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Patient Fall Prevention

R9 West Cardiovascular

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Every year in the United States, hundreds of thousands of patients fall in hospitals, with 30-50% resulting in injury. Injured patients require additional treatments and sometimes prolonged hospital stays. In one study, a fall with injury added 6.3 days to the hospital stay. The average costs for a fall with injury is about $14,000.

**Problem/Impact Statement:**

Every year in the United States, hundreds of thousands of patients fall in hospitals, with 30-50% resulting in injury. Injured patients require additional treatments and sometimes prolonged hospital stays. In one study, a fall with injury added 6.3 days to the hospital stay. The average costs for a fall with injury is about $14,000.

**Scope:**

In scope: Clinical Staff on R-9 will reduce the amount of patients who fall in their unit.

**Goal/Objective:**

Overall Goal: Reduce the prevalence and severity of falls in patients hospitalized on R-9 West.

KPI 1: Educate 100% of the staff on falls.

KPI 2: Reduce R-9’s fall rate from an average of 2.3 falls per 1,000 patient days to 0 within two quarters.

**Baseline Metrics/Current State:**

- Due to the R-9 patient population and their procedures, all patients were considered high fall risk.
- The current tool did not predict which patients could fall.
- There was not an educational tool designed for high fall risk patients that explained the mitigation strategy that would be deployed to prevent falls.
- There was not any identifiable marker that visibly demonstrated that the patients were at high fall risk other than a sign on the door.

**Root Cause Analysis:**

- Patients with fall history
- Cognitive/visual impairment
- Effects of new medications (i.e., change in BP)
- Staff not remaining with patients who are at the highest fall risk when using commode or bathroom
- Patients don’t see themselves as a fall risk
- Lack of inpatient education tools that address why we screen patients for fall risk, interventions to keep them safe and asking for their assistance
- Unorganized or lack of continuous fall assessment per patient
- Patient room may not be reduced in clutter
- Patient belongings out of reach
- Delayed response to answering call bell
- Methods/Process
- Material
- Knowledge
- Human Factors
- Overscheduled high-risk tools make it hard to predict which patients will fall
- Lack of testing schedule for patients on diuretics
- Patient may not be included in orders
- Patient may be decreased out of reach
- Designated response to eliminating call bed
- Staff not always completing hourly rounding with purpose

**Outcomes**

R-9 Fall Rate per 1,000 Pt Days

<table>
<thead>
<tr>
<th>Month</th>
<th># Falls/Month</th>
<th>Total Waste (Hard $)</th>
<th>Savings (Hard $)</th>
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<td>1</td>
<td>2</td>
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<td>-$8,750.00</td>
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<td>7</td>
<td>0</td>
<td>$0.00</td>
<td>$19,250.00</td>
</tr>
</tbody>
</table>

**Next Steps**

Continue concurrent documentation of fall risk tool and STRATIFY tool, deploy the fall risk bracelet & assess patients reaction and deploy the fall risk education tool and assess feedback from patients.