A Novel Process Addressing Inpatient Falls in Acute Care
Deborah Christopher, RN, MSN, Phyllis Dubendorf, RN, MSN, CCNS, CNRN, Christopher Trainor, RN, BSN
Hospital of the University of Pennsylvania
Philadelphia, PA 19104

Identifying fall risk and decreasing the incidence of falls in acute care hospitals has been a focus of care for years, although it remains an elusive goal. Falls have been identified as a key nursing-sensitive quality outcome indicator, and the demand for care excellence dictates that institutions reduce the incidence of falls by initiating programs focused on falls prevention.

**PROJECT DESCRIPTION**

The purpose of this project was to implement a novel approach to address inpatient fall rates on four surgical units that were consistently underperforming against National Database for Nursing Quality (NDNQI) benchmarks. Falls in the inpatient setting are a critical safety issue. Falls cause injury, they increase length of stay and hospital care costs, and can lead to decreased mobility and quality of life. Falls are complex and multi-factorial, requiring a novel approach to evaluate and understand the issue.

**ANALYZE PHASE**

- The interdisciplinary team identified contributing factors and behaviors in high risk patients.
- Fishbone diagram created
- The Interdisciplinary team then identified the presumed top reasons why patients fall in the hospital: Urgency/Toileting, Polypharmacy/Medication related, Insight/Judgment, Impulsivity, Delay in call light response.

**IMPROVE PHASE**

A Proactive Falls Rounding Tool was developed that included Falls Assessment score, checklist of Fall precautions currently in place, new interventions implemented, patient or family comments, and attendance with name and discipline of those present for rounds.

**CONTROL PHASE**

Proactive Rounding is an intensive and focused multidisciplinary assessment of individual factors that affect a specific patient’s risk of falling. During these rounds, unique interventions were recommended and individual teaching to the patient and family were provided. The Pilot units employing Proactive Rounding were able to sustain a decline in falls rate over 5 quarters and decrease the overall fall rate by 23%.

**IMPLICATIONS FOR PRACTICE**

- Utilizing the DMAIC Process, the Falls Collaborative Interdisciplinary Team successfully defined, measured, analyzed, implemented, and controlled a novel process allowing the team to better evaluate and understand the complex issue of inpatient falls.
- The presence of an interdisciplinary team speaking with a message of promoting a falls prevention strategy delivered a powerful message to patients and families.
- The importance of staff communication, patient education, safety reinforcement, environmental assessment, medication review with medication specific education, and implementation of real time new interventions were additional features of proactive rounding that were associated with beneficial implications for practice.
- Comprehensive proactive falls rounding when done on a consistent and regular basis with a commitment from all team members did have promising and significant results. However, sustainability in a complex, fast-paced environment such as an inpatient acute care setting remains a challenge.