

stryker®

Fast Track to Fall Prevention

Product + Process = Prevention



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The Stryker Fall Prevention Program combines technology, education, and partnership to help hospitals minimize the risk of falls. Our program provides a systematic means to educate clinical staff on the conditions that can lead to a fall incident, along with evidence-based processes and technologies designed to help reduce the risk of patient falls. The program provides methods to assess and address patient risk factors in an effort to minimize the risk of falls during hospitalization and after discharge.¹

Fall Prevention Program

- Fall Prevention Workbook featuring the latest evidence-based information on patient fall prevention
- Staff education including product and process training
- Complimentary Fall Prevention Online CEU Program
- Fall audit tool
- Sample post-fall huddle tool

Expected Outcomes and Results^{1, 2, 3}

Effective inpatient fall prevention programs are multifaceted and require multiple efforts from the entire health care organization to successfully prevent inpatient falls. When caregivers follow evidence-based behaviors and procedures, which include the appropriate use of bed technology, the following results are achievable:

- Safety: Lower incidence of patient falls
- Satisfaction: Increase in perception of care (HCAHPS)
- Efficiency: Increase in caregiver compliance, satisfaction, and engagement
- Protection: Improved financial results related to risk avoidance and nonreimbursable hospital-acquired conditions

Falls in the Emergency Department⁴

Stryker realizes that falls are not only an inpatient issue and that they also occur in the emergency department (ED). Frequently, EDs are crowded places where events happen quickly and often with unpredictability. There is a great potential for patients to fall in such environments. Hospital falls are recognized as an important patient safety issue and are the most common adverse reportable event.

- What are your fall prevention best practices? (Please check all that apply)

- Yellow arm band
- Yellow socks
- Yellow blanket
- Sign on door
- Sign in room
- Sign on census board at nurses station
- Bed exit alarm
- What bed exit zone is recommended? _____
- Low bed height
- Brake set
- How many side rails should be up? (Per policy) _____
- Call light within reach
- Are beds integrated into the nurse call system?
- Clutter-free environment
- Hourly rounding
- Place high fall-risk patients close to nurses' station
- Post-fall huddles
- Fall prevention devices (floor mats, hip protectors, helmets)
- Other _____

- What is the definition of a fall in your facility? _____

- Who does your facility report their falls to? (NDNQI, CALNOC, etc?) _____

- What fall risk-assessment tool does your facility use?
 - Morse
 - Hendrich
 - Schmid
 - Johns Hopkins
 - KINDER1 (for ED)
 - Other _____

- What unit that has the highest fall rates in your facility? _____

- Who is the director/manager of that unit? _____

- What are your fall rates for the past year or 6 months? (Per 1000 patient days) _____

SAMPLE POST-FALL HUDDLE TOOL

- The post-fall huddle tool should be completed within 1 hour of a fall.
- Capturing the data immediately is more efficient in capturing all the data.
- The post-fall huddle can include the nurse, patient, family members, techs/CNA's, pharmacy, nurse manager, PT, OT, and other departments involved in the care of the patient.

SITUATION

Date of fall: _____ Time of fall: _____
 Witnessed or unwitnessed: _____ By whom: _____
 Assisted or unassisted: _____ By whom: _____
 Location of fall (bed, chair, bathroom, hall, procedure): _____
 What was the patient doing prior to the fall? _____
 Accidental _____
 Anticipated Physiological _____
 Unanticipated Physiological _____
 Intentional _____
 Was the patient a high fall risk prior to the fall? Yes No Score: _____
 What type of risk-assessment tool was used? _____
 Has the patient fallen previously during this stay? Yes No
 What is the fall risk score after the fall? _____
 Was there a sitter in the room? Yes No Was the patient restrained? Yes No
 When was the last time the patient was rounded on? _____
 What items were checked during rounds?
 Pain
 Potty Time: _____
 Position
 Possessions

HISTORY

Diagnosis prior to the fall: _____
 Was patient oriented prior to the fall? _____
 Abnormal labs prior to the fall: _____
 Was the patient at high risk for injury (ABCS)? Age 85+ Brittle bones Coagulation
 Post-op surgery
 Bed/chair alarm on: Yes No
 Patient/family given fall prevention education prior to the fall: Yes No

ASSESSMENT

Pain level after fall: _____ Location of pain: _____
 Injury after fall: Yes No Location: _____
 Change in LOC: Yes No
 VS prior to fall: BP _____ HR _____ RESP RATE _____ TEMP _____
 O2 Saturation _____
 VS after fall: BP _____ HR _____ RESP RATE _____ TEMP _____
 O2 Saturation _____
 Glasgow Coma Scale: _____

ANALYSIS AND ACTION

Was MD notified? Yes No
 Date and Time MD notified: _____
 Orders _____

 Was Pharmacy notified? Yes No
 What is the follow-up plan? _____
 What is being done to prevent a fall by this patient in the future?
 Low bed
 Bed/chair alarm
 1:1
 Patient/family education
 Staff education
 PT/OT consults
 Pharmacy re-evaluation of medications
 Other: _____
 What protocol or system problems occurred that need to be communicated to other units or disciplines? _____

PARTICIPANTS OF POST-FALL HUDDLE

Patient _____
 Family _____
 Primary RN _____
 Charge RN _____
 PCT/CNA _____
 Nurse Manager _____
 House Supervisor _____
 PT/OT/PTA _____
 Pharmacy _____
 Physician _____
 Quality Improvement/Patient Safety/Risk Management _____
 Other _____

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