

Hospital-Wide Quality Improvement Intervention Results in Reduction in All Falls

Dorri Bierley, RN, MSN, MSHQS, CNRN, LSSG, NPDS; Nursing Professional Development Specialist (NPDS)
Center for Nursing Excellence

INTRODUCTION

Falls are the most frequently reported adverse event among hospitalized adults, with 700,000 to 1,000,000 reported falls each year.¹ The average cost of a fall can range from \$3500 to \$16,500, and hospitals are responsible for absorbing the cost.² Falls generally occur when a patient is moving to, from, or around the bed, and most of these falls are unassisted. Inpatient falls have been listed by the US Centers for Medicare and Medicaid Services (CMS) as one of 14

preventable hospital-acquired events or conditions. As of 2008, the CMS no longer pays for health care costs associated with an inpatient fall.²

The following outcomes story describes evidence-based quality improvement (QI) interventions for fall prevention using bed-related technology incorporated into existing fall prevention interventions.

METHODS

Clinical Setting: This was a hospital-wide QI initiative that took place from October 2018 to October 2019 at a 1157-bed academic medical center and Magnet facility.

Objective: The QI objective was to decrease inpatient falls (unplanned descent to the floor or fall-related injury) 10% from the prior fiscal year (October-October).



QI Interventions:

- **Standardization:** Beds* were standardized throughout the facility.
- **Education:** Hospital-wide hands-on education blitz. Hands-on education was provided to 65% of RNs and patient care technicians (PCTs) during a weeklong education blitz provided by Stryker.
- **No Falls Challenge:** After a successful pilot, a no falls challenge was initiated hospital-wide, with education and support provided by an embedded† registered nurse (RN) who facilitated and provided education and support.
- **Unit Rounding:** The embedded nurse and NPDS rounded monthly on nursing units to ensure that staff were familiar with the bed technology and fall prevention tools.

- **UpRight Symposium:** A half-day seminar described evidence-based interventions related to falls and mobility. A vendor fair allowed staff to receive hands-on experience with the beds and lift equipment.
- **Mobility/Unit Partnership:** Each unit had a lead therapist to assist with mobility needs. The therapist was educated on the mobility features of the beds.



Interventions to Improve Communication:

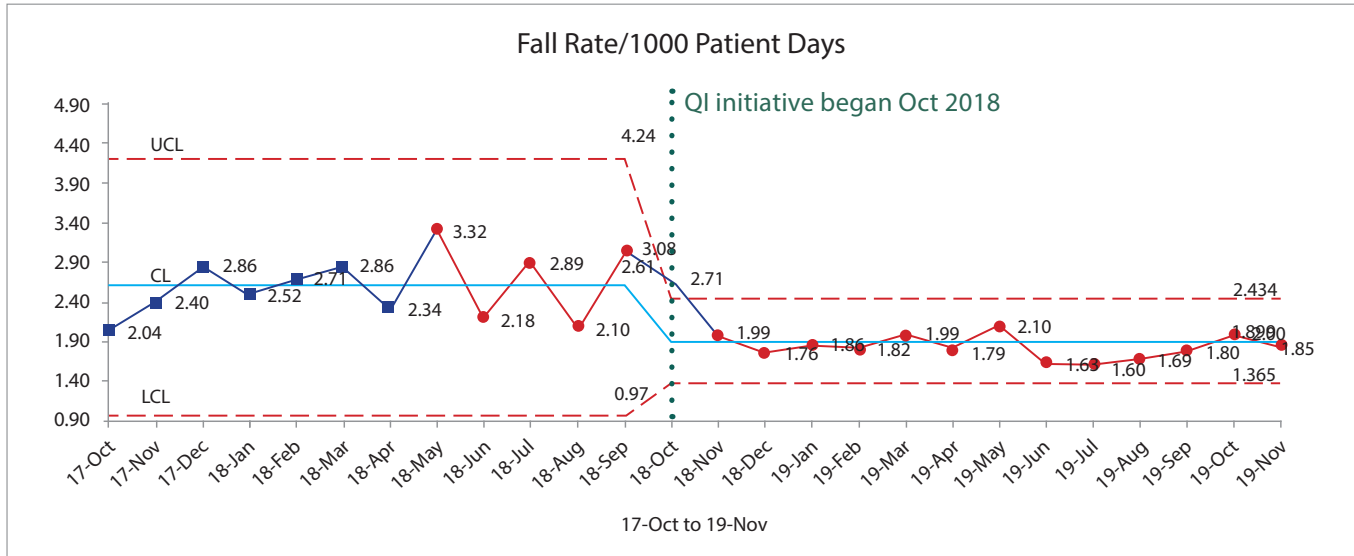
- **Friday Falls Update:** A weekly newsletter used humor to provide education and information regarding falls that occurred in the hospital during that week.
- **UpRight Resource Binders:** Informational binders on fall prevention, mobility, and safe patient handling were placed on each unit. UpRight champions maintained all binders.
- **Annual Competencies:** Gait belt instruction was provided for all staff, to assist with mobility.
- **Hospital Orientation:** Hands-on training with the iBed technology and alarm system was provided for all newly hired RNs and PCTs.
- **Critical Care Skills Fair:** Hands-on training for bed technology was provided.

* S3® Bed with iBed® Awareness Communication System with Zone Control® Bed Exit Technology AND InTouch® Bed (Stryker Corporation, Kalamazoo, MI)

** Manufacturer provides an option to pay for higher level of support with clinical team member embedded at facility

RESULTS

This QI initiative was deemed to be successful with a 21% reduction in the fall rate.



CLINICAL IMPLICATIONS

The use of bed technology and other evidence-based interventions resulted in sustained fall prevention at a large academic medical center. The embedded nurse provided a greater level of support for the clinical team to implement best practices for fall prevention. A combination of bed-related technology, hands-on education, staff education, and ongoing collaboration resulted in a sustained reduction in falls.

ACKNOWLEDGEMENTS

The author acknowledges the UAB Hospital Center for Nursing Excellence and UAB leadership and staff for their commitment to and support for ensuring a culture of patient safety.

REFERENCES

1. Center for Disease Control and Prevention. (2015, June). Home and Recreation Safety. Retrieved from CDC.gov: <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>
2. Fehlberg EA, Lucero RJ, Weaver MT, et al. Impact of the CMS No-Pay Policy on Hospital-Acquired Fall Prevention Related Practice Patterns. *Innov Aging*. 2017;1(3). pii: igx036