



# Addressing Falls in the Ambulatory Setting: Excitement Reaching High Temperature!!!!

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## ABSTRACT

**Purpose:** Falls continue to be a major health problem. The primary focus of falls has been in the inpatient arena, with little concentration on reduction strategies for patients in ambulatory areas. The goal was to create the safest environment for patients and families, as possible.

**Significance:** Falls can cause injury as well as incur cost for the patient and/or the institution. Falls lead to patient and family embarrassment and dissatisfaction. There is little research-based evidence regarding effective strategies to reduce falls in ambulatory settings.

**Strategy and Implementation:** A multidisciplinary falls committee was created, starting with members of the hospital Falls Advisory Board and adding others from ambulatory areas. Multiple reduction strategies were implemented

## Initial Work in 2007

- Ambulatory area and Hospital representatives met as one group
- Staff education via a Falls Fair

Sign posted in  
ambulatory

Used Purple armband & falling star to  
denote falls risk

**YOUR SAFETY MATTERS TO US  
HOW YOU CAN HELP**

**To Prevent Falls**  
Ask for assistance before standing or walking, if needed.  
Avoid sitting/playing on rolling chairs/stools unless the wheels are locked.

**To Prevent Infections**  
Wash YOUR hands and ask all team members (family, caregivers, staff) if they washed their hands prior to touching you.

**To Prevent Errors**  
Provide two forms of identification (name, birth date, or Duke history/medical record number) to correctly identify yourself.  
Leave armband on (if one is placed) until you get home.  
Notify your doctor or nurse of any allergies (medications, food, tape, or latex).  
Ask questions and share your concerns and information to help us provide you with very good care.

**Partner with us**

**SU SEGURIDAD ES NUESTRA PRIORIDAD  
COOPERE CON NOSOTROS**

**Para Prevenir Caídas**  
En caso necesario, pida ayuda antes de caminar o pararse.  
Evite sentarse/jugar sobre sillas o bancos rodantes al menos que las ruedas estén con el seguro puesto.

**Para Prevenir Infecciones**  
Lave SUS manos y pida a todos (familiares, personas que cuidan enfermos, personal del hospital) que se laven las manos antes de tener contacto con usted.

**Para Prevenir Errores**  
Muestre dos formas de identificación (nombre, fecha de nacimiento o Número de Historia/Expediente médico de Duke) para que podamos identificarlo correctamente.  
Porte la pulsera de plástico (si le pusieron una) hasta que llegue a su casa.  
Reporte a su Doctor o Enfermera cualquier alergia que tenga (medicinas, comidas, cinta adhesiva o latex).  
Haga preguntas o comparta información e inquietudes que puedan ayudarnos a atenderlo mejor

**Participe con nosotros**

## FALLS PREVENTION

It's **EVERYONE'S** Responsibility

**Remember: Treat All Patients As A Risk For Falls**

- Keep the bed in low position with wheels locked
- Instruct the patient and family to call for assistance when getting out of the bed or chair
- Make sure the patient's necessities are within reach
  - Their call bell
  - Personal items – glasses, hearing aids, fluids, urinal
  - Assistive devices – cane, walker, crutches
- Keep environment clear of clutter and maximize mobility
  - Ensure an unobstructed path to the bathroom
  - TV pole on the side of the bed nearest the bathroom, when possible
  - Bedside commode bedside the bed
  - Turn on the night lights at night
- Remind patients to wear non-skid slippers or shoes when out of bed
- Use the appropriate patient lift and transfer devices for safe transfer in and out of bed, as needed
- Use the side rails on the bed appropriately
  - For **Adults patients** - lower the side rail near bathroom to the down position
  - For **Pediatric patients < 4 yrs old or mentally and/or physically impaired** - all side rails are to be in the up position unless actively attended by hospital staff, primary caregiver, or designee
  - For **Pediatric patients in cribs** - keep side rails in the up position unless actively attended by hospital staff, primary caregiver, or designee.
- Schedule laxatives and diuretics between 9a and 5p, as patient condition allows

**Remember: Perform These In Addition For The Patient Identified As HIGH Risk For A Fall ...**

- **Communication to all that patient is HIGH risk**
  - You will see this patient wearing a purple armband
  - Falling star labels will be seen with the patient's name near the patient's room AND near the patient's name on the name board at the main desk.
- **Additional Education**
  - Educate the patient and family about ways to prevent falls
  - Encourage family and friends to stay with the patient, when available, and instruct them to notify the nurse when leaving the patient alone
- **Additional observation**
  - Move the patient closer to the nurses' station if a bed is available
  - Leave the door and/or blinds open when the patient is alone for frequent observation, when possible
  - Listen for bed alarms that signal the patient is getting out of bed without a caregiver present
- **Additional expertise**
  - Consult the Pharmacist when the patient is receiving multiple medications and/or Physical Therapy to assist with mobility

