

6-17-2016

Fall Prevention Initiatives to Reduce the Number of Falls With or Without Injury on a Multi-Specialty Progressive Care Unit

Claire Croswell

Baptist Hospital of Miami, clairec@baptisthealth.net

Follow this and additional works at: <https://scholarlycommons.baptisthealth.net/se-all-publications>

Citation

Croswell, Claire, "Fall Prevention Initiatives to Reduce the Number of Falls With or Without Injury on a Multi-Specialty Progressive Care Unit" (2016). *All Publications*. 2702.

<https://scholarlycommons.baptisthealth.net/se-all-publications/2702>

This Conference Poster -- Open Access is brought to you for free and open access by Scholarly Commons @ Baptist Health South Florida. It has been accepted for inclusion in All Publications by an authorized administrator of Scholarly Commons @ Baptist Health South Florida. For more information, please contact Carrie@baptisthealth.net.

Fall Prevention Initiatives to Reduce the Number of Falls With or Without Injury on a

Multispecialty Progressive Care Unit

Claire Crowell MSN RN
Yessenia Muniz BSN RN PCCN

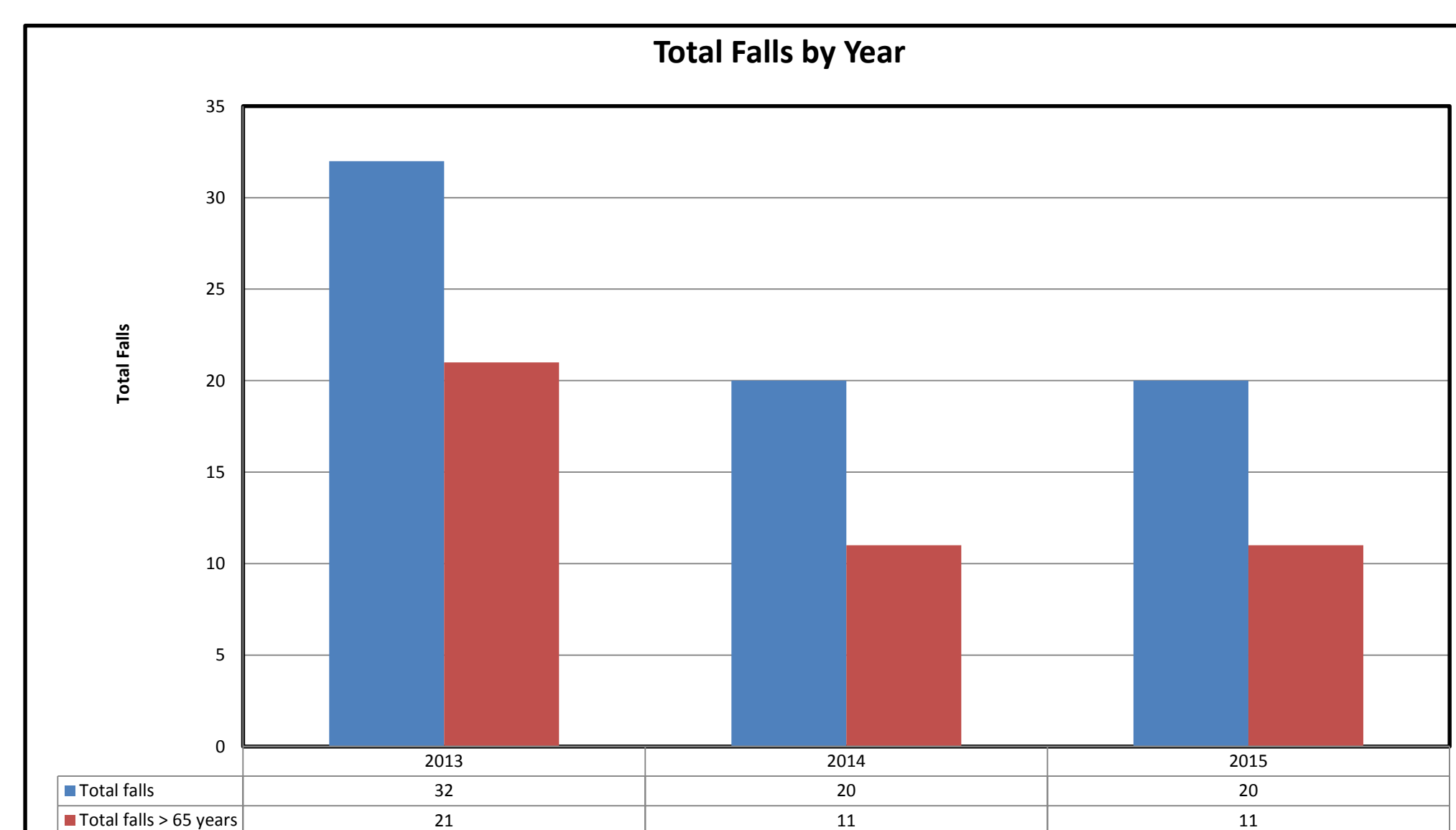


Introduction

- Baptist Hospital was a small organization established in 1960, and as the healthcare system changes, so does the increased challenges with the aging population in the community.
- In 2014, Baptist Hospital increased to a bed size of 728 to accommodate the influx of the admission rate of patients 65 years and older. With this in mind, the hospital began its journey by educating the staff to acquire NICHE Certification to enable them to gain knowledge of the aging process.
- As a Magnet Certified institution, we are dedicated to evidence-based practice and patient safety. In our continual effort to enhance patient care, our hospital achieved NICHE Certification in 2015.
