

# Fall Reduction in Long-Term Hospital Setting

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## SETTING

The quality improvement project took place at an 18-bed inpatient hospital located in the Midwest. The unit was developed in response to the demand of inpatient, acute, med surg beds and decrease of long-term care facility bed availability, forcing patients who are medically stable and do not require acute level med surg nursing to remain in the hospital setting while awaiting appropriate and safe discharge disposition.

## BACKGROUND

Approximately 700,000 to 1,000,000 patients fall in the hospital each year (Falls, 2019). The Institute of Medicine report and the Centers for Medicare and Medicaid Services classified hospital falls as a never event and do not reimburse hospitals for the care relating to patient falls (Falls, 2019). Exploration and implementation of fall prevention interventions will ultimately provide patients with improved health and safety outcomes and promote practice and safety standards that healthcare organizations require.

## PROBLEM STATEMENT

A total of 44 patient falls occurred in 2022. It was found that patient alarms were not being correctly applied, hooked up, or were malfunctioning in over 50% of the fall events. It was also found that nursing bedside report was not occurring on the unit and opportunities for alarm review and checks were being missed.

## IMPROVEMENT TEAM

This quality improvement project was conducted with a team consisting of the CNL student, unit clinical manager, the professional development nurse, the quality improvement nurse, and ad hoc members.

## IMPROVEMENT METHOD

The Plan-Do-Study-Act (PDSA) method is a way to test a change that is implemented. Going through the prescribed four steps guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again.

## REVIEW OF LITERATURE

- Performing nursing bedside report (BSR) directly aligns with patient-centered care and enhanced patient safety. This results in cost reduction that ultimately translates into improving healthcare that is safe, equitable, efficient, and supported the standards of healthcare delivery (Agency for Healthcare Research and Quality, 2020)
- BSR increases communication between staff while engaging the patient in the conversation (Sand-Jecklin & Sherman, 2014; Agency for Healthcare Research and Quality, 2018)
- Nursing staff presence and time spent at the patient's bedside directly correlates with increased patient safety (Small & Fitzpatrick, 2017)
- Timely identification of patients that are at risk for falls can be identified with quick action to intervene and apply necessary interventions and measures to prevent harm to patients (Sun et al., 2020)

## PROJECT AIMS

- Global:**  
To improve performance nursing bedside report during shift, change and to perform a visual inspection of patient alarms to ensure power, correct placement, and function by March 2023.
- Specific:**
- Education:** 100% of RNs will receive education on the expected and standardized process of nursing bedside report during shift change by December 2022
  - Practice:** Nursing BSR will occur by RNs 100% of the time by March 2023
  - Intervention:** During BSR, RNs will perform a visual inspection of alarms checking alarm (power, placement, function) 100% of the time by March 2023
  - Safety:** Falls related to incorrect alarm use will decrease by 50% by March 2023

## PDSA

- Project planning occurred from November 15 through December 31, 2022
- Weekly unit leadership meetings with the clinical nurse leader, clinical manager, professional development nurse, and quality improvement nurse to review data on safety and falls, leadership audit results, and devise a plan for project improvement
- Monthly staff meeting set for November 22, 2022, to present improvement project to reduce falls
- Communication creation, distribution, and point-in-time clinical nurse leader coaching completed
- Unit scoreboard created outlining baseline data, proposed improvement project
- Improvement project conducted from January 10 through February 13, 2023.
- AHAQ SBAR Checklist**
  - Provided to all RNs before every shift change to provide script or outline of patient information to review during report
- Visual Prompts**
  - Visual prompt cards created and dispersed on the unit in strategic locations reminding staff that SBAR report at the bedside is standard practice on the unit. Separate cards provide visual reminders to check alarms placed in patient rooms
- Surveys**
  - Post-shift survey distributed to staff to help identify if SBAR at the bedside was completed, if alarms were checked, and barriers/feedback to improve the process.
  - Point-in-time leadership support during day and evening shift changes

**SBAR**

Out of 154 opportunities, SBAR at bedside occurred only 9 times  
BSR occurred less than 17% of the time

**Goal of performing BSR at the bedside 100% NOT MET**

**FALLS**

Eight patient falls occurred January 10 through February 17, 2023  
BSR was not completed on any of the patients that experienced falls  
Two of the eight falls had malfunctioning alarm or alarm not turned on

