Patient Safety: Fall Prevention

Unlicensed Assistive Personnel
Purpose and Objectives

Purpose:
Review the UCH Fall Prevention Program

Objectives:
1. Present evidence about patient safety and falls.
2. Review the UCH Fall Prevention Policy.
3. Identify current strategies to prevent falls.
4. Take a post-test to verify knowledge competency.
Evidence About Patient Safety and Falls
Background

• Falls are the most frequently reported adverse event in acute care settings
  – Overall risk of patients falling in an acute care setting is 1.9 to 3% of all patient admissions, or more than 1 million patients

• Falls with injuries lead to ↑ LOS, ↑ unplanned readmissions, and incur 60% greater charges for care. (Hitcho et al, 2004)
Regulatory Requirements and UCH Efforts to Prevent Falls

• Reducing falls: a national patient safety goal!

• Reducing patient falls is a UCH Critical Success Factor, a major hospital strategic goal.
  – We are making progress, but we need your help!
Patient Fall Outcomes

Patient Falls are an *outcome of nursing care*

- All staff play a key role in the UCH fall program. Care is based on evidence. Fall data drives planned prevention strategies.
- CNAs and ACPs can make a difference preventing patient falls!

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Patient Fall Outcomes, continued

• The Inter-Professional Fall Champions Team, partnering with nurse managers and educators, is focused on reducing falls and falls with major injuries.

• This team has implemented many interventions to prevent falls, including:
  – Huddle Debriefing forms analyzing issues post falls
  – Bed Alarm Initiatives
  – Hourly rounding
  – Red socks, fall stickers, magnets on assignment boards, toileting strategies, mobility assessment signs
Impact of Patient Falls

• Patient falls are costly for patients and for UCH!
• A patient who falls out of bed & breaks a hip adds increased costs, prolongs length of stay.
• Falls can change a patient's life by reducing mobility, requiring assisted nursing living, or causing death.
Review Question  (This is a place holder as was built directly in the module)

UCH has made falls a critical success factor.

True or False
True — UCH is committed to reducing patient falls to keep patients safe.
Preventing Patient Falls

Fall Definitions and Assessment
What is a Patient Fall?
A patient fall is an unplanned descent to the floor with or without injury. Assisting the patient to the floor is a fall.

What is a Near Miss Fall?
A near miss fall is when the patient begins to fall but does not reach the floor. The patient is assisted to the chair or bed.

When a patient falls back into bed or into a chair, it is not considered a fall. Link to the policy
Inpatient Nursing
Fall Prevention Activities

• Intervene to prevent falls based on the Fall Risk score.
• Partner with your RN to ensure the highest level of patient safety.
• If patient is a low fall risk, implement **ALL** low risk interventions.
• Assess the patient at a minimum of 1 time per shift.
Moderate Fall Risk Interventions
Yellow

• For the patient is at a yellow/moderate risk level, implement ALL yellow interventions.
• Fall prevention equipment and PT consult are implemented as needed, by RN or Therapies.
• Tell the patient and family what the yellow star means so they understand the fall risk.
Moderate Fall Risk Interventions
Yellow
High Fall Risk Interventions
Red

• If patient is at a red/high risk to fall, implement ALL red level interventions
• Put red socks on inpatients. It reminds everyone that the patient is at the high risk RED level.
• Tell the family what a red risk level means. Ask for their help to keep patient safe.
High Fall Risk Interventions Red
Key Points about Patient Falls

- Keeping patients safe requires vigilance and teamwork. Work closely with patient, family and interprofessional team to maintain successful surveillance.
- Learn ALL components of the Fall Prevention Program and policy. Your patient’s safety depends on it!
- When in doubt of risk, talk with you Nurse. Add your own knowledge and insights!
While supporting him, Mr. West becomes unsteady when transferring from the bed to the chair (or to chair, wheelchair, or to stretcher). You are unable to make it all the way to the chair/wheelchair/stretcher with the patient, and gently lower him to the floor. He is not injured. Is this considered a fall?

Yes or no

Yes--A patient fall is an unplanned descent to the floor with or without injury. Assisting the patient to the floor is considered a fall.
Preventing Patient Falls
UCH Fall Interventions
Strategies to Prevent Falls

• Keep patient environment free of clutter; clean up spills with the assistance of Environmental Services.
• Report any equipment malfunctions impacting falls to Engineering (88351)
• Use bed or chair alarm. Check bed alarm system connection to head wall by pushing the nurse call button on bed rail.
• Remember the bed alarm will not activate if the Hill Rom bed is higher than a 30 degree angle.

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Strategies to Prevent Falls, Continued

On inpatient services, 35% to 40% of falls relate to toileting. Implement toileting checks during hourly rounds, *schedule toileting* to prevent falls!

