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i. Interventions to Decrease Stroke Patient Falls on the Stroke Unit

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Interventions to Decrease Stroke Patient Falls on the Stroke Unit

**PSJH SoCal Regional Nursing Research Day
September 17, 2020**

Courtney Herron, MSN RN SCRNP CMSRN



2017
43% Falls from Stroke
Patients

Post Intervention Results
January-December 2018

2018-2019 Unit Based
Council goal: Stroke
Patient Falls Focus



Why is fall prevention important?

Falls are a considered a never event and are preventable. Pond (2017)

It is important to keep our patients safe from injury. Pond (2017)

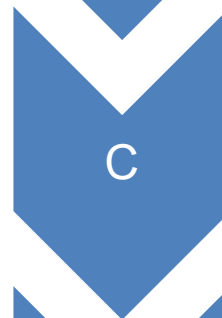
The cost of a patient fall is very expensive and may lead to longer hospital stay. Williams (2014)



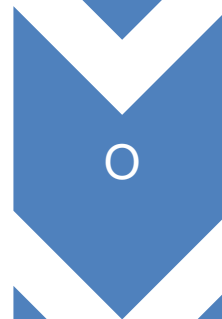
• For Inpatient Stroke patients



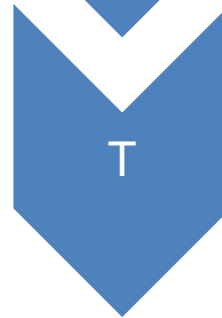
• implementing a fall prevention safety Bundle



• Compared to usual care



• Decrease Stroke patient falls



• By December 2019



Williams, 2014

“Analysis of Patient Falls and Fall Prevention Programs Across Academic Medical Centers”

- The combination of bed alarms, patient and staff education and the use of a fall champion on the unit to keep staff members updated on safety concerns and safety alerts showed that this intervention help decrease patient falls.

Schmid, 2010

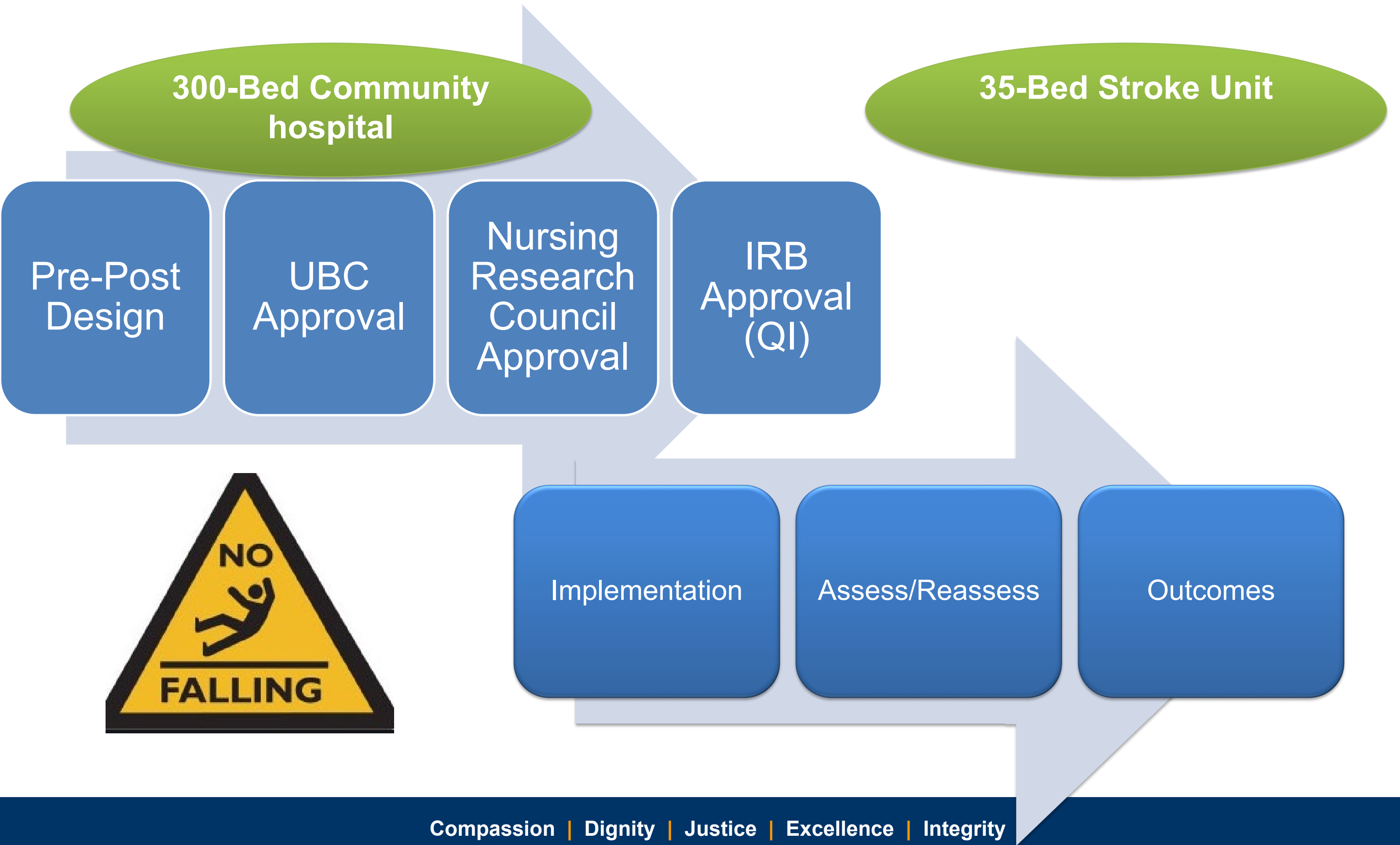
“Prevalence, Predictors, and Outcomes of Poststroke Falls in Acute Hospital Setting”

