Evidence-Based Falls Prevention Project Scope and Plan

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**General Information**

Project Name: Evidence-Based Falls Prevention

Project Manager Name: JIE LI

Site: Mercy Health Partners, Hackley Campus

Location: Muskegon, MI

**Project Overview**

Although many factors can result in patient falls, postoperative patients are at higher risk for a fall. In their study, Church, Robinson, Angles, Tran, and Wallace (2011) found that “one or more postoperative falls occurred in 1.6% of surgical inpatients and can lead to significant morbidity” (Comments section, para. 1). Another study conducted by Lloyd (2011) found that “orthopaedic patients may be at higher risk for falling due to factors identified in the literature, such as medications, mobility, and advanced age” (Description of problem section, para. 1). They recommended that creation of a unit-specific fall-prevention program may be more effective at reducing incidence of falls in the adult orthopaedic inpatient setting. As a nurse working on a surgical unit, I have been providing nursing care for many types of post operative patients, including neurosurgery patients and plastic, urology, general, and orthopedic surgery patients. Many patients undergoing elective knee arthroplasty have a femoral nerve block catheter placed for postoperative analgesia; many patients have epidurals for pain management after major spinal surgery, open renal surgery, or hip or knee replacement; patients usually take warfarin to prevent venous thromboembolism after total knee or total hip arthroplasty; many elderly patients become confused after an operation and anaesthetic. The factors mentioned above increase the risk of patient falls. At Mercy Health Partners (MHP) Hackley Campus where I work, every inpatient unit receives a monthly fall report displaying the fall rate. The house wide fall rate was 5.8% in July 2011. The total number of reported falls in July was 19, and 11 of those falls are in-patient falls. Of those in-patient falls, 4 had minor injuries. Fortunately, no moderate injury or major injury occurred. The house wide fall rate was 3.0% in August 2011. The total number of reported falls was 10, and 5 of those falls are in-patient falls. Of those in-patient falls, 1 had minor injury, and 1 had major injury. In July, MHP’s patient fall rate was higher at 5.8 patient falls per 1,000 patient days versus the national benchmark rate of 3.64 patient falls per 1,000 patient days. Although our fall rate in August was lower than the hospitals in the national comparative, one major injury occurred. MHP participates in benchmarking our fall rates across the nation through the National Database of Nursing Quality Indicators (NDNQI). Over 2300 hospitals participate in the NDNQI fall rate data collection. Because of the potential adverse consequences associated with patient falls, I realize that there is a critical need for my unit and the hospital to develop a comprehensive fall prevention program. Prevention of falls is an issue of concern for all hospitalized patients. The purpose of this project is to prevent as many falls as possible, thereby preserving the mobility, qualify of life, and independence of patients.

**Project Goals**

To develop and implement an evidence-based falls prevention program and educate healthcare providers and patients about the program in order to decrease the fall rate by 0.1% by December 18, 2011.

**Project Objectives/Deliverables**

1. Complete literature review of evidence-based practices for the prevention of falls by September 7, 2011.
2. Complete rough draft of the evidence-based falls prevention program by September 21, 2011.
3. Submit rough draft of the evidence-based falls prevention program to the manager of my unit for approval or changes by September 24, 2011.
4. Submit final draft of the evidence-based falls prevention program to the risk management department at the hospital for approval by September 28, 2011.
5. Survey healthcare providers to examine their knowledge and attitudes related to patient falls by October 10, 2011.
6. Educate healthcare providers on the evidence-based falls prevention program by October 17, 2011.
7. Begin implementing the evidence-based falls prevention program by October 18, 2011.
8. Evaluate improvement in healthcare providers’ knowledge of the evidence-based falls prevention program by December 18, 2011.

**Comprehensive List of Project Requirements/Activities/Tasks**

1. Complete literature review of evidence-based practices for the prevention of falls by September 7, 2011.
   1. Ask a librarian for exploring appropriate data bases by September 2, 2011
   2. Identify key search words by September 2, 2011
   3. Complete data search by September 4, 2011
   4. Write summary of literature search by September 7, 2011
2. Complete rough draft of the evidence-based falls prevention program by September 21, 2011.
   1. Complete rough draft of a written policy for a falls prevention program by September 14, 2011.
   2. Complete rough draft of staff education outline by September 21, 2011.
3. Submit rough draft of the evidence-based falls prevention program to the manager of my unit for approval

or changes by September 24, 2011.

