The CWF Chief Wizard of Falls: Staff Nurse Leader Role in Prevention

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PURPOSE

Problem:

- 6 South Neuroscience Unit with 2009 fall rate averaging 7.12 (falls per 1000 patient days)
- System 2009 fall rate average of 4.63
- Fall rate per 1,000 patient days over 90th percentile compared to like hospitals
- Goal: Achieve 25th percentile for falls within 3 months

SIGNIFICANCE

- Patient falls are among the most common adverse variance events reported by nurses and staff
- Fall-related injuries are serious health issue for aged population
- Risks of not preventing falls include:
  - Suffering
  - Premature death due to hip fractures
  - Traumatic brain injuries
  - Severe loss of independence

STRATEGY & IMPLEMENTATION

Strategies utilized:

- Initiatives focused on patient/ staff education along with bed alarm use and response
- Fall debriefing tool with pharmacologic review
- Piloting new Unit Fall Team including nurses, techs, leaders, educators and therapists
- Equipment
- Educational staff video
- Patient / Family education brochure
- Daily shift huddles
- Nightly Fall Rounding

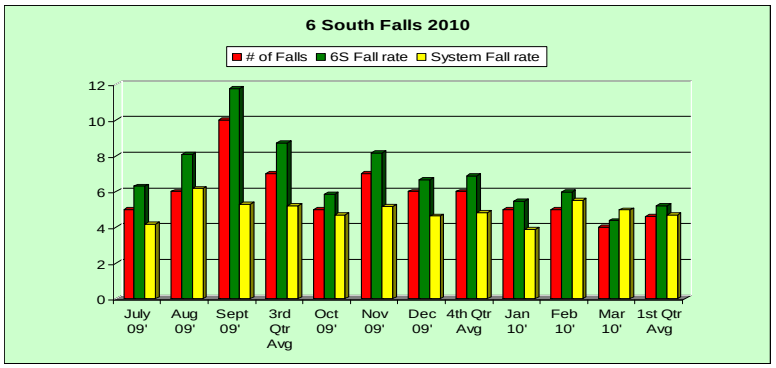
GO LIVE: January 2010

EVALUATION

Pre intervention 3rd Quarter 2009 average fall rate of 8.7

Post intervention 1st Quarter 2010 6South average fall rate was 5.2

	July 09'	Aug 09'	Sept 09'	3rd Qtr Avg	Oct 09'	Nov 09'	Dec 09'	4th Qtr Avg	Jan 10'	Feb 10'	Mar 10'	1st Qtr Avg
# of Falls	5	6	10	7	5	7	6	6	5	5	4	4.6
6S Fall rate	6.3	8.08	11.78	8.7	5.86	8.16	6.65	6.8	5.47	5.98	4.37	5.2
System Fall rate	4.19	6.17	5.28	5.21	4.69	5.15	4.63	4.82	3.89	5.51	4.97	4.7
Pt Days	793	742	849	794	853	857	902	870	914	836	915	888



IMPLICATIONS FOR PRACTICE

- CWF program empowers nurses to adapt workflow processes.
- Daily Huddles and nightly fall rounds engage staff to intervene at each patient encounter.
- Involve all care team and family members to encourage patient compliance with all fall strategies.
- Consistent message regarding safety awareness, environmental risks and bed alarms.