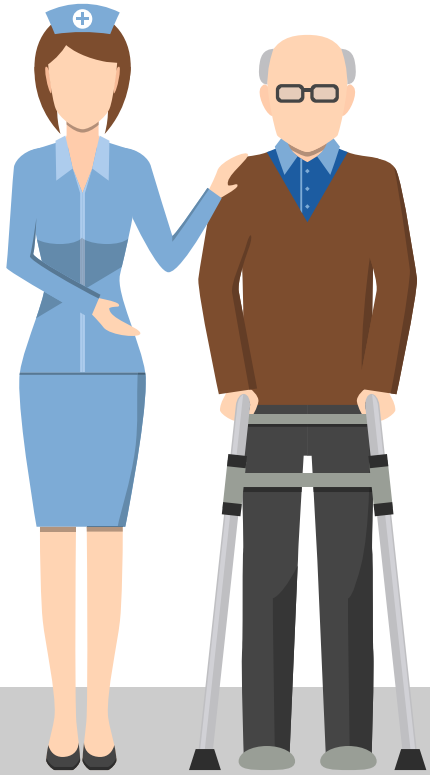
3 Tips to a Successful Falls Prevention Program



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Standing up to falls.

According to The Joint Commission, hundreds of thousands of patients fall in hospitals each year, with 30 to 50 percent of those falls resulting in injury incurring an average cost of $14,000 for each fall with injury. Additionally, slips, trips and falls is the second leading cause of injury for hospital employees, accounting for 25 percent of total employee injuries. Staff and visitors are subject to many of the same hazards that cause patient falls, so it's important to create a culture of safety in your organization.
In this guide, we suggest three tips to implementing a successful falls prevention program.

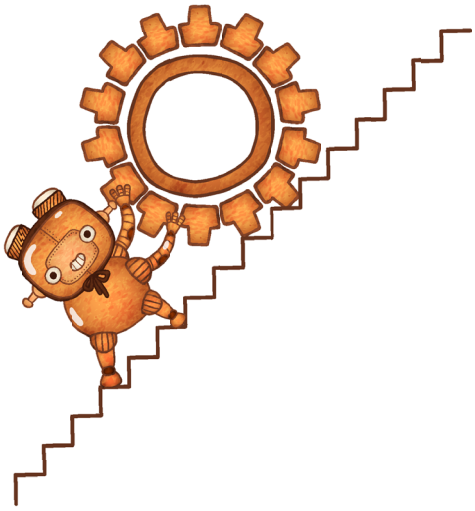
TIP ONE: **EVALUATE YOUR READINESS**

Having a supportive organizational culture is essential to the success of any quality improvement program. Make sure you have the basic resources you will need to make a change.

CHECK YOUR RESOURCES

- **Do you have room in your budget?** Depending on the types of falls and what equipment you already have, you may first need to invest in fall prevention aids such as nurse call systems, footwear, mobility devices, bed rails and high/low beds.

- **Do you have the time?** You will need to allocate staff/leadership time to the project. Allocate team leaders eight hours per week to work on a new initiative, and make sure all team members can commit 30 minutes per week to meeting.



- **Does everyone understand and agree that something should be done to combat falls?** Without buy-in from staff and leadership, it will be difficult to accurately measure your falls prevention program's success. For tips on getting buy-in, refer to the *Special Supplement to American Nurse Today – Best Practices for Falls Reduction: A Practical Guide.*

Ouch! Falls hurt hospitals.

The Centers for Medicare & Medicaid Services (CMS) consider falls to be a preventable hospital-acquired condition, and it will refuse to pay for services related to fall injuries. Each fall with an injury adds an average of 6.3 days to the hospital stay.

TIP TWO: **GATHER & ANALYZE DATA**

Falls happen for a variety of reasons. It's key to understand the number, frequency, nature and severity of falls occurring in your facility before you can determine appropriate interventions. Collect monthly falls data and analyze it for trends. Use your discoveries to prioritize possible interventions, tackling common and serious problem areas first.

TRACK YOUR DATA

1. **Track every fall** whether it results in injury or not, and differentiate between falls by their injury types: *none, minor, moderate, major, death*. Understanding the overall severity of injuries will give you a more accurate picture of your safety culture.
2. **Track falls per unit/ward/department.** Some departments are more susceptible to falls by the nature of their activity, and a one-size-fits-all approach will not be effective across the board. Analyze falls in each department to determine if any special situations exist.
3. **Track patients with more than one fall.** Look for trends in patients with multiple falls and create intervention strategies to address them.
4. **Track root causes of falls.** Were they intrinsic—due to a physiological reason, such as fainting, or extrinsic—due to an environmental reason such as a slippery floor?
5. **Track key demographics** such as age, fall history, medications and cognitive abilities of the patient to help determine contributing factors of the fall.
6. **Track your fall rates.** Once you have your calculations, set a goal. It's important to be consistent applying your calculations so that you have accurate comparisons between periods.

Common Monthly Fall Rate Calculations

Number of Patient Falls per 1000 Patient Days
Number of patient falls x 1,000 ÷
Number of patient days in the month

Unassisted Falls per 1000 Patient Days
Number of patients who fell in absence of a staff member x 1,000 ÷
Number of patient days in the month

Number of Patient Falls w/Injury per 1000 Patient Days
Number of patient injury falls X 1000 ÷
Number of patient days in the month

Number of Falls per Bed
Number of patient falls ÷
Number of beds

TIP THREE: **INCORPORATE POLICIES AND PROCEDURES**

Due to time constraints, it can be difficult to implement a new separate quality improvement initiative, so incorporate your falls prevention program as much as possible into existing policies and procedures.

WHAT TO DO WITH YOUR P&Ps

- **Define a "fall."** You will need to develop a definition for what constitutes a fall so that all staff can apply it consistently. Base your definition on what you want to measure. Creating a stricter definition will likely increase your fall incident reports, so be sure that you establish a *no shame, no blame* culture to encourage accurate fall reporting.
- **Define types of falls and severity of injury.** Fall types and severity of injury should also be defined so that staff knows how to classify them for reporting purposes.
- **Create a fall risk assessment process and establish when to use it.** Fall risk should be part of the plan of care as a routine practice. Create prompts to include in patient charts, rounding, shift reports, patient handoffs and training materials so that risk assessment becomes part of the routine.
- **Incorporate environmental assessments into rounding.** Staff should know when and how to check areas for hazards. Develop a checklist of common extrinsic factors and complete rounds to be sure the environment is always safe.
- **Detail responsibilities of various staff as it pertains to falls.** For example, facility management is responsible for ensuring hallways are well-lit. Nursing staff confirms patient rooms are set up to minimize falls (e.g. call buttons and personal items are within patient reach). All staff is responsible for dealing with any unsafe situations immediately.
- **Intervention strategies.** Develop a contingency plan for when a patient is non-compliant or at high risk for falls. For example, you may move a patient near the nurses' station if they won't get assistance to get out of bed. Hourly rounding may be needed for patients with cognitive impairment or frequent need to use the restroom.

What is a fall?

The National Database of Nursing Quality Indicators (NDNQI) defines a patient fall as an unplanned descent to the floor with or without injury to the patient. NOTE: Include falls when a patient lands on a surface where you wouldn't expect to find a patient.

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