

## Background

- 700,000 to 1 million people fall in an US hospital annually (Agency for Healthcare Research and Quality, 2021)
- Preventable patient falls remain a problem in the project hospital despite a fall prevention policy
- Contributing factors include-
  - Lack of adherence to protocols & safety practices
  - Inadequate assessment of patient fall risk
  - Communication failures

## Purpose

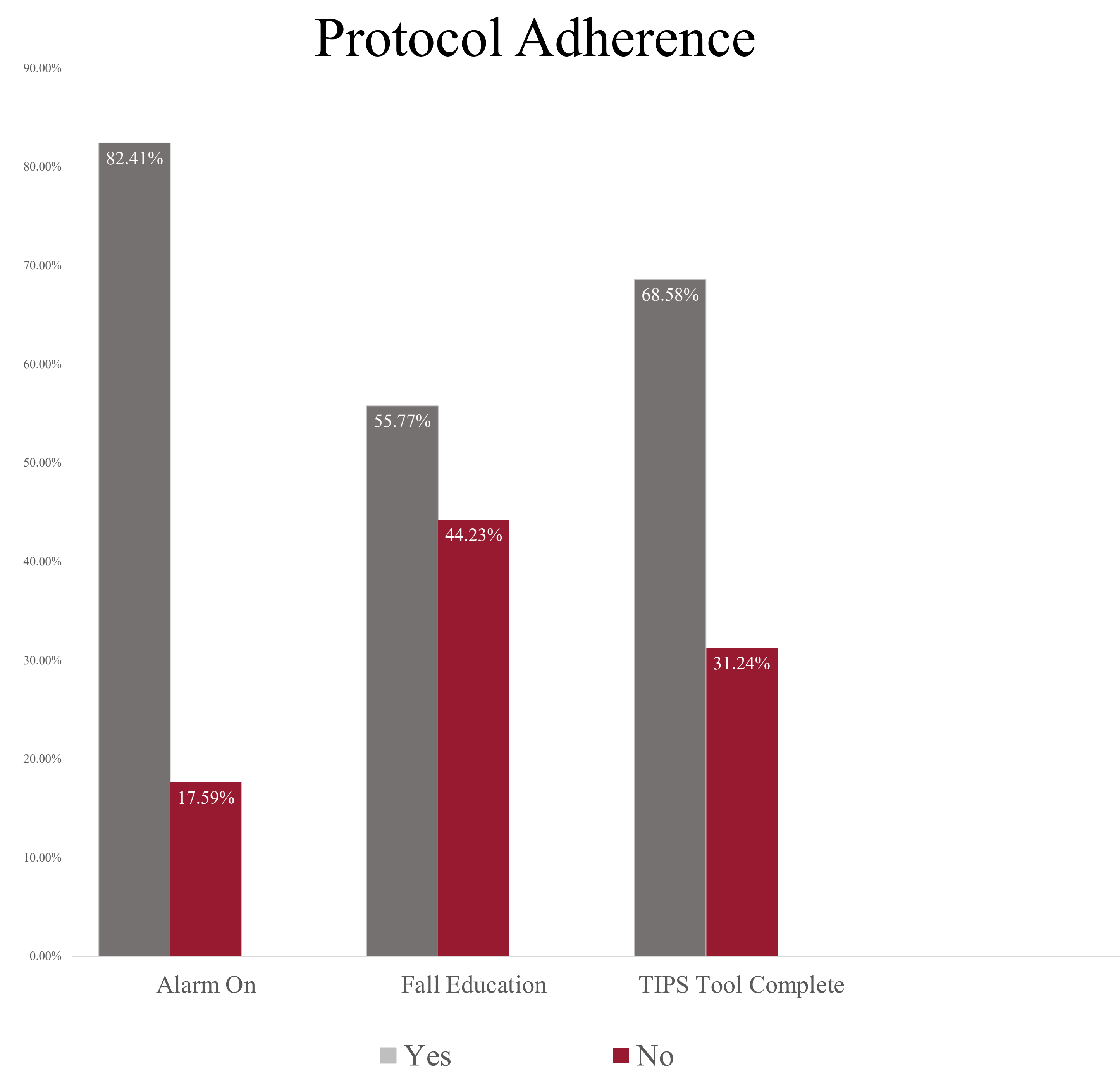
- Decrease patient falls
  - Lessen incidence of injury and death
  - Improve quality of life
  - Reduce organizational cost

## Method

Hospital quality improvement project using evidence-based fall prevention practices on four inpatient units:

- Universal fall precautions redefined with use of alarms & presence of staff when patient out of bed
- Scripting “Your safety is our priority”
- Broadened scope of mobility team to move all physiologically stable patients
- Patient education of fall prevention on admission required & reinforced as needed
- Leadership support including patient rounding to audit for compliance with fall prevention protocol changes
- Improved communication of fall risk factors & prevention methods to the patient & care team with the Falls TIPS tool

## Results



## Fall Rates

Year	Injurious	Non-injurious	Total
2021	7	11	18
2022	13	15	28

## Fall Rates per Patient Days

Year	Falls	Patient Days	Fall Rates per 1,000 Pt Days
2021	18	6,286.18	2.86
2022	28	9,053.29	3.09

References Available Upon Request

## Discussion

- Protocol adherence rates
  - Used alarms- 82.41%
  - Provided fall education-55.77%
  - Completion of Falls TIPS tool- 68.58%
- Fall rates did not decrease
- Project limitations
  - New facility, equipment, & technology
  - COVID 19 patient surges
  - High staff turnover rate
  - Large number of agency nurses
  - Poor compliance with protocol

## Conclusion

- Recommended strategies to reduce preventable falls-
  - Organizational culture of safety (Health Research & Educational Trust, 2016)
  - Strong leadership support (Tucker et al., 2021)
  - Adherence to fall prevention protocol (Johnston & Magnan, 2019)
  - Individualized approach to fall prevention (Dykes & Hurley, 2021)
  - Patient partnerships for safety (Bargmann & Brundrett, 2020)
  - Increased patient activity to prevent falls related to debility (Khalifa, 2019)
- Facility fall prevention protocol continuation
  - At least one unit using a modified Falls TIPS tool
  - One unit requiring the use of a bed/ chair alarm for every patient