Data Driven Change in a Fall Prevention Program
Quillen Rehabilitation Hospital
Johnson City, Tennessee
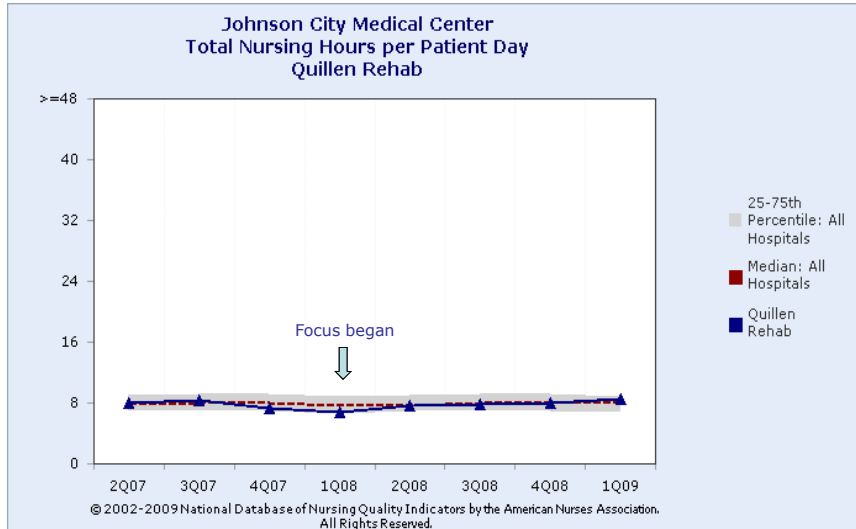
Jeanette Clark, RN CRRN
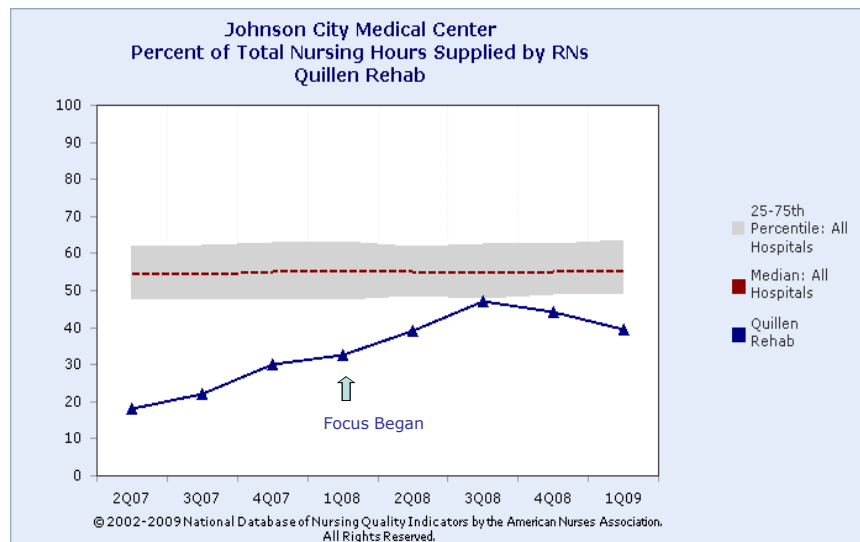Beverly Gugliotta RN CCRN
Georgita Washington RN-BC MSN CCRN

Purpose

Increase RN hours and begin a comprehensive fall prevention program decreasing falls to less than 10/1000 patient days
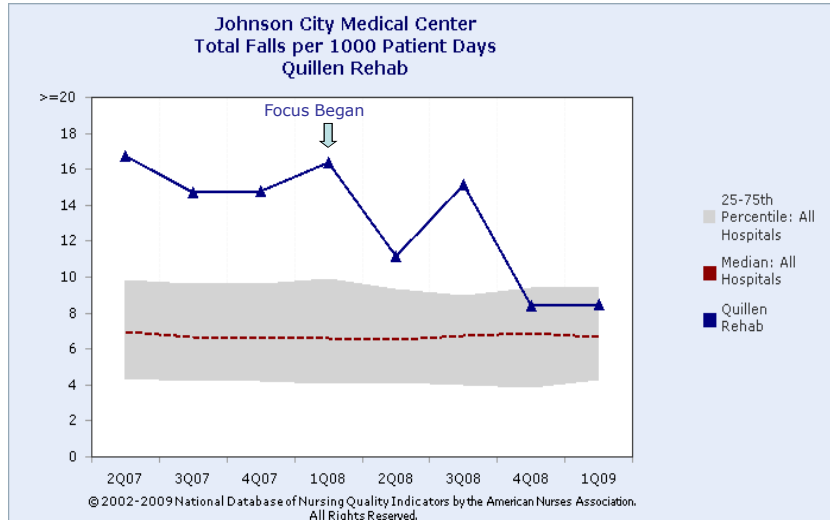
Total Nursing Hours

Johnson City Medical Center
Total Nursing Hours per Patient Day
Quillen Rehab

Percent of Total Nursing Hours by RNs

Johnson City Medical Center
Percent of Total Nursing Hours Supplied by RNs
Quillen Rehab

