

Decreasing Fall Rates on Unit 75 Medical-Surgical Using Revised Fall Prevention Program

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Background

Why is this significant?

Of 437 hospitalized older adults who have fallen and reported their fall, 21% were related to unmet toileting needs, 12.2% were attributed to a delay in staff response, and 8.5% felt that they could not approach team members for help. Additionally, many admitted to downplaying their risk for falls or not being aware they were a fall risk (Tucker et al., 2019).

According to Unit 75 Medical-Surgical Statistics (2022), the University of Florida Health Shands, the 75 medical-surgical unit had a fall rate of 1.90 per 1052 patient days, and 0.95 falls with injury per 1052 patient days in January 2020.

As the incidence of COVID-19 increased, the unit's rate of falls and fall-related injuries increased as high as 7.20 falls per 972 patient days and 2.06 falls with injury per 972 patient days (Unit 75 Medical-Surgical Statistics, 2022).

Purpose Statement The purpose of this quality improvement project is to decrease the falls among high-fall risk patients at University of Florida Health Shands Unit 75 Medical-Surgical through the implementation of evidence-based intentional hourly rounding.

Methods

-Review retrospective data review from January 1-December 31, 2022

-Perform pre-shift huddle staff training

-Implement hourly rounding: activations of high-fall risk bundle, day and night hourly rounding by support technicians, completion of safety checklist, EPIC education documentation

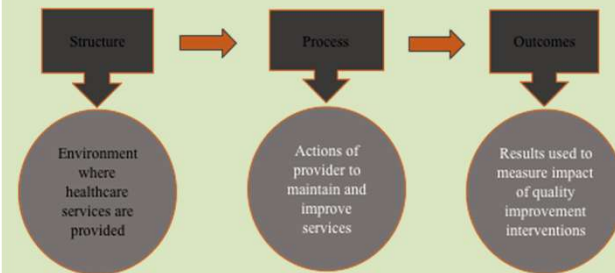
-Review post implementation Patient Safety Reports and data analysis

Inclusion criteria: Older than 18 years, all races and genders, English language, COVID-19 positive and negative, and patients deemed a high-fall risk.

Exclusion criteria: Patients who refuse and those that are not a high-fall risk.

Framework

Donabedian's Model for Quality Improvement



Results

- Anticipated outcomes to be measured include reported falls and reported falls with injury within Unit 75 Medical Surgical.
- Quantitative data will be accumulated from monthly and quarterly patient safety reports.
- SPSS software will be utilized to process data and perform paired t-tests. Ratio data will be evaluated with the use of paired t-tests. Fall rates and falls with injuries will be measured using nominal and descriptive data.
- Staff compliance of the implemented fall precautions will also be measured using ordinal data, descriptive data, and the General Self Efficacy (GSE) scale.

Implications and Sustainability

Fall and fall-related injuries increase overall length of hospitalization and associated patient & hospital costs (LeLaurin & Shorr, 2019). The unreimbursed cost for treating hospital-related fall injury ranges from \$7,000 to \$30,000 depending on the severity of injury. The average cost for a fall with injury is \$14,000 (Bock, 2017). The cost of the project is minimal in comparison to the cost of falls and fall related injuries. This QI initiative is designed to implement a tangible safety protocol in hopes to reduce patient fall rates.

Sustainability

- Low cost as paper for the checklists is the only projected expense.
- Utilized staff are already in place on the unit, and there will be change to only one staff members daily workflow.
- Implementation will be guided by unit staff nurse and DNP team member, Brooke Johnson.
- Revised Fall Prevention Program is supported by Unit 75 Leadership.
- Limitless opportunities for continuous improvement.