# A Successful Patient Fall Reduction Program in an Inpatient Behavioral Health Unit

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# UPMC Northwest

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# UPMC Northwest

- Built in 2004 as part of the University of Pittsburgh Medical Center (UPMC)– one of the leading nonprofit health systems in the United States.

- 180-bed hospital in a rural region which services Venango County and other neighboring counties in northwestern Pennsylvania. Located in Venango County.

- Committed to providing patients with compassionate care while offering a wide range of technologically advanced services, including a nationally recognized stroke program and cancer center.

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# Welcome to the Behavioral Health Unit

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# Description of the Behavioral Health Unit

- 28 bed general adult and geriatric combined unit

- Staffing ratio of 4:1
  - RNs
  - Milieu Therapists
  - PCAs

- Common Psychiatric Diagnoses
  - Major Depression
  - Bipolar Disorder
  - Schizophrenia
  - Anxiety Disorders
  - Borderline Personality Disorders

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# Description of the Behavioral Health Unit

- Common Medical Diagnoses
  - Diabetes
  - COPD
  - Hypertension
  - GERD
  - Asthma

- Treatment
  - Individual (1:1) Counseling
  - Group Therapy
  - Recreation Therapy
  - Medication Management



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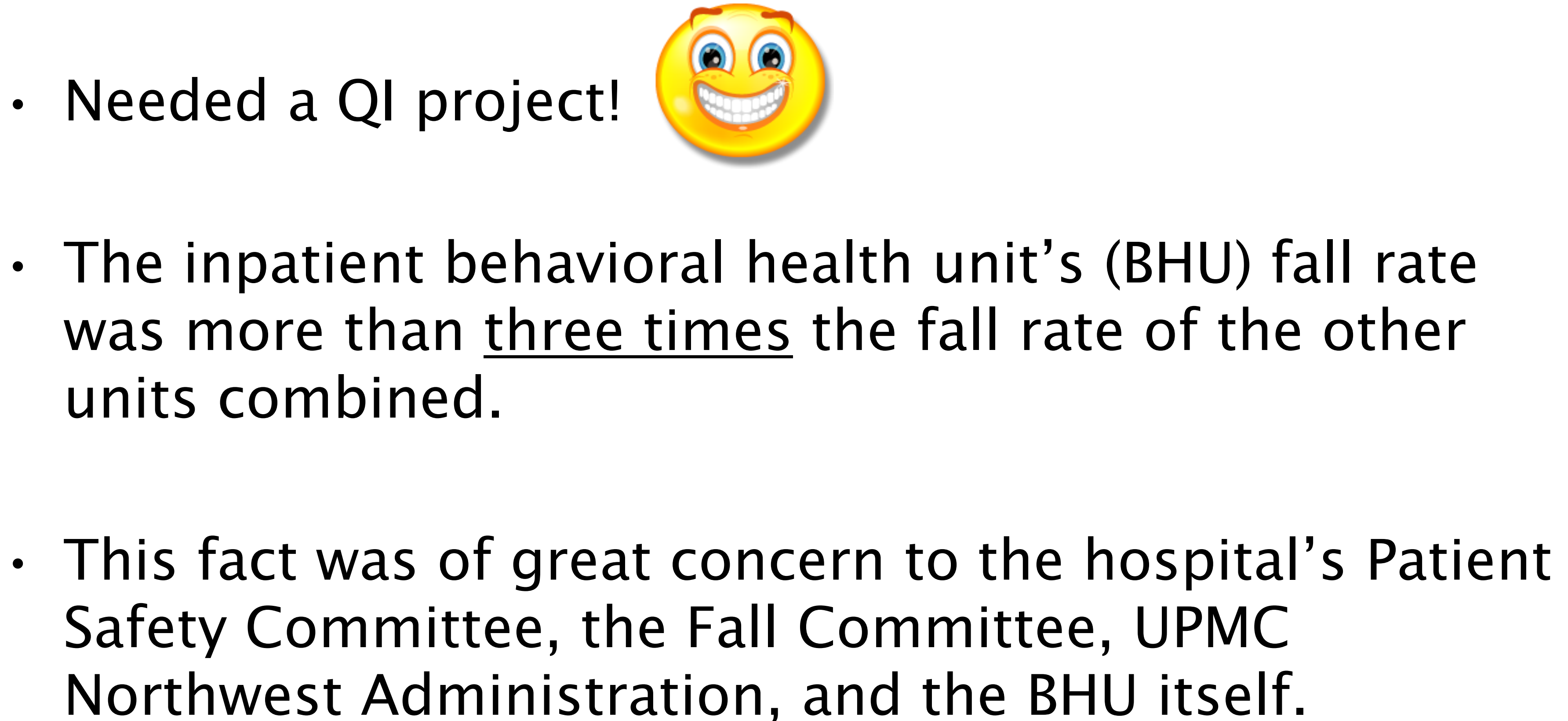
# Why work on decreasing falls?



