Implementation of Falls Protocol to Improve Falls Rates in Confused Known Fallers

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Background/Problem

A fall during hospitalization is a serious adverse event (SAE) that can be detrimental to quality of life (QOL) for patients and can impact Medicare reimbursement.

An adult medical-surgical unit in an urban medical center noted had an increase in falls from 4.19% in fiscal year (FY) 2021 to 7.19% in FY 2022

40% of the patients were ≥70 years of age with a history of confusion/altered mental status (AMS) and repeat falls during hospitalization.

Project Purpose and Goals

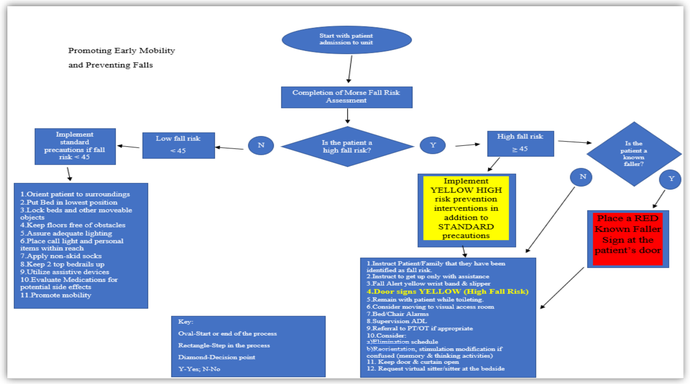
The purpose of this QI project is implementation of fall prevention strategies to decrease the number of patient falls. Project goals include:

- Initiation of specific fall prevention interventions
- Improve door sign accuracy for patients with a high Morse fall score (MFS) (level >45 on the scale).
- Utilization of signage on the doorway for all patients who have fallen in the hospital regardless of their mental status or age.
- Improved accuracy of monitoring of falls and fall preventions interventions.

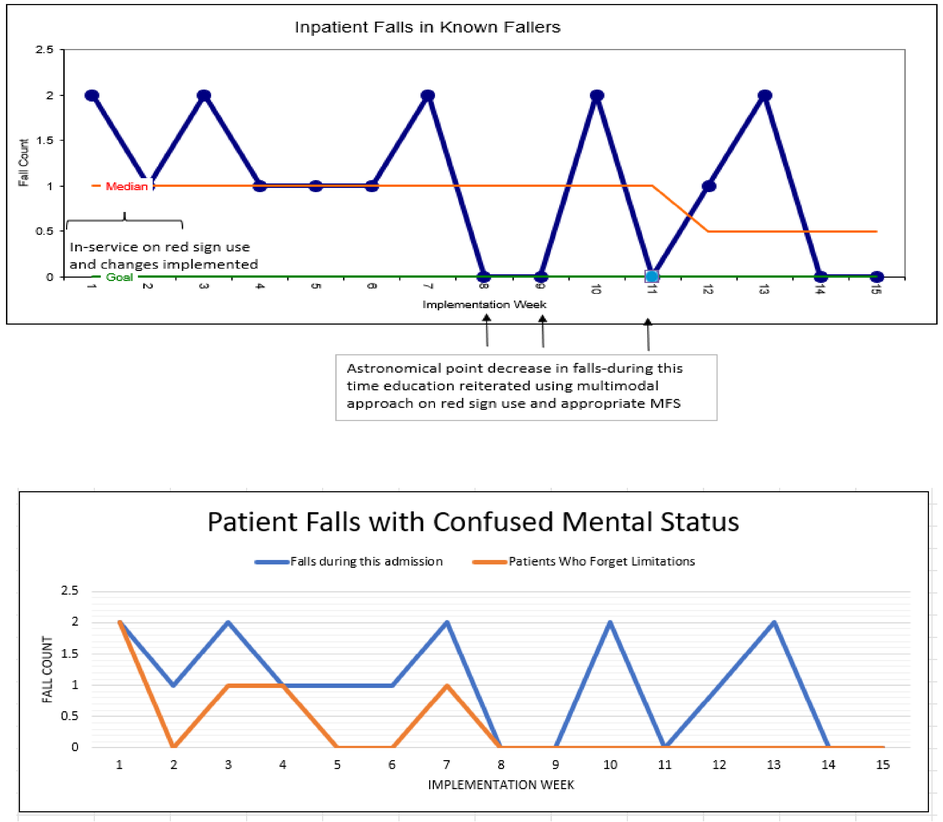
Methods

Setting/Population: Implemented over 15-weeks on a 28-bed med/surg inpatient unit, impacting a total of 317 hospitalized patients.
Measure: Weekly chart audits on the number of falls and door sign accuracy. Collect and track data using a secured, HIPAA compliant REDCap server.

Intervention



Figures



Results

Data collection was from September 2023-December 2023

- Results show N=317 total patients 15 falls
  - 4 "known fallers;"
  - 11 patients fell who did not have a history of falls
- Door sign accuracy for high Morse fall risk was 42% (n=180)
  - Known faller sign accuracy was 51.7%
- Fall rate In Month 1 was 13.2% (6 falls)
- Fall rate in Month 2 was 8.63% (4 falls)
- Falls rate in Month 3 was 5.26% (3 falls)
- Fall rate in Month 4 was 3.32% (2 falls)
- Zero falls occurred weeks 7 – 8; 11, and 13 – 14
- 5 patients fell in the age range of 20-49; 7 patients fell in the age range of 60-69 and 3 patients fell in the age range of 80-89

Discussion

- Rates of falls decreased from September to December 2023 to 3.32% (15 weeks-per 1000 patient days).
- Project trends shows an increase in compliance rates with signage when re-education was completed along with a decrease in the number of falls during times of re-education and staff engagement on the unit with easier access to the signs even though fluctuations occurred during the implementation period.

Limitations:

- Audit was completed once weekly rather than daily for 15-weeks.
- Quick staffing turnover;
- Variations in scoring of MFS during the different shifts The nursing staff were not consistent with changing the signs when a patient was discharged
- Geography of the unit caused visual restrictions for monitoring all the patients on the unit and ease of access to the signs

Conclusions

Strict monitoring protocols for patients with AMS or confused helped increase awareness about their fall status to prevent more falls. The highest rates of falls were from patients who were cognitively intact and miscalculated their abilities and limitations when out of bed.

Implications: This project emphasizes importance of stringent and consistent screening protocols for all hospitalized patients regardless of their mental capacity.
Sustainability: Routine competency training/in service using the MFS and reiteration of sign usage can help to increase long term compliance of policy and procedures.
Next-Steps: Continuous monitoring, re-education of staff at set intervals is required to maintain patient safety, staff competency and adherence to policies and procedures

References

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