Implementing a Fall TIPS Program to Reduce Fall Rates Among Inpatient Adults

University of Maryland School of Nursing

Paige Wieczorek, BSN, RN

Ameera Chakravarthy, PhD, RN, ACNP-BC, FNP-BC, CNE

Problem Statement

- Nearly 1 million patients fall in hospitals in the U.S. each year[1]
- Patient falls can result in short and long-term complications due to injuries, as well as increased healthcare utilization and cost[3,11]
- Nearly 1/3 of falls are preventable with proper management of risk factors and optimization of the hospital environment[1]

- On a 23-bed medical intermediate care/telemetry unit, 16 falls occurred in 2023, 6 with injury
- Ten falls occurred in 2024 before QI implementation, 1 with injury
- Peak fall rate of 4.50 falls per 1,000 patient days in July 2024, indicating a need for an evidence-based intervention to reduce fall rates

Purpose of Project & Goals

This quality improvement (QI) project was designed to reduce fall rates among adult patients by implementing and evaluating the Fall Tailoring Interventions for Patient Safety (TIPS) toolkit.

- Evidence-based practice to prevent falls by using a fall risk screening tool and tailored fall prevention plan that addresses patient risk factors and incorporates patient and care partner engagement[9]

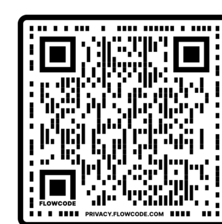
- **Goals**
  - **100%** of nurses to complete the Fall TIPS poster with all patients and/or care partners on admission and each shift.
  - Unit falls will decrease by **25%** compared to the previous 15 weeks.

Methods

- **15-week implementation period** of nurse-led intervention from August-December 2024

- **Staff education:** In-person demonstrations, written handouts, email communications, and notices posted on the unit. **82%** completion of Fall TIPS training before implementation

- **Laminated Posters:** Laminated Fall TIPS posters and dry-erase markers were provided in each of the 23 patient rooms. Supplies were monitored and replaced weekly



Scan to view audit tool

- **Weekly Audits:** 10 Fall TIPS quality audits to ensure correct poster use, patient understanding, and appropriate fall interventions

- **Non-participating patients:** Patients with altered mental status received standard care (e.g. bed alarms, remote video monitoring, in-person sitters) and posters were utilized primarily for staff communication

- **Communication:** Regular updates through staff huddles, emails, face-to-face feedback, and safety meetings

- **Progress Monitoring:** Weekly updates on falls and adherence were posted on unit huddle board

Patient Name: Date:

Increased Risk of Harm If You Fall

Fall Risks *(Check all that apply)*

- History of Falls
- Medication Side Effects
- Walking Aid
- IV Pole or Equipment
- Unsteady Walk
- May Forget or Choose Not to Call

Fall Interventions *(Circle selection based on color)*

- Communicate Recent Fall and/or Risk of Harm
- Walking Aids: Crutches, Cane, Walker
- IV Assistance When Walking
- Toileting Schedule: Every ______ hours: Bed Pan, Assist to Commode, Assist to Bathroom
- Bed Alarm On
- Assistance Out of Bed: Bed Rest, 1 person, 2 people

