

Standardizing Post-Fall Huddle and Documentation Processes

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Background/ Problem

Problem Overview: The Quality Improvement (QI) team identified a lack of standardized post-fall debriefing processes across a 13-hospital nonprofit medical system, which has resulted in inconsistent documentation and assessment of patient falls.

Current Practices: The use of varied documentation methods, including paper and electronic forms, along with differing content for post-fall procedures among hospitals, complicates system-wide assessments of fall trends and policy evaluations.

Impact: Inefficient resource allocation, difficult detection of inconsistent debriefing processes, patient harm trends, and quality care gaps with regard to patient falls all affect quality of care.

Statistics: In fiscal year 2022, 2,577 falls were recorded, leading to 711 minor injuries, 43 major injuries, 1 permanent significant injury, and 4 deaths.

Objectives/ Goals

This QI project aimed to standardize post-fall huddles and documentation across inpatient units, with the goal of reducing fall recurrence and lowering both the total number and severity of falls by effectively analyzing causes and targeting prevention strategies at both micro and macro levels.

Process Goal: The objective was to maintain 100% compliance among staff in completing post-fall debriefs and associated documentation. This target was set for the duration of the implementation period, which began on September 4, 2023, and concluded on December 11, 2023.

Outcome Goals:

1. Reduce the overall fall rate by 5% during the 15-week period.
 2. Decrease the injurious fall rate by 5% in that same period.
 3. Completely eliminate repeat fall incidents within this timeframe.
- All outcome goals are compared against the same period in 2022.

Methods

Setting: The QI team selected a 259-bed, in-system pilot hospital.

Population: The project targeted seven adult inpatient units: med-surg, IMC, and ICU.

Data Collection:

- Baseline data collection and staff education preceded implementation.
- Unit managers sent completed post-fall debrief forms to the fall team, CSR, and project lead for data entry into REDCap, ensuring HIPAA compliance and systematic analysis.
- The project lead attended daily briefings from Monday to Friday and also reviewed patient charts and incident reports for up-to-date incident tracking.

Implementation Strategies:

- Formal commitments from key partners to outline roles and unify project goals.
- Regular emails with stakeholders, weekly meetings, and educational sessions ensured clarity on the post-fall huddle process.

Intervention and Metrics

Intervention:

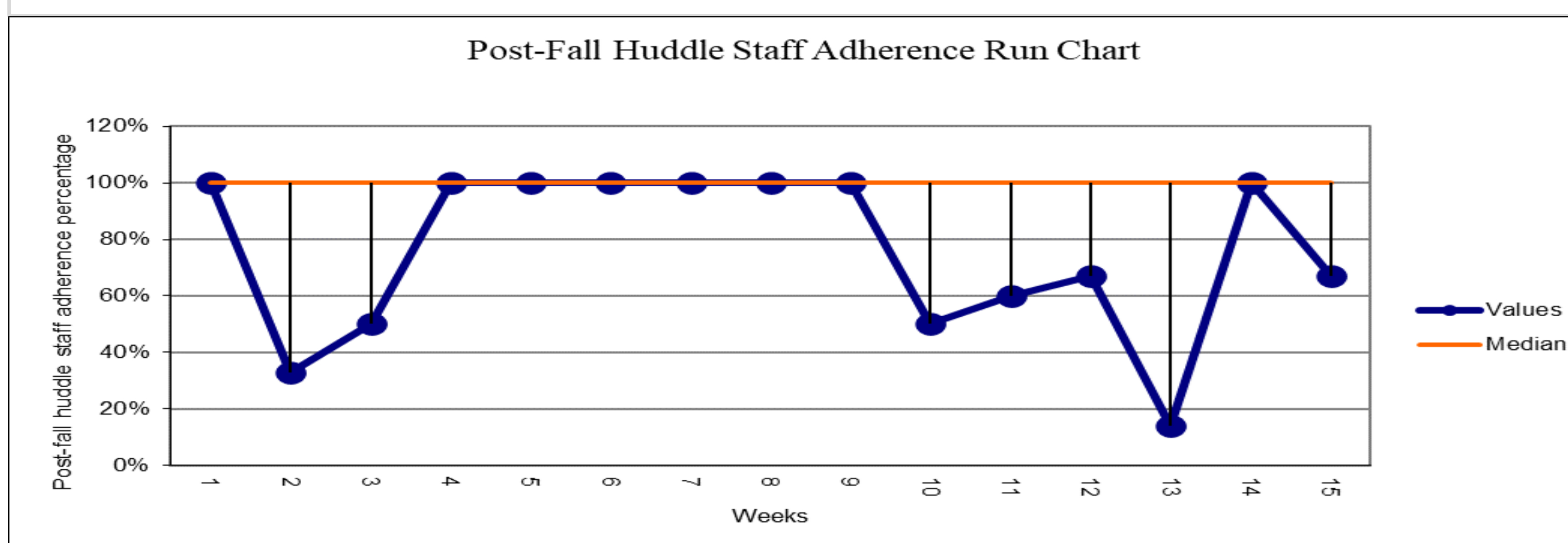
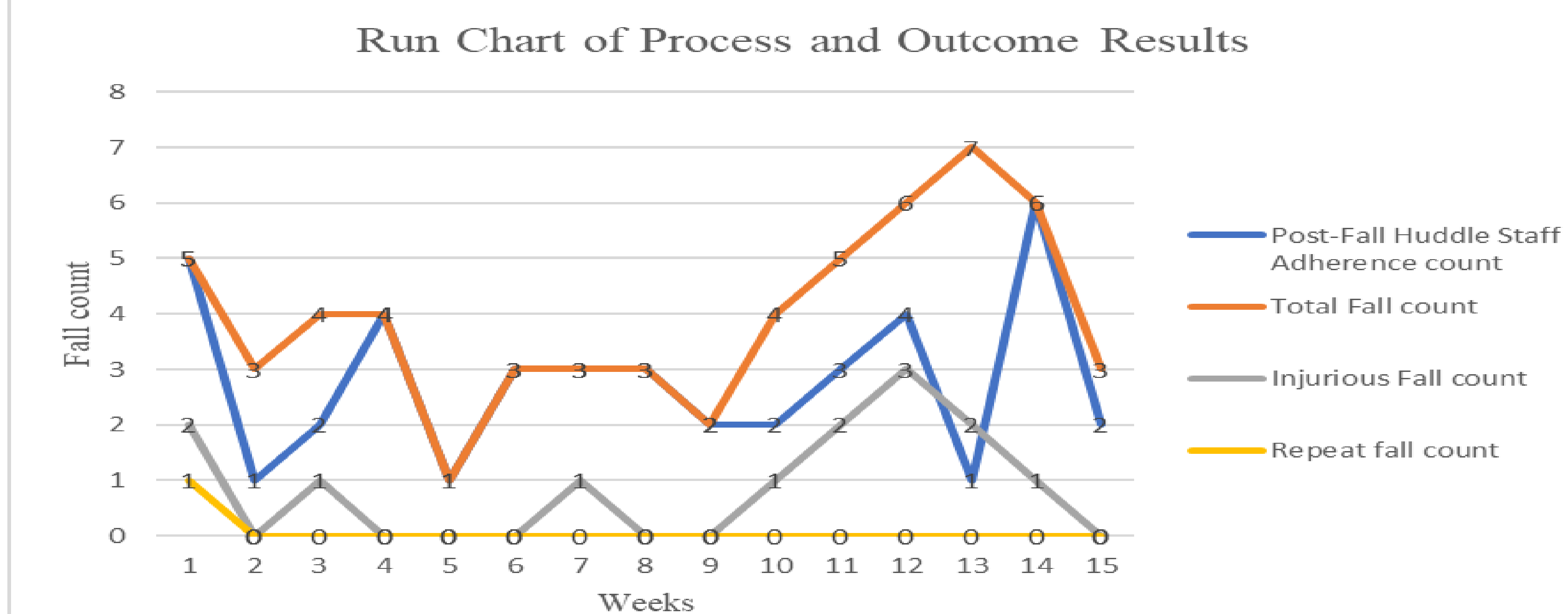
1. Immediately after a patient fall, the office clerks, charge nurses, or primary nurse notify the nursing coordinators.
2. Nursing coordinators conduct post-fall huddles to identify root causes, fall type, preventability, and injuries, completing a debrief form that is shared with the unit manager.

