



Background

- Falls/fall injuries in hospitals are the most commonly reported adverse events among adult in-patients.
- Nurses play a key role in improving fall prevention in the hospital setting.
- Compliance to fall-risk prevention policies/measures in hospitals is linked to decreased fall rates.
- Completion of accurate fall risk assessments and implementation of fall risk intervention decreases in-patient falls.
- The Conley Scale is easy to use with studies showing it is a reliable tool to score patients' risk for falls.
- Grant 4 Cardiac had 33 in-patient falls from Feb-Aug 2016.

Practice Change

Reduce current in-patient fall rates on Grant 4 Cardiac by promoting nurse compliance of current fall policies and protocols through an educational program focusing on appropriate use of the Conley Scale Fall Assessment and fall prevention intervention.

Methods

- Current in-patient fall rates on G4C were reviewed
- Pre-educational survey was distributed to gauge staff understanding of the Conley Scale and fall interventions along with staff compliance. Survey data was analyzed.
- Staff education was provided at a monthly staff meeting through verbal explanation coupled with informational flyers hung on the unit, and educational brochures distributed to staff.
- Post educational tool was distributed staff to gauge effectiveness of education material and educators.

Measures and Results

64% of RN's reported use of a bed alarm as a fall risk intervention they would implement in a patient who scores higher than a 0 on the Conley Fall Risk Assessment; current floor policy requires patients who score higher than a 0 require a minimum of the following interventions: a bed alarm, red slippers and a yellow wristband.

55% of staff strongly agreed to being able to successfully assess fall risk, implement interventions, identify safety risks, and conduct a "last look" in patient's rooms prior to exiting to ensure appropriate interventions are implemented.

45% of staff agreed to being able to successfully assess fall risk, implement interventions, identify safety risks, and conduct a "last look" in patient's rooms prior to exiting to ensure appropriate interventions are implemented.

Open round table discussion with staff allowed staff to voice ability to identify high fall risk patients followed by education of medication classes that place patients at higher risk for falls.

Only 57% of RNs reported they always assess whether or not a patient has fallen in the last 3 months, a key component to the Conley Fall Risk Assessment.



Summary/Discussion

- RN staff require further education on patient fall risk assessment to successfully meet Conley Scale criteria.
- Staff education is an on-going process requiring frequent up-dates, refresher information, as best practice in nursing is constantly evolving.
- Staff engagement is crucial in fall-risk preventative measures as nurses are front line staff on in-patient units.
- An audit process should be implemented on the unit to increase staff compliance and accountability of staff regarding appropriate implementation and documentation of fall risk interventions specific to individual patients.
- Current fall data and high fall risk patients should be identified during each shift during huddle.

Conclusion

- Staff should be assessed at least yearly for understanding of current fall policy and Conley Scale Assessment during the annual skills day.
- Falls pose a threat to patient safety
- 1:3 in-patient falls are preventable
- In-patient falls must continue to be tracked to evaluate effectiveness of staff education.

Guzzo, A. S., Meggioraro, A., Mannocci, A., Tecca, M., Salomone, I., & La Torre, G. (2015). Conley scale: assessment of a fall risk prevention tool in a general hospital. *Journal of Preventative Medicine and Hygiene*, 56(2), 77-87.

Preventing falls in hospitals. (2013, January 31). Retrieved March 5, 2017, from <https://www.ahrq.gov/professionals/systems/hospital/fallptoolkit/index.html>

Quigley, P., & White, S. (2013). Hospital-based fall program measurement and improvement in high reliability organizations. *The Online Journal of Issues in Nursing*, 18(2). Retrieved March 5 2017, from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableOfContents/Vol-18-2013/No2-May-2013/Fall-Program-Measurement.html>

Swan, Nina (2016, October 31). EMHS patient care policy: fall prevention protocol. Retrieved March 5, 2017, <https://emhs.ellucid.com/documents/view/14830>

Urquhart Wibert, Wanda. (2013). The effectiveness of a fall prevention/management program in reducing patient falls: a retrospective study. *Journal of Chi Eta Phi Sorority*, 57(1) 24-25. Retrieved 6 March 2017, from <http://www.library.umaine.edu/auth/EZProxy/test/auth.asp?url=http://search.ebscohost.com.proxy4.ursus.maine.edu/login.aspx?direct=true&db=c8h&AN=107831072&site=ehost-live>

Weinberg J. et al. (2011). An inpatient fall prevention initiative in a tertiary care hospital. *Joint Commission Journal on Quality and Patient Safety*, 37(7) 17-25.