

Introduction

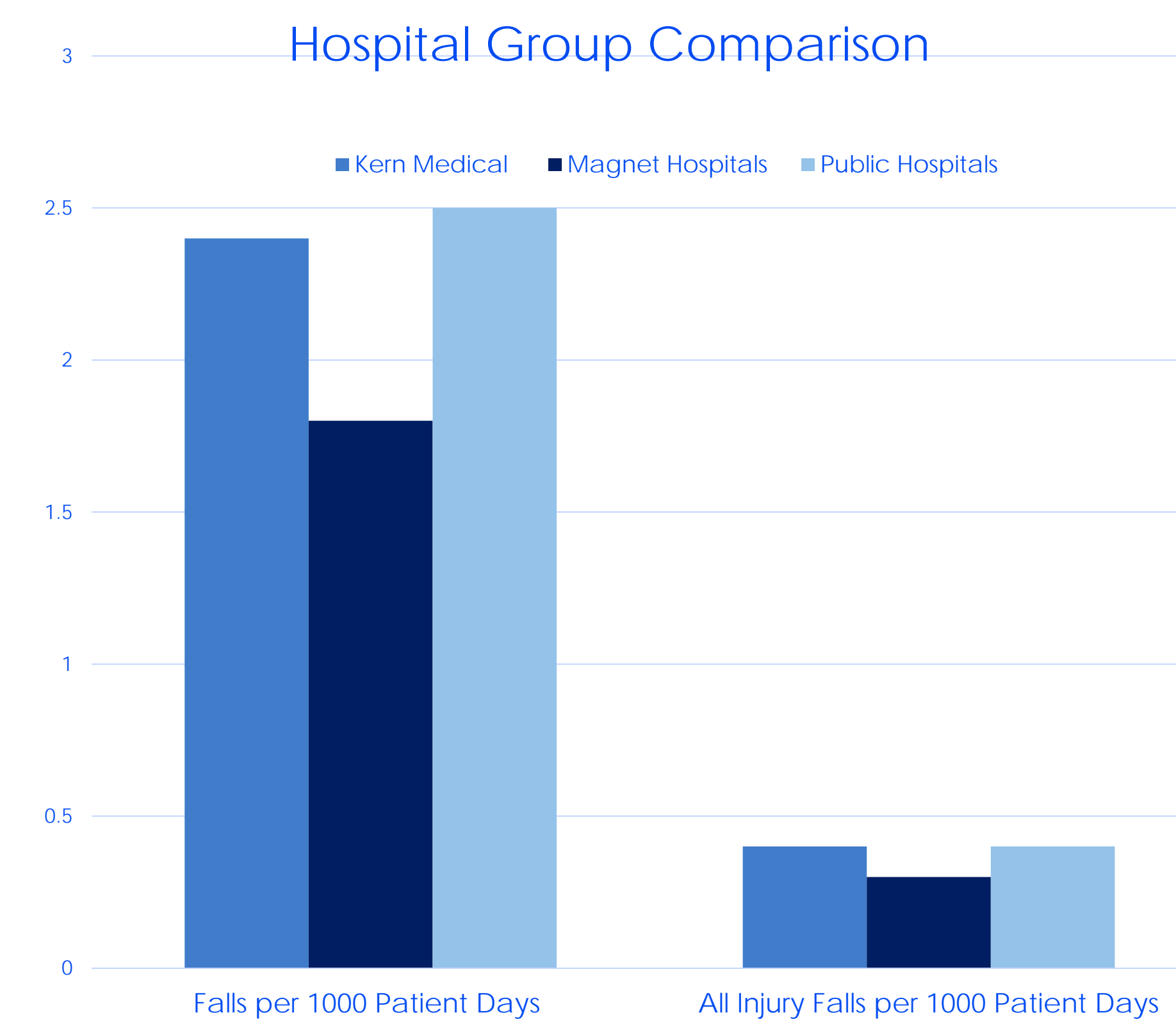
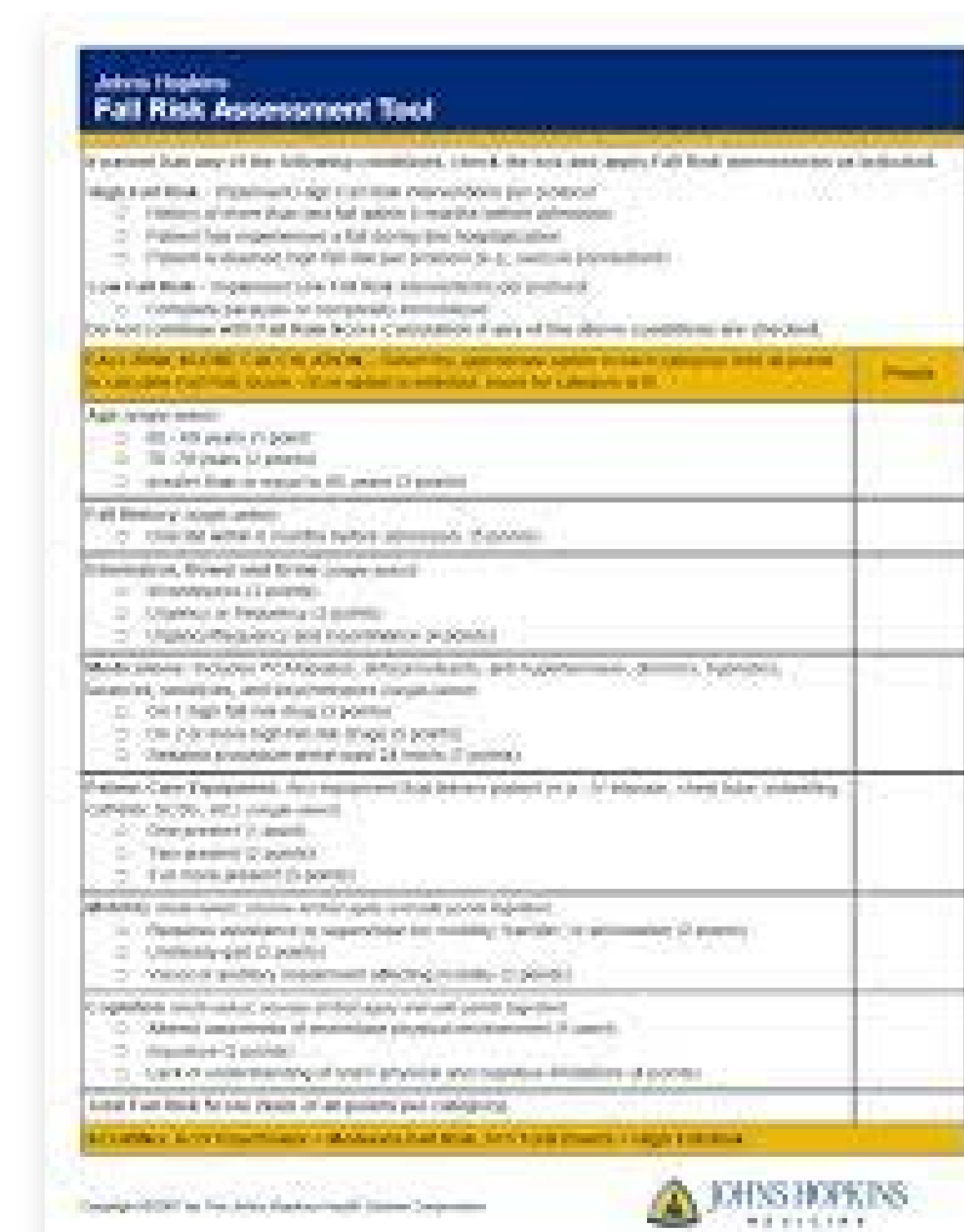
- Preventing patient falls continues to be a key in nursing quality improvement. Patient falls can lead to prolonged hospitalization, increased costs, and increase morbidity and mortality (Shever et al, 2011). Nurses play a significant role in preventing patient falls (Shever et al, 2011).
- Risk factors for falls in hospitals include age, length of hospitalization, history of falling, presence of secondary diagnosis, uses of intravenous therapy, mobility aids, and the patient's mental status. (Trepanier and Hilsenbeck, 2014).
- Over 20% of patients who fall suffer moderate to severe injuries such as hip fractures or head trauma (Hicks, 2015). Fall resulting in injury can add 6.3 extra days to hospital stays (The Joint Commission, 2015).
- Most hospitals have implemented protocols and policies to prevent patients from falling. Kern Medical uses the John Hopkins Risk Assessment and implements practices based on the patients fall risk score.
- There are common interventions already in place to maintain patient safety, which include: bed alarms, color-coded socks, door signs, sitters and even physical restraints at times. An often overlook intervention are the benefits of patients receiving physical therapy.
- We were interested in finding an association between patients fall risk and observing if a physical therapy consult was made or not. In search for a connection between patients fall risk and the benefits of physical therapy.