- Needed a QI project!

- The inpatient behavioral health unit's (BHU) fall rate was more than three times the fall rate of the other units combined.

- This fact was of great concern to the hospital's Patient Safety Committee, the Fall Committee, UPMC Northwest Administration, and the BHU itself.

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# How bad was it???

- From July 2010 to June 2011 the number of patient falls on the BHU was 76 with a fall rate of **14.84**/1000 patient days.

Compared to:

- The number of patient falls on all other inpatient units combined was 132 with a fall rate of **3.72**/1000 patient days.
  - Medical/Surgical
  - Oncology
  - Emergency Department
  - AICU
  - Cardiac
  - TCU/Rehab

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# Now what to do about it?

- The problem was discussed in most every meeting including Management Team, Nursing Leadership, and during Administrative Rounding.
- Staff of the BHU felt the pressure to improve the number of falls and to keep the patients safe.

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# Identified Obstacles

- Patients are mobile– we encourage patients to be out of their rooms, attending groups, and interacting with peers.
- Platform style beds

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# Identified Obstacles

- Bathroom call lights are on the wall opposite the toilet.
- Call lights are not near the beds in patient rooms, we rely on “tap bells”.
- Unit culture change– changing the culture to one of “falls/injury can be prevented”.
  - Improvement IS possible!
- Lack of equipment (ineffective fall mats, only two bed alarms total).

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# Identified Obstacles

- Lack of education as unit transitioned from an adult/adolescent unit to an adult/geriatric unit
- Hallways did not have handrails.
- Older adults who take several types of psychotropic medications, such as antidepressants or sedatives are more likely to experience falls.

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# Action

- Staff Education
  - On unit posting of the monthly fall data
    - Data compares the BHU to the rest of the hospital
  - Discussion at unit meetings
    - Days Without Falls (posted daily)
    - How to use fall prevention equipment
    - How to correctly assess and identify high risk patients
      - What to do about it?
        - » PT consults
        - » Fall prevention equipment

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# Action

- Education Continued…..
  - Fall prevention posters created and displayed on the unit for staff and patients- “Falling Leaves- Don’t Let our Leaves Fall”.
  - Began using bright yellow leaves outside patient doors for all level 2 fall risk patients.
  - Fall Champion identified on each shift and this was added to their annual performance appraisal as a goal.
  - Environmental rounds re-designed to include ensuring that all fall prevention interventions are in place.
    - Done each shift by direct care staff.

# Action

- Education Continued…..

  - Staff Involvement
    - Two staff members became members of the hospital fall committee (one MT and one PCA).
    - Clinical Nurse Manager became co-chair and then chair of the hospital fall committee.

  - Milieu Therapist Information Sheet introduced to all staff.  This sheet includes a section on safety and lists all level 2 fall risk patients.

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# Action

- Education Continued…..
  - Implementation (hospital wide) of the Charge Nurse Fall Follow-Up Form.
  - Mandatory fall prevention competency that included reviewing the "Fall Binder".

