# Increasing Adherence to Tele-Sitter Usage to Decrease Falls and Injury

University of Maryland School of Nursing

Charisse Skinner MSN, RN
Taylor Melton, DNP, CRNP, AGNP-C
Erica Alessandrini, DNP, CRNP, FNP-BC
Tsehay Endalew MSN, RN

## Problem Statement

- An urban community hospital has experienced increased falls and fall injuries
- Both units have fall and injury rates above the fiscal year goal
- The first unit's fall and injury rates were **8.9 and 2.5**, and the **second** was **4.6 and 1.7**
- Increased fall and injury rates contribute to prolonged hospital stays and higher mortality

## Purpose & Project Goals

**Purpose**: Decrease falls and falls with injury among adult patients on two medical-surgical units by implementing a nurse-driven tele-sitter algorithm for high fall-risk patients

**Process Goal:** 100% adherence to nurse-driven tele-sitter algorithm for high fall risk patients

**Outcome Goal:** 3% reduction in falls and injury from previous fiscal year

- **First Unit Fiscal Year 2024 Goals:**
  - Fall Rate Goal: 5.7; Injury Rate Goal: 1.7
- **Second Unit Fiscal Year 2024 Goals:**
  - Fall Rate Goal: 3.6; Injury Rate Goal: 0.5

## Methods

**Setting/Population:** Two adult Medical-Surgical units
**Intervention:** Nursing staff documented Morse Fall Score on admission, each shift, and upon transfer

↓

Morse Fall Score ≥ 60 and patient attempted unsafe ambulation

↓

Nurse driven tele-sitter algorithm implemented and documentation in Patient Safety Flowsheet

**Strategies/Tactics:** Staff education provided during shift huddles, fall prevention meetings, via email, and education tipsheets accessible on unit

**Data Collection:** Weekly audits of nurse-driven tele-sitter adherence and monthly fall/injury rate data from quality and safety dashboard

## Results

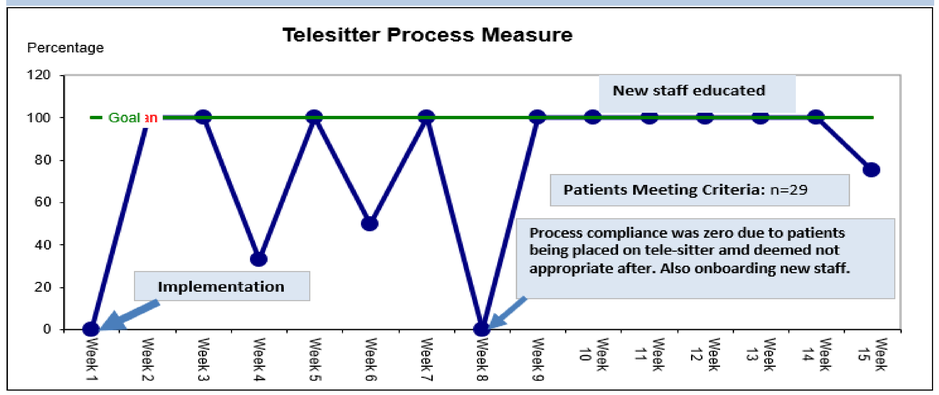
**100% median adherence rate to tele-sitter algorithm**

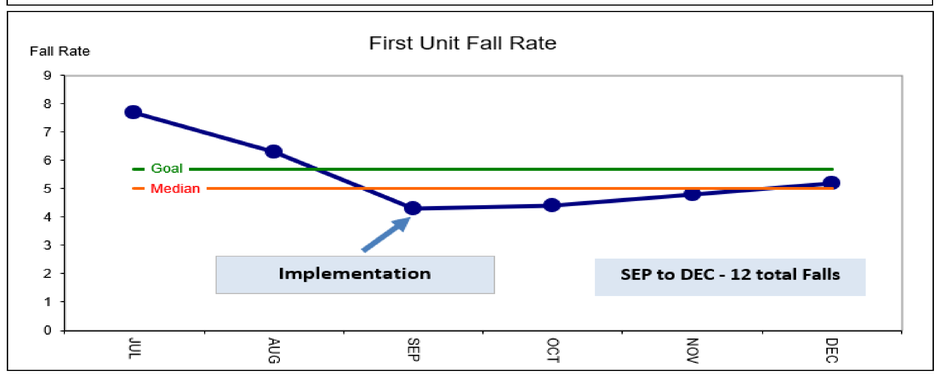
**First Unit**

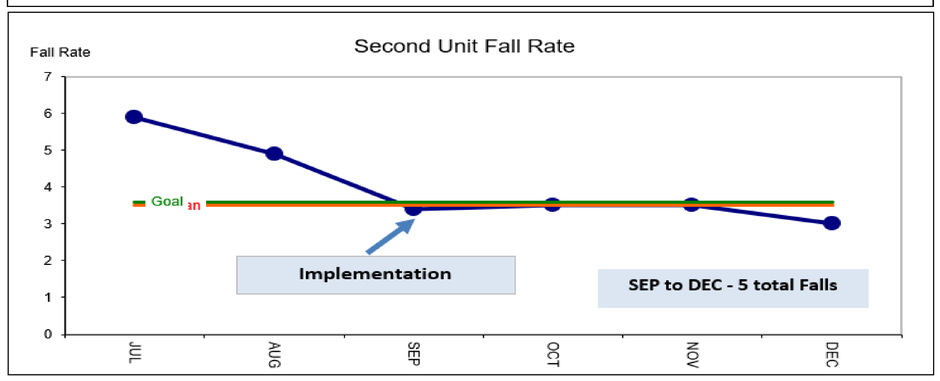
- **SEP:** Fall Rate: 4.3, Injury Rate: 0.5
- **OCT:** Fall Rate: 4.4, Injury Rate: 0.4
- **NOV:** Fall Rate: 4.8, Injury Rate: 0.3
- **DEC:** Fall Rate: 5.3, Injury Rate: 0.8

**Second Unit**

- **SEP:** Fall Rate: 3.4, Injury Rate: 0
- **OCT:** Fall Rate: 3.5, Injury Rate: 0
- **NOV:** Fall Rate: 3.5, Injury Rate: 0
- **DEC:** Fall Rate: 3.2, Injury Rate: 0




## Discussion

- **Key Findings:**
  - First unit fall rate decreased from 8.9 to 4.7 and injury rate decreased from 2.5 to 0.5
  - Second unit fall rate decreased from 4.6 to 3.4 and injury rate decreased from 1.7 to 0
  - Project goal met, 3% reduction in falls and injury rates from previous fiscal year
- **Limitations**
  - Weeks of low process adherence due to new staff, patient status changes making tele-sitters unsuitable, and tele-sitter demand exceeding supply
- **Literature Comparison:** Findings consistent with literature, implementation of tele-sitter algorithm for high fall-risk patients decreases falls and falls with injuries

## Conclusions

- Implementing an evidence-based nurse-driven tele-sitter algorithm for high fall-risk patients decreases fall and injury rates
- The evidence-based algorithm promotes patient safety and minimizes fall-related complications

**Sustainability:**

- Create unit policy for tele-sitter algorithm
- Incorporating education for algorithm into onboarding for new staff including travelers

**Future QI Initiatives:**

- Expand and refine the algorithm to include reevaluation of tele-sitter utilization and clinical appropriateness criteria

## References

Scan the QR Code to access reference list

## Acknowledgements

I would like to acknowledge the support of the nursing staff, my faculty sponsors, and CSR sponsor.