Fall Prevention in Observation Patients

David Ochoa, BSN, RN, CSMRN

BACKGROUND

- Patient falls are one of the most common adverse events reported in hospitals. It is estimated that between 700,000 and 1,000,000 people fall in U.S. hospitals every year.
- There have been multiple studies including some citing toileting as a significant factor in patient falls. An intervention known as “no toileting alone” targeting this issue was found to be effective in reducing the number of falls.
- Increasing numbers of falls is an indicator of the need for change. The literature supports that preventing patient falls is a complex issue that requires analyzing the data to determine the etiology of falls in a specific setting.

PURPOSE

This intervention sought to decrease the number of falls on the Observation Unit. Two interventions were utilized to achieve this aim:

- Integrate the tele-sitter algorithm to identify patients at high risk for falls.
- Implement ‘no one toilets alone’ as a standard of care.

REFERENCES

Available upon request: David.Ochoa@stjoe.org

METHODS

- Design: Evidence-based quality improvement.
- Sample: High fall risk patients.
- Setting: Observation Units
- Procedure:
  - Anonymous surveys were given to staff (pre) to assess perception of proposed changes and assist in developing education; post survey given to assess the impact of changes.
  - Small groups educated using microteaching during “focus on five”. Education included:
    - “no one toilets alone”
    - use of tele-sitter algorithm
    - updating fall risk assessment every shift
  - Audits on appropriate fall risk assessments; education was reinforced based on audit results.
- Quarterly NDNQI reports to monitor fall rates per 1,000 visits.
- RL Solutions fall reports receive an in-depth review to determine compliance with interventions.

RESULTS

- Post-survey: staff mostly perceived these changes to be positive with 72% agreeing, 22% neutral, and 16% disagreeing.
- Fall rate decreased to 1.72 per 1,000 visits at end of Q1 2020.
- Compliance in using tele-sitters for patients that were appropriate increased from 8% to 18%.

DISCUSSION

- Nursing education is an ongoing intervention along with effective communication and teamwork.
- This project demonstrated that fall rates can be decreased by assisting and staying with patients that are toileting.
- There is a need for educating patients regarding side effects of medications that increase fall risks.
- Nursing education Incorporating tele-sitters is an area needing improvement. Increased compliance and additional data is required to form accurate results.
- Having limited number of tele-sitters makes it difficult to implement on appropriate patients. Must prioritize.

CONCLUSION

- Fall prevention is complex and requires multiple interventions to maximize results. These interventions should be adopted by inpatient units.

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- Many float pool and float RNs work on the unit; these RNs are not aware of “no one toilets alone” intervention and tele-sitter algorithm.
- Patients are non-compliant with calling for toileting assistance despite being educated to do so.
- Patient population differs significantly between 3 North and 2 South COVID-19 Observation Units.
- Need for re-assessing fall risk after high risk medications have been administered.