Taking Action to Reduce Falls in the CCU

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IDENTIFICATION:

Our patient fall rate in the CCU just would not fall. For four quarters in FY’08-09, our fall rate gradually climbed despite our attempts to raise staff awareness and appropriately use existing fall prevention interventions. Finally, in Q3 of FY’09, our fall rate exceeded our Maryland Hospital Association benchmark. We knew we had to take aggressive action.

PROCESS:

Using a Rapid Cycle Improvement Model, we began by examining our falls in the most recent two quarters. We conducted a mini root cause analysis which demonstrated no common age, time of day, or room location. Seven of eight falls were on patients identified as being at risk with the Morse Falls Assessment Tool. Five of these patients were assessed to have overestimated their ability to ambulate independently. Using this data we developed a multi-faceted Fall Prevention Action Plan.

SOLUTION:

Several of our senior clinical nurses conducted a review of the literature on best practices for fall prevention. They shared their findings with staff at our daily huddles. We educated staff about the Morse Falls Assessment Tool and appropriate fall prevention interventions at each assessment level. We chose a nurse to be our Falls Champion. Our champion updated us about new resources the hospital had acquired such as low beds and chair alarms. They also shared strategies that have been successful in other areas of the hospital. Most importantly, our unit started an hourly rounding initiative. These rounds are a shared responsibility between the nurse and the patient care technician. Hourly rounds focus on the four P’s: positioning, pain, potty (elimination), and personal items (call light, phone, water, urinal within reach). In keeping with our Rapid Cycle Improvement Model, we have made several changes to our Fall Prevention Action Plan. We originally had staff initial a sign-off tool when rounding. This step proved to add no value to our process and was abandoned. We now designate our high-risk fall patients on our information board in the team room so all staff are aware.
OUTCOMES:

Our fall rate has steadily declined since initiating our action plan. For FY’10 Q 1, our fall rate was down to 3 falls per 1000 patient days, our lowest rate in six quarters. We now proudly display a banner in our team room with the number of weeks since our last fall. We are currently at eight weeks without a fall, our longest stretch to date. We are planning a safety celebration when we reach the 10-week milestone.