

Engaging An Interdisciplinary Team To Positively Impact Patient Falls
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Problem: Despite, implementing a standard of nursing practice for fall prevention, conducting staff education, and monitoring fall occurrences, we noted little improvement in actual patient falls or injuries from falls, at this Magnet hospital in an academic setting.

Evidence: Three years of the institution's quarterly NDNQI (National Database for Nursing Quality Indicators) data and internal monthly fall detail reports were carefully reviewed to determine severity of injury and contributing factors.

Strategy: The Council implemented an interdisciplinary Fall Prevention Committee specifically to standardize fall prevention strategies based on an evaluation of evidence-based practice literature.

Practice Change: Over a two-year period, the committee extensively reviewed evidence-based practice literature and implemented several strategies. A self-assessment was done and guided action plans. An analysis of all falls in a 3-month period, indicated that most patients fell while en route to the bathroom or commode. Shift safety huddles and patient safety monitoring checklists were implemented. Bed alarms, toilet frames, and other patient protective equipment were purchased. In the fall of 2006, a consultant provided an on-site evaluation reviewing standards of practice and nursing documentation, interviewing staff, and analyzing fall data.

Evaluation: Fall prevention program strengths included an evidence-based risk assessment tool (MORSE), risk assessment completion, clear staff roles and responsibilities, fall risk armband identification system, and regular benchmarking of fall data.

Results: While staff identified a patient's risk for falls, they inconsistently identified or followed appropriate fall prevention strategies. The practice standard was revised to include interventions for standard risk patients. For high risk patients, targeted interventions related to immobility, altered mental status, dizziness, or altered elimination were established.

Recommendations: An interdisciplinary team, with a targeted approach, successfully identified barriers in staff adherence to fall prevention strategies. Simplifying the practice standard, and individualizing patient care interventions, has standardized our care, and positively impacted patient safety.

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