Due to an increase in falls during the COVID-19 Pandemic, the Fall Prevention Committee, the committee began meeting with increased frequency in April 2022, to meet weekly rather than monthly.

We used a multidisciplinary team:
- Frontline staff,
- Leadership,
- Senior leadership and CEO attended

The Committee used structured action plans and monitoring of all follow-up to ensure accountability and completion.

The primary work of the group began by reassessing the organizational policy, standardizing preventative assessments and interventions for all areas.

We measured:
1. Falls with injury
2. Total falls
3. Post-fall assessment completed within 24 hours of fall with injury.

Key factors to our successful program:
- Revised falls policy to provide more consistent guidance about fall prevention interventions throughout the organization, with specific focus on sharing bright spots between units.
- A focus on falls that extends vertically and horizontally through the organization. Engagement from CEO to clinical staff, and from ED to Radiology supported our implementation.
- The use of rapid huddling to inform and assess, at the unit level and senior leadership level, within 24 hours enabled quick implementation of additional interventions.
- Rapid contact of the patient and family following the event by leadership.

References


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We would like to acknowledge the entire Fall Prevention Committee, especially:
Jessica Lawler, Chair Fall Prevention Committee
Laura Hagley, Director of Quality
Magdalena Newton, Clinical Data Analyst

Contact information
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Journey to 100:
Days Since Last Fall with Injury

- **April 2022**: Multidisciplinary team attended JH Mobility Conference
- **May 2022**: Created “Call don’t fall” signs for every Inpatient bathroom and table tents for bedside
- **June 2022**: Updated Falls Policy, Education provided for Inpatient unit staff about best practice for early mobilization
- **September 2022**: Fall Prevention Interventions Quick guide placed on Documentation stations in each patient room
- **October 2022**: Implemented Audits For chair/bed alarm use on inpatient and ED units
- **November 2022**: Implemented Audits for placement of fall prevention interventions by Nurse Manager
- **December 2022**: Implemented clinical case study competency for fall prevention in orientation program
- **December 11, 2022**: 100 Days Since Last Fall with Injury

*Due to an increased trend in falls during the first quarter of CY2022, falls became a renewed focus for our organization.*

**Fall Prevention Interventions**

- Morse fall scale of 25 and greater
- **Apply bed and chair alarms at high sensitivity setting**
- **Morse > 45**: No one toilets alone
- **Morse 25-45**: Consider whether toileting alone is safe
- **Purposeful Rounding hourly while awake; q2 while asleep**
- **Gait belt for all ambulation and transfers**
- **Toileting schedule**
- **Leaf applied to door frame of patient’s room**
- **Yellow non-skid footwear**
- **Evaluate the need for intervention equipment (e.g. bedside mats, Low-low bed)**
- **Evaluate need for sitters, family, video monitoring**
- **Patient placed in room with high visibility**