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Results

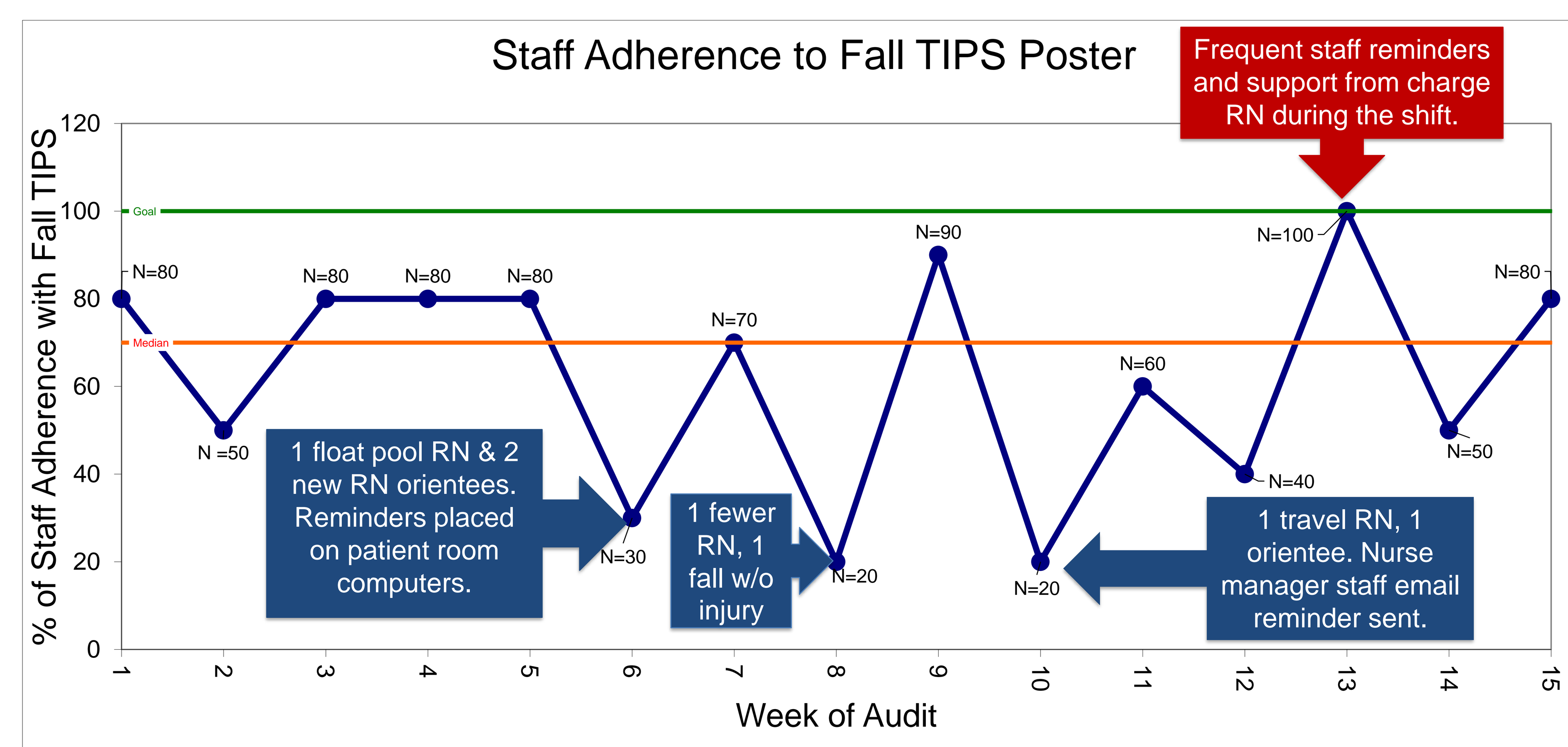


Figure 1—Run Chart of Staff Adherence to Fall TIPS Toolkit

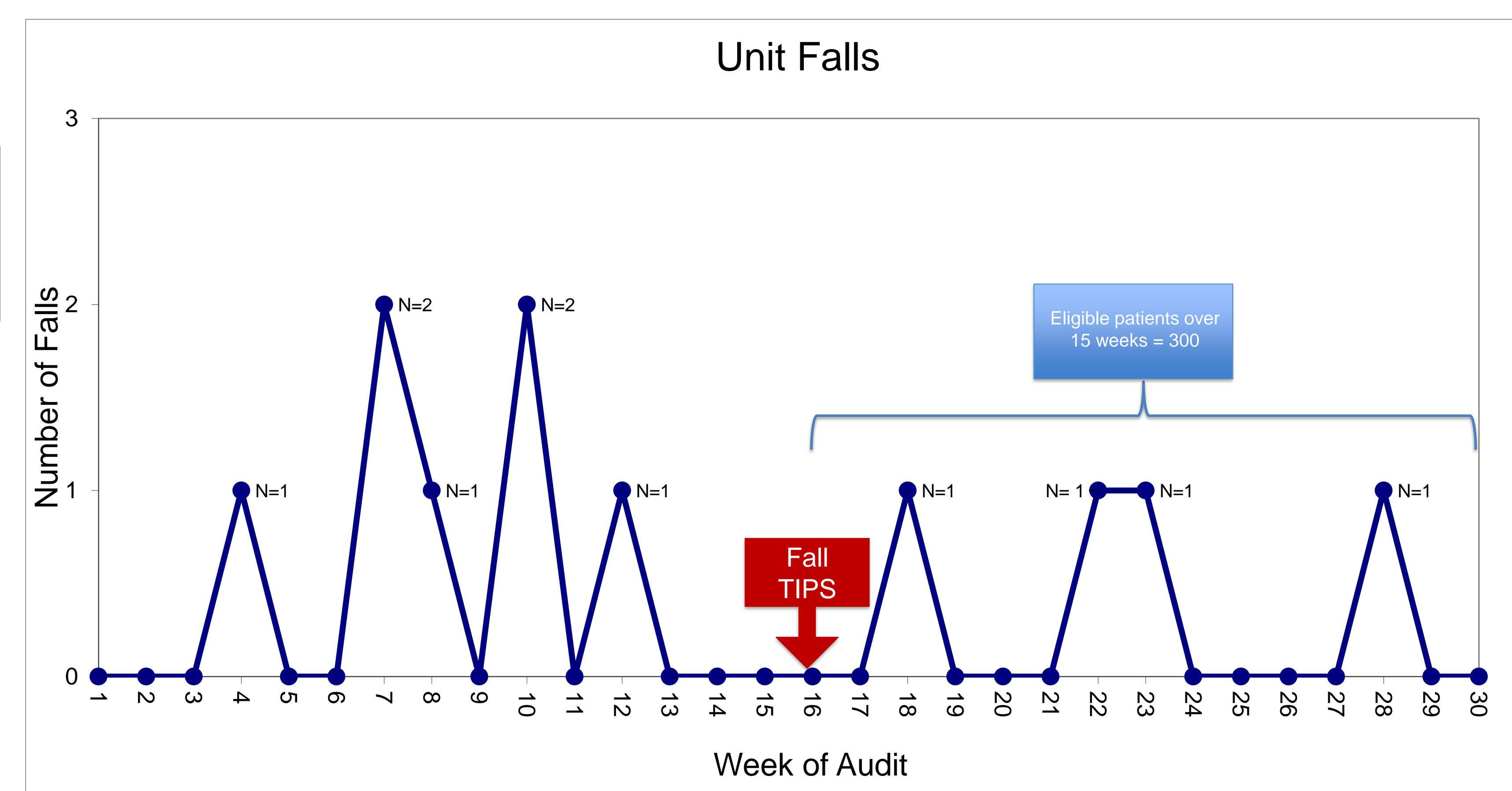


Figure 2—Run Chart of Unit Falls by Week

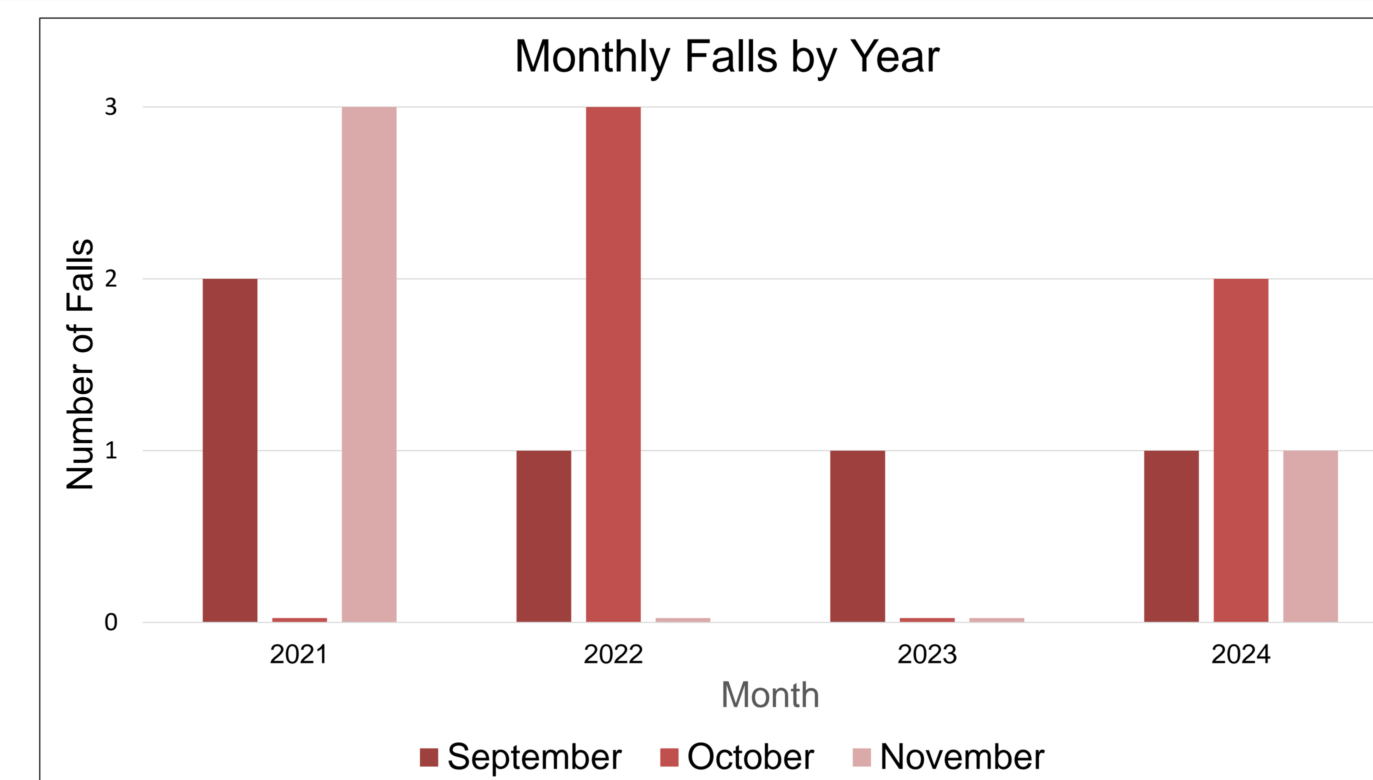


Figure 3—Bar Graph of Unit Falls by Month and Year

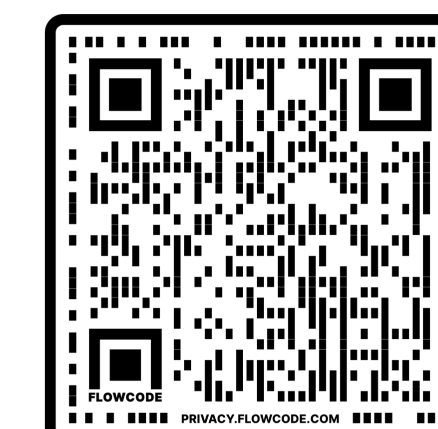
Discussion

- Fall TIPS reduces fall rates by 25% on average according to the literature.
- Utilization of Fall TIPS can address and reduce falls among inpatient adults by continually assessing unique risk factors, tailoring individualized prevention plans, and engaging patients and their care partners.
- Barriers to adherence included staffing shortages, utilization of float pool staff unaware of QI project, and fluctuating unit acuity/nurse workload.
- The literature emphasizes the importance of unit champions and staff engagement through continuous monitoring and peer feedback for continued success and sustainability.

Conclusions

- Overall staff adherence to Fall TIPS of **69.2%.**
- **66%** of patients able to verbalize their fall risk factors.
- **64.7%** of patients able to verbalize their personalized fall prevention plan.
- There was a **43% decrease in falls** during the project period compared to the previous 15 weeks, exceeding the goal by 18%.
- **Estimated ROI:** The average cost of a fall event is $62,521. Estimated savings during the project period of $187,563, up to $650,218 in savings annually.

References & Acknowledgements



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