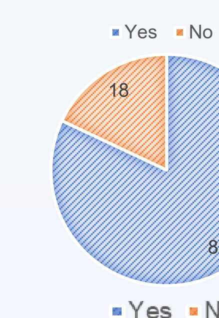


QUALITATIVE FEEDBACK from STAFF

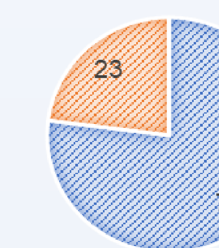
The Fall TIPS tool was useful for consistent communication about patient safety during the shift handoff with my team.



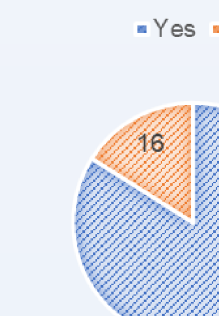
The Fall TIPS Poster was useful to engage my patient and family about Falls Prevention.



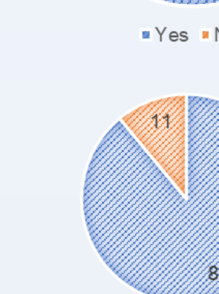
The 24hrly purposeful rounding tool was helpful to ensure that the universal precautions and the tailored interventions for patients were followed round the clock.



The FALL TIPS poster helped me to appropriately assist with the care/toileting needs of the patient even though I was not the primary care giver



The Falls Safety cubicle was helpful to collect all the Falls safety supplies needed for my patient.



Key Findings:

- Only 60% of the staff were educated in the falls TIPS education (45 out of 60)
- The teaching intervention was not effective in increasing knowledge level of the staff – No changes or minimal changes were found in pre and post test score.
- The teaching intervention was effective in increasing the confidence level about Fall prevention of the staff
- The number of falls decreased by 57 % in the 8-weeks as per the NDNQI data for 8-weeks (June and July)

Barriers to adherence:

- Lack of time, high patient acuity, complex workflows
- Double documentation in the communication tool was not a priority when unit was busy.
- Reminders were needed initially but got better after three weeks

Plan for Sustainability:

- Collaborated with IT to integrate the MORSE falls scale in the existing EHR for a seamless workflow and to generate the TIPS tool for team and patient communication.
- The results will be presented at the different Practice Councils for the possibility of adopting the Practice change.

CONCLUSIONS

Leveraging existing workflows, Collaborative teamwork and the TIPS toolkit have the potential for reducing falls rates. It also promotes job satisfaction and improved team communication, coordination and collaboration among team

Implications: Peer support, feedback, time ,safety culture and organizational leadership are key for a successful Falls prevention Program.

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