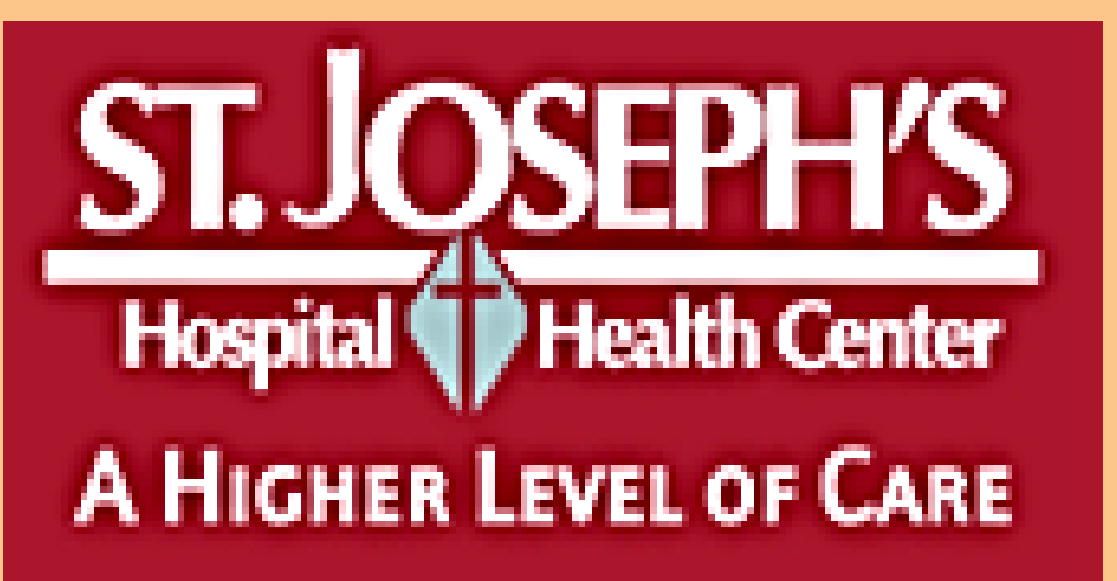




Let's Drop a Bundle on Falls at No Cost: Quality Improvement the Collaborative Way



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Purpose & Significance

- Falls cause not only injury but complication to patient outcomes-up to and including death
- Little literature exists for “bundling” care practices to impact falls-prevention and patient outcomes
- Staff innovated a bundled falls-prevention plan where they blended individualized, best practice falls-prevention strategies intending to result in global quality improvement in fall rates: a reduction in number, injury, cost, and length of stay while impacting satisfaction for patients, families, and staff
- Falls prevention is the responsibility of all members of the health care team and only by working together can we decrease falls as well as injury from falls



Background

- Close to 1 million falls are recorded every year in US hospitals with as many as half of these falls result in some type of injury (AHRQ)
- Every 29 minutes, an older adult dies from a fall; every 14 seconds an older adult is treated in an emergency room for a fall-related injury
- No one change will eliminate falls completely but an evidenced-based research approach can lessen the number
- Patients who suffer a serious fall injury (fracture or head injury) increase their length of stay by an average of 6-12 days
- We need to create an environment of standard fall prevention strategies as well as individualized interventions that reduce falls and subsequent injury

Strategy & Implementation

- Frontline staff led a 2012 taskforce to review and critique literature of best practices to combine into a bundled, falls-prevention model of care for patients:
 - Pre-shift safety huddles, hourly rounding, utilization of the Morse scale risk-assessment tool, implementation of patient-specific nurse-/patient-centered interventions (diversion, orange door-magnets and bracelets, pharmacy and/or physical therapy collaborative consults, use of volunteers), and immediate post-fall defusing/debriefing (process improvement and psychological first aid)
- All staff (clinical/non-clinical colleagues) were educated regarding the new bundle
- Rapid-cycle piloting in select care areas was implemented and following a process/outcome review and revision, full implementation followed throughout our facilities

Method & Design

- Quantitative method was used to collect data
- Retrospective analysis of NDNQI reported data from September 2012-March 2013 were compared to similar data from September 2013-March 2014
- Descriptive and inferential statistics were used to analyze the data points



Results

- Bundling falls-prevention practices was found to have significantly more impact on falls reduction than non-bundling approaches ($t(12) = 4.17, p < .05$):
- 41% overall reduction in falls
 - 33% reduction in falls with moderate/severe injury level

Approach	n	Mean	SD	t-cal	t-crit	df	p
Non-Bundled	7	42.86	10.88	4.17	2.18	12	.00
Bundled	7	25.43	1.90				



Practice Implications & Conclusion

- This study suggests the benefit of a bundled approach to falls-prevention:
 - Implementing a bundled approach to falls-prevention promotes a safer environment for patients leading to a reduction in risk for acquired injury
- Taking an all-staff/house-wide approach to quality care inspires greater buy-in and participation that fosters the ultimate in best practice outcomes

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References available upon request

