

Can Using Color Coded Fall Risk Magnets Reduce Inpatient Falls?

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Can Using Color Coded Fall Risk Magnets Reduce Inpatient Falls?

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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.

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

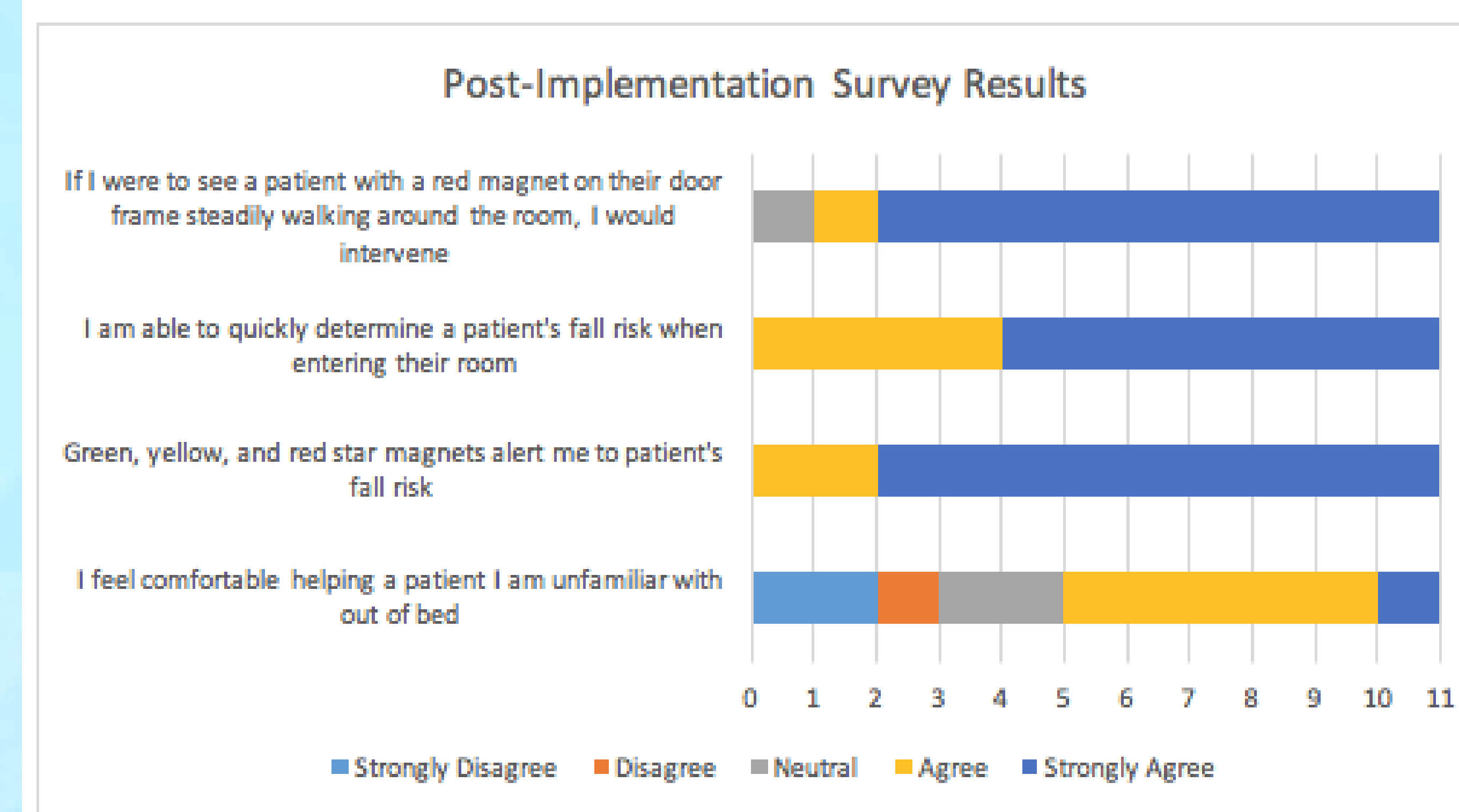
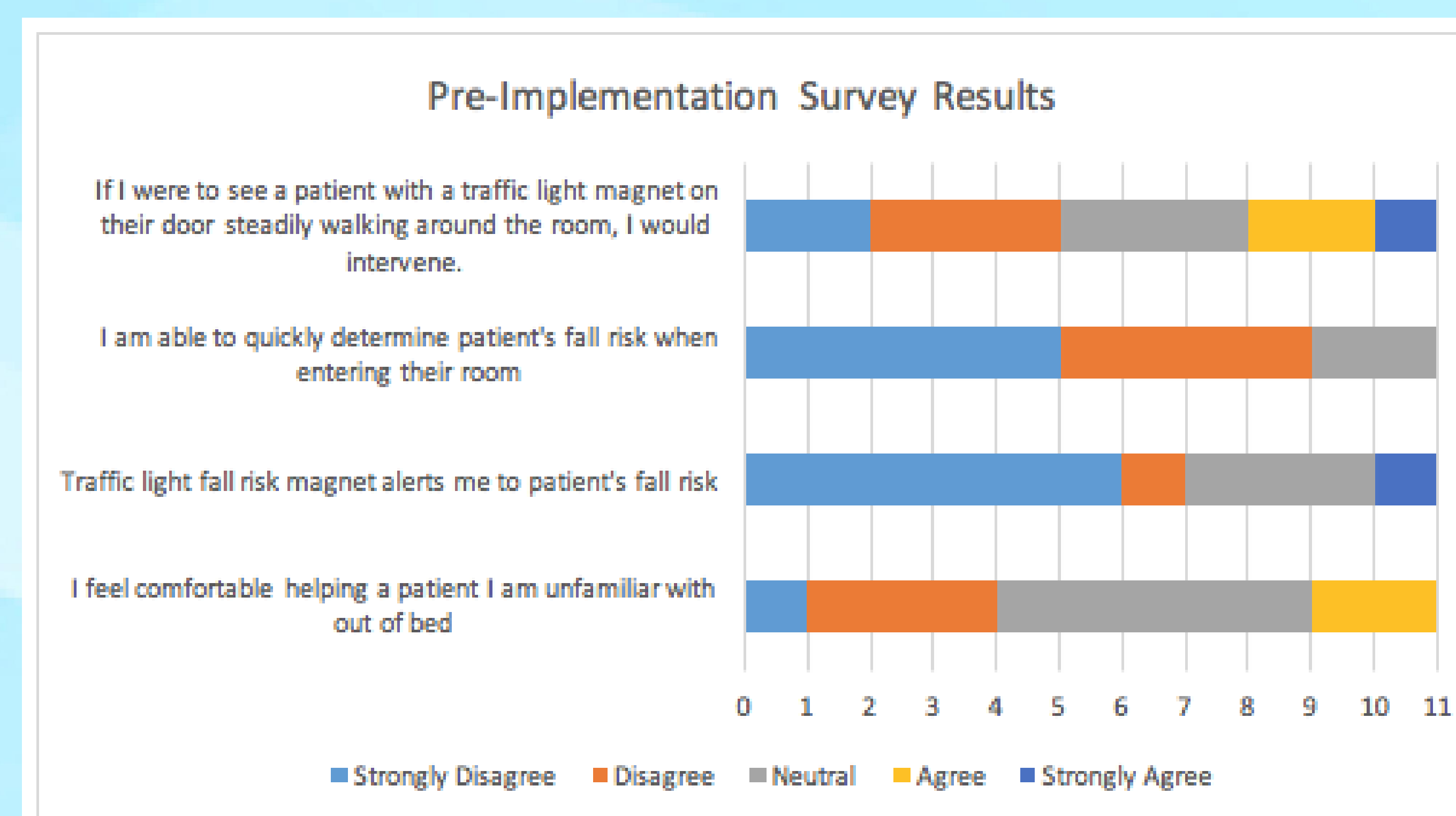
EVIDENCE