* 1. Present the project to my unit’s manager by September 22, 2011.
  2. Obtain feedback and suggestions on the project by September 24, 2011.

1. Submit final draft of the evidence-based falls prevention program to the risk management department at the hospital for approval by September 28, 2011.
   1. Discuss with the director of risk management department about the project by September 25, 2011
   2. Gain permission to implement the project by September 28, 2011.
2. Survey healthcare providers to examine their knowledge and attitudes related to patient falls by October 10, 2011.
   1. Develop the survey by October 3, 2011.
   2. Print the survey by October 4, 2011.
   3. Send the survey to front-line healthcare providers, such as registered nurses (RNs), patient care

assistants (PCAs), physical therapists (PTs), and occupational therapists (OTs), at the hospital

by October 5, 2011.

* 1. Receive the returned surveys from the front-line healthcare providers by October 10, 2011.

1. Educate healthcare providers on the evidence-based falls prevention program by October 17, 2011.
   1. Cooperate with education department team to educate healthcare providers on the evidence-based falls

prevention program. MHP has been offering job skills training yearly for RNs and PCAs. I strongly

recommend the fall prevention program as one of the topics for the annual job skills training. It is the

time to have this year’s job skills training. We should enlist PTs and OTs for this training.

* 1. Inform front-line healthcare providers, such as registered nurses (RNs), patient care assistants (PCAs),

physical therapists (PTs), and occupational therapists (OTs), of time and location of fall prevention

education and training by October 12, 2011.

* 1. Educate the front-line healthcare providers about fall prevention education and training these risk factors by October 17, 2011.

1. Begin implementing the evidence-based falls prevention program by October 18, 2011.
   1. Implement the evidence-based falls prevention program on all inpatient units in the hospital by October

18, 2011.

1. Evaluate improvement in healthcare providers’ knowledge of the evidence-based falls prevention program by December 18, 2011.
   1. Receive feedback on staffs’ current thoughts and questions about the falls prevention program by December 18, 2011.

**Timeline**

Objective #1 Complete in 8 hours

Objective #2 Complete in 8 hours

Objective #3 Complete in 8 hours

Objective #4 Complete in 8 hours

Objective #5 Complete in 8 hours

Objective #6 Complete in 24 hours

Objective #7 Complete in 24 hours

Objective #8 Complete in 8 hours

**Assumptions & Constraints**

**Assumptions**

1. The project will be supported by the unit manager and the director of risk management department.

2. The front-line healthcare providers, such as RNs, PCAs, PTs, and OTs, have readiness to implement the falls

prevention program.

3. The project objectives are met within their time frames.

4. The project will optimize patient care and improve patient safety.

**Constraints**

1. Healthcare providers may not be awareness of the importance of falls prevention.

2. Healthcare providers resist change.

3. The amount of time available to complete the project.

4. The cost to implement the project.

**Success Criteria**

“In-patient falls have consistently been the largest category of reported hospital patient safety incidents since the 1940s. The incident rate for falls is approximately three times higher in hospitals and nursing homes than in community-dwelling older people” (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & National Institute for Occupational Safety and Health, 2010, p. 28). Falls account for a significant number of injuries due to inadequate caregiver communication, incomplete assessment and training of new staff, inadequate staffing levels, malfunction or misuse of equipment, and insufficient education of the patient and his or her family. A retrospective study conducted by Von Renteln-Kruse and Krause (2007) found that “a significant reduction in fall incidence and the relative risk of falling followed introduction of an interdisciplinary team–based fall-prevention intervention. There was also a slight decline in the rate of total fall-related injuries” (Discussion section, para. 1). It is therefore important to have an evidence-based falls prevention program for all hospitalized patients. The project is to increase healthcare providers' awareness of fall risk factors and make them more knowledgeable about fall prevention measures. Although it may not be possible to prevent every fall, most falls are preventable. Each fall prevented is one less potential injury, fracture, head trauma, or death. The project will be a success when the fall rate will decrease 0.1% two months after implementation of the falls prevention program.

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References

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