Decreasing Patient Falls in an Acute Inpatient Rehab Unit

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Background

- Patient safety is a priority at a large community hospital and regional trauma center.
- A Falls Team leads fall prevention and is composed of RNs from adult units and led by a M/S CNS.
- The team evaluates the frequency of patient falls at the unit level, monitors trends, identify opportunities for improvement and recommends interventions to reduce the incidence of falls.
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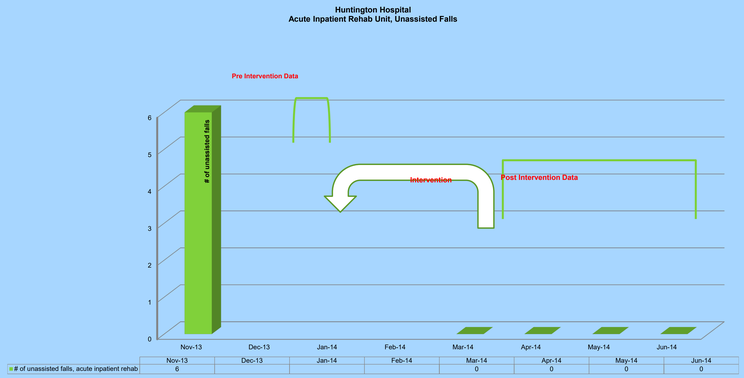
- Following a review of the literature about identifying patients at risk of injury from a fall, the following risk criteria were adopted:
  - 80 years or older
  - Showing delirium/impulsivity
  - History of recent fall with injury or trauma
  - Anticoagulants use/ bleeding disorder, and first day post-operative status.

Goals and Actions Taken

- To decrease the number of unassisted falls on the Acute Inpatient Rehab Unit, the RN lead for fall prevention evaluated patient fall data from November 2013 showing six unassisted falls.
- The evidence based-criteria for fall risks recommended by the Falls Team was shared with clinical nurses on the unit and applicability to the unit's patient population was discussed.
- They determined that patients were at risk for unassisted falls because most are chair-bound and can be impulsive due to brain injury, stroke or other neurological trauma.
- RNs identified one barrier to using chair alarms was not having enough of them and then discussed this with the nurse manager. 10 additional chair alarm were purchased and deployed to the unit



Results

- Increased awareness of fall risk involving clinical nurses
- Implementation of solutions to preventing falls
- Allocation of resources to purchase more chair alarms
- Adoption of a standard for using chair alarms for all Rehab patients
- Goal of decreasing unassisted falls was met. Unassisted falls decreased from six in November 2013 to zero by June 2014

Continuing Plan of Action

- By the end of 2015, unassisted falls increased to 7
- Staff re-educated on use of chair alarms
- "The need for adequate education was key for both the implementation process and effectiveness of the electronic sensor bed/chair alarm system"

(Shee, Phillips, Hill,& Dodd, 2014)

References

Shee A W, Phillips, B, Hill, K, Dodd, K. (2014). Feasibility, Acceptability, and Effectiveness of an Electronic Sensor Bed/Chair Alarm in Reducing Falls in Patients with Cognitive Impairment in a Subacute Ward. *Journal of Nursing Care Quality, 29*(3), 253-262.

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