Lehigh Valley Health Network

LVHN Scholarly Works

Improving Staff Knowledge of Their Patients' Fall Risk through the Use of Visual Tools

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BACKGROUND/SIGNIFICANCE

- Inpatient falls continue to occur throughout the network
- It is necessary to continue to improve fall prevention measures
  - Falls negatively affect patient outcomes and can increase patient's length of stay

PICO QUESTION

- In inpatient adults, how do visual icons displaying fall risk compared to verbalizing patients' Hendrich II fall score improve staff knowledge of their patients' fall risk?

  - P: Inpatient adults

  - I: Visual fall risk aid (fall risk icons to supplement communication boards)

  - C: Hendrich II fall score

  - O: Improve staff knowledge of patients' fall risk

TRIGGER?

- Knowledge vs. Problem
  - Problem-based trigger
    - Noted patient-specific fall risk factors not always communicated during nursing handoff
    - Hendrich II score mentioned, but what does that number mean for each of our patients?

EVIDENCE

- Search engines
  - CINAHL
  - Pub Med
  - Ebsco host
- Discuss the key words
  - Fall risk
  - Communication
  - Visual tools
  - Handoff

EVIDENCE

- Fall risk scores are not a necessary part of fall prevention guideline (Delgelau et al., 2012)
- Best practice for fall reduction (Oliver et al.)
  - risk assessment, visual identification of individuals at high risk for falls, fall risk factor directed interventions, standardized multifactoral education including visual tools for staff family and patients
- The use of visual icons that corresponds to individual patients' fall risk as a part of a fall prevention took kit has been shown to be an effective measure in preventing falls (Dykes et al.)
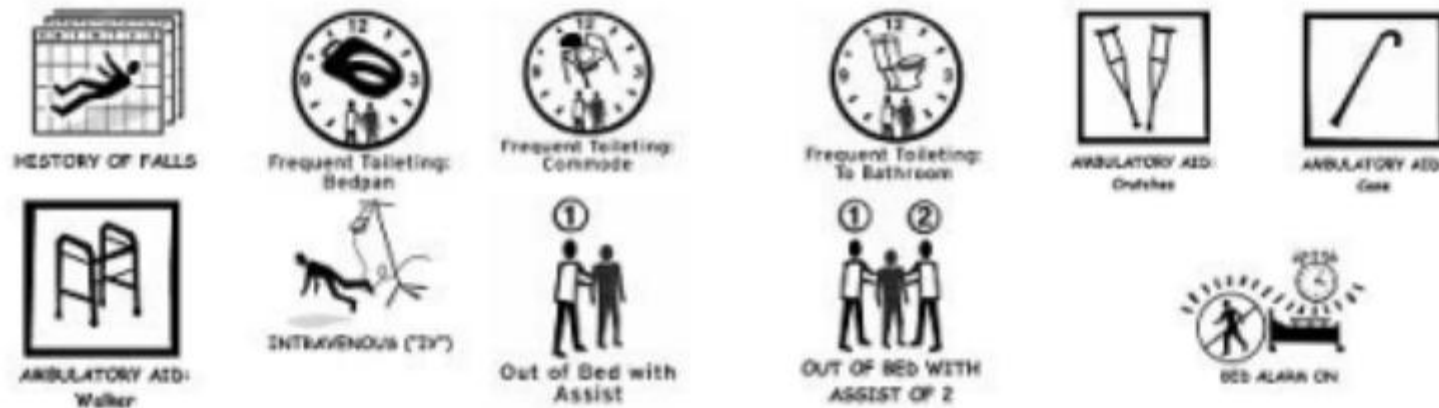
EVIDENCE

- Strategies for effective nursing handoff communication (Reisenberg, Leitzsch, & Cunningham, 2010).
  - Guidelines, policies/procedures
  - Tools for consistency
  - Resources/Education to reinforce handoff skills

EVIDENCE

- Icons used to depict fall risk status have been validated in a previous study by nursing staff (Hurley et al., 2009)

Figure 2: FPTK Icons

Current Practice at LVHN

- Policy: PATIENT CARE SERVICES – FALL PRECAUTIONS

  - Communicate patient's risk for falls i.e. using door frame Fall Alert magnet, Fall precaution labels, Patient Transport Communication sheet [NSG-270], and methods of handoff communication.

- Visual tools utilized (ie. Yellow non-skid socks) to identify patients at risk for falls, but not in handoff communication.

IMPLEMENTATION

1. Process Indicators and Outcomes
2. Baseline Data
3. Design (EBP) Guideline(s)/Process
4. Implemented EBP on Pilot Units
5. Evaluation (Post data) of Process & Outcomes
6. Modifications to the Practice Guideline
7. Network Implementation

Practice Change

Make It Happen

RESULTS

- ## Key Findings
  - ### Control unit
    - 86% of oncoming nurses stated fall risk and patient specific risk factors discussed during handoff
    - Risk factors listed: impaired mobility (lift out of bed, assist of 1 or 2, walker, unsteady, hip fracture), dizziness, history of falls, fall score, medications, confusion, & surgery
    - Confidence: 0% not at all confident, 22% somewhat confident, 14% neutral or extremely confident, 50% confident

- ## Next steps

Implications for LVHN

Lessons Learned

References

- Delgelau et al. (2012) Prevention of falls (acute care). Healthcare protocol. Institute for clinical systems improvement: Bloomington, MN.
- Oliver, D., Daly, F., Martin, F. C., McMurdo, M. E. T. Risk factors and risk assessment tools for falls in hospital in-patients: a systematic review
- Dykes et al. Fall Prevention in Acute Care Hospitals: A Randomized Trial
- Reisenberg, Leitzsch, & Cunningham. (2010). Nursing Handoffs: A systematic review of the literature
- Hurley, A. C., Dykes, P. C., Carroll, D. L., Dykes, J. S., & Middleton, Blackford. (2009). Fall TIP: Validation of icons to communicate fall risk status and tailored interventions to prevent patient falls

Strategic Dissemination of Results

- PLAN for DISSEMINATION

Make It Happen

- Questions/Comments:

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