



# 2008 Share Conference Working Together for Quality and Service

Friends of Safety: Foes of Falls  
Developing Unit Based Interdisciplinary Fall  
Prevention Teams

**New York Hospital Queens**

**Flushing, New York**

Labor-Management Project





## Project Objective

- To provide education to the interdisciplinary team on two inpatient medical units with a high rate of patient falls, with the expected outcome of a decrease in patient falls and injuries.



## Project Goal

- Decrease falls by 25% on the identified patient care units
- Decrease fall related patient injuries by 25% on the identified patient care units



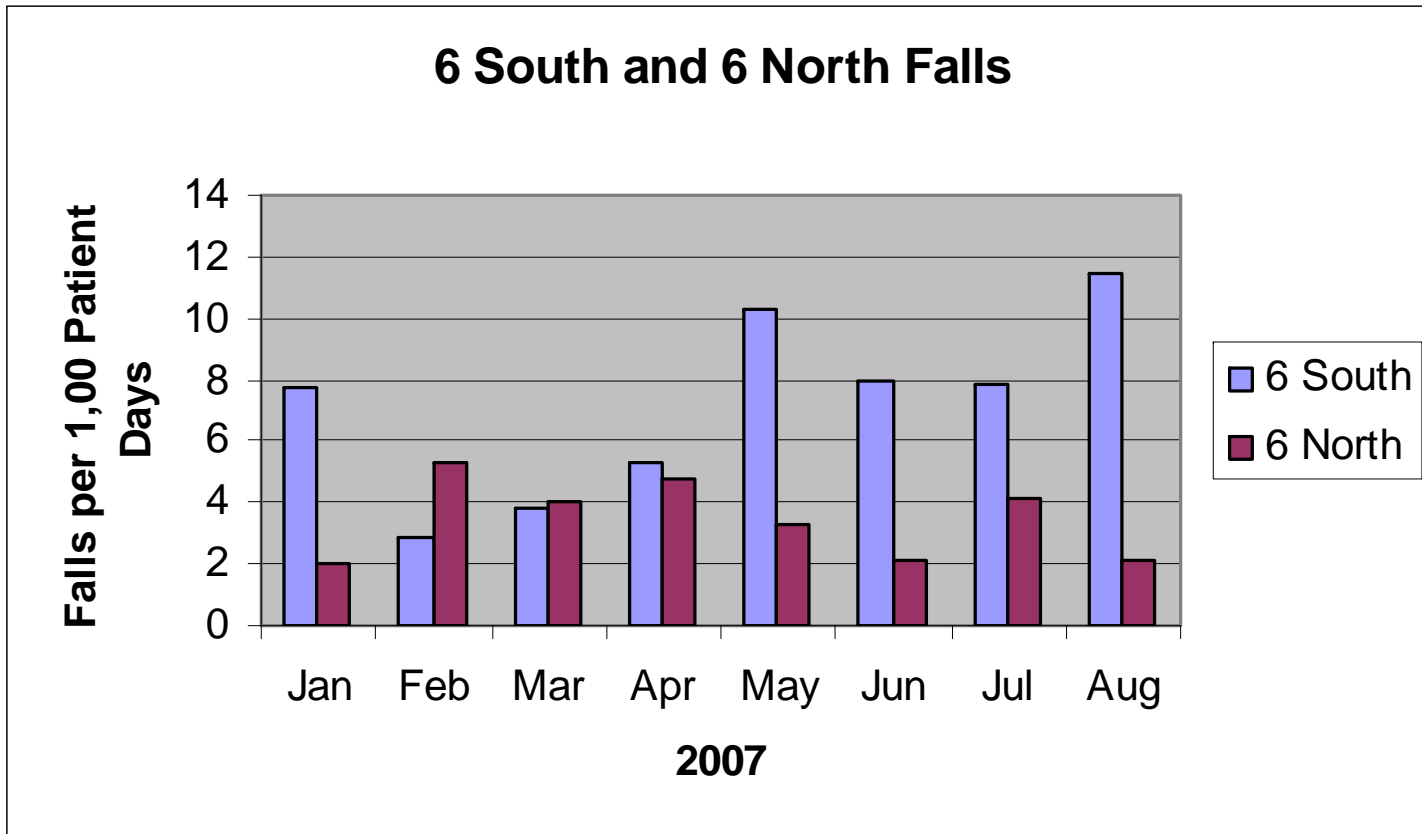
## How did we choose the units for this project?