**Goal of less than 8.235 falls per 1000 patient days MET - 4.87 falls per 1000 patient days**

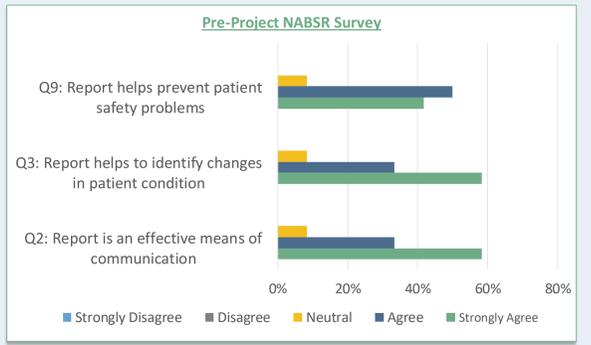
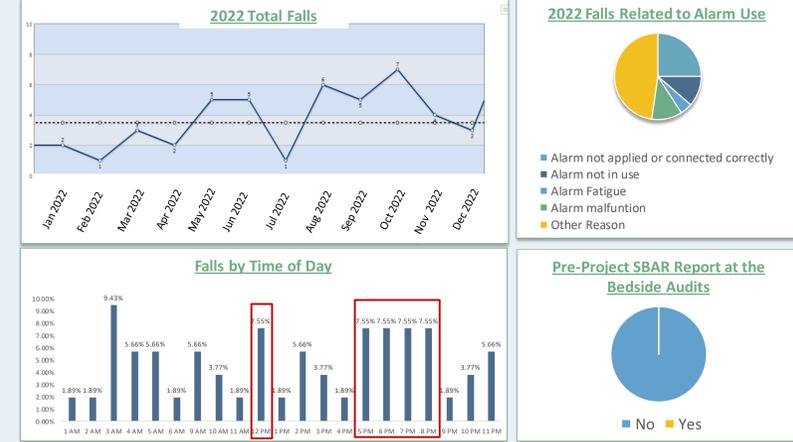
**AUDITS**

Leadership audits were performed to verify alarms  
Out of 154 audits, 70 alarms were found to not be turned on, applied correctly, or hooks up appropriately

**Goal of performing visual check of alarms during BSR 100% NOT MET**

## BASELINE ASSESSMENT DATA

- Forty-four patient falls occurred in 2022
- Highest number of falls occurred on Wednesdays between 5pm and 8pm
- More than half of the falls on the unit in 2022 were related to the use of alarms
- Eleven patient falls were related to alarms not being turned on, applied to the patient incorrectly, or not hooked to the unit alert system
- Other reasons for falls were identified as alarm equipment malfunction, alarm fatigue, and alarms not being used on patients



- A pre-project Nurse Assessment of Bedside Shift Report (NABSR) survey conducted in November of 2022, reflected:
  - Total of 12 nurses were sent surveys with 100% participation
  - 50% of respondents strongly agreed that SBAR report at the bedside:
    - Is an effective means of communication
    - Identifies change in patient condition
    - Prevents patient safety problems
- Pre-project leadership audits were conducted to evaluate the completion of SBAR reports at the bedside showed during a 2-week period, there were 154 opportunities for SBAR report at the bedside to occur and it was completed zero times.

## LEARNINGS & LIMITATIONS

- LEARNINGS**

  - PDSA cycles not long enough – ideally 3 to 4 weeks to catch all stable staff
  - Lower census = more manageable to round and do report
  - CNAs leave early without checking in with nursing
  - New alarms placed - not communicated to the team so not all know about alarm
  - Alarms and call lights not being answered while trying to give report
  - Some patients are not appropriate to do report at the bedside
  - There is a need to set clear role expectations regarding BSR for RNs and CNAs

**LIMITATIONS**

  - Rotating/floating staff every day and every shift
  - Challenges with consistently communicating education points with scheduling barriers, meeting cancellations, etc.
  - Culture of unit not performing BSR and knowledge of patient population influencing and preventing advancing practice of BSR as standard practice on the unit

**RECOMMENDATIONS**

  - Interactive staff education
  - Set unit goals to increase BSR to promote staff engagement
  - Investigate barriers to completing BSR and identify strategies to overcome
  - Collaborate with units with high BSR completion rates to identify strategies for improvement

## REFERENCES

Please scan the QR Code for references, acknowledgments, and supplemental materials pertaining to project