Fall Prevention: Ongoing Challenges, Best Practices

The Problem

Inpatient falls are serious patient safety issues. BIDMC has been utilizing the Morse Falls Score (MFS) since 2007 to identify patient risk to falls. Based on the analysis of in-house falls data, the BIDMC Falls Committee recognized that the MFS does not stratify patients into categories that would "flag" patients felt to be at a higher risk for injury. The committee members agreed that additional interventions are needed for patients who meet one or several additional fall risk criteria.

Aim/Goal

We wanted to show that we can further reduce falls, especially falls with injury, by using a Falls Algorithm that recommends patient-specific fall prevention interventions. We hypothesized that the algorithm would result in a decreased fall rate.

The Team

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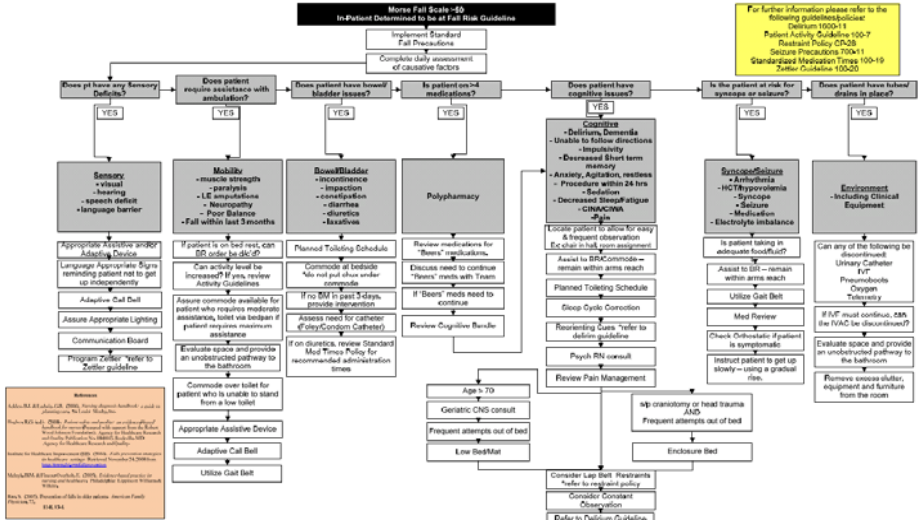
- Christine Kristeller, RN, MSN, APN- BC, CWCN
- Simone Rinaldi, RN, MSN, APRN-BC, ACHPN
- Kerry Carnevale, RN, MS, Clinical Nurse Specialist, Surgery
- Natalie Mailloux, RN, MSN, CCRN, CCNS
- Linda Denekamp, RN, MS, Nurse Manager, Vascular Surgery
- Mary O'Connell, RN, MM, Nurse Manager, Medicine/Geriatrics
- Denise Corbett-Carbonneau, RN, BSN, Nurse Manager, General Medicine
- Jaime Levash, MSW, Quality Improvement and Education Coordinator

The Interventions

- The BIDMC Falls Committee developed a Falls Algorithm, assigning seven sub-categories for patient fall risk
- After in-services were provided, the algorithm was piloted on two medical units, RS 11 and Farr 2, and two surgical units, CC6 and Farr 5. The pilot ran from March 9th-April 10, 2009
- A fall risk checklist was completed daily by the nurses on the pilot floors, noting daily interventions. The checklist was inserted into the patient's chart along with the daily nursing note
- Team members reviewed 5 patient records per week, and conducted 5 staff interview to determine usefulness of the algorithm, potential improvements to the tool, and barriers to implementation of an improved fall prevention plan

The Results/Progress to Date



Lessons Learned

Nurses interviewed found the falls algorithm difficult to use. Staff felt that the flow chart was too busy and crowded, making it confusing and difficult to follow. Others stated that their patients' conditions placed them into several fall categories, making it difficult to know which interventions to implement. Staff members did praise the algorithm for capturing appropriate fall risk categories, and recognized that more interventions for fall prevention are needed for high risk to fall patients.

Overall fall rates in FY10 Quarter 1 show a decrease in the number of falls on all medical/surgical units, compared with falls data from FY09. This is likely due to a number of factors, including ongoing education, informational updates, and vigilance.

Next Steps/What Should Happen Next

- In June 2009, the Falls Algorithm was reformatted into a Falls Care Plan. This step was in synch with the rest of the medical center's efforts to develop standardized and individualized patient care plans.
- The Falls Care Plan went "live" in an electronic format on the Initial Patient Assessment Form in July 2009
- Ongoing efforts continue in the identification of root causes of falls through the efforts of the Falls Committee, the Director of Operations, Quality and Safety, and the Department of Health Care Quality
- Falls are tracked on a daily basis, with recommendations for immediate intervention to prevent repeat falls and injury

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