Reduction of Fall Rates Through a Standardized Fall Risk Protocol
South 1 Adult Annex
Vincent Castelle, BSN, RN & Marissa Romeri, BSN, RN

Background

Patient fall reduction continues to be a focus across medical-surgical units as falls are the most frequently reported adverse event in the inpatient setting. Nurses play a critical role in identifying which patients are at high risk of falling during hospitalization. South 1 Adult Annex is a 17-bed unit that provides care to medical and surgical patients. The unit is designed as a short-stay unit with all admissions received directly from the Emergency Room. In Fiscal Year 2019 (FY19), South 1 Adult Annex had a total of zero falls. The South 1 Unit Based Practice Council (UBPC) recognized that zero falls for a full fiscal year is attainable and opted to develop a standardized fall risk protocol to help continue preventing patient falls on South 1.

Purpose

The purpose of the staff education project is to increase nursing utilization of the proper fall assessment tool (Morse Fall Scale), and to initiate the corresponding standardized fall risk protocol complete with visual fall risk identification, auditory fall risk identification, proper documentation of high fall-risk patients, and patient/family education.

Implementation Plan

The focus of the staff education project is to increase nursing utilization of proper fall assessment tools and initiate the corresponding standardized fall risk protocol. Metrics reflected on Patient Care Services (PCS) documentation of high fall-risk patients, and patient/family education.

Interventions

- Staff education regarding implementation of new falls protocol.
- Falls assessment at time of admission, start of shift or change in patient condition.
- Utilization of the proper fall assessment tool, Morse Fall Scale (MFS).
- Providing visual and auditory fall risk identifiers including fall risk armbands, fall socks, fall bedside posters, fall signage, call lights, and a green light on bed if in lowest position.
- Creation of a "Falls Bin" to house the visual fall risk identifiers all in one place.
- Utilizing call light and bed alarm for auditory fall risk identification.
- Utilizing Lift Team to assist with mobilization of high fall risk patients.
- UBPC members attended Lift Team Supervisor in-service regarding safe patient handling equipment.
- Adding fall education and fall precautions to pre-shift huddle.

Performance Data

South 1 Falls data prior to intervention:

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Falls</th>
<th>Falls w/ Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2019</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FY2020 Q1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FY2020 Q2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FY2020 Q3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Results & Conclusions

The monthly, quarterly and annual fall rate data has been collected for FY2019 and FY2020. In FY2019, there were a total of zero falls. In Q1-Q3 of FY2020, South 1 had an uptrend in our fall rate with a total of 3 falls, 1 with injury. We implemented our project at the end of Q3 in FY2020, after our uptrend. After project implementation in Q4 of FY2020, we reversed the trend and brought our fall rate down to one total fall, zero falls with injury. Based on the data from pre- and post-intervention, we found that the implementation of the standardized fall risk protocol successfully helped reduce fall rates on our South 1 unit.

References

2. UCDMC PCS Quality and Safety Dashboard

Acknowledgements

Manager: Calene Rosenman, MSN, RN
ANII’s: Neola Marlene Armstrong, MSN, RN, Salvador Misiang, MSN, RN, Didra Pinchney, BSN, RN, Kirsten Talley, BSN, RN
UBPC Members: Graciela Brooks, BSN, RN, Vincent Castelle, BSN, RN, Kristy Murch, BSN, RN, Marissa Romeri, BSN, RN
Q&S Champion: Greg Woods, MSN, RN
All South 1 Staff Members