- This performance improvement initiative focuses on fall prevention initiatives to reduce the number of falls with or without injury of patients 65 years and older on a Multispecialty Progressive Care Unit.
- The purpose of this initiative is to increase nurses' knowledge on high risk falls medications, care equipment while preventing falls with or without injury.

Background

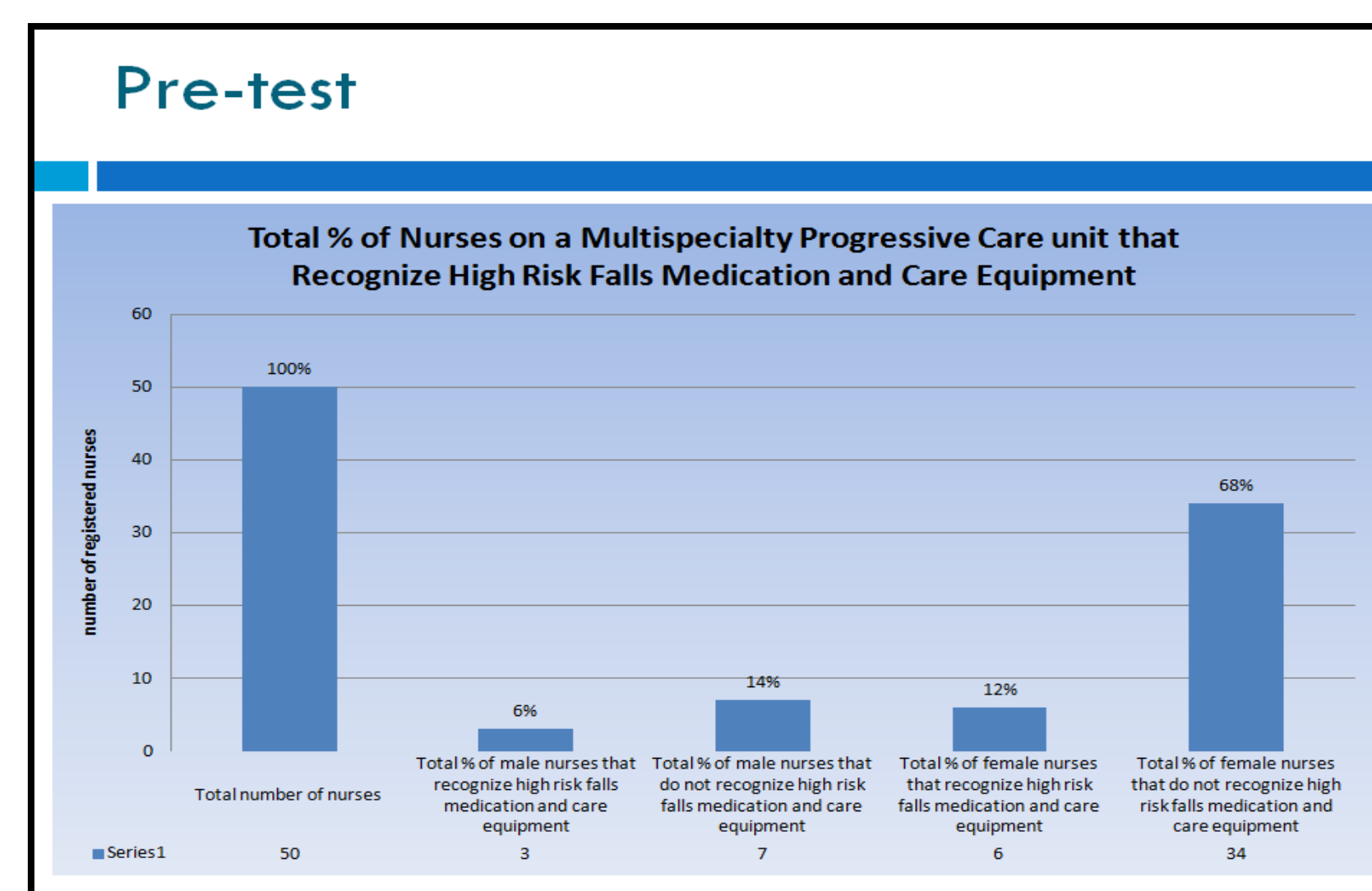
- Literature searches have shown a correlation between high risk falls medications and care equipment (eg., sequential compression devices) relating to falls with or without injury among adults 65 years and older.
- The number of falls with or without injury relating to patients 65 years and older was investigated from year 2013 to 2015 (See Appendix A) and found to be an opportunity for improvement.
- Falls is defined as preventable under the new healthcare guideline and is a non-reimbursable cost to hospitals.