Objectives

- Identify Patients who are at risk of falling and prioritizing the moderate and high fall risk levels using the John Hopkins Fall Risk Assessment.
- Identify if current fall risk assessment is effective when compared to other Fall Risk Assessments.
- Implement more Physical therapy consults and greater communication between nurses and ancillary staff.
- Implement trials of daily huddles to pinpoint those patients at greatest risk for falls and mention them at beginning of shifts.
- Increase patient awareness with fall contracts and focus on the main goal to decrease patients falls in medical surgical units.

Methods

After learning where Kern Medical stands when compared to other hospitals and conducting research and seeking best evidence based practice, we were interested in finding a connection between fall prevention and physical therapy interventions. Using a random sample selection of 40 adult patients from medical surgical units and tele monitor units a quantitative study was conducted. Patients were assessed for their history of fall, sedative medications, fall risk assessment score, diagnosis, and orientation in relation to PT consults. The three categories of fall risk assessment score include: low, moderate, and high. 40 randomly selected charts were assessed for their fall risk assessment score and if a physical therapy consult was made or not.



The above graph depicts where we stand when compared with other hospitals. When compared to other public hospitals we hold relatively lower rates. Magnet hospitals have lower rates of patient falls. The goal here would be to reach Magnet hospitals rates or better.

Results/Analysis

- Based on history of falls, diagnosis, medication, and orientation: 50% of the sample would qualify for PT consults, however, only 10% of those patients had physical therapy evaluations.
- Physical therapy and ambulation holds many benefits to medical surgical patients. Prolonged immobilization and lack of physical activity can lead to functional decline and risk for hospital acquired complications: such as pressure ulcers and falls (Pashikanti and Von Ah, 2012).
- There is currently no evidence-based protocols to implement early mobilization in a medical surgical setting (Pashikanti and Von ah, 2012).
- Wake Forest Baptist Medical Center in North Carolina implemented a greater communication between nursing and PT which led to routine mobility, balance, strengthening exercises, and 27% reduction in falls, and 59% reduction in falls with injury (Health Research and Educational Trust, 2016).
- Additional training and seminars to educate nurses and ancillary staff about use of fall risk assessment scale can help prevent falls.
- Limitations: 2 units, Kern Medical, adult patients between the age of 28-72.

Table 1. Interventions Used to Prevent Falls on Acute Care Units (N = 148 Nursing Units)

Interventions	n	%
Bed alarms	133	90
Rounds	103	70
Sitters	100	68
Relocate patient closer to nurses' station	83	56
Sign identifying that patient is at risk for falling	82	55
Low bed (6 inches from ground)	67	45
Fall risk identification wrist band applied	51	34
Siderails on bed down	46	31
Physical restraints	42	28
Increased monitoring or surveillance	39	26
Call-light within reach	35	24
Nonskid slippers applied	34	23
Referral to pharmacy	27	18
Referral to physical therapy	21	14
Personal items within reach	18	12
Ambulation	14	9

Shever, L. et al, 2011.

	Physical Therapy Consult	No Physical Therapy Consult
Low Fall Risk	0%	0%
Moderate Fall Risk	20%	80%
High Fall Risk	80%	20%

The above data was collected from the month of April/May 2017 in the medical surgical and telemetry units in Kern Medical.

Conclusions

- Use of a standardized valid and reliable screening tool
- Training of nurses on falls prevention program and fall risk assessment
- Include medication regimen as part of the screening/assessments
- Include fall risk during bedside handoff communication
- Implement hourly rounding with scheduled and supervised toileting and continuous observation for cognitively impaired or high fall risk patients
- Implement benefits of ambulation and physical therapy where applicable and safe.
- One to two daily huddles to single out patients at highest risk for falls. More aggressive rounding on those particular patients can help to decrease falls.
- Almost all patients fall under moderate to severe fall risk if they are in a medical surgical unit.
- Continued reassessment including medication change at least once per shift.
- More research needed to create evidence-based protocol for early mobilization of medical surgical patients and the need for physical therapy consults.

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