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# Action

- Creation of the Fall Binder
  - Photos taken and printed out of all fall prevention equipment.
  - Detailed instructions on how to use each item.
  - Location of where the item is located.
  - Fall Risk Level that the intervention would be appropriate for (Universal, 1, 2).

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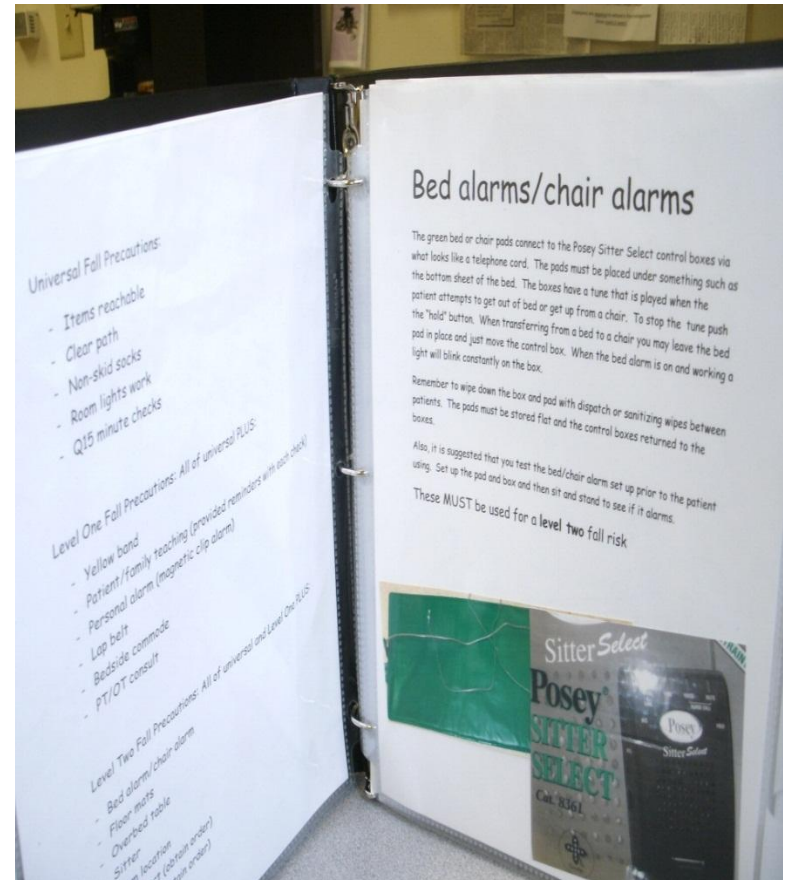
# Fall Binder



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# Action

- Equipment Acquisition
  - Bed alarms
  - Chair alarms
  - Self-releasing belts
  - Fall mats with glow in the dark beveled edges
  - Wheelchair positioners
  - Wheelchair wedge cushions
  - Activity aprons
  - Handrails for the hallways
  - BHU designated wheelchair
  - Installation of additional call bells and zone lighting

# Results

- Fall prevention initiative throughout the hospital
  - Creation of Fall Binders for each inpatient unit, including specific interventions that relate to that particular floor.
  - Fall Equipment Cart created on the cardiac unit and then other units adopted this as well.

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# Results

- Renewed interest in fall education and awareness
  - Reinvigorated Fall Committee
    - Improved attendance.
    - Representatives from all disciplines.
    - Participation in the system Fall Call.
    - Review of monthly fall data completed in a more meaningful way with feedback provided to unit directors.

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# Results

- Education Day
  - Educated over 300 front line staff regarding fall prevention interventions and proper patient education.

- Orientation
  - All new hires are educated on fall prevention at orientation.
  - Patient safety officer presents a PowerPoint geared toward all disciplines with general information about fall education and common interventions.