Total Falls per 1000 Patient Days

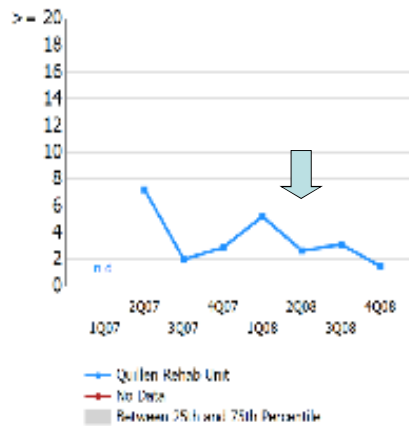Johnson City Medical Center
Total Falls per 1000 Patient Days
Quillen Rehab

Fall Injury

Injury Falls Per 1,000 Patient Days

Significance

By meeting the goals, we hope to:
- Improve patient outcomes
- Improve patient/staff satisfaction
- Provide a safe care and work environment
- Positively impact emotional factors associated with patient falls and loss of independence
- Decrease length of stay and cost

Evidence-Based Rehabilitation Nursing

- Review of literature

- 21 Rehabilitation Nursing Diagnoses: A Guide to Interventions and Outcomes

- Strategy Implementation:
  - Procedural
  - Environmental
  - Individual

Procedural Strategies

- Enhance staff orientation and education about risk assessment and prevention of falls
- Implement risk assessment procedures for falls
- Identify a multidisciplinary safety committee (QRH Interdisciplinary Falls Tasks Force – April 2008)
- Implement regular rounding of the environment
- Provide in-service for staff on communication and documentation, etc.
- Review and revise bed alarm checking and testing procedures
- Review and adjust staffing model or levels when necessary

Environmental Strategies

- Install bed or chair alarms for use with high-risk patients
- Use low beds for patients at high risk for falling
- Keep beds in low positions with wheels locked
- Eliminate clutter and hazards in rooms
- Leave call light, phone, water, bedpan or urinal, or other urgent items within reach
- Consider bedside commode during sleeping hours
- Schedule home evaluation for risk factors and correction as needed

Individual Risk Factors Strategies

- Review toileting requirements for patients who are cognitively impaired and increase frequency of toileting if needed
- Teach effective bed, chair, and toilet techniques
- Teach gait and balance training (PT)
- Provide assistive devices for ambulation or transfer (canes, walkers, wheelchairs, or sliding boars)
- Provide adaptive devices for ADLs, if needed
- Use non-skid, slip resistant footwear with proper fitting
- Behavioral modification as indicated

Opportunity for Improvement

- Goal- initiated April 2008
- Establish an Interdisciplinary Fall Task Force
- Decrease falls below the target of 10/1000 patient days
- Re-evaluation of equipment to maximize safety included wheelchairs; low bed; TAB and Bed Alarms, Posey Enclosure Bed and the nurse call system
- Re-educate team members on intentional rounding
- Establish Toileting schedules on admission
- Evaluation of the Morse Fall Tool verses the Hendrick Fall Assessment tool
- Weekly Fall Debriefing Session
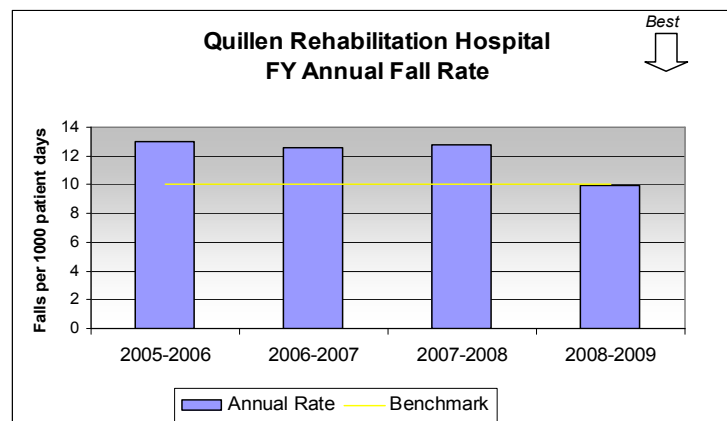- Re-evaluation of documentation of falls

Evaluation

Success measured by
- Improvement in the quarterly NDNQI RN hours/patient day
- Improvement in the quarterly NDNQI Percent of RN Hours
- Decrease in total falls/1000 patient days
- Average fall rate for Quillen Rehabilitation Hospital less than 10/1000 patient days

FY Annual Fall Rate

Quillen Rehabilitation Hospital
FY Annual Fall Rate

Best

Falls per 1000 patient days

	2005-2006	2006-2007	2007-2008	2008-2009

Annual Rate — Benchmark

Lessons Learned

- Change is difficult
- Fall Rate is decreasing, but requires being consistently consistent
- Develop interventions/strategies based on diagnosis/with more individualization
- Education of (family and staff) is continuous
- Fall prevention is everyone's job

Implications for Practice

- Staff volunteered to participate in a trial of a different fall risk assessment tool after recognizing that the current fall risk tool was not useful
- Momentum with intentional hourly rounding, and effective collaboration with other disciplines was important to decreasing patient falls

Where do we go from here?

- Increase interdisciplinary involvement
- Evaluation of safety products
- Closer analysis of fall rates related to nursing hours per patient day
- Develop specific guidelines for sitters
- Create a culture of safety

Conclusion

- "The rehabilitation population includes those living with functional disabilities and deficits. These functional deficits create fall risks. In addition, rehabilitation patients enter an environment that promotes independence and instills confidence, and patients are encouraged and attempt to complete activities without help or supervision. People are expected to fall, learn to recover from a fall, and learn safety skills."

  Patricia A. Quigley, PhD ARNP CRRN FAAN