Texas Health Presbyterian Hospital® DALLAS

Evidence & Practice: A Fall Reduction Program Using Implementation Science

MAGNET RECOGNIZED — AMERICAN NURSES CREDENTIALING CENTER

Patricia Kelly, DNP, APRN, CNS, AOCN
Joyce Lee, MSN, RN, OCN
Adrienne Nitsos, MBA, MA, RN
Oncology Unit Nurses, Jackson 2 East

OBJECTIVE

To develop fall reduction initiatives using Implementation Science (IS)

BACKGROUND

LITERATURE REVIEW KEY FINDINGS

- Patients with a cancer diagnosis are at high risk for falls and injury (Gibbs, 2010).

- Patients with a cancer diagnosis have compounding risk factors, e.g. psychotropic medications, polypharmacy, anemia, fatigue, multiple lines, high fluid volumes (Gibbs, 2010).

- Multifactorial targeted interventions are effective fall reduction approaches (Stern & Jayasekara, 2009).

- IS provides an application framework for multifactorial interventions, i.e. determinants addressing knowledge, cognition, attitudes, routines, social influence, organization, and resources (Achterberg, Schoonhoven, & Grol, 2008).

IMPLEMENTATION SCIENCE DETERMINANTS

Knowledge · Cognition · Attitudes · Routines · Social Influence · Organization · Resources · Implementation Science

Achterberg, Schoonhoven, & Grol, 2008
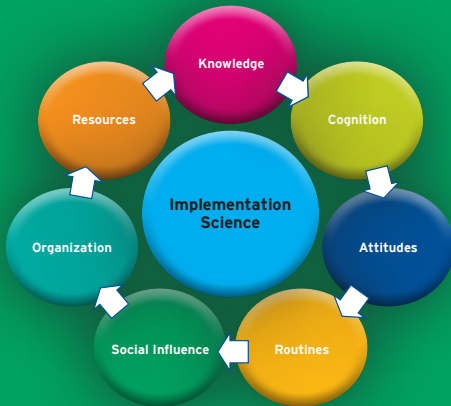
PROBLEM

Oncology unit fall rates (2010) were higher than National Database of Nursing Quality Indicators (NDNQI) mean Magnet Facility benchmarks despite standard fall reduction initiatives
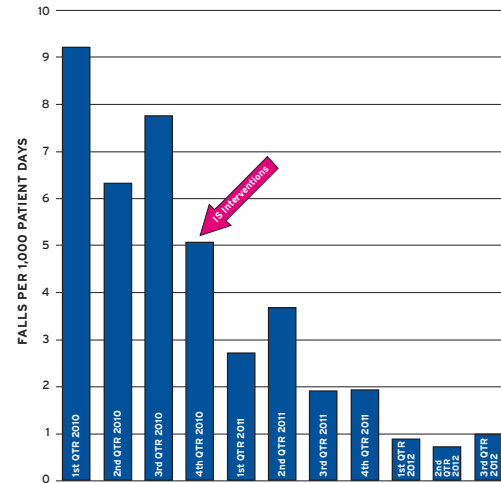
PURPOSE

To decrease fall rates below benchmark

ONCOLOGY UNIT STAFF

INTERVENTIONS

The Oncology Unit Based Council Developed An Action Plan Using IS

- Fall risk score added to census board (IS Determinants: Knowledge, Cognition, Attitudes, and Routines).

- Communication contract/checklist to identify high risk (>5 Hendrich II) patients and assess fall prevention interventions (IS Determinants: Knowledge, Cognition). Contract/checklist initiated on night shift, used at change-of-shift handoffs to update fall risk information and prevention initiatives. Checklist signed by oncoming nurses and patient-care technicians, and processes reinforced by nursing director(IS Determinants: Attitudes, Routines, Social Influence, and Organization).

UNIT CENSUS BOARD
Knowledge
Cognition
Attitudes
Routines

CONTRACT/CHECKLIST
Knowledge
Cognition
Attitudes
Routines
Social Influence
Organization

MANAGEMENT SUPPORT AUDIT & FEEDBACK
Organization
Attitudes
Routines
Social Influence

1st Quarter 2010 – 3rd Quarter 2012 FALL RATE ONCOLOGY UNIT

FALLS PER 1,000 PATIENT DAYS

IS Interventions

1st QTR 2010, 2nd QTR 2010, 3rd QTR 2010, 4th QTR 2010, 1st QTR 2011, 2nd QTR 2011, 3rd QTR 2011, 4th QTR 2011, 1st QTR 2012, 2nd QTR 2012, 3rd QTR 2012

EVALUATION

- Fall rate 3rd quarter 2012 showed an 89% decrease compared with 1st quarter 2010.

- Fall rate initially > 90th percentile NDNQI Magnet Facility benchmark, improved to < 10th percentile NDNQI Magnet Facility benchmark.

DISCUSSION

- Audit and feedback reinforce behavior (IS Determinants: Attitudes, Routines, and Social Influence).

- IS based interventions are cost-effective.

- IS Determinants improve nurse-sensitive outcomes.