- Use commodes.
- Tell the patient why he or she needs help toileting (weak, recovering).
- If the patient is at red, high risk for falling, *Warn patient of danger being alone in bathroom.*
- Document if patient refuses your presence; stay close and leave door ajar.
Fall Prevention Strategies

- Put or ensure star sticker and star magnet are in appropriate locations per your unit.
- Use yellow star stickers for patients assessed as moderate risk.
- Use red star stickers for patients assessed as high risk.
- New mobility signs, a partnership between PT/OT and RNs!
  - RN’s, PT, and OT determine level of assistance needed.
  - CNAs and ACPs follow the mobility signs for how to manage patient mobility
Mobility Signs

- **Supervision Stand-by Assistance**
  - Patient may need assistance or supervision for monitors, I.V. lines, or safety.

- **One Person Minimal Assistance**
  - Patient needs hands-on minimal assistance to move to chair or walk.
  - Staff provides about 25% of the help.

- **One Person Maximal Assistance**
  - Patient needs hands-on maximum assistance to move to a chair or walk.
  - Staff provides about 75% of the help.

- **Two Person Total Assistance**
  - Mobility requires 2 or more staff persons at all times.
  - A mechanical lift may be required.
Side Rail Use in Fall Prevention

You can use up to three (3) side rails to prevent patient falls. The fourth (4th) side rail is still considered a restraint on medical – surgical units, unless the patient is on a specialty bed surface. Document this as a safety measure.

You must follow the policy “Fall Prevention”.

![Image of a hospital bed]
Medical Surgical Units
EBP Intervention: Rounding Cards

- Transforming Care At the Bedside Initiative (Robert Wood Johnson Foundation/AONE)
  - 44 sites: reported effective way to keep patient safe is by hourly rounding
- UCH implementing on Medical Surgical Units
- Addresses falls, patient satisfaction, skin breakdown, patient comfort and safety

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Hourly Rounds Five T’s

Tell patient:
“"I am doing rounds to check on your comfort and safety.""

Toileting Assistance:
“"I'd like to help you go to the bathroom / commode / urinal to keep you safe from falling.""

• Anticipate toileting needs: 30-40% of Patient falls relate to toileting!
• When a patient states he or she needs privacy: "I am sorry. You are rated as at risk for falling. I need to stay with you."
Rounding Cards, Continued

Hourly Rounds Five T’s

Turning:
Assess comfort and patient position to prevent pressure ulcers.

Time:
“I have time to help you. Is there anything else I can do for you before I leave?”
Check pain, bed alarm

Tell Patient: “We will be back in an hour to check on your comfort and safety.”
Other Fall Prevention Strategies

• Inpatient nurse leaders are now implementing “Huddles” or ‘Debriefing’ immediately after a fall or by end of the shift
  – Acts as a way for teams to debrief and analyze fall
  – Look at ways to prevent the fall from happening again

• Units putting up visual reminders
  – To remind patient to call before going to bathroom
  – Sign by room exit to remind staff to be sure bed alarm is activated

• Signs counting days without a unit fall to celebrate successes in preventing falls!!
STOP Call, don’t fall!

Use the call light for assistance. Nursing staff will assist you in the bathroom.

Your safety is important to us.

University of Colorado Hospital
Anschutz Medical Campus
Patient Safety is Our Main Concern
Medications and Fall Risk

• It is known that medications and interactions with multiple medications can increase patient fall risk.
• Partner with your RN and be aware of pain meds and sleeping agents when mobilizing patient.
• Have urinals within patient reach.
• Use commodes when necessary for patient’s with frequency to prevent tiring.
Post Fall Actions

• It is critical to assess any patient who falls, regardless of inpatient or outpatient setting
  – Do not move patient until it is safe.
  – Call the RN to the room.
  – Take vital signs if RN directs you to do so.
  – Call the MD or LIP provider; ensure F/U tests ordered and completed as indicated.
  – Provide comfort and support to patient.
  – Be part of the Post Fall Huddle to analyze the cause of the fall to prevent future falls.
Remember: Patients fall at UCH because:

- Bed alarm not plugged into call system.
- Patient mental status changes; pt is not able to follow instructions.
- Care providers assuming patient mobility is better than reality. Use the mobility signs for safe mobility.
- Toileting, toileting, toileting! Patient may need schedule, commode, support and presence to prevent falling.
Fall documentation is tailored to your service and your RN.
You will document:

- **Safety check/Pt. rounds**: as dictated by score
  - Green - q shift
  - Yellow - q2 hrs.
  - Red - q1 hr. Requirements: Bed alarm/chair alarm, red socks, other per policy.

Safety Checks/Pt Rounds – VS Screen
Surveillance
Fall Care Alerts

When there is a fall during the hospitalization:
The RN charting will generate a Care Alert, shown below.

Be aware that if the Care Alert is RED, your patient has had a recent previous fall.

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CNA and ACP Role in Fall Prevention

• You are key clinical staff in preventing falls!
  – Participate in hourly rounding
  – Communicate frequently with RNs on patient status, issues
  – Check toileting needs OFTEN!! Go with patient to bathroom or stay with commode use
  – Be the eyes and ears for the RN and Patient!

– Safety first, always! THANKS for your help!!