2014

Rehabilitation Fall Prevention Strategies

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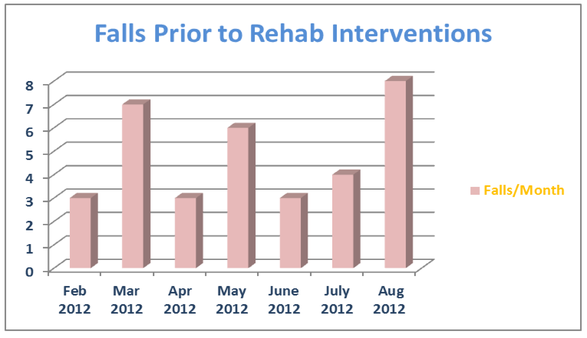
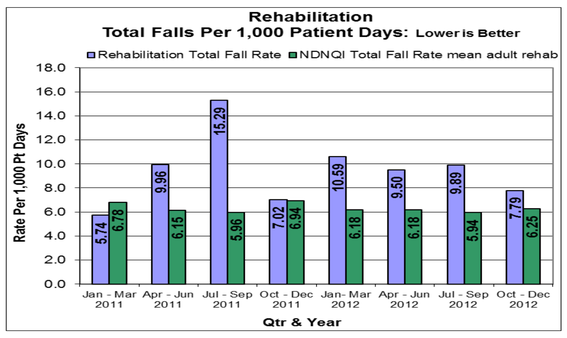
Goals for Change

- Improve communication among health care workers
- Assisting staff to be aware of how a patient is transfers in a very visible and assessable way
- Alerting staff to the fall prevention measures that have been implemented to reduce the likelihood that patient would fall
- Helping staff to be more aware of ways to prevent falls.
- Reduce the fall rates to equal to or less than NDNQI mean on rehab units
- Prevention of injury/harm to patients
- Patient/family satisfier
- Alert staff to the need to complete a fall assessment on every patient every 12 hours
- Decrease use of 1:1s by using other fall prevention interventions



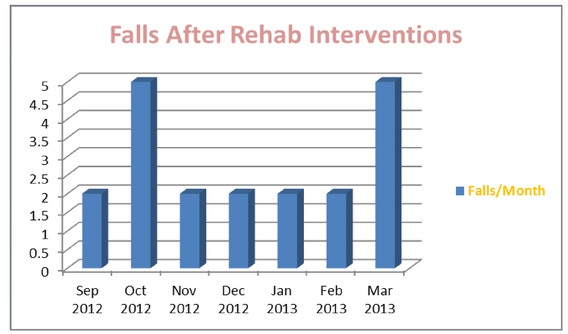


Findings in the Literature

- A *Rehabilitation Nursing* article (Nelson, Harwood, Tracey, & Dunn, 2008) poses a myth about patient handling it is that nurses, doctors and therapists are on the same wave link when it comes to communication.
- Nelson, Harwood, Tracey, & Dunn, (2008) refuted this myth by indicating that the lack of communication is a known complaint. Ineffective communication amongst health care providers, therapists and nurses was the number one foreseeable mortality rate indicator.
- According to Hempel, Newberry, Wang, Booth, Shanman, Johnsen, Shier, Saliba, Spector, & Ganz, (2013), some of the usual interventions used for all patients include the completion of a fall risk assessment, education of family and patient and evaluating the fall for areas of improvement.
- Hempel, Newberry, Wang, Booth, Shanman, Johnsen, Shier, Saliba, Spector, & Ganz, (2013), wrote that a fall assessment is used to determine what fall prevention measures the patient should be receiving, such as alert signs on doors, beds, and chart. Keeping staff aware of the interventions that are in place for individual patients to prevent a fall.
- According to the Fall Management Policy, (12/2012), the health care provider will be aware of the problems that place a patient at risk for falls, aware of how often patients are assessed and be aware of the interventions that can increase patient and staff safety.

Results of Implementation of Posters

- There were 34 falls noted from Feb 2012 to August 2012. Lets Stop Falls poster was implemented September 1, 2012 which showed that the falls where reduced to 20 falls in the next 7 months which was a reduced of 30%.
- In December 2012, the Fall Intervention/Prevention Poster was implemented. Each patient has poster and the interdisciplinary care team (Therapy and Nursing) are responsible every shift to make sure it is updated and current



Fall Interventions/Preventions

Date Last Reviewed: _____ **Initial:** ____ (RN) ____ (PCA)

PT Transfer Recommendations	
_____	***Ambulate with:*** **No Device Gait Belt Cane Walker**
_____	***Assistance of:*** **A2 A1 CGA SBA Independent**
_____	***No Ambulation at this time, wheelchair only***
_____	***Other:***

Is it OK to leave this patient alone in the bathroom? **Yes No**

Can family transfer this patient? **Yes No**

All patients will have education on fall precautions, sign outside the door, bed in lowest position, and appropriate footwear.

High Fall Risk - Requires These Additional Interventions	
	Extra Comfort Rounding: q 15 / 30 / Other
	Bed Alarm: Medium Sensitivity / High Sensitivity
	Chirper: Bed / Chair / Both
	Posey sitter: Chair / Bed / Both
	Floor mats: Right / Left / Both
	Three Side Rails Up
	Mechanical Lift
	Other (please indicate):

References

American Nurses Association, (2013). *Nursing quality indicators: Total falls per 1,000 patient days on adult rehab* (4th quarter, 2012). Retrieved from https://www.nursingquality.org

Fall Management Policy. (12/2012). St. Cloud Hospital, St. Cloud, MN

Hempel, S., Newberry, S., Wang, Z., Booth, M., Shanman, R., Johnsen, B., Shier, V., Saliba, D., Spector, W.D., & Ganz, D.A. (2013). Hospital fall prevention: A systematic review of implementation, components, adherence, and effectiveness. *The American Geriatrics Society, 61*(4), 483-494. Retrieved from DOI: 10.1111/jgs.12169

Nelson, A., Harwood, K.J., Tracey, C.A., & Dunn, K.L. (2008). Myths and facts about safe patient handling in rehabilitation. *Rehabilitation Nursing, 33*(1), 10-17. Retrieved from http://www.rehabnurse.org/uploads/files/pdf/sphchptr3.pdf

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