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# Results

- There was a 38% decrease in falls on the BHU from July 2010 to June 2012
- The injury rate decreased from .66 to .49
- For Fiscal Year 2012 there were 10 months of zero injury related to falls on the Behavioral Health Unit

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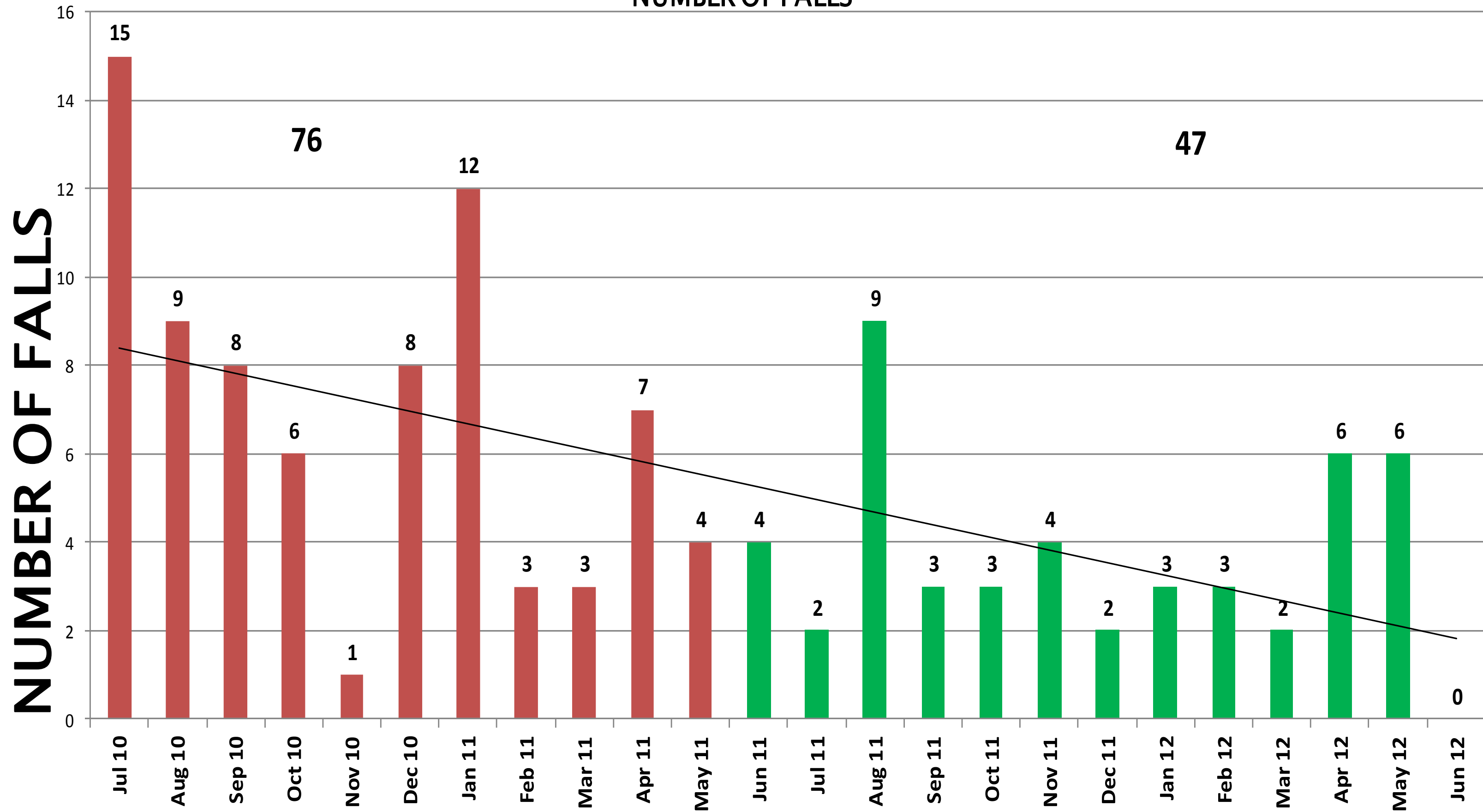
# Results

