Use of Fall Clinical Specialist to reduce patient falls and injuries.

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Background

• Patient falls & injuries r/t falls account for over half of hospital incidents and increased patient suffering.
• Local Root Cause Analysis recommendations provided insight that prompted our Senior Leaders to consider an Advanced Practice Nurse/CNS to:
  • develop,
  • provide consultation &
  • manage a comprehensive Fall Prevention Program

Little Rock VA Has 2 divisions, 15 minutes apart, with 550 beds.
Acute Care: Med/Surg and ICUs~200 beds.
Extended Care: Rehab and LTC~150 beds.
Mental Health: Acute, Long Term, Dual DX, PTSD, and DOM~200 beds.

Interventions

• Morse Falls Scale selected to assess all patients on admission/on transfer/daily in acute care & every 30 days in LTC/ after a fall or change in condition in all inpatient areas.
• 0-125 = Universal Fall Precautions
• 45+= Fall Precautions

• Consulted VA's Patient Safety Center
• Falls Head Trauma Algorithm developed
• Falls Prevention Committee created
• Falls Policy revised
• Improved communication of patients at risk: ***Falling Star/**Yellow Armband*** Refined Falls documentation.
• Fall prevention equipment selected and purchased.
• Revised the Incident Reporting System to help gather more pertinent data.
• Revised New Employee Orientation
• Continuous in-service of all staff, 1:1, and in groups.
• "Facts on Falls" electronic newsletter sent to all staff biweekly.
• Developed annual Fall screening for Primary Care, Home Health, and Geri Out- patient Clinics.
• Chart review of each fall
• Addition of Patient Warning Flag to chart
• Attend ID Team Meetings
• Chair Root Cause Analysis Reviews and Aggregate Reviews on Falls
• Development/implementation of new programs

Interventions *continued*

• Orthostatic BPs on admission to LTC
• FSBS post fall
• Fall Huddle/Time out Process
• Revised Falls Care Plan for electronic record
• Repair of night lights and activation of timers
• Automatic bathroom lights
• Revised Falls definition to match NDNQI definition
• **Confident all falls are reported**
• Oversaw the selection and purchase of:
• Bed alarms-connected to call light system
• Chair alarms
• Hip pads
• Floor mats
• Low beds
• Helmets
• Implementation of Safe Patient Handling Program including the purchase of 345 ceiling lifts and transfer equipment totally 1.9 million dollars.

Other Duties

• Participated as faculty in VA sponsored Falls Collaborative
• Research site for National Center for Patient Safety Hip Pad Utilization Project and Falls Data Collection Project
• Institute for Healthcare Improvement Falls Expert
• Testified to Senate Sub-committee on Aging
• Chair of 10 hospital Falls Workgroup
• VA Nursing Outcome Data Falls Expert
• ANA's NDNQI Falls Intake Coordinator

Results Over 8 Years

• CNS hired 10/00
• Major Injury rate declined by 80%
• Periods of 11 & 15 months without any major injuries in entire facility
• Modest decline in fall rates overall
• No restraints in NH or gero-psych units
• No brain or hip trauma in Nursing Home x 2 years

Results Over 1.5 Years

• NDNQI data being used as a benchmark in acute care areas:
  • Surgical ICU-Medical/Surgical- Step down-Oncology
  • National Fall Rates are lower than CAVHS
  • CAVHS Injury Rates have been lower than National rates
  • **PLANS for improvement:**
    • Constant Observation Rooms with trained sitter staff in Med/Surg Areas
    • Hourly Rounds