No Fall Zone
Heart Center Progressive Care Unit
No Fall Zone

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Objectives

- To educate and transform bedside nurses to lead the way utilizing evidence to change practice.
- To evaluate the effectiveness of a patient education contract and utilizing fall prevention signs over patients’ beds to prevent falling.
- To identify current nursing practice related to the hospital falls policy.
Bedside Nurses Make a Difference

- Franciscan St. Francis Health was awarded a $10,000 grant to complete the AACN CSI Academy and utilize bedside nurses to improve care at the point where care happens.
- The grant was awarded based on an identified need to improve care related to falls on the Progressive Care Unit.
- The grant started in July 2012 and concluded in November 2013.
Purpose and Goals

- To decrease patient falls on the Progressive Care Unit (PCU) by 50% during 2013.
- To increase patient and family awareness of PCU’s commitment to patient safety.
- To educate staff on the importance of patient safety.
- To reinforce use of current interventions in the organization and introduce new methods to ensure patient safety.
- To empower the bedside caregiver to enhance patient care and decrease hospital expenses.
Significance

- Falls (causes, rates, and prevention) have been of interest for several years.

- Falls are the second leading cause of death in the United States (75% in the elderly population). ¹

- The US fall fatality rate (65+) is 36.8 per 100,000. ²
  - 46.2 for men and 31.1 for women ²

- According to the CDC, each year 1 in 3 older Americans (65+) falls, and about 20-30% of those falls lead to either moderate or severe injury. ³
Significance

- Falls are not only the leading cause of injuries, but also the most common cause of traumatic brain injuries. ³

- Among community-dwelling seniors treated for falls, costs include inpatient hospitalizations (65%), office visits/home health care (10% each), outpatient visits (8%), emergency room visits (7%), and prescription drugs/dental visits (1% each). ³
  - Medicare reimbursed 78% of these costs. ³

- The CDC estimates that costs related to falls could increase to $67.7 billion by 2020. ³
Significance

- Fractures are the most common and costly nonfatal fall injury. ³
- In 2000, the medical costs for fatal fall injuries totaled $0.2 billion vs. $19 billion for nonfatal falls. ⁴
- Medical treatment costs were 2 to 3 times higher for women than for men. ⁴
What is the Definition of a Fall?

- The National Database for Nursing Quality Indicators (NDNQI) definition of a fall is used in the current policy.
- A fall is defined as...

“A fall is defined as an unplanned descent to the floor (or extension of the floor, e.g. trash can or other equipment) with or without injury to the patient: All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Include assisted falls – when a staff member attempts to minimize the impact of the fall.”
Research Question

Does improved education on current fall policy and added utilization of a falls contract and fall prevention signs placed above the patient’s bed decrease overall total number of falls and fall rate?
Our CSI Project
Project Goals

- **Short Term (3 months after project initiation)**
  - 50% of staff will be educated on our new fall initiatives and will be properly following these initiatives based on audits.
  - Falls will decrease by 10%.

- **Intermediate (6 months after project initiation)**
  - 75% of staff will be educated on our new fall initiatives and will be properly following these initiatives based on audits.
  - Falls will decrease by 30%.
Project Goals

- Long Term
  - 100% of staff will be educated on our new fall initiatives and will be properly following these initiatives based on audits.
  - Falls will decrease by 50%.
Action Plan and Key Dates

- Filming of video – November 2012
- Development of patient/family fall teaching contract – December 2012
- All PCU staff in-services – January 2013
- Signage placed on unit – January 2013
- “No Fall Zone” campaign rollout week – January 7, 2013
- Audit of practice post-implementation – March 2013
Falls Video

http://www.youtube.com/watch?v=rRzwTnuRimk
Audits

After education and implementation of the new program, audits were completed on:

- Accurate completion of the Morse Fall Scale (MFS)
- Total Fall Risk Score
- Do the interventions implemented match the MFS?
- Was a bed alarm indicated? If so, was it on?
- Was the Fall Care Plan implemented?
- Was the Educational Teaching Contract completed?
Data Analysis (246 audits)

- Morse Fall Score (MFS) was competed 95% of the time.
- Mean Fall Risk Score was 56.7 (indicates high risk).
- Interventions matched the Fall Risk Score 90% of the time.
- If the bed alarm was indicated, it was on 77% of the time.
  - 23% of the time it was not on.
- The bed alarm was not needed in 33% of the patients.
- The Fall Care Plan was implemented 75% of the time, as appropriate.
- The Educational Contract was completed 45% of the time.
PCU Fall Data

- In 2011, PCU had 37 patient falls.
- St. Francis South Campus had 81 patient falls.
  - In 2011, PCU accounted for 46% of all falls on our campus.
- In 2012, PCU had 23 patient falls.
- YTD in 2013, PCU has had 11 patient falls.
Economic Impact

- **2011**
  - 37 patient falls x 1,000 / 9,433 patient days = 3.92% fall rate
  - NDNQI Benchmark = 3.37%
  - Total cost = 37 x $9,491 (Average cost of a fall) = $351,167

- **2012**
  - 23 patient falls x 1,000 / 9,510 patient days = 2.42% fall rate
  - NDNQI Benchmark = 2.68%
  - Total cost = 23 x $9,491 (Average cost of a fall) = $218,293
Economic Impact

- **2013 (YTD)**
  - 11 patient falls x 1,000 / 5,973 patient days = 1.84% fall rate
  - NDNQI Benchmark = 3.20%
  - Total cost = 11 x $9,491 (Average cost of a fall) = $104,401
How This Will Translate...

- Average cost of a patient fall = $9,491
- In 2013 so far, PCU has had a total of 11 patient falls:
  - 11 x $9,491 = $104,401
- By keeping our unit falls under our target so far in 2013, we estimate we have saved $351,167 - $104,401 = $246,766.
- This two-year savings would translate to an annual savings of $123,383.
- Keep in mind this is one unit in our organization.
Data Summary/Comparison

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<td>Cost</td>
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<td>$218,293</td>
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Key Challenges to the Project

- Budget – Access to funds and contacts
- Time – Scheduling conflicts
- Organizational challenges with implementing new ideas to motivate staff
- Staff engagement
How This Will Translate...

- Utilization of hospital contacts
  - Email and phone call communication with appropriate people
- Scheduling meeting times in advance to allow for all team members to schedule work hours
- Engaging staff by elevating the importance of fall prevention (goal of the video was to pull at their heart and open eyes to the problem of falls)
- Making our project fun – kickoff party, shirts, and other gear to be fun reminder cues
How To Maintain Momentum?

- Quarterly “No Fall Zone” Days
- Keeping fall data and updates in monthly staff meetings
- Continued representation by our unit on our Hospital Wide Falls Action Team
- Involve staff council and our unit CNS in maintaining best practice initiatives related to patient falls
Acknowledgements and Thank You

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  - Marci Bennett, Clinical Director of Heart Center
  - PCU staff and management team
References