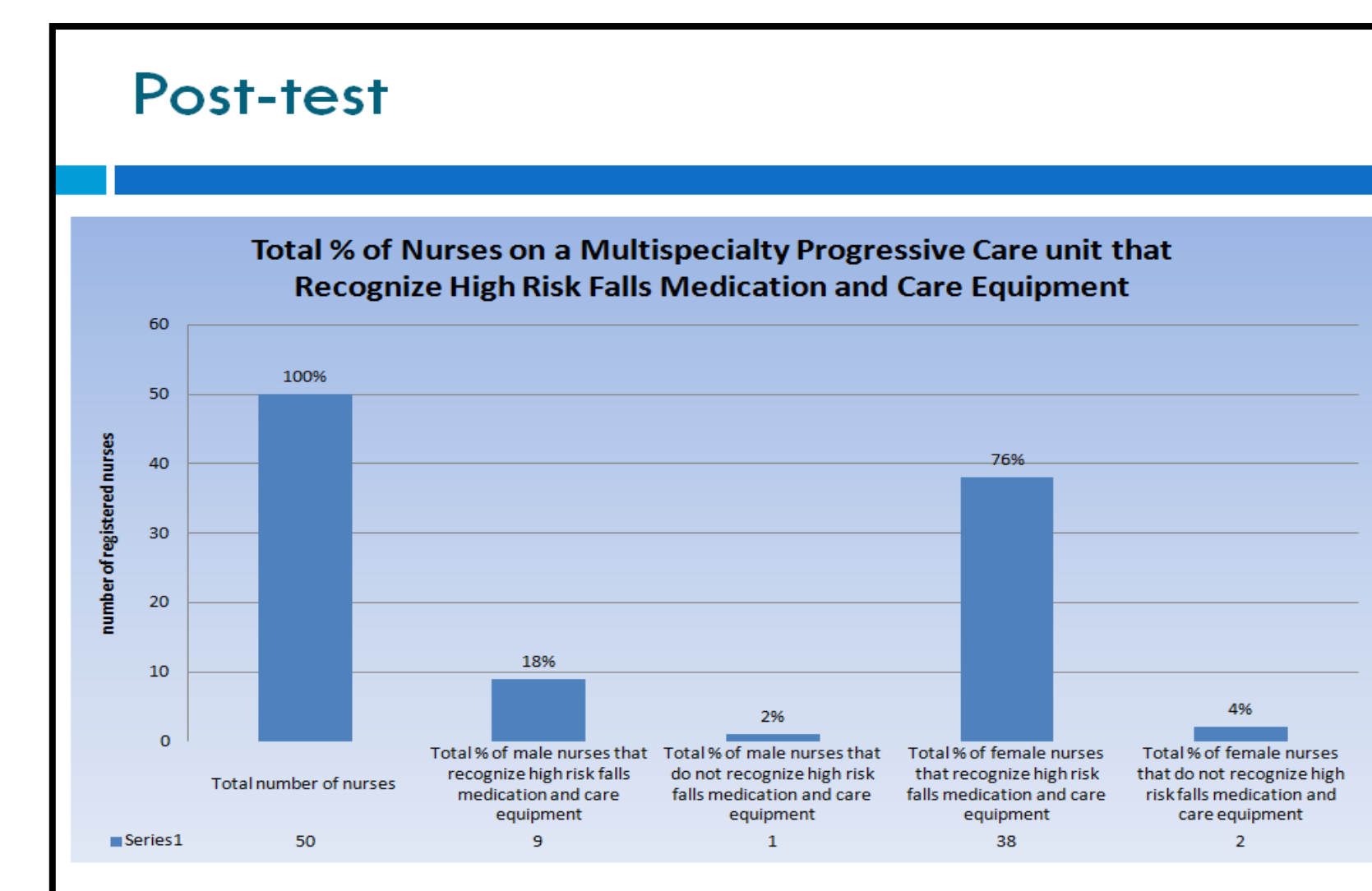
Appendix A

Methods and Implementation

- A pre-test and post-test following interventions was developed and distributed to 50 nurses to assess the staffs' knowledge on falls and falls precautions (See Appendix B and C)
- Creation of the "Fall Champions" and the "Extended Falls Precautions Bundle" (See Appendix E)
- Patient rounding addressing position, pain, and potty
- New beds with bed exit alarms
- Leadership rounding to assess patient and family needs daily
- Daily interdisciplinary rounds to assess patients at risk for falls
- Weekly audits for compliance
- Post fall debriefing
- Education on proper documentation of falls
- Improved handoff communication of falls and falls prevention during change of shift
- Created a badge buddy for all nursing staff with high risk falls medications (See Appendix D)



Appendix B



Appendix C

Badge Buddy

High risk fall medication	Effect on the body
Group a	Group a
❖ Anticholinergic/ Antihistamine	❖ Slow attention & memory (cognitive function, neuropsychological performance)
❖ Sedatives/ hypnotics	❖ Change mobility
❖ Benzodiazepines	❖ Balance/ weakness
❖ Antipsychotics	❖ Slow reflex
❖ Antidepressants	❖ Sleepiness/ Drowsiness
❖ Opioid non-opioid/ Narcotics (Pain medications)	❖ Less energy/ muscle weakness
Group b	Group b
❖ Antihypertensive	❖ Orthostatic hypotension (drop in blood pressure)
❖ Nitrates (central acting anti-HTN)	❖ Drop in heart rate
❖ Antiarrhythmic/ ACE inhibitor/ B-Blocker	❖ Urinary urgency
❖ Diuretic	

Appendix D

Implementation of Falls Prevention Bundle:

- Patient rounding
- Badge Buddy
- Yellow socks
- Falling star alerts
- Bed exit alarms
- Communication boards with falls' precautions alerts
- Patient and family education
- Post falls' debriefing

