Fall Prevention Through Staff Engagement and Action Planning
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Objectives
Increase staff engagement with fall prevention program leading to decreased patient falls.
Implement an interdisciplinary team to improve strategies related to fall prevention.
Theme of “Universal Fall Prevention, Universal Responsibility”

Develop unit based action plans to provide a more robust and comprehensive fall prevention program.

Background
In 2012, most falls occurred with women aged 45-65.
Most falls were related to toileting activities.

Staff Engagement Methods
- Patient Safety Agreement with scripted Patient Education
- Patient Fall Risk Self-Assessment tool
- Individualized Plan of Care and Patient Education
- ABCS Risk for Injury tool
- Hourly rounding and bedside reporting.
- Unit based gap analysis and action plan.
- Increased use of chair alarms & activity guidelines posted in the room.

Outcomes
- 40% decrease for inpatient falls from the start of the program through 2015.
- 29% reduction for patients greater than 60 years of age between 2013-2015.
- 36% reduction for patients greater than 80 years of age between 2013-2015.

What We Learned
Collaborative work with the physical therapy, cardiopulmonary, emergency and radiology department assisted to decrease outpatient falls and improvement strategies are ongoing.
Chair alarms into the practice environment aided in the reduction on of patient falls.
Work to improve patient mobility and safe patient handling practices. Gait belts in all rooms and areas.
Require all fall risk patients to be transferred on a stretcher.
Continue to exam outpatient falls and inpatient falls trends

Future Plans
- Continue to gain feedback from all staff.
- Continue to evaluate each fall for prevention or education opportunities.
- Continued vigilance with reinforcement of measures.
- Focus on proactive verses reactive prevention.
- Ongoing auditing to identify gaps.
- Continue to promote cultural change to support decreased falls and improved patient safety.

References