

# The Stakes are High: Reduce the Chance of Falls with these Winning Interventions

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## The National Problem

- 1 in 3 adults 65 years old and older experience a fall each year
- Hip fractures, primarily the result of falls, account for over 300,000 hospitalizations each year with direct care costs of \$18 billion annually
- 20 percent of people who suffer a hip fracture will need nursing home care within a year, and 20 percent will die within a year of suffering the fracture
- 50% of those who survive a hip fracture never regain full mobility, nor their former quality of life

### Reference

2005 White House Conference on Aging Presented by the National Safety Council. Falls Among Older Adults. Retrieved from <http://downloads.nsc.org/word/WhiteHouseFalls.doc>.

## Our Internal Problem

- Lack of focused approach involving all levels of nursing and the interdisciplinary team

## Goals

- Reduce the overall incidence of patient falls
- Reduce the incidence of falls with moderate and major injury as defined by NDNQI

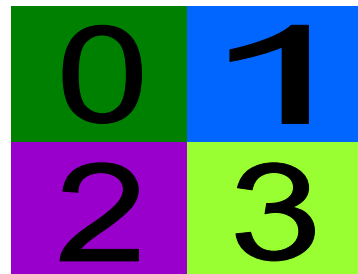
## Interventions

- Weekly fall meetings, initially involving nursing leadership and unit-based fall team representatives from all inpatient nursing units and the Emergency Department
- Cancer Nursing Unit "FALL SIGNAGE" pilot
- Implementation of Fall Signs house-wide
- Mandatory attendance at weekly fall meetings by direct care RNs, LPNs, CNAs, and interdisciplinary team members involved in a patient fall during the previous week
- Staff-led fall audits for compliance with interventions and "in the moment" corrections

## The Red Sign    The Yellow Sign



## The Mobility Signs



Patient needs assistance of TWO healthcare providers for mobilization and is at HIGH RISK for fall-related injury

## Our Progress