- The units had a large number of at risk patients
- One unit, 6 North, had a significant decrease in falls in the first two quarters of 2007, as compared to 2006.
- The other unit, 6 South, had an increase in falls in the first two quarters of 2007, as compared to 2006.
- Both units had unique patient populations (orthopedics, neurology, and oncology) which have special considerations related to fall prevention strategies



NYHQ

# 6 North and 6 South Falls

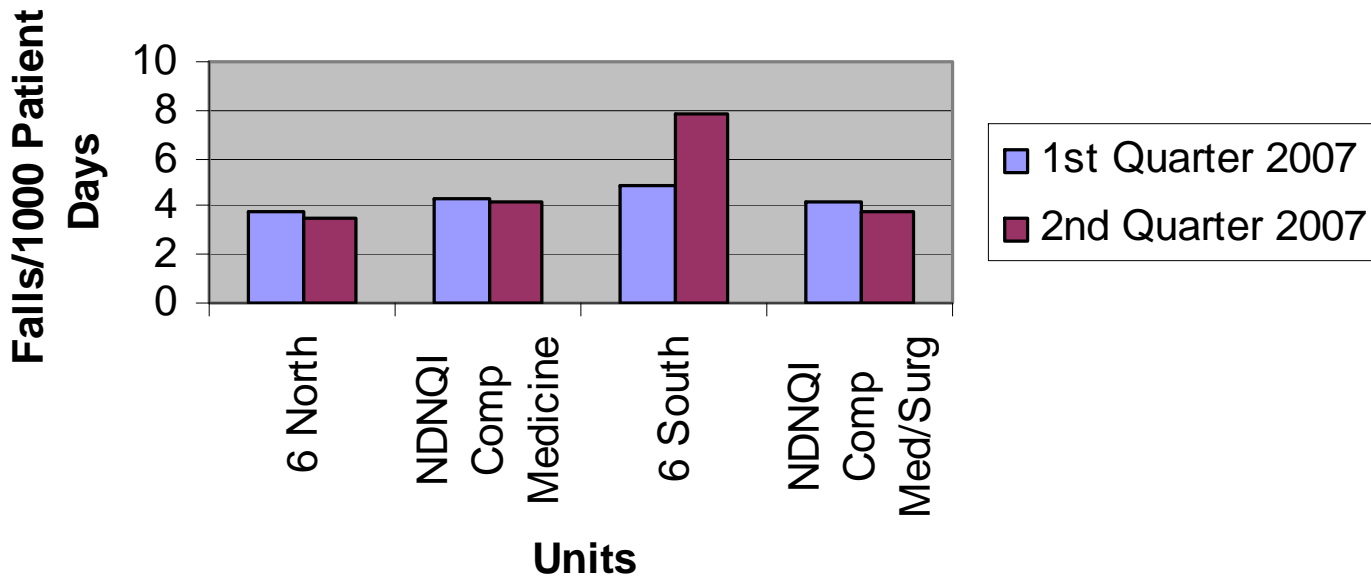




NYHQ

6 North and 6 South Falls

### NYHQ 6S and 6N Falls Compared to NDNQI Benchmarks





# Project Participants

## Sponsors:

- Lorraine Orlando, VP of Human Resources
- Michaelle Williams, MA, RN, CNAA, VP of Patient Care Services
- Ellen Pokorny, MA, RN Senior Director of Patient Care Services

## Co-Leaders:

- Sharon Wexler, PhD, RN, BC Director of Nursing Research
- Pat Brody, MSN, RN Nurse Educator

## Unit Based Champions

- Flora Cuevas-Farkas, RN, 6 North
- Betty Mattam, RN, 6 South
- Deirdre Brown-Rodriguez, RN, 6 South

## Team Members:

- Nursing Staff on 6 North and 6 South
  - RN
  - LPN
  - NA
  - Unit Clerks
- Interdisciplinary staff on 6 North and 6 South
  - Transporters
  - Dietary workers
  - Building service workers



## Review of the Literature: Fall Prevention Programs

- Overall, across all patient settings, evidence exists that fall prevention programs are effective. The RAND report cites that fall prevention programs reduced either the number of older adults who fell or the monthly rate of falling.
- In hospital settings, few controlled studies conducted that tested efficacy of fall prevention programs, most are descriptive.





