Falls Safety Agreement:
Evidence-based Benefits of Patient Contracting in Hospitalized Older Adults
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Background
Unintentional falls are a safety concern in hospitalized older adults as they may lead to serious physical and psychological injuries, decreased functionality, increased length of stay, and even death.

Purpose
This poster describes the results of a nurse-driven study that examined the effects of a fall safety agreement and the rate of injury in the adult patient population at Robert Wood Johnson University Hospital (RWJUH). RWJUH is a four-time American Nurses Credentialing Center (ANCC) Magnet® recognized academic, medical center located in an urban setting.

The RWJUH Fall Safety Agreement serves as a guideline for nurses to provide structured fall prevention education while forming a partnership with patients/families in implementing fall prevention interventions. It is completed with the patient upon admission into the hospital.

Methodology
A retrospective, quantitative, exploratory descriptive study design was used to analyze fall data from a pre-existing RWJUH Post Fall Huddle Database. Post Fall Huddles are completed by nursing staff in real time when a fall occurs. Data collection is loosely based on the fall indicators utilized by NDNQI.

Data from patients 18 years and older was analyzed and separated into two groups: 18-64 years and 65 years and greater. A total of 696 reported falls were included in the study.

Descriptive statistics were used for demographic variables. Chi Square tests were also performed to determine relationships between some of the variables.

The study did not support any characteristics unique to older adults who fell. In addition, results indicated that the overall majority of patients who fell suffered no injuries.

Conversely, during this study, a secondary data analysis of an existing fall database validated a significant relationship between the implementation of a RWJUH Fall Safety Agreement and fall injury (p = .039). A statistically significant relationship was found indicating that falls resulting in injury were more prevalent among patients without a RWJUH Fall Safety Agreement.

Utilization of a fall safety agreement that incorporates structured patient and family education may prove to be a useful nursing intervention in the prevention of fall injuries in the older adult.

References