- Patients with an acute stroke have a higher risk of falling than none stroke patients.
- Stroke patients may have a variety of different levels of debilitation and customized fall interventions must be in place to prevent falls in this population.

Pond, 2017

“Fall Prevention Safety Bundle: Collaboration Leads to Fewer Falls”

- Conducting a safety huddle every shift with the staff helps decrease falls
- Screening patients for fall risk every shift and as needed with proper signage can decrease patient falls.
- Conducting a post fall debrief can help in reducing patient falls.



Interventions

Bed Alarms

Patient mobility section on white boards

Bed alarm/ patient mobility on white board audits every shift

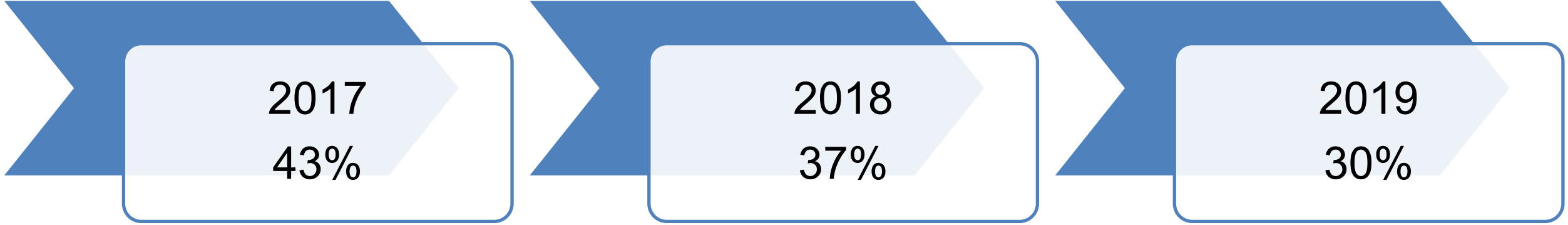
Enforce the No pass zone. HealthStream refresher required