Appendix E

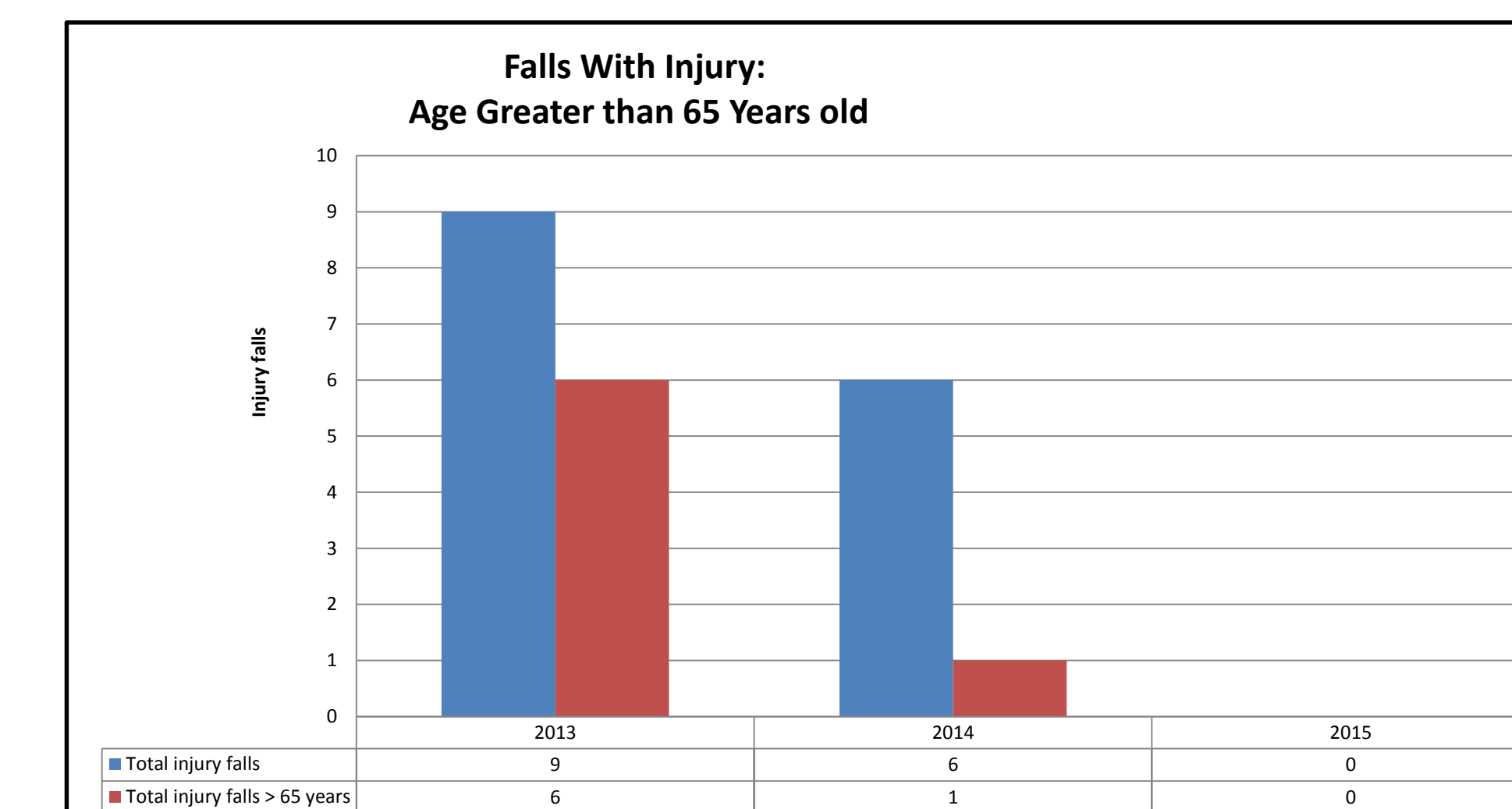


Claire Crowell MSN RN
Janet Maloney MSM/HM RN NE-BC
Erika Gonzalez MSN RN CCRN NE-BC
Hollie Gow MSN ARNP ACNP-BC CCRN PCCN
Maria Quiceno MSN ARNP ANP-BC PCCN

Yessenia Muniz BSN RN PCCN
Alex Mendez BSN RN MHS CCRN NE-BC
Geneva Bazile MSN RN CNL ONC
Ceasar Viteri BSN RN

Results

- Results of this project indicated an overall increase in nursing knowledge as evidenced by the post-test results.
- Nursing staff felt that the educational initiative was beneficial to their work environment.
- An increase in communication has occurred through utilization of the registered nurse and clinical partner report sheet.
- Early implementation of the extended falls precautions bundle showed a significant reduction in falls with injury between its inception in 2013 through 2015 (See Appendix F).



Appendix F

Conclusion

- In an effort to improve the standards of care relating to fall prevention, having a performance improvement project focusing on patient's safety was positively received by nursing staff.
- The current emphasis on practicing in a safer environment and encouraging every one to remember that the greatest way to treat our patients is by following best standards of care.
- Having a falls precautions bundle incorporating the assessment of high risk medications, care equipment, and providing patient/family education has decreased our incidence of falls with and without injury.

