

Preventing Falls by Implementing a Fall Agreement.

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Preventing Falls by Implementing a Fall Agreement

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Background

- A progressive increase in number of falls on 5T/Medical-surgical/oncology floor.
 - FY 15 – 24 falls
 - FY 16 – 26 falls
 - FY 17 (pre-project implementation June 2017-August 2017)
 - June -2
 - July – 3
 - August - 6
- LVHN RNs are identifying and documenting patients at risk for falls while in the hospital based on CPM fall score.
- Opportunities identified during root cause analyses and peer review indicate there is an opportunity to increase utilization of fall prevention interventions.
- LVHN RNs are not consistently communicating patient's fall score during change of shift report.
 - March 2017:
 - Cedar Crest-80% compliant
 - Muhlenberg-97% compliant
- Goal of unit was 24 falls for fiscal year 2017.

PICO Question

- On an adult medical-surgical unit, does the use of a fall agreement compared to no agreement reduce the number of patient falls?

Evidence

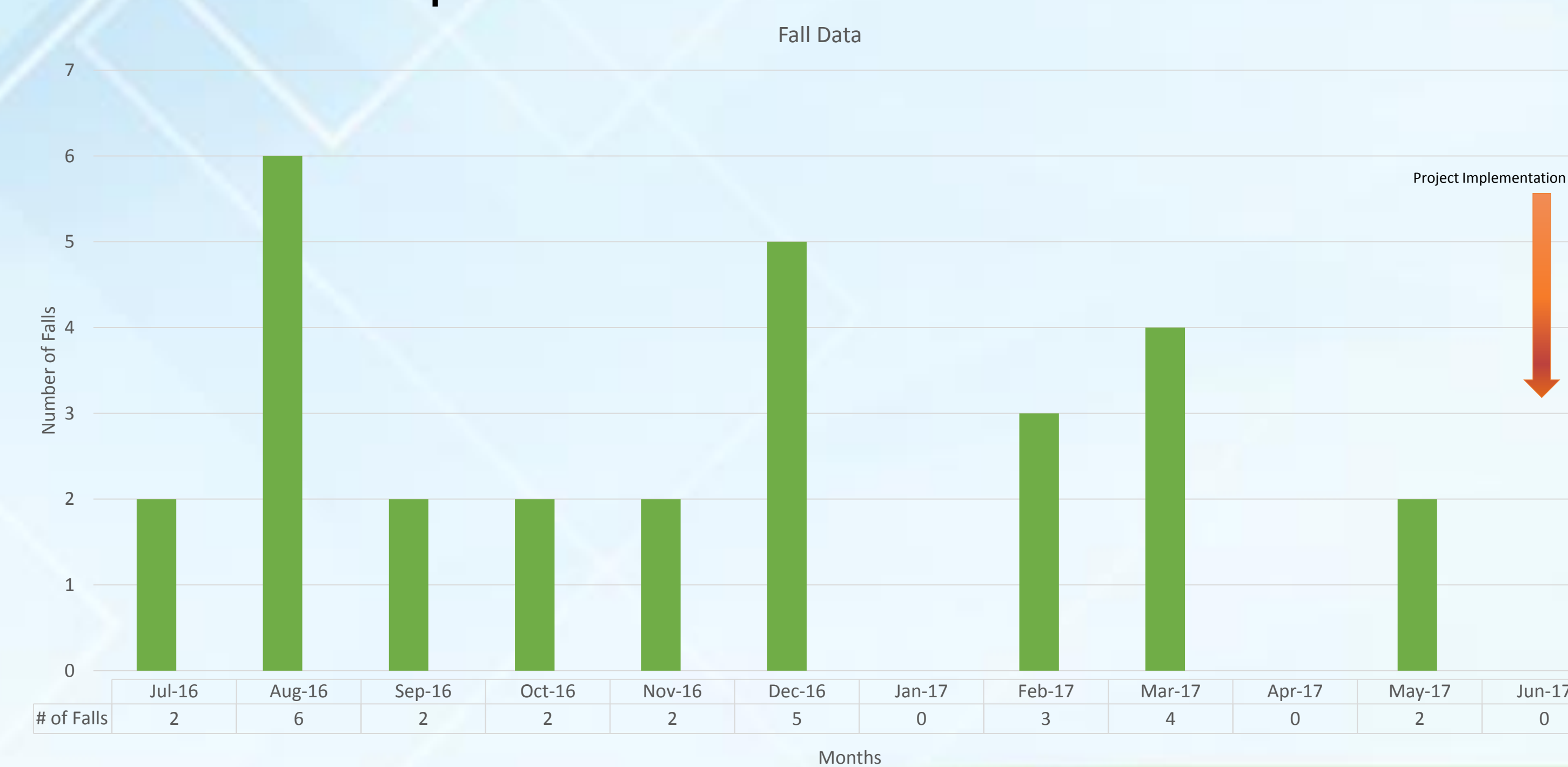
- According to the National Institute for Health and Care Excellence (2013) "Patients were unaware of their own fall risks...Patients who were aware of their falls risk received inconsistent messages from their nurses" (p. 248).
- Results from a study in Rehabilitation Nursing (2016), found fall rates will fluctuate up and down regardless of what interventions are implemented along with promoting positivity towards safety culture.
- From the American College of Physicians (2013), it was found that multifactorial fall programs are successful at producing fall reduction and consistent themes generate effective implementation, but there is no evidence that provides which factor is most important to achieve success.

Methods

- Discussed use of Fall Agreement with Risk Manager Michaelene Panzarella and Quality Specialist Susan Deturk.
- Created a Fall Agreement tailored to a medical-surgical/oncology unit
- Educated 30 5T registered nurses on the implementation process through e-mail and word of mouth.
- The Fall Agreement was signed by alert and oriented patients during the admission process.
- The Fall Agreement was displayed in the patient's room as a visual cue.
- Total number of falls pre- and post- implementation of fall contract was collected.

Results

- Patients who met criteria for the Fall Agreement remained free from falls.
- Two falls occurred during implementation; however, one patient did not meet criteria to receive the Fall Agreement due to mental status and the other patient had a medical emergency upon arrival to unit and was unable to receive the agreement before the patient fell.



Conclusion

- No patients who met our inclusion criteria sustained a fall after receiving the fall agreement.
- Results cannot be solely attributed to Fall Agreement:
 - Multiple fall prevention initiatives were implemented during the same time frame
 - Due to short period of implementation, there was a lack of compliance with staff RNs handing out the fall agreement.
 - The month the Fall Agreement was implemented 5T had 0 falls along with two other months in FY17 that did not have the Fall Agreement in place; therefore, the decrease in falls cannot be solely contributed to the contract.
- The Fall Agreement will be continued on the current unit as a part of the action plan and in hopes of decreasing falls into the next fiscal year.

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