

Journey to 100: Days Since Last Fall with Injury

Valley Regional Hospital

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Overview/project description

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.

Goals/objectives

1. **Use of falls assessment tools** – Morse falls scale completed every shift. Morse scores determine different intervention levels
2. **Application of fall prevention interventions based on stratification criteria** – Used visual triggers at all nurses stations
3. **Implementation of Unit post-fall huddles** – April 2022
4. **100% documentation of post-fall assessment for falls with injury**– Assessment created in EMR
5. **Leadership and senior leadership huddle within 24 hours** – Occurs within 24 hours at least 90% of the time
6. **Implementation of onboarding competency for all clinical nursing staff and travelers** –December 2022

Methods/Measurements

We measured:

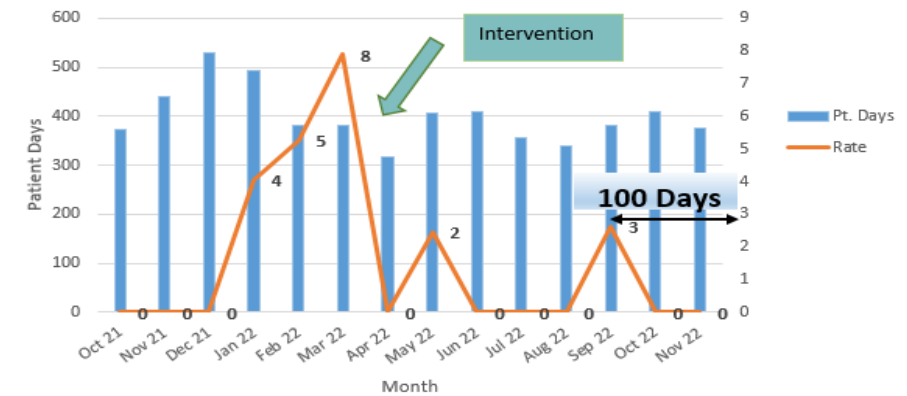
1. Falls with injury
2. Total falls
3. Post-fall assessment completed within 24 hours of fall with injury.

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

Results/findings/conclusions

Inpatient Falls Rate with Injury
September 2021 to November 2022



References

- Ortelli TA. AHRQ Resources for Preventing Falls in Hospitals. Am J Nurs. 2018 May;118(5):63-64. doi: 10.1097/01.NAJ.0000532835.08637.c7. PMID: 29698283.
- Jones KJ, et al. The impact of post-fall huddles on repeat fall rates and perceptions of safety culture: a quasi-experimental evaluation of a patient safety demonstration project. BMC Health Serv Res. 2019 Sep 9;19(1):650. doi: 10.1186/s12913-019-4453-y. PMID: 31500609; PMCID: PMC6734353.

Acknowledgments

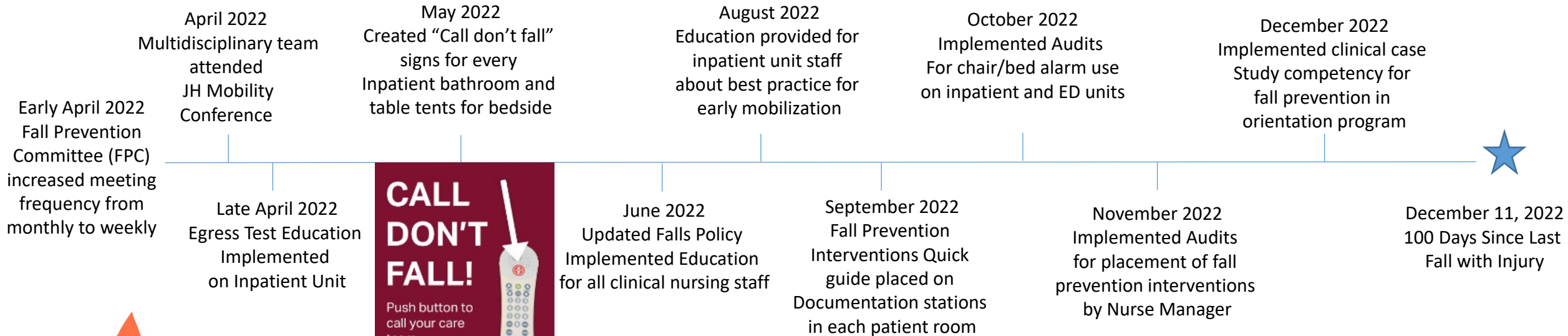
We would like to acknowledge the entire Fall Prevention Committee, especially :
 Jessica Lawler, Chair Fall Prevention Committee
 Laura Hagley, Director of Quality
 Magdalena Newton, Clinical Data Analyst

Contact information

For additional information, contact Jessica Lawler, Rehabilitation Manager and chair of the Fall Prevention Committee at Valley Regional Hospital., at Jessica.lawler@vrh.org.

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- 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

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