NO ONE WALKS ALONE

FALL PREVENTION PROGRAM

Background

At local hospitals:

- 70 falls in 2 units in 2013
- Over 1/2 of the falls were “anticipated”
- One resulted in major injury to a patient
- More than 2/3 occurred while toileting and getting out of bed
- Both local hospitals participate in the Collaborative Alliance for Nursing Outcomes (CALNOC)

Purpose

- To determine the effectiveness of the No One Walks Alone fall prevention program at Hospital A and Hospital B
- This program is part of an on-going study of a national system wide implementation of NOWA

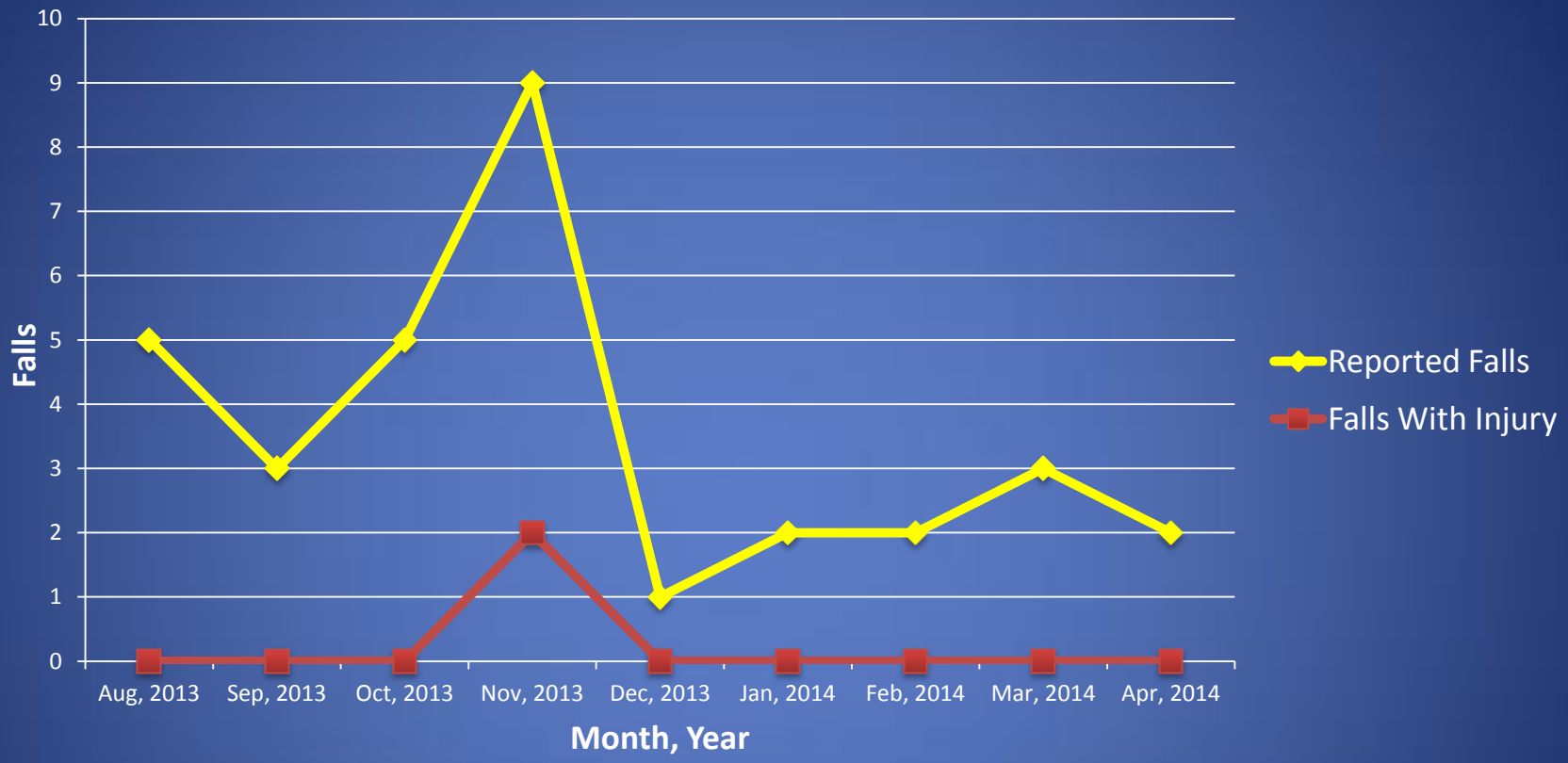
Objectives

- To implement the program in a new Hospital (A) and two units of an existing Hospital (B), to determine efficacy
- To reduce the number of patient falls to zero
- To require all hospital employees follow guidelines set by No One Walks Alone (NOWA)
- To implement nurse hourly rounds to ensure patient safety
- To assume every patient is a fall risk regardless of diagnosis

