Improvement Initiative for Patient Falls
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Objectives

- Describe the impact to patients/families of a fall with injury sustained in a hospital setting
- List evidence-based practices that reduce patient falls in acute care hospitals
- Explain a key initiative to reduce the number of patient falls across one academic medical center that included patient/family engagement
Introduction

- Falls are the most frequently reported incident in adult inpatient units
- The rate of falls ranges from 1.7 to 25 falls per 1,000 patient days
- 2 to 10% of hospital inpatients fall during a hospital stay, with 4% to 6% resulting in serious injuries such as fractures, excessive bleeding, and death

Source: AHRQ (2013) and ECRI (2009)
All patients with Fall-Injury Risk Factors (susceptibility to hemorrhage and/or fracture) must have:

- Yellow wristband applied
- Yellow safety tag placed outside the patient room

(F.I.R. = Fall Injury Risk)
OSUWMC Fall Data
Central Ohio Quality Collaborative: Falls

Source: Ohio Hospital Association COPS Website
Why It's Important!
Best Practices for Fall Prevention

- Purposeful hourly rounding
- Change of shift huddles
- Post fall huddles
- Bedside RN report
- Posting data on units
- Interdisciplinary effort
Falls Practice Problem Group

- The Falls Practice Problem Group (FPPG) was established in 2009 as sub-group of the Nursing Executive Research Council to assist the organization in addressing priorities for safe, quality patient care and the practice environment.
FPPG Mission

- The mission of the FPPG is to explore, evaluate and disseminate the current best evidence and research findings to advance nursing’s knowledge of:
  - Factors contributing to patient falls
  - Fall risk factor assessments
  - Fall prevention interventions
  - Fall injury reduction strategies
Opportunities Identified

- University Health Consortium (UHC) Falls Collaborative Project: Fall Prevention and Injury Reduction
  - Goals
    - Transparency of falls data
    - Utilize a fall risk assessment standard based on current research
    - Revise falls prevention and protection from fall injury protocol
    - Maximize use of technology
    - Provide patient/family education
    - Provide staff education
Implementation Strategies

- Falls Resources Website on OneSource
  - One-stop shopping for all falls-related information
- Post Fall Huddles
  - Calls to CNO
- Technology
  - Bed cords
- Falls Risk Stratification Wheel
  - Visual communication tool of a patient’s fall risk and fall injury risk for all care team members
  - Reflects a patient’s real time falls risk and risk for injury
- Staff Education
Falls Resources

August 2013 Revised Fall Policy Materials
- IHS Falls Tip Sheet
- Key Points Handout
- Nursing-Specific Falls Video
- General Falls Video

Fall Prevention Policy/Protocol
- Inpatient Fall Event Investigation Form
- Falls Response Assessment
- Fall Response Assessment and Analysis Form
- Fall-Related Resources and Articles
- Patient/Family Information
- Suggested ISSBAR Communication for Falls
- Post-Fall Huddle Form
- RCA Template for Falls
- Falls-Related Product Guides
- Staff Education: Prevention of Patient Falls
- Safe Patient Handling Lift Equipment

Falls Resources
Fall prevention and protection from fall injury are priorities in the care of all patients. A plan of care individualized to each patient’s risk factors reflects nursing’s commitment to providing personalized patient care and ensuring patient safety.

Events
There are currently no upcoming events.

News

Welcome to the Falls Resources page
11/2/2013 2:08 PM
Bed Cord Implementation
How to Respond to a Bed Exit Alarm
How to Respond to a Bed Exit Alarm
Implementation Strategies

- Education
  - Falls Unit Champions Education
    - Falls Resources website
    - Falls prevention and fall injury reduction equipment
    - Falls care plan and patient education
  - Falls Blitz (UH/Ross)
    - Fall prevention and fall injury reduction equipment
    - Participation incentives
Fall Risk and Fall Injury Risk Stratification

HIGH Fall Risk
LOW Injury Risk

- Implement Universal Fall Risk interventions as well as the following:
  - Use bed/Chair exit alarm at all times
  - Assist with all ambulation using a gait belt; consider PT
  - Do NOT leave patient unattended while in the bathroom or on BSC
  - Consider a low bed & padded floor mats
  - Consider locking bed belt for alt. mental status

