Stop! Collaborate and Listen: Fall Prevention Deserves Your Attention

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Purpose

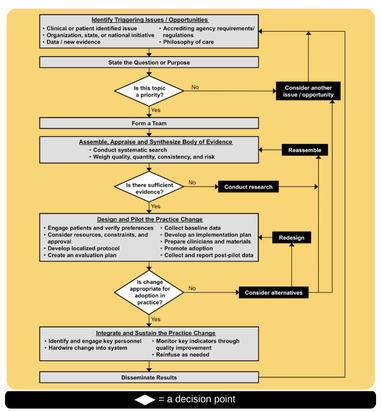
The purpose of this evidence-based practice (EBP) project was to reduce falls and falls with injury on an acute neuroscience inpatient unit. A Stop! Collaborate and Listen: Fall Prevention Deserves Your Attention campaign was used to re-infuse existing fall prevention strategies and to implement new fall prevention interventions.

Challenges with Neuroscience Patients

- **Fall risk assessment tools result in the majority of neuroscience patients being at high risk, lessening the value of the assessment**
- **Fall risk assessments and interventions need to be population specific**
- **Gaps in knowledge regarding fall prevention strategies**
- **Equipment and technology gaps hinder implementation of interventions to prevent falls**

Process

The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care[1]



Synthesis of Evidence

- **Between 700,000 and 1,000,000 patients fall annually[2,8]**
- **The neuroscience patient population has one of the highest fall rates ranging from 8.9-17.1 falls per 1,000 patient days[3]**
- **Average cost of a fall is $4,233 per event[4]**
- **Average cost of a fall with injury sustained in a healthcare facility is about $14,000[9]**
- **Approximately one-third of inpatient falls can be prevented[2,8]**
- **Risk factors specific to neuroscience patients:**
  - **Altered mental status (poor short term memory, impulsiveness)**
  - **Sensory/communication deficits**
  - **Gait/movement disorders/paralysis**
  - **Medications (CNS medications including opioids, psychotropics, anticonvulsants, & benzodiazepines)**
  - **Altered elimination**
  - **History of falls**
- **Literature reviewed to find a fall risk assessment tool specific to neuroscience patients**
  - **Current institutional Fall Risk Assessment Scale (FRAS), modified from Risk Assessment for Falls Scale II, found to be best available[5]**
- **Alternatives to restraint, such as weighted blankets, provide deep pressure touch resulting in:**
  - **A release of serotonin and endorphins impacting mood, sleep, and sensory perception[7]**
  - **Reduced anxiety due to a calming feeling like being hugged or swaddled[7]**

Interventions

Falls Risk Assessment Scale[5]

Subscale	Definition	Scoring
Elimination	Nocturia, frequency, urgency, diarrhea, incontinence, diuresis, etc	**0 = No problems 1 = 1 problem 2 = 2 problems 3 = 3 or more problems or new onset of a problem(s)**
Mobility/Ambulation	Ambulation level	**0 = no assistance needed 1 = with assist of 1 person 2 = with assist of 2 people 3 = patient is on bedrest or unable to ambulate Score patients "no assistance" if able to ambulate independently with assistive device (e.g., cane, walker)**
Mental Status	Orientation level and judgment	**0 = no disorientation 1 = oriented to person and place 2 = oriented to person only 3 = disoriented or impaired judgment**
Sensory/ Communication Deficit	Vision, hearing, speech deficit, neuropathy or language barrier	**0 = No deficits 1 = corrected deficit(s) (e.g.., glasses, hearing aid, etc.) 2 = uncorrected deficit (e.g., glasses not available) 3 = New onset of deficit or communication deficit Patients with new onset of altered sensation (e.g., epidural, spinal cord injury/disease) score a 3 Language barrier may be rated as a 2=Deficit without correction**
Medications	CV medications include antihypertensives, diuretics, antiarrhythmics; CNS medications include opioids, psychotropics, anticonvulsants, and benzodiazepines	**0 = no CV or CNS meds 1 = CV meds 2 = CNS meds 3 = CV and CNS meds**
Last Fall Occurrence	Time since last fall	**0 = no known falls 1 = fall > 6 months ago 2 = fall 1-6 months ago 3 = fall within last month 7= fall within current admission**
Age	**Category for age in years**	**0 = <20 years 1= 20-60 years 2 = 61-74 years 3 = >74 years**

- **There are two levels of fall interventions based on the patient score:**
  - **Fall Protection: Intervention initiated on all patients upon admission**
  - **Fall Prevention: Risk specific interventions initiated on patients with a score of ≥7 or if nursing judgment indicates the patient is at risk for falling**

