

**Texas Falling Star Prevention Program**  
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**Problem:** The Texas Falling Stars Prevention Program is designed to reduce the rate of falls, reduce the severity injury and contain cost.

**Evidence:** The team conducted a random 20 inpatient records review on clients between the ages of 18-90; a data analysis on the types of injuries and falls rate; a root cause analysis; an environmental assessment; and a review of the literature. The 20 inpatient records showed 80% of the initial risk assessment and 40% of the daily fall risk assessments were completed. However, hospital wide fall rates were 7.05 for a period of six months which were higher than the national average of 3.6. The data analysis revealed 50% of the falls occurred during the day and 45% occurred in the evening. The root cause analysis showed 68% of the falls occurred in patient rooms and 18% in patient bath rooms.

**Strategy:** The EBP literature review revealed a best practice approach is using multiple interventions. The Hendrich II tool for fall assessment has validity and interrater reliability measuring 100% agreement; electronic version for fall assessment individualizes and facilitates communication; interdisciplinary falls teams, staff and patient education are vital in falls prevention programs.

**Practice Change:** The Texas Falls Prevention Program components include: implementation of the Hendrich II fall risk model for fall assessment including an optional electronic version; creation of a falls team; education of staff regarding tool and documentation; visual cues; hip protectors; and restructure of variance process.

**Evaluation:** Patient Satisfaction Surveys, Cost Analysis, Data Analysis and Staff Compliance should be used to provide an objective oriented approach to evaluate the Texas Falling Star Prevention Program.

**Recommendations:** Acute care hospital facilities and staff need continued reinforcement of fall prevention strategies because of aging environments and staff turnover. Implementation of falls prevention programs using a standardized model is recommended.

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