Quality Improvement Initiative Results in 40% Reduction in Falls and Adherence to Best Practices in Fall Prevention

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BACKGROUND

Fall prevention is an important factor in ensuring patient safety and preventing injuries. Our facility recognized the need to enhance fall prevention and monitoring efforts, and focused efforts on identifying evidence-based interventions to help reduce falls. The Falls Committee agreed to develop a QI initiative, which incorporated risk assessment and evidence-based interventions. This pilot was initiated in April 2013 and has been transitioned to a hospital-wide QI initiative over the ensuing year.

METHODS

Clinical Setting: Northeast Georgia Medical Center (NGMC) Gainesville is a 557-bed, not-for-profit community hospital dedicated to improving the health and quality of life of the people of Northeast Georgia. With a team of talented medical professionals, NGMC Gainesville strives to provide quality comprehensive care to the Northeast Georgia community.

Risk Identification and Stratification: Members of the fall committee participated in a ListServ through the VHA healthcare exchange network, which included a risk-stratification falls risk tool that had been documented to be successful. The clinical team appreciated that the tool utilized physical and cognitive issues, along with a history of previous falls, to identify low, moderate, or high risk. The color-coded tool helped identify patients with cognitive and behavioral issues at higher risk.
Risk Stratification and Monitoring Interventions:
The team developed and implemented risk-stratified interventions as follows:

- **Low**: General fall prevention (call light within reach; call for assistance; necessities in reach of patient; minimize clutter; bed in low position).
- **Moderate**: All of the above + falls risk bracelet; bedside commode; staff to remain within arm’s reach of the patient when toileting; leave room open when patient unattended; bed alarm and chair alarm on.
- **High**: All of the above + relocate patient close to nurses’ station; defined toileting schedule; low bed (if fracture risk); 3-zone bed*.

Education:
- Staff were educated on the new falls risk tool, as there was a learning curve with this. Staff transitioned from using Hendrich II risk stratification to the new tool.
- The Falls Committee rolled out education with unit-based skills-huddling at every shift-monitoring with charge nurse on every shift.
- The inservice date coincided with the staged roll out. The Manager/Clinical educator were educated on the process by the original team, and were provided an education board and teaching materials, along with expectations that all staff should be educated.

Timeline:
- Baseline falls policy compliance audit (or survey) in March 2013.
- Pilot fall prevention initiative April 2013.
- Washout period 60 days due to QI transition and education.
- Ongoing QI efforts initiated hospital-wide July 2013.

Communications:
The staff and leadership participate in weekly fall huddles. It was noted that when staff were not compliant with fall risk-stratified interventions, fall risk patients continued to fall.

*Secure® II and S3® Med/Surg Bed configured to include Chaperone® Bed Exit with Zone Control® Technology (Stryker Corporation, Kalamazoo, MI)
Since initiating an evidence-based QI initiative for fall prevention in October 2012, we have experienced a 40.4% reduction in falls.

**Fall Rate Reduction**

- Effective fall prevention and monitoring efforts require leadership buy-in and work to hardwire the process. Managers and directors must monitor the project by going to the patient’s bedside to ensuring effective roll-out, compliance, and success.
- Post fall huddles have been useful for assisting in the identification of trends.
  - Patients sitting on the side of the bed can slide off.
  - Patients reaching for things can fall over.
- Staff noncompliance to process is the single, most identified trend for patients falling.
- Our QI initiative has been modified to address trends as they are identified and has been successful since our initial spike. Success requires ongoing collaboration, assessment, modification, and a focus on continuous improvement.
REFERENCES


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