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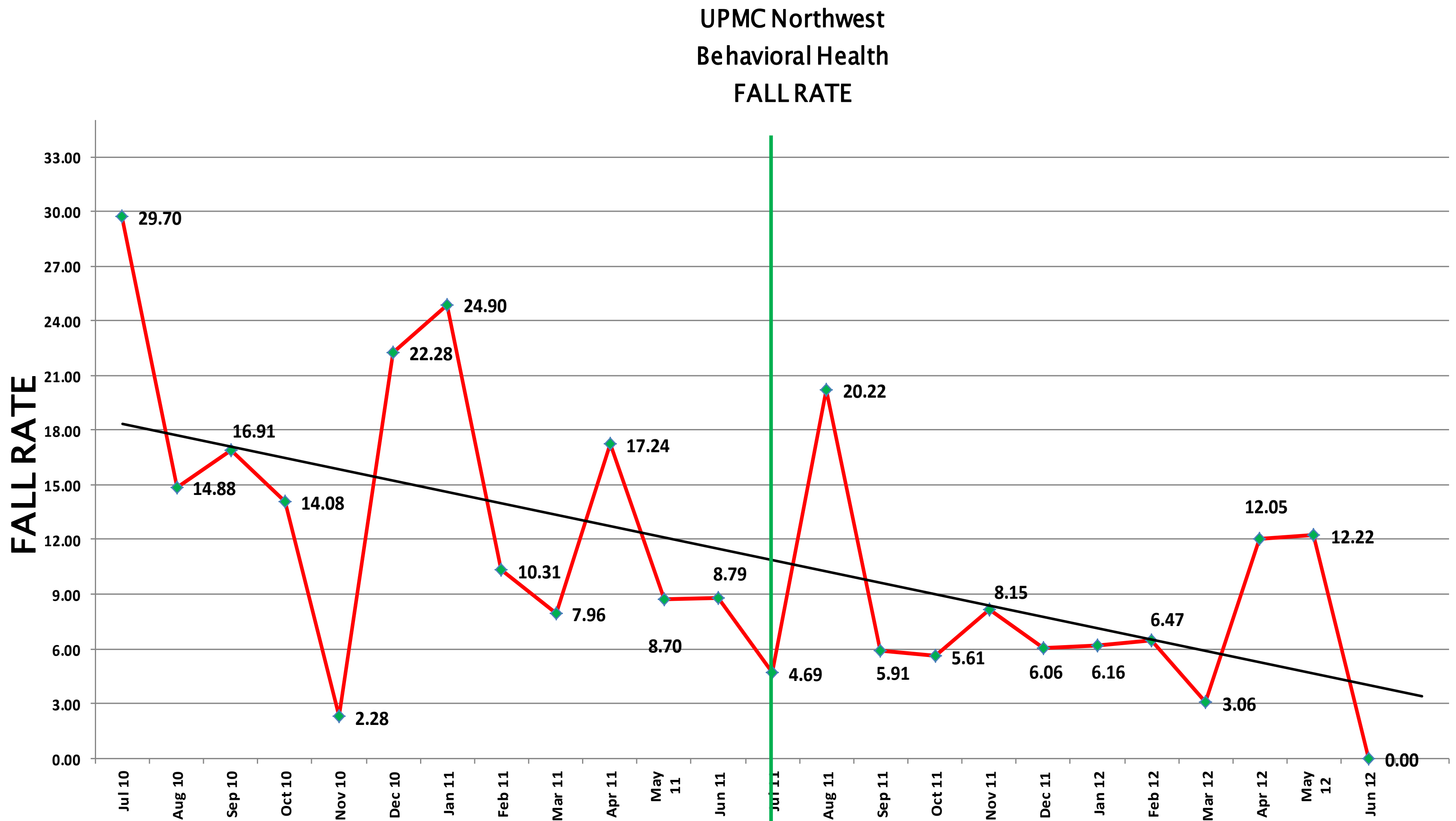


