Providence Alaska Learning Institute
HealthStream Course

PAMC: Fall Prevention for Clinical Staff

14575
Revised July 2019
Course Description:

This course is designed for clinical healthcare professionals and will define falls, address the prevalence of falls in the hospital setting, identify fall prevention strategies, and how to manage falls when they occur in the hospital.
Learning Objectives:

• Discuss the importance of a fall prevention program
• Define a fall
• Describe causes of falls
• Identify prevention strategies
What is a Fall?

• Fall: Unplanned descent to floor (or extension of the floor; trash can, or other equipment) with or without injury including falls that result from physiological reasons (fainting) or environmental reasons (slippery floors.)

• Unassisted Fall: Occurs without the presence or assistance of a staff member.

• Assisted Fall: Staff was present & attempted to minimize impact by easing descent to floor.

*PAMC uses the fall definitions set by the National Database for Nursing Quality Indicators (NDNQI.)
Impact of Falls on Healthcare

• Agency for Healthcare Research & Quality (AHRQ) reports close to 1 million falls are recorded in U.S. hospitals every year. The care that is needed due to these falls (x-rays, splinting, surgery, extended hospital stay, etc.) is not reimbursed by the Centers for Medicare and Medicaid Services.

• As many as half of all reported hospital falls result in injury. In addition to the effects of falls on the patient, the annual total cost of fall-related injuries could increase to $34.4 billion by the year 2020.
Impact of Falls at Providence

- Falls have a very real impact on our own patients.
- In 2017, PAMC had:
  - 326 total inpatient falls
  - 5 falls that resulted in injury to the patient categorized as moderate to severe (requiring sutures, blood transfusions, surgical treatment, or fractured bones)
- According to the AHRQ cost estimates for falls are between $2680 and $15,491
Assess Risk

• Assess fall risk on admission, every shift, after transfer from another unit, & for change in condition

• When patient identified “At Risk to Fall” develop individualized plan to prevent falls & minimize injury if fall occurs and includes:
  – Consult physicians and/or pharmacy for medications that increase risk for falls (i.e., diuretics, benzodiazepines, sleep meds, etc.)
  – Assessing environment – cords off floor, lighting adequate, appropriate equipment in place (low bed if needed, floor mats)

• Mobility Assessment – use lift equipment (Sara Stedy etc.) for pts that cannot stand and balance for 10 seconds
**Falls Interventions**

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<th>Risk Factors</th>
<th>Recommended Interventions</th>
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| General Risk Factors                              | • Purposeful rounding every 1-2 hours  
• Patient/Family education; Age appropriate bed with alarms                                                                                                                                                          |
| Cognitive Impairment                              | • Anticipate & meet physical needs; Low stimulus environment; bed/chair alarms                                                                                                                                             |
| Altered Elimination                               | • Toilet every 2-4 hours around the clock; never leave high fall risk patient alone on toilet or bedside commode; Assess for presence of urinary tract infection                                                                 |
| History of Previous Falls or Unlikely to Call for Help | • Consider contract to NOT get up without assistance; Bed alarms; Low bed; Use of assistive devices; Use of gait belt as appropriate                                                                                       |
| Fall Risk Medication                              | • Consult with pharmacist if needed; Evaluate responses to new meds especially opioid therapy                                                                                                                           |
| Anticoagulation Therapy                           | • Protect from injury; Consider family presence  
• Consider sitter; work with Provider to ensure correct therapy levels                                                                                                                                                |
Bed Alarms – Available & Working

- Set at appropriate sensitivity
- Plugged in to nurse call system
- Bed must be zeroed before, for alarm to work properly
- Check alarm set during Purposeful Rounding
- All disciplines responsible for resetting alarms before leaving patient
- Specialty beds & rental beds may have different alarm settings – ask Rep or refer to the bed’s manual or Clinical Toolbox
Chair Alarms

• Patient out of bed in recliner, wheelchair, toilet, etc.
• Plugged in to nurse call system (where applicable)
• Use in the bathroom to alert if patient trying to get off the toilet without assistance
• Pads available include:
  – Chair pad; Stretcher pad; Toilet seat pad
Toileting & Purposeful Rounding

• Create a toileting plan:
  – Can reduce urgency that causes pts to try getting up without help
  – Pts taking diuretics may need more frequent toileting
• Prompt patient to use bathroom every 2 hours (part of Purposeful Rounding)
• Do not assume pt is safe on toilet with family or visitors. Patients at risk to fall are not left alone on toilet or commode
• If pt refuses caregiver attendance in the bathroom, document refusal in EMR (see Falls Program policy for more info)
Engage Everyone; Communicate Risk

• Visibly identify patients at risk by placing “Prevent a Fall” magnet on door jamb of room
• Include fall risk & interventions in all handoffs (shift change, transfers, Ticket to Ride)
• Adopt the “Not on My Watch!” attitude
• Use white boards for current safety & mobility needs
• No Pass Zone = All staff responds to bed/chair alarms to maintain patient safety
• Non-clinical staff calls for assistance and stays with the patient until help arrives
Debrief Every Fall

- Complete a UOR by the end of the shift
- All staff involved with the fall (therapies, TLC, etc.) and primary RN & PCT will do an immediate Post-Fall Huddle
- The purpose of the fall debriefings are to make immediate changes to the patient’s plan of care to prevent further falls & to share findings with other staff caring for pt
Summary

• Know your resources; ask manager/clinical educator/CNS who represents your area or someone on the Fall Prevention Taskforce
• Be familiar with PAMC “Falls Program” policy
  – Assess the risk; Turn on alarms
  – Toileting & Purposeful Rounding
  – Engage everyone; Debrief every fall
• Adopt the “not on my watch” attitude
Resources


• PAMC Falls Program Policy 951.110