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Building a Culture Committed to Fall Prevention

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Building a Culture Committed to Fall Prevention
Mary Uppinghouse RN, PCCN, SCRN; Queena Kim RN, BSN; Marissa Evans CNA

Background
- Increased numbers of Neurology and Neuro-Surgery patients at Swedish Cherry Hill
- 3E (36 bed unit) transitioned from Medical Telemetry to Neuro-Telemetry in 2015
- New patient population more:
  - Confused
  - Impulsive
  - Weak

Problem: Increased Falls

Process: Categorized Barriers and Brainstormed Ideas to Address

<table>
<thead>
<tr>
<th>Lack of Awareness and Ownership</th>
<th>Equipment Utilization</th>
<th>Shift Change Issues</th>
<th>Poor Utilization of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Board/Huddle</td>
<td>Bed/Chair Alarms</td>
<td>NAC Zoning</td>
<td>Resource NAC</td>
</tr>
<tr>
<td>Post Fall SBAR (email to all staff)</td>
<td>Fall mats</td>
<td>Charge RN walking hand-off</td>
<td></td>
</tr>
<tr>
<td>Gait Belt</td>
<td>Omni Belt</td>
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</tbody>
</table>

Results: Falls 2014-2019

- 2014: Medical - Tele Unit - 30 falls
- 2015: Neuro-Tele Unit - 55 falls

Support/Sustainability:
- Alarming seatbelts (coming soon 2020)
- Bed alarms inclusion in room set-up for ALL patients
- Can’t let up – continue building and modeling fall prevention culture to our new nurses

Discussion:
Building a culture & sustaining it.