Process Metric: Staff adherence to post-fall huddles is measured by the documentation and execution rate of post-fall debriefs.

Outcome Metrics:

- The *total fall rate* is calculated per 1,000 inpatient-days.
- The *injurious fall rate* is also per 1,000 inpatient-days and includes any falls resulting in injury.
- *Repeat falls* are defined as more than one fall experienced by a single patient during his or her hospital stay.

Results



Process Results: Staff adherence to post-fall huddles achieved a 100% median, demonstrating a steady run from weeks 4 to 9. A downward shift was observed from weeks 10 to 13, followed by a rebound to full adherence in week 14. The period concluded with a 67% adherence rate in the final week.

Total Fall Rate: There was a 37% reduction in total falls, decreasing from 94 falls in 2022 to 59 in 2023. This translates to a decrease in the rate of falls from 4 to 3.5 per 1,000 inpatient-days.

Injurious Fall Rate: The rate of injurious falls plummeted by 59%, from 32 incidents in 2022 to 13 in 2024. (from 1.4 to 0.8 per 1,000 inpatient-days).

Repeat Fall Rate: This fall rate was 0.1 per 1,000 inpatient-days. Inconsistent tracking complicated the comparison, but it had improved from the fiscal-year 2022 total (37).

Discussions

Fall Reduction: The project's results exceeded the initial 5% reduction goal and surpassed outcomes reported in similar studies. This highlights how effectively the implemented approach addresses factors that lead to falls.

Post-Fall Huddles: A single repeat fall among the 59 recorded incidents demonstrates the effectiveness of post-fall huddles in analyzing the causes of falls and in targeting prevention strategies.

Streamlining: The post-fall huddle process streamlined informed decisions and enhanced the efficiency of preventative measures.

Overcoming Adherence Fluctuations: Despite challenges in the second and third weeks with staff adherence, the staff shifted to full compliance, showcasing their dedication to fall management. The highest fall counts were between weeks 10 to 13 and aligned with minimal adherence, due to high patient turnover, understaffing, and holiday-induced leadership gaps. The median adherence rate was 100%, so sustained leadership involvement is critical to maintain high adherence rates, thereby enhancing fall prevention and systematically mitigating fall risks.

Conclusions

- The initiative's success confirmed the impact of standardized post-fall huddles and documentation on fall prevention.
- These outcomes will be disseminated for system-wide adoption to improve patient safety and care quality, contributing to the body of knowledge.
- The post-fall debrief tool and practices will be adopted as system policy to ensure suitability.

References

