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2014

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Recommended Citation
Mondloch, Mallory, "Reducing Falls and Fall-Related Injuries in the Acute Care Setting" (2014). *Nursing Posters*. 31.
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Reducing Falls and Fall-Related Injuries in the Acute Care Setting

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The Minnesota Hospital Association released a safety alert indicating there has been a significant increase in the number of reported patient fall events. Each year, falls and fall-related injuries account for an astounding number of unnecessary healthcare costs. Not only are falls costly, but many sadly result in major disabilities or deaths.
Here are steps we can take to reduce falls and fall-related injuries:

Identify risk for fall and injury

- Identify high fall risk patients upon admission, after a fall, post-procedurally, upon transfer from another unit, and when there is a clinical change in patient condition or at any time based on nursing judgment.
- Identify patients that are not only at high risk for falls, but also at risk for injury in order to implement targeted interventions and reduce fall-related injuries. The Institute for Healthcare Improvement has found 4 factors that place a patient at increased risk for injury, and these 4 factors can be remembered by using the mnemonic ***ABCS***
  - **A= Age** (≥85 years old or frail)
  - **B= Bone** (osteoporosis, metastatic bone cancer, previous fracture, or chronic steroid use)
  - **C= Coagulopathy** (bleeding disorders or anti-coagulants)
  - **S= Surgery** (recent surgery, esp. lower limb amputation or major abdominal/thoracic)

Communicate and educate

- Communicate with patients and families about risk for falls and/or fall-related injury.
- Use the "Teach Back" method and have patients and families paraphrase the information you have just provided.
- Utilize My Care Board to reiterate with a patient and their family interventions used to prevent falls and injury.
- Communicate patient safety with your team.
- Use team huddles at the beginning and throughout the shift.
- Use visual indicators such as yellow socks, yellow light/signage outside room to quickly communicate fall risk with staff.

Implement standardized interventions

- Implement **Universal Fall Precautions** for all patients, whether low or high fall risk.
- **Hourly rounding**: Address all of the patient's needs (toileting, pain, environmental safety check, call light within reach, etc.)
- **Use of alarms**: Alerts staff when there is potentially unsafe movement. Double check that the alarm is functioning properly and activated prior to leaving a patient's room.
- **Within arm's reach**: Staff to remain within arm's reach of high risk patients during transfers to/from bed, chair, bathroom, commode or other transitions as appropriate.
- **Safe exit side**: Assist the patient out of bed on their stronger, or unaffected, side. Arrange possessions within reach of the patient's favored site.
- **Floor mats**: Help to decrease the impact of a fall and prevent injury.

Customize interventions based on assessment

- Provide individualized care and ensure the identified risk factors drive interventions.
- By identifying the root cause of a patient's risk for falling or risk for injury (gait instability, high-risk medication, etc.) and pairing it with meaningful interventions, we modify or eliminate that specific risk factor.
- Examples of paired interventions include but are not limited to:
  - Gait belts for gait instability
  - PT/OT consults for physical weakness/ADL deficit
  - Bed in lowest position for patients at risk for injury from falls
  - Medication review for patients taking high-risk medications
  - Environmental safety checks for patients at risk of injury from falls
  - Floor mat placed at the beside for a patient at risk for injury and with cognitive/memory issues

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