**HELP KEEP OUR PATIENTS SAFE**

## 2008-2009

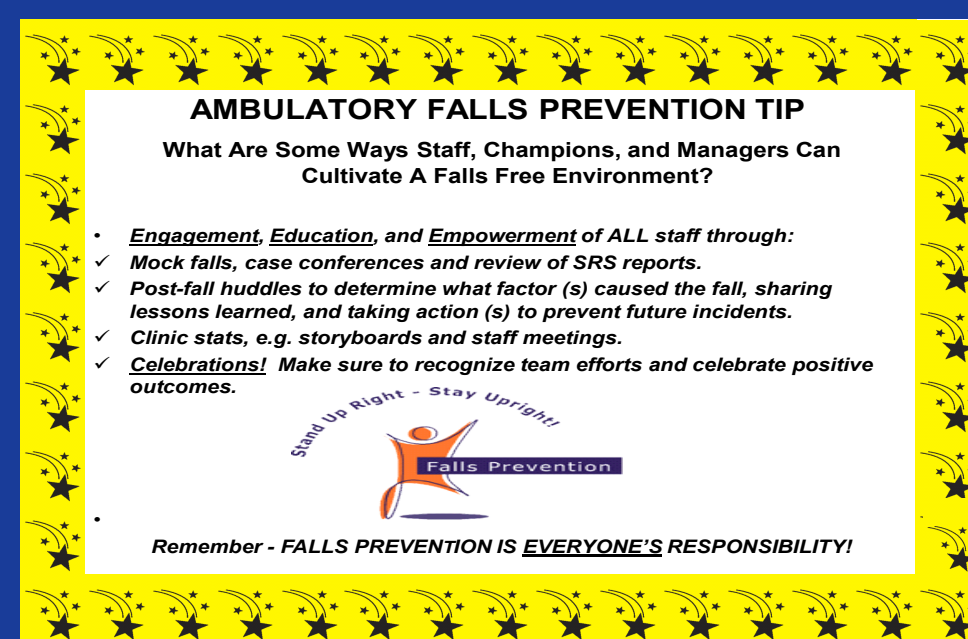
Strategic placement of 'wheelchair corrals' in parking garages (2008)



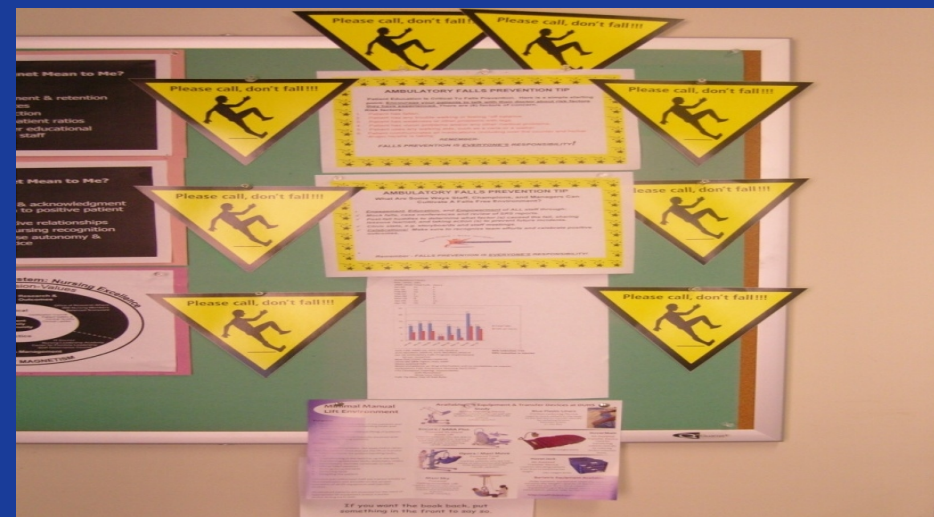
Signs Placed in restrooms (2008)



Monthly Prevention Tips emailed to Managers for posting (2008)

