Falls Prevention in Adult Inpatient Medical Surgical Units

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6 Acute Care

Introduction

Patient falls are the most common adverse event reported in acute care hospitals. About 30% of falls result in injury. In an effort to reduce patient harm from falls, the question is: What evidence-based practice nursing interventions can decrease falls in inpatient adult medical-surgical units?

PICO Question

Population: Inpatient adult medical surgical patients

Intervention: Falls task force and post-fall huddle forms

Comparison: Previous falls rates to current falls rates

Outcome: Decrease falls rates in inpatient medical surgical units

Question: What evidence-based practice nursing interventions can decrease falls in inpatient adult medical-surgical units?

Methods

A literature search was conducted using CINAHL, EbscoHost, and PubMed databases.

Keywords: falls prevention, nursing interventions, patient safety, patient falls, inpatient falls

Inclusion Criteria: Articles within 10 years, nursing interventions.

The initial search yielded 209 articles, 5 were included for this project

Results

<table>
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<tr>
<th>Article</th>
<th>Methods</th>
<th>Results</th>
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</thead>
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<tr>
<td>Degeleau, J., Belz, M., Bungum, L., Flavin, P., Harper, C., Leys, K., Lundquist, L., &amp; Webb, B. (2012, April). Prevention of falls (acute care). Health care protocol. Institute for Clinical Systems Improvement (ICSI). 43p. [54 references]</td>
<td>A literature review of clinical trials, meta-analyses, systematic reviews, or regulatory statements from other professional order sets and protocols were performed. For this protocol, PubMed and Cochrane databases were searched.</td>
<td>A guideline summary was produced to eliminate falls and increase appropriate falls prevention in adult acute care inpatients units. Considerations include obtaining organizational support, establishing a standardized evaluation process, communicating risk factors, performing risk factor interventions, observation and surveillance, and auditing for continuous learning and improvement.</td>
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<td>Ireland, S., Kirkpatrick, H., Boblin, S., &amp; Robertson, K. (2013). The Real World Journey of Implementing Fall Prevention Best Practices in Three Acute Care Hospitals: A Case Study. Worldviews on Evidence-Based Nursing. 10/2, 95-103.</td>
<td>Case study methodology utilized: 95 administrative and point-of-care nurses at 3 hospitals participated in interviews/focus groups and provided documentation/artifacts that described their implementation of falls prevention guidelines.</td>
<td>Four recommendations were identified: (1) the need to listen and recognize the expertise and clinical realities of staff, (2) the importance of keeping the implementation process simple, (3) the need to recognize that that which seems simple becomes complex when meeting individual patient needs, and (4) the need to view the process as one of continuous quality improvement</td>
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<td>Tucker, S., Bieber, P., Attlessey-Pries, J., Olson, M., &amp; Dierkhising, R. (2011). Outcomes and Challenges in Implementing Hourly Rounds to Reduce Falls in Orthopedic Units. Worldviews on Evidence-Based Nursing. 18-29.</td>
<td>Fall rates and falls risk assessment (Heinrich II) data collected at baseline, during 12 week structured nursing round intervention (SNRI), and 1 year following implementation. Medical records were reviewed each period and focus groups for the RNs were completed.</td>
<td>Fall rates declined during structured nursing round interventions, yet 1 year follow up rates drifted back toward baseline. SNRI and fall risk scores did not predict fall rates. Patients who fell were not at the greatest risk. Post-intervention nursing focus groups expressed the importance of balancing intervention fidelity and individualized patient interventions.</td>
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<td>Graham, Bridget. (2012). Examining Evidence-Based Interventions to Prevent Inpatient Falls. Med Surg Nursing. 21:5, 267-270.</td>
<td>A literature review to gather current evidence-based interventions for preventing inpatient falls.</td>
<td>A review of evidence based fall interventions include medication management, environmental aids, fall alarms, future technology (i.e. video monitoring ), and fall prevention teams.</td>
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<td>Cangany, M., Back, D., Hamilton-Kelly, T., Altman, M., &amp; Lacey, S. (2015). Bedside Nurses Leading the Way for Falls Prevention: An Evidence-Based Approach. Critical Care Nurse, 35, 82-84.</td>
<td>An action plan including staff training and patient/family teaching was implemented on the unit and audited for success.</td>
<td>The unit’s total number of falls, the fall rate, and cost of falls decreased by more than 50%, bringing the fall rate under the NDNQI benchmark.</td>
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Discussion

The current protocols including the Heinrich II falls risk assessment, hourly rounds, fall risk wristbands, education, and more are effective at times, but there is room for improvement. Falls may be prevented with a greater in-depth look at our patients, their risk factors, and individual needs. More data will need to be collected as our falls task force moves forward.

Conclusions

Our review revealed that maintaining falls prevention is a challenge that requires interdisciplinary involvement of staff, especially bedside nurses. Interventions such as falls risk assessments, structured nursing rounds, visual and verbal ‘falls risk’ communication, and others can be effective, but require participation of staff and individualization based on patient needs. Preliminary data suggests that the post-falls huddle form has been effective in decreasing the rate of hospital falls.

References