

We Love Our Patients But We Don't Want Them To Fall For Us

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We Love Our Patients But We Don't Want Them To Fall For Us

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BACKGROUND / INTRODUCTION

- Unintentional falls are the leading cause of nonfatal injuries in older adults. 33% of individuals over the age 65 fall each year and 20-30% of those who fall incur injuries which make it difficult for them to live independently (as cited in Kwan, Kaplan, Hudson-McKinney, Redman-Bentley, & Rosario, 2012).
- In the hospital setting the occurrence of falls is 2.3-7 per 1000 patient days, and the frequency among the elderly is 3-17 falls per 1000 patient days (as cited in Sheth, Faust-Smith, Sanders, and Palmer, 2013).
- In the year 2000 the total cost of falls were \$19 billion and is expected to be \$50 billion in 2020, and because Medicare and Medicaid no longer covers these costs, the hospital must cover the costs (as cited in Kwan et al., 2012).

Process/Implementation

- Initial information gathered indicated that there had been 28 falls at the Regional Heart Center of Muhlenburg (RHC-M), and 28 falls in Fiscal Year 2016 up until the month of May.
- Fall prevention strategies at this time included the completion of the MORSE Fall Score scale for patients, Fall Huddle, Patient Rounding, and other strategies as determined necessary.
- The design of our study included the utilization of hard stop criteria for implementation of measures including a bed check alarm, and possibly utilization of a Hi-lo bed.
- Posters depicting reminder of this protocol were placed in Nursing work stations around RHC-M, from mid-May to mid-June 2016.
- Review of electronic medical records during this time gave indicators for the occurrence of falls during implementation.

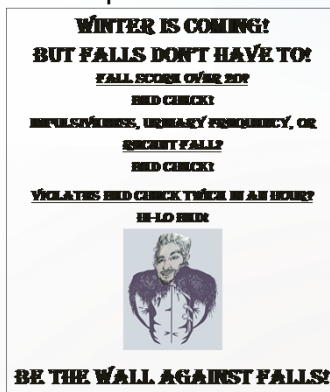
Purpose

The purpose of this project was to determine if hard stop criteria for the initiation of a fall prevention measures will decrease the occurrence of patient falls.

- P: Progressive care patients with high fall scores
- I: Implementation of criteria for initiation of Hi-lo beds
- C: Pre-intervention fall rate
- O: Reduction of falls

OUTCOMES/RESULTS

- In fiscal year 2015 there were 28 falls, and in fiscal year 2016 there was a 1% increase in falls that occurred during our implementation period.



EVIDENCE

- Patients with psychiatric diagnoses, a history of falling, are disoriented, or incontinent are among those at the greatest risk for falling (Wilbert, 2013).
- The potential benefit of beds that are closer to the ground than conventional hospital beds are two-fold
 - Decrease the likelihood of injury related to a fall
 - Because they are lower to the ground it makes it more difficult for a patient to stand from the bed, and thus inhibits their ability to put themselves at risk for harm, when unattended (Haines, Bell, & Varghese, 2010).

CONCLUSIONS

- Falls continue to be a major problem on RHCM
- The criteria implemented may allow too much room for error
- More education needs to be provided to nurses, specifically regarding the steps to take when implementing Hi-lo beds

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