

Reduction of Falls Through the Utilization of Education

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BACKGROUND

- Falls continue to be a issue hospital wide
- Patients unaware why they are a fall risk
 - Leads to them believing they are fine to walk without help
- Staff are not utilizing resources to discuss individualized fall risk factors and prevention
- “Your Fall Safety Plan” brochure not being used/ explained to patients

OUTCOMES

- Pre implementation:
 - February total falls: 5K: 4 5C: 1
- TLC staff education was implemented in May.
- Post implementation:
 - May total falls: 5K: 2 5C: 1
 - June total falls: 5K: 3 5C:3

IMPLEMENTATION

- Utilize current “Your Fall Safety Plan” brochure
 - Discussion with patient about their individual fall risk factors
 - Discussion about interventions in place to keep them safe (fall matts, bed alarms, etc.)
- Outcome indicators:
 - Improvement in fall scores on 5C and 5K
 - Ensuring nurses are checking off the “Fall Reduction & Prevention” tab under Admission education

PICO

- **P: Medical-Surgical Registered Nurses**
- **I: Utilizing the “Your Fall Safety Plan Brochure” and educating staff on the brochure**
- **C: Current fall agreement only**
- **O: Number of falls**

EVIDENCE

- “As nurse clinicians are responsible for preventing patient falls, the patient fall rate is an indicator that can be influenced through a nurse-led safety strategy or intervention” (Opsahl, 2017, p. 253).
- Patient engagement is key to successful fall prevention efforts (Tzeng, 2014). How clinicians deliver a fall prevention messages impacts how patients receive information, engage, and make behavior changes related to fall prevention (Kiyoshi-Teo, 2017, p. 334).
- An institution’s inpatient fall rates were lower by 57% per 1,000 patient days in the medical-surgical units (after **interactive** fall prevention measures implemented). Also, the percentage of falls with injuries was lower by 62% in the medical-surgical care areas (Kiyoshi-Teo, 2017, p. 335).
- “Recognizing that teaching is not a 1-way process of information giving, rather it requires evaluation of learning through **knowledge tests** and skills test, a specialized teach-back tool was made available to the nursing staff for patient and family education on admission” (Quigley, 2016, p. 142).

Please answer questions

What is my Fall Risk?

circle one

Are you a male?	Yes	No
Are you 65 or older?	Yes	No
Have you had a fall in the past 3 months?	Yes	No
Are you taking 6 medicines or more?	Yes	No
Do you have incontinence (unable to control urine or feces)?	Yes	No
Have you had surgery in the past month?	Yes	No
Are you taking a medicine that makes you use the bathroom more often?	Yes	No
Do you use anything to help you walk (examples: walker, cane) or are you unsteady on your feet?	Yes	No
Are you taking any medications that make you drowsy or dizzy?	Yes	No
Do you have problems seeing or hearing?	Yes	No
Do you have two or more medical conditions (ex. diabetes, depression)?	Yes	No

When you are done, please be ready to talk about your answers with your nurse. Your nurse will look at these questions throughout your stay to help you know your risk for falling.

NEXT STEPS

- During the course of our research 5K became a covid-19 designated unit. This may have skewed the results so we would need to continue to monitor the fall rates on 5K and 5C.

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