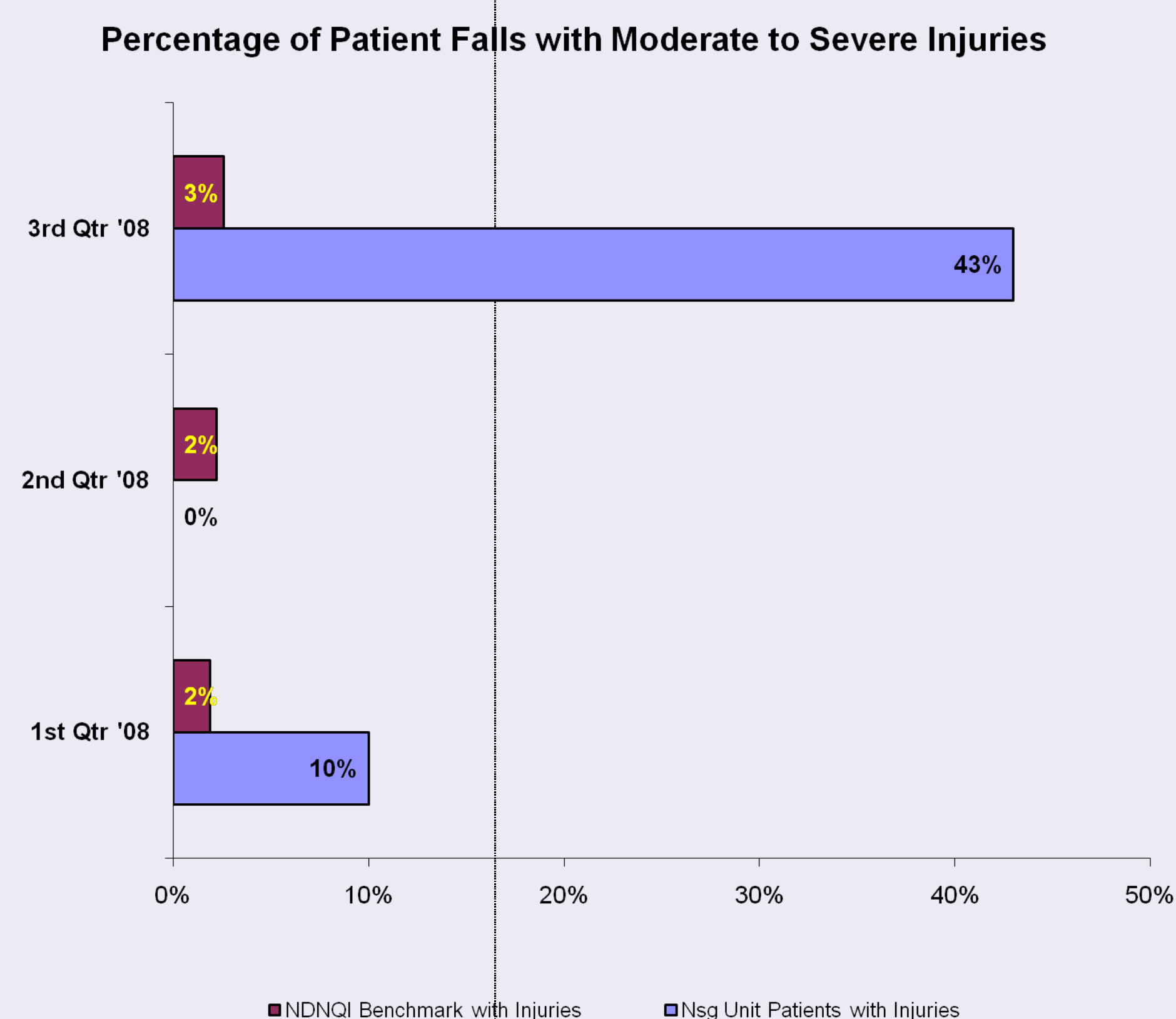


Daily Orthostatic Blood Pressure Evaluation in Reducing Moderate to Severe Injury Rates on an Inpatient Cardio-Pulmonary Rehabilitation Unit

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Background

The Cardio-Pulmonary Rehab Nursing Unit identified an increase in the number of falls with moderate to severe injuries that resulted in adverse outcomes for the 3rd Q'08. The data of the seven falls revealed that six incidences were possibly related to orthostatic hypotension, medications or worsening medical conditions resulting in three patients sustaining moderate to severe injuries. National comparison of National Database for Nursing Quality Indicators (NDNQI) reveal that for 3rd Q'08, the unit was above the national average for the percentage of moderate to severe injuries that occurred on the unit as a result of these falls.



Goals

- 1) To evaluate the effectiveness of the clinical indications of daily blood pressure monitoring as it relates to current medication regime, patient medical condition, mobility, gait, ability to participate in therapy and activities of daily living.
- 3) To reduce the moderate to severe falls with injuries that occur on an acute Inpatient Cardio-pulmonary Rehabilitation unit as compared to benchmark (NDNQI).