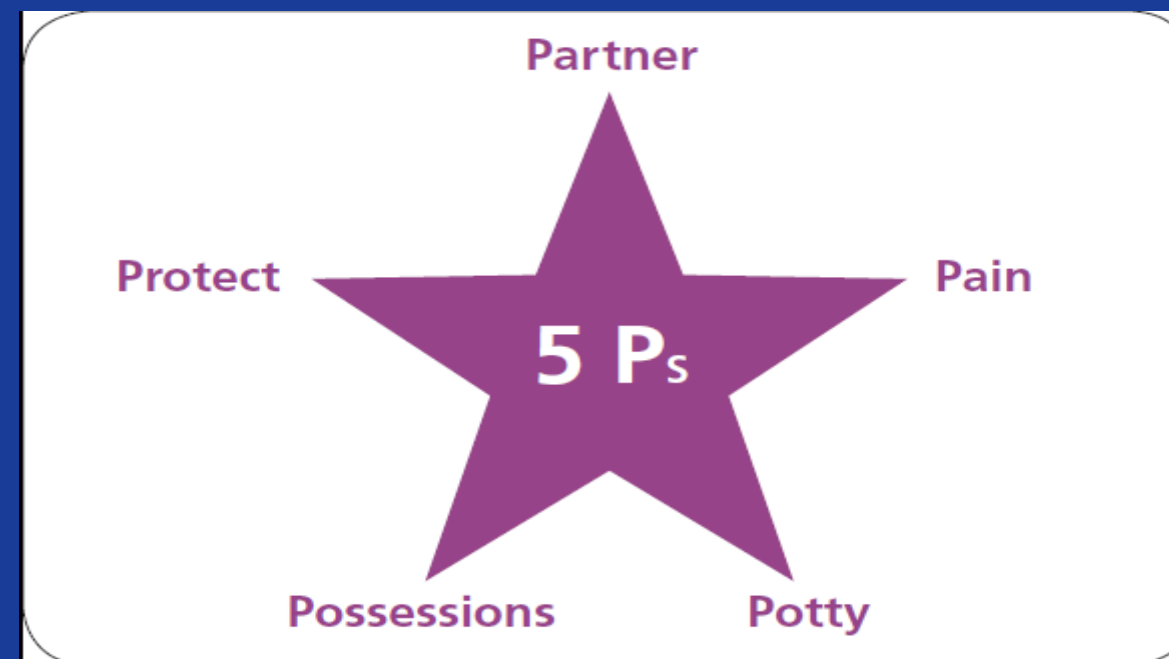


Creative Bulletin Boards



Clerical staff in clinic 'screen' patients for falls risk: 'Have you fallen in the last 6 months?' 'Do you need assistance walking or standing?' If yes, 1-yellow armband placed, 2-yellow falls star placed on chart that follows patient for entire visit, 3- falls risk entered in computer for all caregivers to see

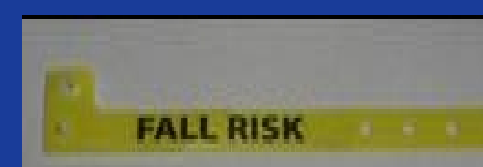
Posting of '5 P' signs over head of beds, exam tables, etc, reminding nurses to address 5 Ps BEFORE leaving room (2008)



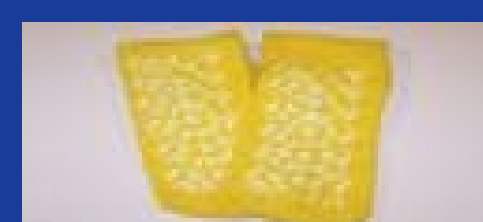
Annual staff training  
2008: online slide presentation/post-test

2009: online video presentation/post-test  
4 hour training sessions (5) for ambulatory fall champions: new—transfer techniques-  
champions taught peers in work areas

