



Quality Improvement Initiative Results in Successful No-Falls Challenge and Enhanced Compliance With Best Practices in Fall Prevention

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INTRODUCTION

Accidental falls during hospitalization are one of the leading causes of hospital sentinel events.¹ The Joint Commission estimates that each year, hundreds of thousands of patients experience inpatient falls, with up to 50% resulting in injury.¹ Accidental falls with injury have been reported to extend a hospital stay by approximately 6.3 days and are associated with morbidity and increased mortality.²⁻⁴ The average cost of a fall-related injury is estimated to be approximately \$14,000.⁵

Fall prevention requires evidence-based and multifaceted interventions. The Joint Commission suggests focusing on at least 8 key areas¹:

- 1 Increasing awareness regarding the need for evidence-based fall prevention
- 2 Developing or maintaining an interdisciplinary fall injury-prevention team with relevant stakeholders

- 3 Using standardized and validated tools for risk assessment
- 4 Developing risk-stratified, individualized patient care plans
- 5 Standardizing effective fall-prevention interventions
- 6 Continual reassessment of patients for changes in status and fall risk
- 7 Use of post-fall management communications that include post-fall huddles, transparent reporting, and detailed fall analysis
- 8 Use of continuous quality improvement (QI) efforts to review qualitative and quantitative fall metrics

The following case history describes a multifaceted intervention that resulted in a successful no-falls challenge in the oncology setting.

METHODS

Clinical setting: This QI initiative took place on a 29-bed oncology unit with 21 beds within a positive-pressure environment for patients with neutropenia (requiring door to be closed at all times).

Interventions:

- Conducted root cause analysis of falls and identified need to enhance compliance with fall precautions for high-risk patients
- Development of a falls board to communicate root cause analysis findings
- Use of new beds* with bed exit alarms and smart technology for patient monitoring
- Ensured high-risk patients and beds were consistently placed close to the nurse's station with bed exit alarms

on and set in zone 2, with use of the green light indicator to ensure bed is in a safe configuration for high fall risk patients

- Staff education on appropriate use of bed technology for high fall-risk patients and results of root cause analysis
- Increased staff awareness using AM/PM huddles and discussed qualitative and quantitative falls metrics and compliance with fall prevention interventions

Equipment assessment: An equipment assessment was conducted to ensure that all equipment was in proper working order (cords, wall mounts, and technology) before initiating the no-falls challenge.

*S3® Bed configured to include Chaperone® Bed Exit with Zone Control® and iBed® Awareness Smart Bed Monitoring Systems (Stryker Corporation, Kalamazoo, MI).

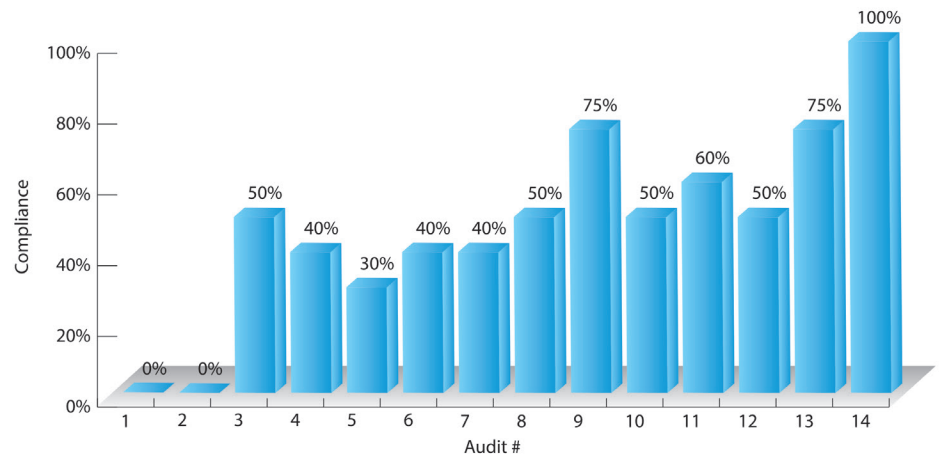
METHODS cont.

Communications: In addition to education and increased awareness provided during the interventions, neon signage was designed and hung at every bed to inform staff of the no-falls challenge and ensure that beds were not removed from the unit during that period of time. Signs were also placed throughout the unit and in the break

room to provide appropriate visual communications of fall prevention interventions.

Compliance: Compliance with appropriate bed settings for high fall-risk patients was monitored and recorded throughout the QI intervention.

RESULTS



CLINICAL IMPLICATIONS

Successful fall prevention interventions are complex and require an interprofessional and multifaceted approach. The oncology clinical setting presents a unique challenge, with positive-pressure environments for neutropenic patients

because doors must remain closed. The use of smart bed technology for monitoring patients in conjunction with other fall prevention interventions was an essential component of this successful QI initiative.

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