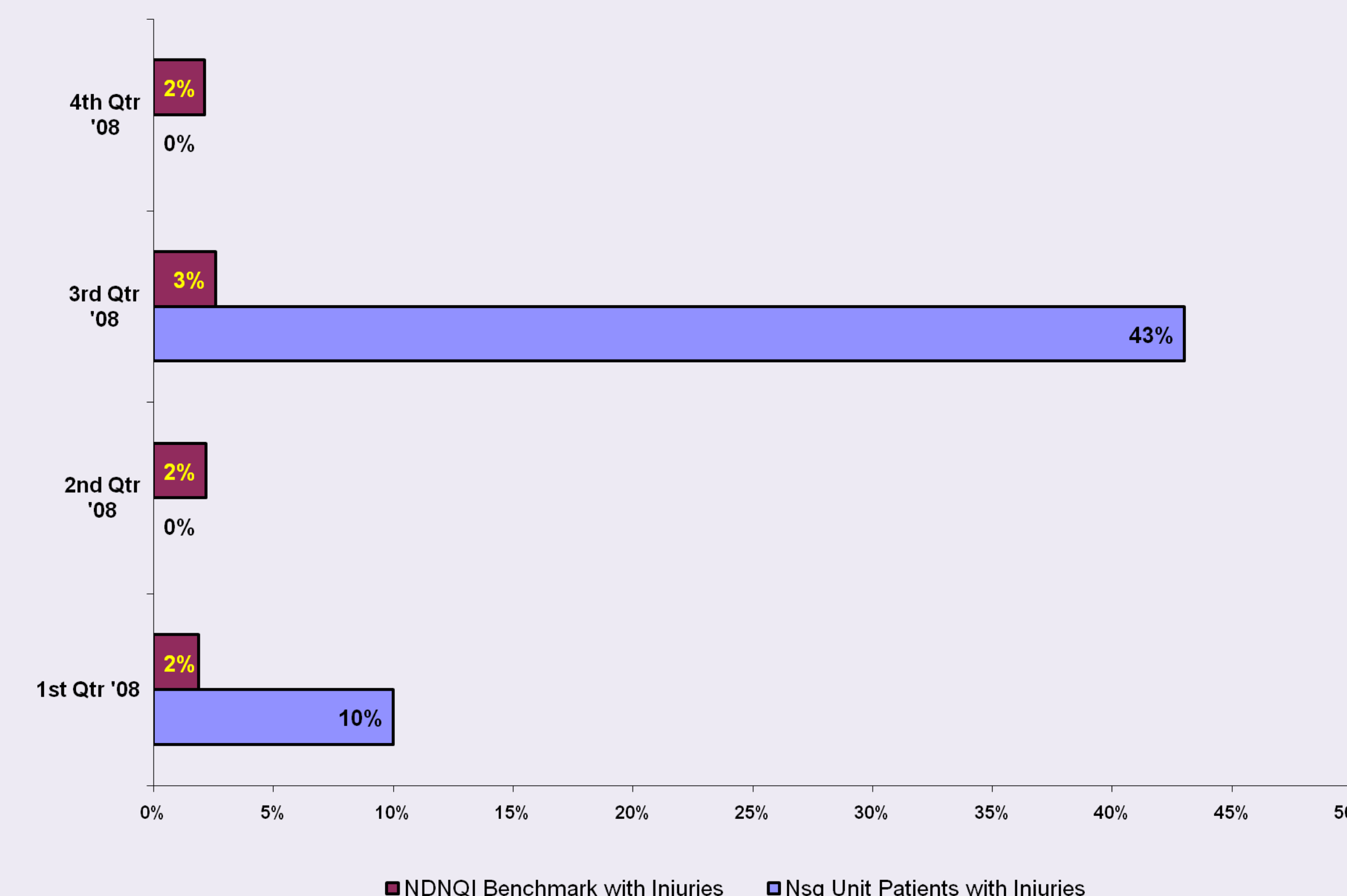
Methods

- 1) Daily Orthostatic B/P done by ancillary staff on all patients that are discussed at team rounds, impromptu meetings and medication rounds
- 2) Weekly medication review performed by Physician, RN and Pharmacy input to review dose, indication, duration, frequency, schedule medications added and parameters
- 3) Unit supply of Ted stockings, abdominal binders, ace wraps
- 4) Conduct Post-Fall Assessment Huddles to prevent repeat falls
- 5) Attendance and participation of increase workload in therapy and impact on LOS

Results

There were zero falls with moderate to severe injuries related to orthostatic hypotension during the 4th Q'08

Percentage of Patient Falls with Moderate to Severe Injuries Daily Orthostatic B/P Monitoring started October 2008



Conclusions

Implementation of orthostatic Blood Pressure monitoring and evaluation with application of supportive devices plus timely evaluation of medication changes resulted in a significant reduction in the number of falls with moderate to severe injuries that occurred on the Cardio-Pulmonary Rehabilitation Unit

Change in Practice

Based upon our findings, we have incorporated changes in practice consistent with an Interdisciplinary Falls Prevention Plan. These include:

- 3) Daily Orthostatic VSS monitoring added to the current standard of care and performed on all patients admitted to the inpatient Cardio-Pulmonary Rehab Unit starting with day of admission
- 2) Standardization of unit supply of devices utilized to manage Orthostatic hypotension to reduce time of Physician order to acquisition of device and application
- 3) Utilize results of Post-Fall Assessment Huddles to prevent repeat falls and document action plan
- 4) Weekly Interdisciplinary medication review to streamline and evaluate the effectiveness of daily med regimen.