Using Stoplights to Stop Patient Falls.

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Using Stoplights to Stop Patient Falls

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BACKGROUND

• Increased incidence of in-patient falls on 4T, an Orthopedic/Neurology medical-surgical unit (FY16=22, FY17=32).
• All fall events were reviewed to identify common factors.
• The common patient factors of the 32 falls on the unit included: Age >70 (22/34), confusion/ agitation/ cognitive impairment (15/32), Stroke/ Seizure (9/32).
• In addition, most patients on the unit have some level of gait/transfer impairment.
• Literature purports that patients who have experienced a fall within the last 3 months have a higher incidence of falling.
• The current fall risk assessment tool utilized within the organization scores 12 different patient factors with a minimal score of zero and a maximum score of 28. A score of 24 indicates the patient is at risk for falling.
• Very high percentage of patients on the unit scoring ‘at risk for fall’ with current accepted assessment tool, which is an all-or-none risk tool.
• To assist in prioritizing response to large volume of ‘at risk’ patients, seek to develop a visual aid/ tool to further stratify patients’ fall risk to use in combination with current fall risk magnet.

PI C O QUESTION

• On an in-patient ortho-neuro med-surg unit, will the use of a visual aid to stratify patients’ fall risk in addition to the current Fall Risk magnet, result in improved identification and prioritization of response, when compared to no additional visual tool?

P- Staff on an orthopedic/neurology med-surg unit.
I- Visual tool to stratify low to high-risk for falls patients.
C- Use of current fall risk magnet only.
O- Improved identification of patients at higher risk for falls allowing for improved prioritization in staff response.

EVIDENCE

• Neurology patients, patients over age 65 and patients with a history of falls within 3 months have a higher incidence of falls. (Hitcho, et al., 2004)
• Inpatient risk factors for falls include: gait deficit, weakness & cognitive impairment. (Rubenstein, 2006)
• Visual risk-assessment aids encourage communication among staff about patient mobility and safety. (Murphy, 2013)
• Risk assessment tools with simple variables have been shown to predict falls with increased sensitivity and specificity. (Oliver, et al., 2004)

METHODS

• Utilizing the common patient factors for FY17 unit falls and fall risk factors reported in the literature a Stoplight Scoring tool was developed.
• Score criteria includes: confusion/ cognitive impairment, age, assistance for gait/transfer, past/ current neurological deficit and fall history.
• High risk fall patients (score 9+) OR a history of fall within the last 3 months were designated with a red light, moderate risk patients (score 5-8) with a yellow light and low risk patients (score 1-4) with a green light.
• Red, yellow and green light magnets were developed.
• The appropriate colored stoplight magnet (per the scoring tool) was then placed on the door frame of the patient room in conjunction with the current fall risk identification magnet.
• After a 3-4 week trial with the stoplight magnets, staff were polled regarding effectiveness of the tool in identifying patients at higher risk for falls, allowing for improved prioritization of response compared to use of non-stratified fall risk identification magnet only.
• A Likert scale was utilized for survey question response. The survey also allowed for comments.
• 18 staff returned the single question survey.

OUTCOMES/RESULTS

4T Staff Survey Results

The stoplight visual fall risk tool was effective in prioritizing response to patients with higher risk for falls.

CONCLUSIONS

• Additional Staff comments
  • Too many patients identified as “red light” or high risk.
  • All of the patients that required staff intervention were “red light” patients.
  • A good first indicator for staff that are unfamiliar with the tool.
  • The tool fosters communication about fall risk during handoff report.
  • Not every patient that has fallen in the past 3 months is a current risk for fall.
  • The colors and size drew my attention in the sea of “Fall Magnets”
• 78% of staff polled believed the stop light method was more effective in identifying fall risk than the universal fall magnet alone.

REFERENCES


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