Reinfused Interventions

- **Retrained on the Fall Risk Assessment Scale and automated audits in the electronic documentation system**
- **Reinfused the institutional Falls Prevention Program, including interventions specific to each risk factor**
- **Partnered with biomedical department to enhance usability of equipment**
- **Retrained on the importance of integrating bed alarm & call light cables**
- **Increased access to low beds and fall reduction chairs**

New Interventions

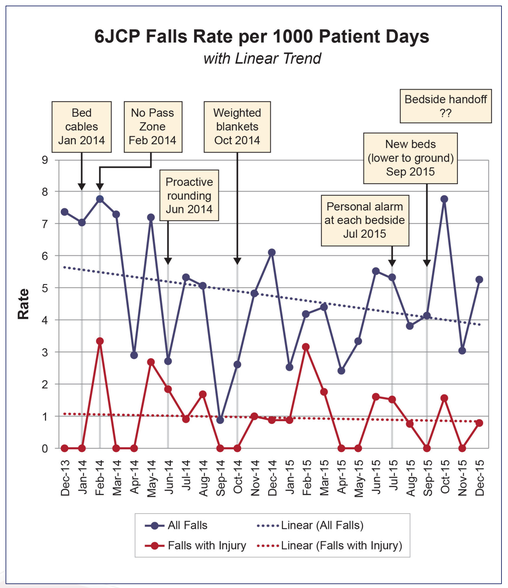
- **Personal alarms for high risk patients when out of bed**
- **No Pass Zone: All staff answering all call lights all the time**
- **Proactive rounding**
- **EBP project evaluating and implementing weighted blankets to provide deep pressure touch**

Implementation Strategies

Phased Implementation of EBP[6]

	Create Awareness & Interest	Build Knowledge & Commitment	Promote Action & Adoption		Pursue Integration & Sustained Use
Connecting with Clinicians, Organizational Leaders and Key Stakeholders	• Highlight advantages of falls prevention • Continuing education programs • Slogans & logos • Staff meetings • Unit newsletter • Unit in-services • Distribute key evidence with posters and postings/flyers • Announcements & text messages	• Education on falls risk assessment and interventions • Change agents (e.g., fall committee, change champions) • Make impact observable • Gap assessment/gap analysis • Listen to patient and clinician input • Local adaptation of fall interventions to neuroscience patients • Match practice change with resources & equipment (bed alarm) • Integrate practice change with other EBP (e.g., weighted blankets)	• Reminders or practice prompts (e.g., best practice advisory alert computer charting) • Demonstrate workflow or decision algorithm linking risk factors with specific interventions • Skill competence • Give evaluation results to colleagues • Incentives	• Multidisciplinary discussion & troubleshooting • Fall prevention "elevator speech" • Data collection by clinicians • Report progress & updates • Change agents role model • Provide recognition at the point of care • Encourage staff to try the practice change (e.g., weighted blankets)	• Shared data demonstrating reduced falls • Celebrate local unit progress • Personalize the messages to staff based on actual improvement data • Peer influence • Update practice reminders
Building Organizational System Support	• Senior executives appraised of benefits of technology updates and weighted blankets • Publicize new equipment (e.g., personal alarms, weighted blankets)	• Teamwork • Benchmark data • Inform organizational leaders • Report within organizational infrastructure • Action plan • Report to senior leaders	• Audit key indicators • Actionable and timely data feedback • Non-punitive discussion of results • Updates to orientation checklist • Documentation • Standing orders • Patient reminders • Patient decision aides	• Rounding by unit & organizational leadership • Report into quality improvement program • Report to senior leaders • Action plan • Link to patient/family needs & organizational priorities	• Audit and feedback • Report to senior leaders • Report into quality improvement program • Project responsibility in unit or organizational committee • Incorporated into strategic plan • Trend results • Present in educational programs

Evaluation



- **17% fall rate reduction**

Conclusions and Next Steps

- **The Stop! Collaborate and Listen: Fall Prevention Deserves Your Attention campaign was an effective method of capturing the attention of busy clinicians and resulted in reduction in falls and falls with injury**
- **The Iowa Model of EBP provided a useful framework for EBP projects**
- **Successful practice changes and injury reduction occur when a phased multi-faceted approach to implementation is utilized**
- **Continued efforts aimed at staff awareness and implementation of fall prevention interventions and injury reduction interventions will be ongoing with new nurse hires and product updates**
- **Ongoing work includes: monitoring evidence for a falls risk assessment tool specific to neuroscience patients, video monitoring technology and integrating bed alarm system with RN phones, adding fall injury risk column to nursing assignment sheet, and partnering with vendors to develop a low bed that is self-propelled**

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