Can Using Color Coded Fall Risk Magnets Reduce Inpatient Falls?

Toni B. Labelle RN, BSN  
*Lehigh Valley Health Network*, Toni.Labelle@lvhn.org

Rabab Majdi RN, BSN  
*Lehigh Valley Health Network*, Rabab.Majdi@lvhn.org

Victoria A. Gurrieri RN, BSN  
*Lehigh Valley Health Network*, Victoria.Gurrieri@lvhn.org

Follow this and additional works at: https://scholarlyworks.lvhn.org/patient-care-services-nursing

Published In/Presented At

**Background**

Falls are PREVENTABLE not INEVITABLE

- Nearly 700,000 -1 million patients fall in the hospital each year and more than a third of these falls result in injury, including serious injury such as head trauma and fractures.
- Falls are considered a “never event,” hospitals are not reimbursed for care required as a result of a fall.
- Mobility and activity are key components in outcome of care
- ALL falls may result in patient anxiety and negative views towards progression of care.
- In time sensitive situations, a visual cue can be life saving.

**Evidence**

- Fall rate decreased significantly after implementation of visual cues on patient’s door frames (Lipsett & White, 2019)
- Visual cues increased staff confidence when assisting unfamiliar patients and promoted teamwork (Murphy, 2013)
- Patient satisfaction scores improved due to decrease in delay of assisting patients with their needs after introduction of visual cues (Murphy, 2013)

**PICO**

P: Patients at risk for falls in the inpatient hospital setting
I: Color coded magnets that correspond to numerical Hester-Davis fall risk scores
C: Standard fall risk practices
O: Fall rate and staff knowledge of fall risk scores

**Outcomes**

- Pre implementation survey shows reduced ability of staff to identify patients’ fall risk with the standard traffic light magnet.
- Post implementation survey shows dramatic improvement in hospital staff awareness of an individuals fall risk.
- Implementing color coded fall risk magnets and increased staff awareness of fall risk allows for staff and potentially family members to intervene effectively.

**Implementation**

- Discontinue current traffic light magnet currently used to indicate fall risk
- Introduce green, yellow, and red magnets corresponding to Hester Davis fall scores to post outside patients doors.
  - Green = low risk (7-10)
  - Yellow = moderate risk (11-14)
  - Red = high risk (>15)
- Pre- and post-implementation survey provided to nurses and technical partners

**Next Steps**

- Continue introduction of color coded star magnets on testing unit (4KS) while implementing a q8h check to ensure appropriate color magnets are utilized with changing patient status.
- Track occurrence of falls over time to test continued effectiveness of reducing in-patient falls.
- Assuming introduction of star magnets results in decreased total falls, continue to implement intervention on other units in the Kasych building at LVHN Cedar Crest site.

**References**