Methods

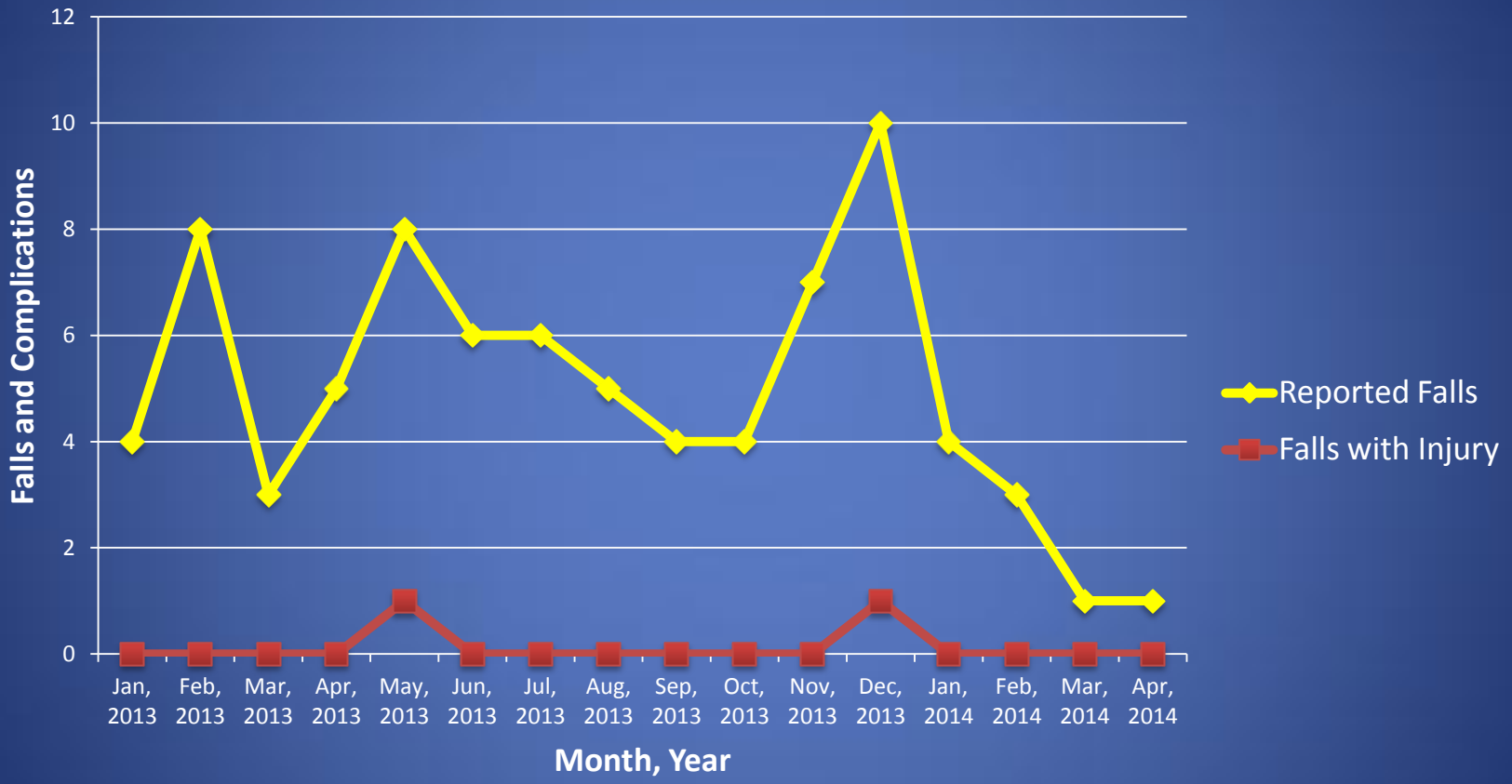
- Portions of the program began in December for Hospital A, with the full roll-out beginning March 3rd. Hospital B began with a roll-out on two specific units March 18th
- Staff were trained using PowerPoint slides and an Epic Healthstream model
- Continued system data collection by monitoring fall rates over a one month trial period after the start of implementation on March 3rd and 18th
- All falls are recorded by individual units throughout the hospital
- Results will be compared with fall rates before implementation of program

Inpatient Falls (Hospital A)



*Policies of the fall program began to be implemented in December 2013, but were not full implemented until March 3rd, 2014

Inpatient Falls Hospital B



Results

- Current data suggests a decrease in fall rates from both hospitals after implementation
- Since full implementation there have been a reported six falls, three of which were when the patient was being assisted

Discussion

- Study is limited to one month of data
- Results appear to show a decrease in fall rates, however, long term data is needed to determine statistical significance

Recommendations

- Continue monitoring to assess long term effectiveness of the program
- Address patient refusal rates; modified plans may be needed for specialized units such as pediatrics or family birth
- Ongoing interpretation of data to examine the most effective methods of the program in preventing falls
- Implementation of the program hospital-wide in Hospital B

Reference

- Lazarovici, L. (2013, November). No one walks alone: How San Diego prevents patient falls. *Labor Management Partnership*. Retrieved from http://www.lmpartnership.org/stories-videos/no-one-walks-alone-how-san-diego-prevents-patient-falls

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