LOW Fall Risk
LOW Injury Risk

- Implement Universal Fall Risk interventions as well as the following:
  - Set an activity/toileting schedule with purposeful rounding (q 1-2h)
  - Maintain bed in low position and wheels locked, call light and personal items within reach, instruct patient to call for assistance
  - Use of non-skid slippers/socks
  - Ensure a physically safe environment
  - Educate the patient and family about fall risk

HIGH Fall Risk
HIGH Injury Risk

- Implement Universal Fall Risk interventions as well as the following:
  - Use bed/Chair exit alarm at all times
  - Assist with all ambulation using a gait belt; consider PT
  - Do NOT leave patient unattended while in the bathroom or on BSC
  - Instruct patient/family on risk for injury (fractures and/or hemorrhage)
  - Consider a low bed & padded floor mats
  - Consider locking bed belt for alt. mental status

LOW Fall Risk
HIGH Injury Risk

- Implement Universal Fall Risk interventions as well as the following:
  - Consider use bed/Chair exit alarm at night
  - Educate the patient & family on high risk for injury (fractures/hemorrhage)
  - Do NOT leave patient unattended while in the bathroom or on BSC
  - Assess for orthostatic BPs, encourage patient to sit on edge of bed before standing

Fall Injury Risk (hemorrhage, fracture)
Further Implementation Strategies

- Prevention of Patient Fall and Protection from Fall Injury Protocol updated
- IHIS improvements
- Falls Risk Stratification Wheel
Fall Risk Assessment

Everyone can participate in preventing patient falls.

- Determine activity and toileting schedule with patient's family
- Maintain bed in a low position with wheels locked
- Ensure the call light is within reach and instruct patient to call for assistance
- Ensure patient's environment is safe

HiGH Fall Risk
HIGH Injury Risk
Implement Universal Fall Precautions as well as fall-appropriate Fall Precautions
- Use bed alarms and mattress overlays
- Use low bed height and maintain at all times
- Do NOT place patient on all 4 side rails
- Instruct when in the hospital environment
- Encourage patient to sit or stand up slowly
- Consult with the physician before changing patient’s position
- Maintain patient’s balance and control

Date
Time
RN Initials
Fall Injury Risk: Evaluate patient for bleeding or fractures

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER
Falls Video
About Your Fall and Injury Risk

Every patient in the hospital is at risk for falling simply because of being in a strange environment. The bed is different and you may not be as well rested. Medicines and other treatments may cause you to be more weak or unsteady.

You may have seen the fall and injury risk wheel on the wall in your room. This is used to remind our staff of your risk for falling and injury so we can help keep you safe. As your treatments or health changes, your risk may also change. Talk with your doctor or nurse if you have any questions about your risk or how we can keep you safe.

What the Wheel Sections Mean

**Green** – Low Fall Risk and Low Injury Risk
You seem to be steady on your feet and able to walk and move well on your own. We will continue to check you for changes in your fall risk.

**Yellow** – Low Fall Risk and High Injury Risk
You are steady on your feet and able to move well. You are at a higher risk for a serious injury, such as a broken bone or severe bleeding, if you would fall. We ask that you call us to help you get in and out of bed, especially when you wake during the night. You may also have an alarm on your bed that will sound when you start to get up.

**Orange** – High Fall Risk and Low Injury Risk
Your care team has found that you are unsteady, weak or you have other problems that cause you to have a high risk of falling.

Call us to help you get in or out of bed and to the bathroom. A bed alarm may be used that will sound when you start to get up. A low bed with a floor pad may be used to limit injury, if you would fall out of bed. When walking a support belt may be used by staff to keep you steady on your feet.

More on next page ➔

Learn more about your health care.
Number of Days Since Our Last Fall

- 10 South J & 10 East Doan: 0 days
- 10 East James: 45 days
- 9 East Doan: 16 days
- 9 James: 11 days
- 8 James: 8 days
- 7 South J: 9 days
- 7 East J: 8 days
- 7 ICU (none since opening 2012): 0 days
- 7 Center Doan: 28 days
- BMT: 14 days

(Number of Days since...)

The Ohio State University
Wexner Medical Center
Falls with Harm

Source: Event Reporting System. Manager Assigned Fall Injury Level >1
Questions?

For more information:
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