## Review of the Literature: Fall Prevention Programs

- Although relatively few studies focus on interventions to prevent falls in hospitalized older patients, the state of the science supports its use
- Findings from a large meta-analysis supports multifactorial interventions for hospitalized older adults.



# The Curriculum

- Didactic education (22.5 hours, a series of three classes)
  - Team training
  - Fall prevention
  - Dealing with falls data
- Ongoing support
  - biweekly coaching
  - Team facilitation
  - Unit rounds



## Changes to Fall Prevention Program on Study Units

- Red non-skid slipper socks for all patients identified as “high risk”.
- Improved signage
  - Reminder sign to be placed on footboard of bed
  - Reminder sign to be placed in patient bathroom
  - Sign for front of chart for patients transported off unit to testing areas
- Padded mats for patients high risk for falls, and history of previous fall from bed or diagnosis of osteoporosis
- Celebrating success: Signs in Staff Lounge
  - # days since last fall
  - # days since last fall with injury



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# HIGH RISK FOR FALLS



CHECK PATIENT EVERY

**15 MINUTES**

WHILE IN YOUR CARE



## Post-fall evaluation

### Revised post-fall assessment

- Done at time of fall by RN caring for patient along with NA caring for patient and any other team members caring for patient at time of fall
- “Real time” analysis lead by unit based falls champions including all staff members involved in care of the patient
- Data collection by unit based falls champions



## The Role of the Unit Based Fall Champions

- Follow up and evaluate each fall on unit
- Collect and analyze own data (with “user friendly” data collection forms)
- Look for trends in the data
- Look for “real time” solutions to issues identified
- Bring falls to the unit level for ownership
- Ongoing mentorship and role development support provided by nursing leadership



## Meeting the unique needs of different patient populations

- **Neurological Patient**
  - Education on assessing what side of body is impacted by neurological event and arranging room (night table, call light, side rails) to take this into account.
- **Orthopedic patients**
  - Education on assistive devices
  - Physical therapy collaboration





## Meeting the unique needs of different patient populations

- Mentally Retarded/Developmentally Delayed population
  - Diversional activities
    - Activity aprons
    - Coloring books
- Delirium
  - Education on identifying acute confusion
  - Interventions to use with delirious patients
  - Diversional activities
  - Noise reduction



## Meeting the unique needs of different patient populations

### Oncological patient

- Fluid volume issues
- Neutropenia
- Weakness
- Mental status changes
- Pain management issues



## Other things to consider

### Equipment needs

- Hoyer lifts
- Gait belts
- Chair alarms
- Bed exit alarms
- Other products for fall and injury prevention
  - Hip protectors
  - Fall saver device
- Other educational needs identified by staff
  - Education on proper lifting techniques
  - Education on proper way of instructing patients to use assistive devices



