Fall Prevention in Medical Surgical Unit. Physical Activity Awareness.
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Introduction

- Preventing patient falls continues to be a key in nursing quality improvement. Patient falls can lead to prolonged hospitalization, increased costs, and increased 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, use of intravenous therapy, mobility aids, and the patient’s mental status (Teplar and Wilder, 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 J ohn 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, slippers and even physical restraints at times. An often overlooked intervention are the benefits of patients receiving physical therapy.

- We were interested in finding an association between patients fall risk and the benefits of physical therapy.

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.

Results/Analysis

- Based on history of falls, diagnosis, medication, and orientation: 50% of the sample would qualify for PT consults, however, only 50% of these 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, North Carolina implemented a greater communication between nursing and PT which led to routine mobility, balance, strengthening exercise, 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.

Conclusions

- Use of a standardized valid and reliable screening tool
- Training of nurses on fall 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 supervisedreetoointerpretation
- Implement benefits of a mobilization 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 assessment 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 consultations.

References

- C. Wall and Case Nursing. 2014-2015, Volume 4, Pages 589-600 copyright 2014 Elsevier Inc.


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Table: Classification of Patient Falls on Acute Care Units (Kern Medical Nursing Units)

<table>
<thead>
<tr>
<th>Category</th>
<th>Fall Risk</th>
<th>No Physical Therapy Consult</th>
<th>Physical Therapy Consult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Fall Risk</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Moderate Fall Risk</td>
<td>20%</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>High Fall Risk</td>
<td>80%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
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The above data was collected from the month of April/May 2015 in the medical surgical and telemetry units in Kern Medical.