Decreasing Falls: Interventions Aimed at Sensory Impairments

Wendy Lundregan, MSN, RN, OCN, Geriatric Nurse Specialist, NICHE Coordinator | Christina Patch, BSN, RN, Geriatric Resource Nurse Reading Health System, West Reading, PA

Background

- Falls in patients 65 years and older were identified as a problem on the E2 inpatient medical unit; in Q1 FY2014 fall rate for patients ≥ 65 years was 3.13 per 1000 patient days.
- Fall prevention programs are known to be effective for this population.
- Intrinsic factors such as visual, gait, and balance deficits in the geriatric patient can increase the risk of falls.





Goals

- Develop a standardized method to communicate sensory aid needs to all staff that enter the patient room and may provide assistance.
- Decrease fall rate for geriatric patients (65 years and older) on E2 inpatient medical unit.





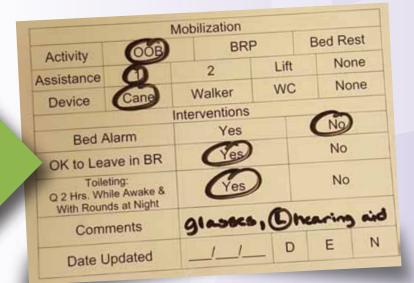


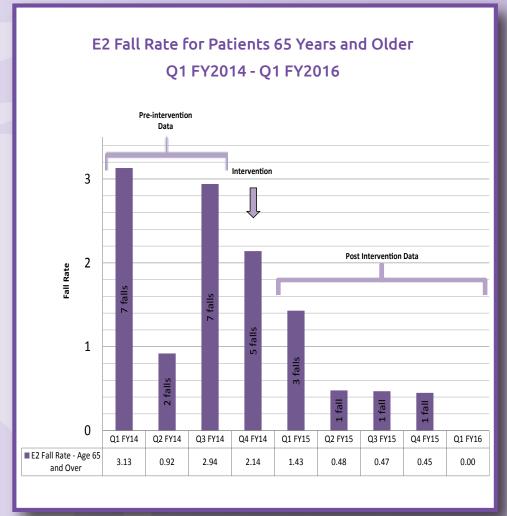
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Improvement Activities

- NICHE Coordinator convened meeting of E2 Medical Unit Geriatric Resource Nurses (GRN) and Geriatric Patient Care Assistants (GPCA)
- Group brainstormed ways to communicate patient need for sensory aid devices to all staff providing care and assistance to patients
- Selected the existing mobilization communication card located on patient whiteboards as best strategy to communicate sensory aid needs
- Assigned responsibility to update information on the mobility card to the nurse completing the admission assessment.
- GRNs and GPCAs educated colleagues on the new process through Nurse Manager's weekly updates, shift huddles, and the unit's communication tree
- Reinforced utilization of the cards during bedside shift report and rounding





Outcomes

- The fall rate on this inpatient medical unit for patients 65 years and older was 3.13 (includes all patient days) the first quarter of FY14.
- At the end of FY15, our fall rate in patients 65 years and older was 0.45 (includes all patient days).
- There were a total of 6 falls in patients 65 years old and greater on this unit FY2015. This is a 71% decrease in the number of falls.
- There were no falls in patients 65 years and older on the unit in the first 5 months of FY16.

Next Steps

- Communicate success to others through GRN Champions, Fall Team, Practice Council, CNSs and CPEs.
- Revise current fall prevention policy to incorporate these interventions.
- Educate all hospital staff.
- Develop consist processes on other units.

Reference

Gray-Miceli, D. & Quigley, P. (2012). Fall prevention: assessment, diagnosis, and intervention strategies. In Boltz, M., Capezuti, E., Fulmer, T., & Zwicker, D. (Eds.), Evidence-based geriatric nursing protocols for best practice (pp. 186–199). New York: Springer.