

# **Defying Gravity**Fall Risk Assessment and Prevention Strategies on Mount \$inai's Acute Care for Elders Unit



Co-authored by Carli Grieve, RN, BScN, and Susanne Loay, RN, BScN

### Introduction

Falls are the number one cause (54.4%) of admissions to hospital in Canada for injuries (RNAO, 2011). Specifically, in seniors, falls were the cause of 84.8% of all injury admissions (RNAO, 2011). Falls, however, do not just happen in the community. 30-50% of individuals who are moved to unfamiliar environments like hospitals, nursing homes or long term care facilities experience a fall (WHO, 2008). Furthermore, 7% of seniors hospitalized due to a fall, who incurred a hip fracture, died (RNAO, 2011). Fall prevention for inpatients at Mount Sinai Hospital is imperative not only to promote safety and prevent injury, but also to decrease the amount of time an individual needs to be in hospital. The 10 North Acute Care for Elders (ACE) Unit cares for patients over 65 years of age, a population shown to be at a high risk of falls.

### Purpose

The 10 North staff sought to increase patient safety on the unit through fall prevention.

## Goal

The ACE staff sought to reduce the number of falls and severity that occur while patients are on the unit.

### Methods

ACE nursing staff applied evidence-based assessment protocols, collaborated with interprofessional resources, and implemented thoughtful and evidence-based fall prevention interventions.

## **Risk Factors for Falls**

- Cognitive impairment, confusion/delirium
- Acute illness
- Previous stroke
- Previous falls
- Auditory/visual deficits
- Physical barriers

Proximity to bathroom

An event that results

in a person coming

to rest inadvertently

on the ground or

floor or other lower

level (RNAO, 2011)

- Insufficient lighting
- Need to toilet
- Availability of call bell
- Availability of assistive
- Polypharmacy

## **Nursing Interventions**

- Non-slip socks
- Morse fall risk scale
- Fall alarm beds
- Fall alarm mats
- Call bell access
- Use of mobility aids
  - Moving patients closer to nursing station
  - Advocating for discontinuing IV lines/drains
  - Review medications that contribute to fall risk
  - Hearing and vision aids
  - Prompt voiding every 2hrs
  - Q1 hour monitoring
  - Involvement of interprofessional team & volunteers
  - Bedside safety check

## **Fall Care Plans**

Developed by the ACE unit staff, the fall prevention care plan is added to the Kardex as a communication tool on the measures taken to prevent falls for individual patients.



### Sitters as the Last Resort

The use of sitters or security is not a routine part of the ACE Unit's fall prevention strategies. In fact, the literature has shown that use of sitters neither reduce the number of fall incidents nor the severity of an injury from a fall (Adams & Kaplow, 2013). On the ACE unit there has been a reduction in the incidents of falls concurrently with a decrease in the overall use of sitters and security as constant observers. While a PSW or Security are utilized at times, the use of such personnel is considered only a part of a broader fall prevention strategy when there is a need to gain additional information to further inform the fall prevention plan. It is recognized that the use of a sitter or security cannot be the only strategy to prevent falls, but their use on a limited basis, as a part of a broader fall prevention strategy, may assist in fine tuning that plan.

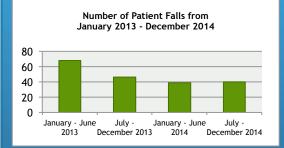
Most importantly = constant care providers do not quarantee fall prevention

## It Takes a Village

The introduction of fall beds on the unit require a nurse to respond quickly when the patient gets up and the alarm sounds. Current unit culture on 10N is such that each fall bed alarm is everyone's responsibility.

The 'High Risk for Falls' signs indicate that a patient requires more frequent checks. This too is approached and maintained through teamwork.

### Results



### **Implications**

Fall incidence can be limited through careful assessment and evidence-based prevention strategies. Fall prevention aligns with the organizational aim for excellence in patient care and safety, ultimately seeking to improve patient outcomes and promote a positive overall experience in hospital. Fall incidence is a nursing sensitive indicator and is an ongoing priority of the ACE team. NEXT STEPS: Moving forward, the ACE Unit's goal is zero falls. The unit is working on improving its current strategies to help minimize the number and impact of falls.

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