A Multi-Pronged Approach for Reducing Falls in an Acute Care Setting

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Purpose
To establish a culture of safety by engaging clinical associates in the prevention of falls

Background/Significance
- Falls are the most common preventable iatrogenic event in the acute care setting with 20% resulting in injury
- In 2009, the Fall Prevention Performance Improvement Committee identified a significant increase in falls and falls with serious injuries
- Root Cause Analysis indicated a need to improve nurse associate engagement by incorporating consistent fall prevention strategies into daily practice
- Research indicates that falls may be reduced by:
  - Evaluating and identifying risk factors
  - Developing an appropriate plan of care for prevention
  - Performing comprehensive investigations of falls, and
  - Instituting a post fall evaluation of care

Methods/Implementation
- Evidence Based Policy developed
- PI team: increased unit participation
- PI dissemination of information
- New risk screening tool: Heindrich II
- Incorporated Heindrich II into Electronic Medical Record (EMR)
- Mobility Matters Clinical Skills Acquisition Program
- Unit-specific Action Plans
- Nurse Leader Validation Rounds
- Post Fall debriefing tool
- Laminated tool attached to EMR carts
  - Interventions based on specific category of risk (e.g., confusion)
  - Definitions of Heindrich risk categories
- Access to supplies/materials, e.g., large socks; specialty beds lowers closer to floor
- Standardized nurse leader response to performance management process
- Small tests of change
  - Change slipper color
  - Voice activated alarms
- Corporate Fall Prevention Symposium speaker: Dr. Heindrich Speaker
- Corporate committee identified need for Standardized Process
- Standardized nurse leader response to performance management process

Results/Evaluation

Inpatient Fall Rate (January-October 2010)

<table>
<thead>
<tr>
<th>Month</th>
<th>Inpatient Fall Rate (per 1000 Patient Days)</th>
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<tbody>
<tr>
<td>Jan</td>
<td>3.25</td>
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<tr>
<td>Feb</td>
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<td>Mar</td>
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<tr>
<td>Apr</td>
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<tr>
<td>May</td>
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<tr>
<td>Jun</td>
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<tr>
<td>Jul</td>
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<td>Aug</td>
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<td>Sep</td>
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<td>Oct</td>
<td>2.60</td>
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Conclusions/Implications for Nursing Practice

- Process standardization
- Focused and continual evaluation at unit level
- Supplies and materials easily accessible
- Real-time unit-specific outcomes data displayed on unit
- Celebrate success

Acknowledgements
- Tonya Washington, RN, Interim Chief Nursing Officer
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References Available on Request