

# Hot Feet!

## A Fall Prevention Plan

Sharp Grossmont Hospital  
La Mesa, California



### Introduction

In one year, Sharp Grossmont Hospital's Progressive Care Units (PCUs), comprised of 131 beds, had a total of 174 falls.

An inspired group of bedside nurses had an idea to make patients at risk for falls more identifiable.

This idea grew into a multi-unit, multidisciplinary plan to reduce the incidence of falls.

The "Hot Feet" program was up and running!

### Interventions

- Research on causes for inpatient falls specific to our PCU population
- Development of highly visible tools for identification of patients at risk for falls
- Re-education of proper use of the Schmid risk assessment tool
- Development of multidisciplinary fall prevention responsibilities
- Mandatory staff education
- Clear direction for interventions by use of the fall prevention decision tree

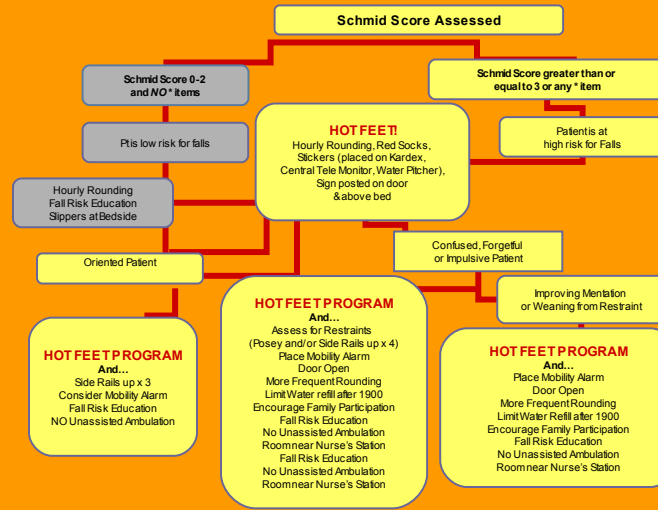
### Contributing Factors

- Inconsistency in process between the 4 Progressive Care Units, resulting in confusion and lack of compliance as staff members work between units
- Lack of understanding and incorrect use of the Schmid fall risk assessment scale
- Desensitization to tools used to identify fall risk patients
- Lack of teamwork in fall prevention approach

### Tools

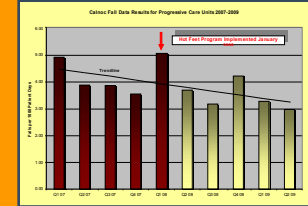
- Monitor Tech/Unit Clerk**
  - Fall if
  - High
  - Wh
  - Bas (i.e. After
- Nursing Assistant**
  - Walking shift report
  - Fall risk assessment tool used
- Lead Nurses & Relief Charge Nurses**
  - Walks
  - Disc
  - High
  - High
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  - status
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  - near
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  - Coord
- Nurses**
  - Walking shift report
  - Discuss Schmid score and decision tree
  - Verify appropriate signage/slippers
  - Coordinate with NAs:
    - Hourly rounding/rolling schedule
    - Pt individual fall status & prevention plan of care
  - High priority call light answered immediately regardless of assignment
  - Fall Prevention Education as needed
  - Functional IPOC updated q shift if Schmid score  $\geq 2$  or any "item."

### Decision Tree

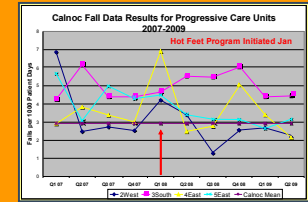


### The Outcomes Results

CalNoc Benchmark  
2.93 Falls per 1000 patient days



PCU Average  
Q1 08 = 5.08\*  
Q2 08 = 3.71\*  
Q3 08 = 3.18\*  
Q4 08 = 4.21\*  
Q1 09 = 3.29\*  
Q2 09 = 2.99\*



\*Falls per 1000 patient days

### Conclusion

Data indicates that the multidisciplinary Hot Feet! Program has been successful in reducing the incidence of falls in the PCU

Current trends suggest that annual re-education adds to successful sustainability of positive outcomes

### Future Goals

- Re-evaluation of the current hot feet program
- Adaptation of a hospital wide fall reduction plan based on the Hot Feet! Multidisciplinary model, interventions and decision tree

### References

Fall Prevention Policy. Sharp Healthcare Policy # 0000 01 - 1104.  
McCabe/Bayer, A. Bayer, P., & Wei, K. (2005). Preventing falls in acute care. *Journal of Gerontological Nursing, 11*(5), 25-33.  
Wright, D., DeMarco, B., & Berman, N. (2007). Three essentials for successful fall management: policies and procedures and teamwork. *Journal of Gerontological Nursing, 11*(2), 42-50.