2009: Change to yellow for high risk falls alert



Armbands with words

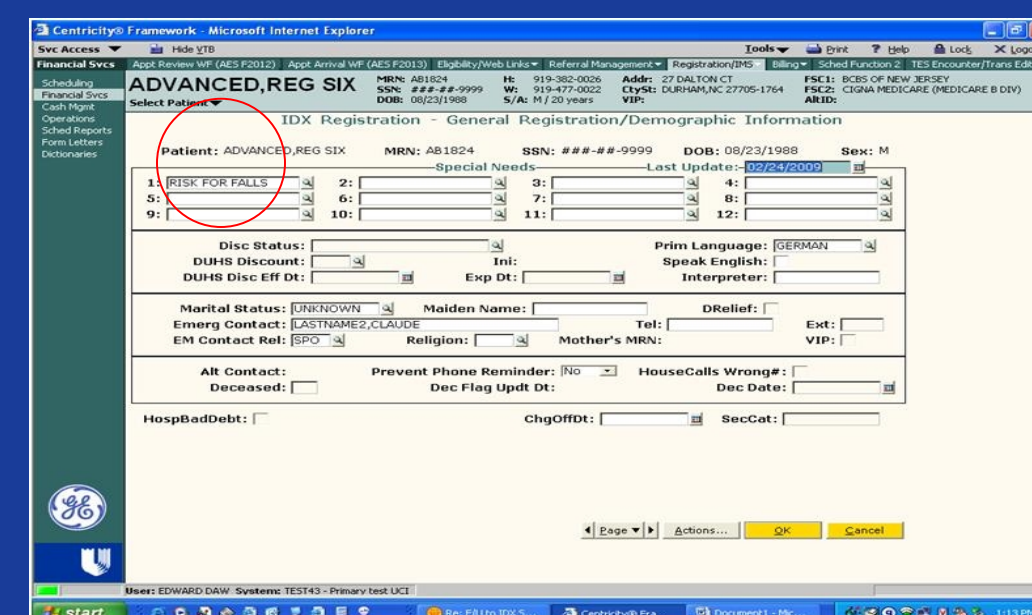


Yellow socks with non-skid surface on all sock surface



Changed from purple to yellow stars for room doors and ambulatory charts

Safety Features: rails, outside and inside bench seating, curb painting with bright yellow paint



## 2009 Continued

- Changed mailed appointment letters: info on wheelchair access, valet parking, and what to do if assistance needed walking or standing added
- List of meds with high potential for ↑ falls risk posted in all clinic al areas
- **Ticket to Ride** : Added falls risk info as part of handoff to transporters
- Environmental Rounds to ID and rectify fall hazards
- Safety Rounds

## 2010

Clinic web site added link about wheelchair access

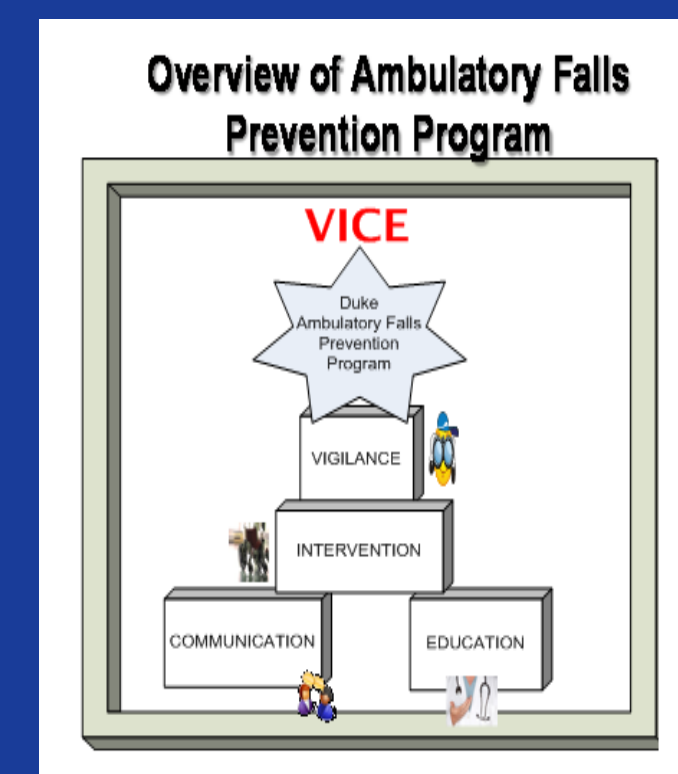
Bariatric Furniture in Ambulatory Settings



Escalator Signage



Prevention Program



Training : Best Practices



New signs

**FALLS PREVENTION**  
It is **EVERYONE'S** Responsibility  
**PATIENTS: YOU Can Help Prevent Falls-**

**Please notify the staff if you:**

- Need assistance to stand or walk.
- Get dizzy or lightheaded when you stand or walk.
- Lose your balance easily.
- Need a wheelchair.
- Have taken medication that causes you dizziness or sleepiness.
- Have a history of fainting.
- Have a fear of needles before, during, or after a procedure.

**PARTNERS IN SAFETY**

## Outcomes

