Utilizing Caution: When Falling Objects Are Your Patients

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IDENTIFICATION:

In 2008, we noticed a cyclic and rising trend in the numbers of patients reported via Risk Management notification that fell in our 14-bed Progressive Care Unit. Even further, we wanted to investigate the reasons for falls most of which were not documented on those reports. Falls data are reported quarterly and we are compared against Maryland Hospital Association (MHA) and American Nurses Association National Database of Nursing Quality Indicators (NDNQI). Our desired nursing process outcome was to develop an enhanced fall prevention program for fiscal year 2009, designed for the acutely ill patient in the PCU, to prevent falls and to understand the causes of our falls. Information gathered from our implementation during fiscal year 2009 and evaluation of our data has contributed to our continuance of our fall prevention program into fiscal year 2010.

PROCESS:

The Plan-Do-Study-Act (PDSA) methodology was used to develop a solution. Through evidence-based literature support and information gathered from resources, potential solutions were developed and implemented within the unit. A database was created to log information for investigation of the causes of falls. Risk management notification and information inputted in to the database served as the basis of measurement.

SOLUTION:

Multiple solutions were implemented. The Morse Fall Risk Assessment had been introduced into the facility as a tool for documentation of patients at risk for falls. Nurses’ documentation on the tool and the implementation of preventative measures were audited for compliance. Environmental surveys were conducted weekly to identify potential environmental causes of falls. It was noted halfway through the fiscal year that most falls occurred when the patient was in the process of toileting. From this information, the nursing team implemented every two hour rounds and the “4P’s” strategy to proactively maintain a safe environment. Over the bed tent cards were made to alert the patient about the side effects of diuretics and blood pressure medications and the occurrences of falls. Signs were also posted in the bathroom at eye level by the toilets alerting patients of side effects of diuretics and blood pressure medications. These
Interventions were very successful in that we were able to maintain a straight 115 days without a patient fall. We are continuing our interventions, tailoring them to alert our patients to the effects of medications we give during their hospitalization, and promoting a safer environment through the use of newly bought low-rise beds and chair alarms.

**OUTCOMES:**

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