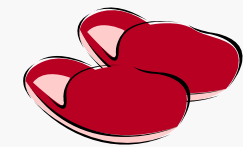


Fall Prevention-A Caring Approach

Robert Paulus, RN-BC, BA ~ Patricia Russell, RN-BC, BSN ~ Carol Kuhle, DO ~ Terri Hockins, RNC, BGS ~ Dori Moorehead, RN, BSN ~ Karen Gamerdinger, RN, MSN, Karla Shank, RN.
Mercy Medical Center, Des Moines, IA



PURPOSE

Implement a fall prevention program to ensure safety for patients > 65 years of age on two medical-surgical units and reduce fall rates below national averages

BACKGROUND

Two units of our 631-staffed bed hospital are leading practice improvements for our increasing elderly patient populations. The Geriatric Institutional Assessment Profile (GIAP) survey demonstrated caregiver attitudes toward the elderly were positive. An evidence-based practice initiative was designed for proactive leadership, improving outcomes and promoting a culture of safety to reduce falls and improve quality of care.

GOALS/MEASURES

- Data measurement to determine falls per 1000 patient days.
- Goal to reduce falls by 25% (4.77 falls per 1000 patient days) on two medical-surgical telemetry units
- Weekly auditing with immediate feedback to nursing staff. Variances were examined monthly and monitored on-going.

Contacts:
rpaulus@mercydesmoines.org
prussell@mercydesmoines.org

IMPLEMENTATION

- A conceptual approach for proactive nursing in the delivery of patient care was chosen.
- Two nursing units piloted the fall bundle.
- Nurses were educated on fall prevention interventions.
- After several months, the bundle was disseminated to the rest of the hospital.
- The level of excitement from all disciplines has been phenomenal!
- The only barrier to implementing the program was acquisition of red socks.



Call Don't Fall

I am on fall precautions. Before helping me out of bed, please make sure I am wearing my red footies.

Thank you for keeping me safe.

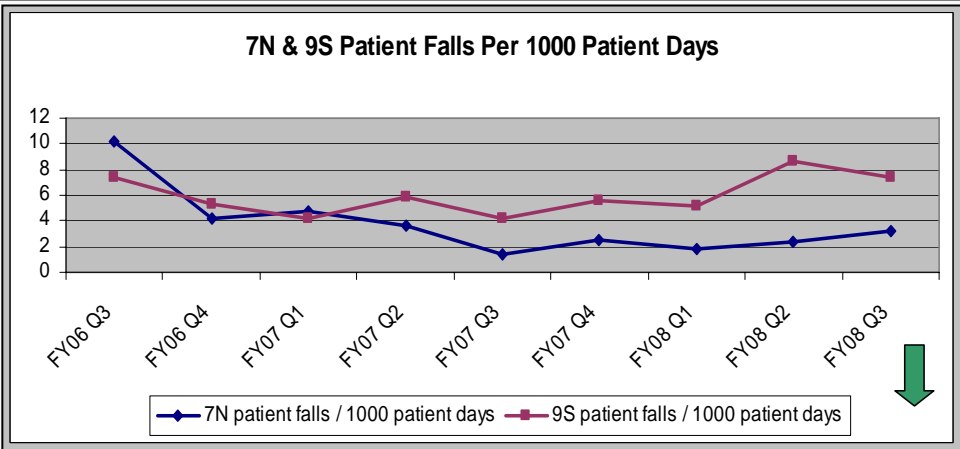


Excellence.
Every Day in Every Way.™

MEASUREMENT

- Falls are monitored monthly, summarized quarterly and reported to each department on their Nursing Scorecard.
- Department results are benchmarked against the reported NDNQI patient falls per 1000 patient days
- Descriptive statistics were used for results reporting and analysis.
- Data from Fiscal Year 2006, Quarter 3 (FY'06 Q3) through FY'07 Q3 as a baseline to FY'07 Q4 through FY'08 Q4.

RESULTS



- The figure presents the run rate for Falls on 7 North and 9 South quarterly.
- The mean Fall Rate decreased from 4.49 to 2.58 per 1000 patient days on 7 North
- These results demonstrated an overall combined reduction in falls 6.36 to 3.76 per 1000 patient days (1-sample t test, p-value = 0.374), exceeding our goal of a reduction in the fall rate below 4.77 per 1000 patient days

IMPLICATIONS

- Fall Reduction Initiative is contributing to a meaningful organizational culture change for transforming care at the bedside.
- This initiative demonstrates improved patient safety which can be easily replicated to other nursing care areas.