

Interdisciplinary Approach to Fall Risk Reduction in Skilled Subacute Care
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Problem: Falls are the underlying cause of death each year in almost 10,000 patients over the age 65. The mortality rate runs as high as 25% within 6 months post fall injury. Health care costs total more than \$10 million a year for the care of elders suffering from fractures due to falls. (Weiss, 2002) Falls rob elder adult of their independence and dignity, causing disability, fear, and pain. More innovative interventions are needed to prevent falls in the elderly.

Evidence: The www.cdc.gov/ncipc/duip/SummaryOfFalls.htm site discussed how an interdisciplinary approach can be very effective in reducing the risk of falls. Research conducted by Weiss (2002) discovered that increased awareness reduces the incidence of falls.

Strategy: Utilizing the expertise of all Interdisciplinary Team (IDT) members (nursing staff, rehabilitation therapists, pharmacist, dietary, recreational therapist, pastoral care) provides a comprehensive, individualized plan of care to maximize the safety of the patient.

Practice change: Based on the initial fall risk assessment, the fall protocol was immediately implemented utilizing all the applicable safety measures listed on the plan of care. The visual alert signs such as the magnets, stickers, and reminder checklists, enhance the awareness for fall precautions. All nursing staff was accountable to comply with the fall protocol.

Evaluation: The number of falls per patient days, times 1000, was measured monthly and quarterly.

Results: This resulted in a 50% reduction in falls for the last 2 years. Increase in staff satisfaction, teamwork, and retention.

Recommendations: All disciplines should be involved in fall prevention and the acute care areas should adopt many of these interventions.

www.cdc.gov/ncipc/duip/SummaryOfFalls.htm

Weiss, C., Holland, E., Cable, G., Ellison, C., & Schnieder, P., (2002). An intervention to prevent falls in the Elderly: a time series Quasiexperiment. *Clinical Excellence for Nurse Practitioners*,6(3), 55-59.