- 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)



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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

HESTER DAVIS FALL RISK ASSESSMENT TOOL			SCORE
Age	<20 years = 0 20-40 years = 1 41-60 years = 2 61-80 years = 3 81 years = 4		
Last Known Fall	No fall = 0 Within last year = 1 Within last 6 months = 2 Within last month = 3 During previous hospitalization = 4		
Mobility	Dependent/guarded = 0 Verbalized if required to assist patient = 1 Use of assistive device required = 2 Hemiparesis/paralysis or quadriplegia = 3		
Toileting	For new patient: Use of catheters or suppositories = 0 Use of assistive device required = 1 Incontinent = 2 Catheter/rectal tube/suppository = 3		
Mental Status/LOC/Awareness	Awake, alert and oriented = 0 Oriented to person and place = 1 Unoriented to person only = 2 Unoriented to place and person = 3 Unresponsive/nonresponsive = 4		
Communication/History	Visual/hearing deficits = 1 Non English speaking patient = 2 Speech difficulty = 3 Dementia = 4		
Behavior	Depression/anxiety = 1 Substantial noncompliance with instructions = 2 Stressful situation = 3 Agitation = 4		
Medication	No med = 0 Cardiovascular or central nervous system = 1 Cardiovascular and central nervous system = 2 Chemotherapy within 48 hours = 3 No problem = 4		
Vital Signs/Respiratory Status	SpO2 greater than 94 = 0 Use of Pulse Oximeter = 1 Newly vomiting = 2 Low blood oxygen saturation = 3		
Total Score	0-3 = Low 4-6 = Moderate 7-10 = High 11-14 = High 15-20 = High		

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.

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