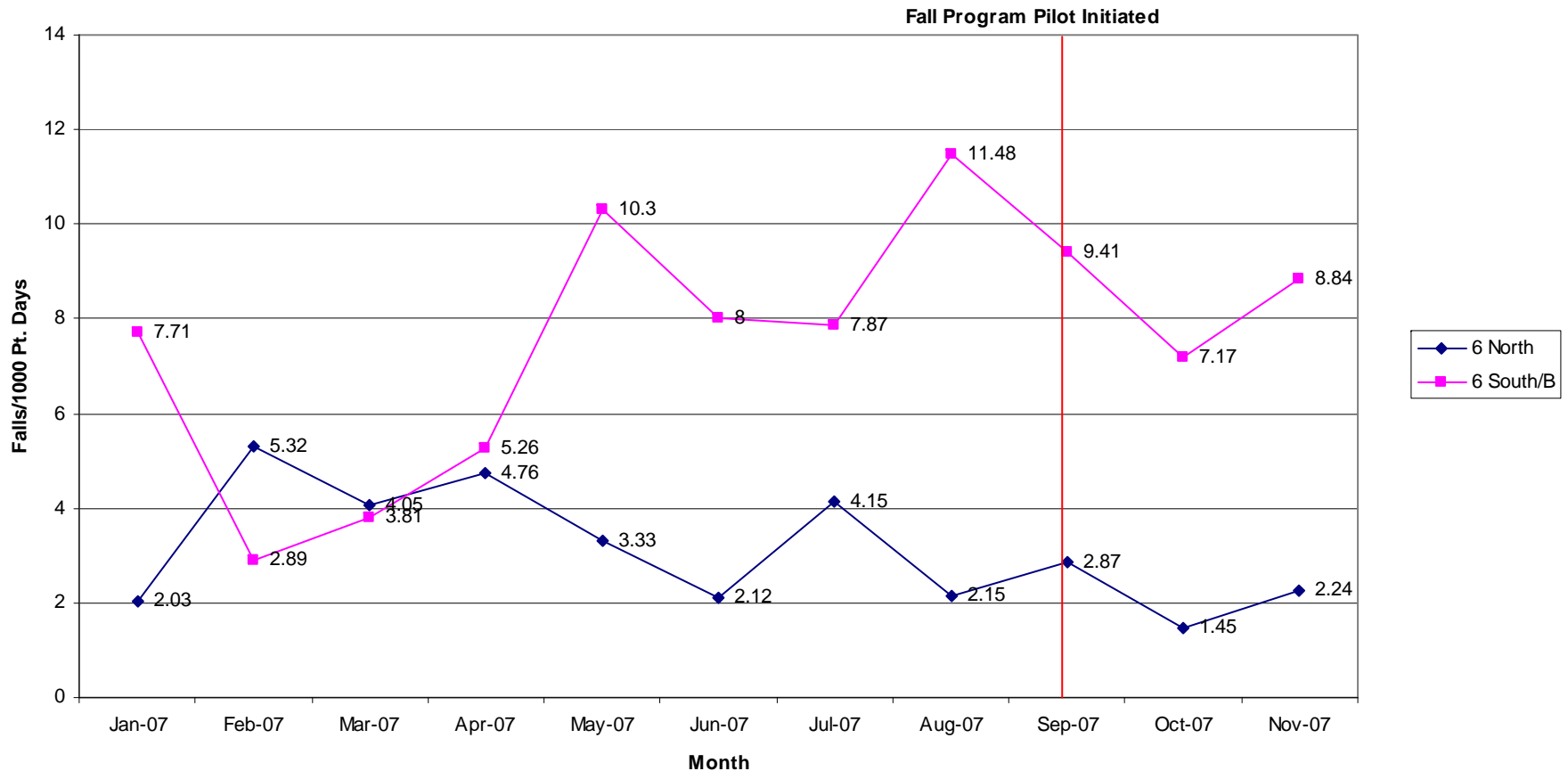
## Our Successes

- Increased awareness of all staff on unit on falls and fall prevention program
- Active involvement of interdisciplinary staff on unit on fall prevention program
- Growth and development of teamwork on pilot units



# Results of the Falls Pilot Program

Falls/1000 Patient Days 2007  
6 North & 6 South



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# Challenges and Strategies

## Our Challenges:

- Education of interdisciplinary team staff
- Inclusion of interdisciplinary staff into unit based patient care teams

## How we met the challenges

- Support from leadership
- Buy in from interdisciplinary staff on unit
- Education on team building
- Focus on the patient as our customer



# What's Next?

- Expand fall prevention interventions for all inpatient population
- Evaluate which interventions are appropriate for Emergency Department
- Expand patient education related to fall prevention for discharge instructions
- Pilot new fall prevention devices in hospital
  - Chair alarms
  - Fallsaver device
  - Fall mats
  - Hip protectors
- Partner with pharmacy to expand fall prevention interventions to include medication consideration
- Partner with physical therapy to include physical therapy recommendations in fall prevention program