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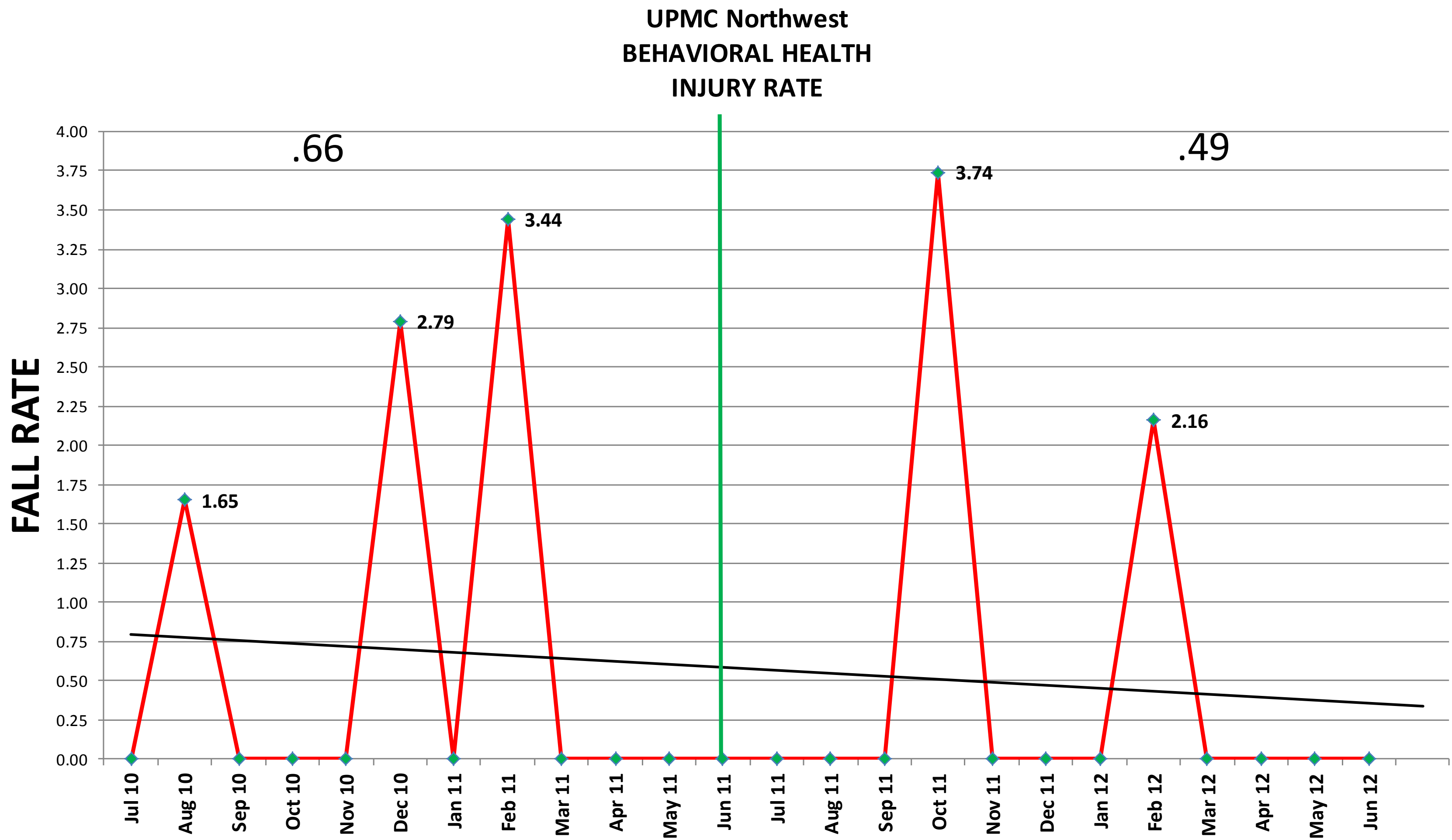
# Results

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# Conclusions

- It is possible to decrease falls and injury rates on patients in a Behavioral Health Unit.
- Change does not have to be financially prohibitive.
- Staff buy-in makes all the difference.

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# Questions?

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