Usage of tele sitters on confused or impulsive patient

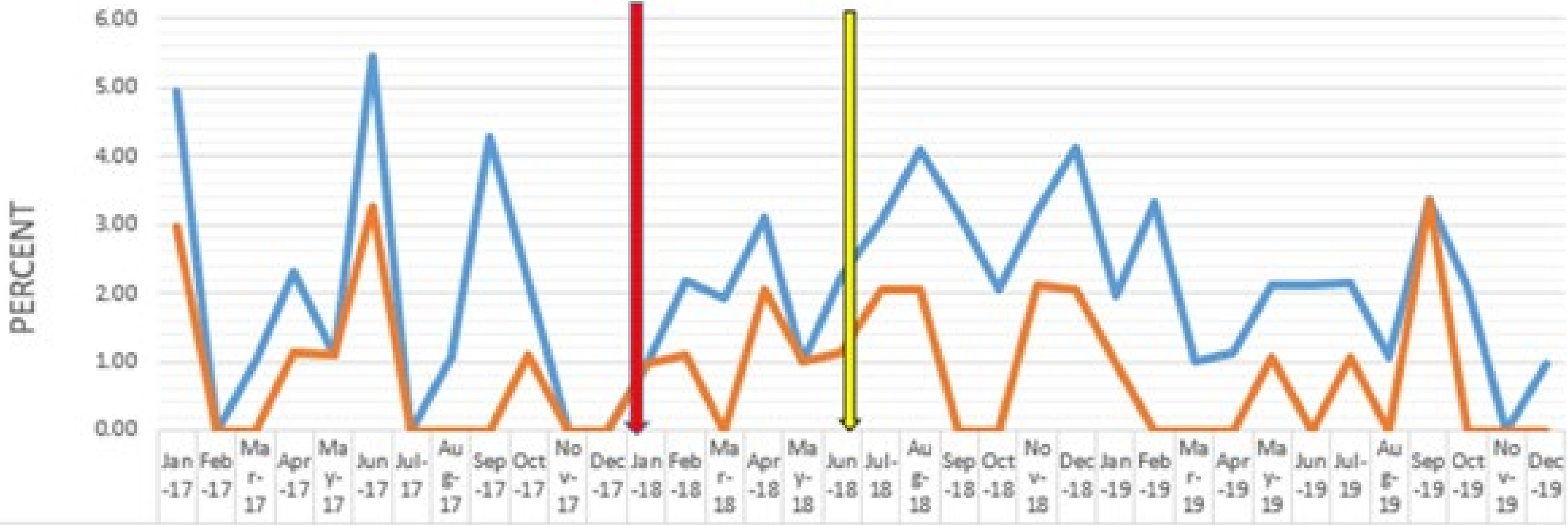
Educating patient/family on fall risk/ mobility status

Huddle to staff regarding patient mobility boards, bed alarms and tele sitter usage

Outcomes



4MC Fall Rates Per 1000 PT Days



Limitations



Conclusion

- This Fall intervention bundle was effective with stroke pt falls decreasing from 43%, to 37% to 30%, in 2017, 2018, and 2019 respectively.

Implications for practice

- The results suggest that a falls intervention bundle can impact a decrease in stroke patient falls.
- Considerations: have a sustainability plan. Continue audits ,frequent huddling, and reeducation sessions on a regular basis.

References

- *“Prevalence, predictors, and outcomes of poststroke falls in acute hospital setting” Schmid (2010)*
- *“An Analysis of Patient Falls and Fall Prevention Programs Across Academic Medical Centers” Williams (2014)*
- *“Fall Prevention Safety Bundle: Collaboration Leads to Fewer Falls” Pond (2017)*

Biography

Courtney Herron, MSN RN SCRNCMSRN

I have been a RN for 6 years. I have my MSN in Leadership and Education. I currently work as a floor RN and Relief Charge nurse on Medical Cardiology for the past 5 years working with tele/stroke patients. I currently hold SCRNC (Stroke) and CMSRN (Medical/Surgical) National Certifications. I am currently the Chair of Medical Cardiology UBC and have been for the past 3 years. I am the Secretary of the Research Council and have been a member a committee member on the fall council for 5 years. I am also a Clinical Instructor at West Coast University for the past 4 years and teach Intermittent and Advanced level students in the clinical setting. I love being a nurse and I love nursing research!

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