

Evidence-based Practice: Implementation of Fall Agreement and Education Form

on an In-Patient Orthopedic Floor

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Introduction

Most hospitals have fall-prevention programs and still have high fall rates as a continuing problem. With the myriad of fall prevention strategies provided with evidence, patient falls should no longer be a current concern. The National Database of Nursing Quality Indicators (NDNQI) defined a patient fall as an “unplanned descent to the floor, with or without injury to the patient” (Agency of healthcare Research and Quality 2013). In the United States, it is estimated that patient fall incidents in the acute care setting average to 3.3 to 11.5 per 1000 patient days (Boudin et. al. 2013). In the 6B Orthopedic and Spine Unit, we have a comprehensive unit-based safety program (CUSP) which helps our clinical teams work safer by combining teamwork, clinical best practices, and science of safety. We have come up with an initiative that would supplement our current fall prevention practices. Falls are of great importance specifically for this unit since a patient fall can prolong the patient’s hospital stay or may lead to a sentinel event.

Objective

The objective of our project is to partner with our patients and their families by getting them engaged and heighten their awareness of their safety. The main goal is to decrease the FY2022 fall rate from 2.6 to less than 1.7.

Assessment

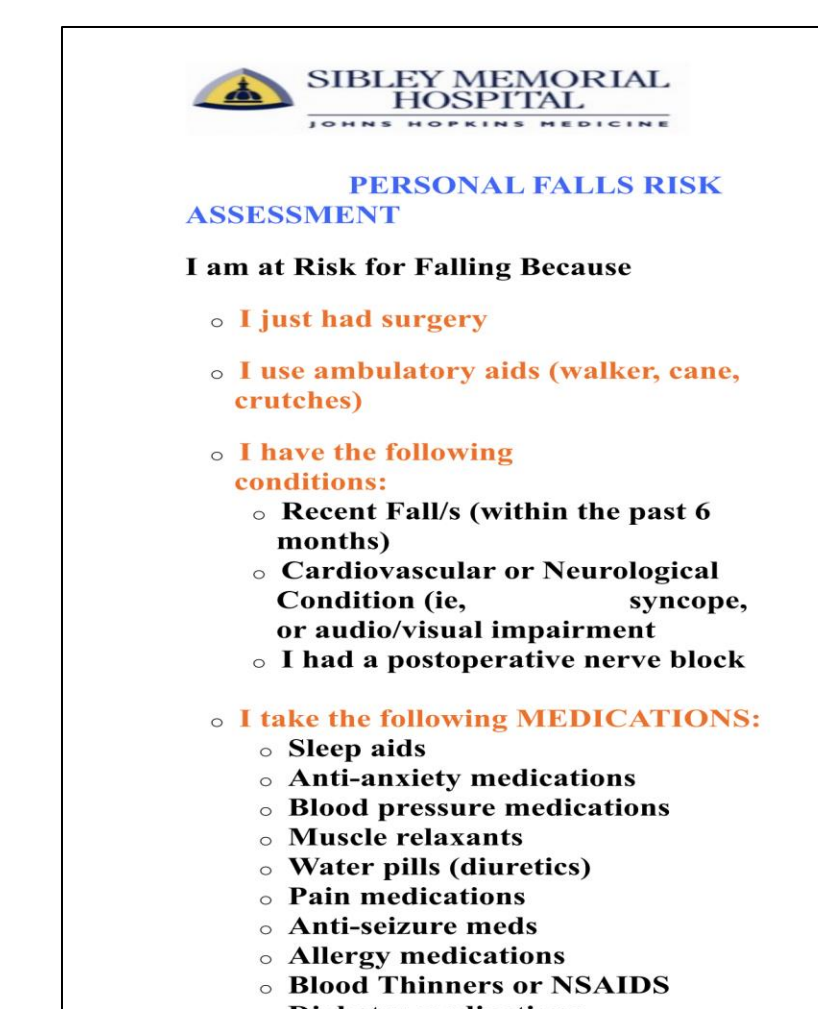
The 6B CUSP team sent out a 3-part questionnaire to the entire staff with the question “When will the next patient be harmed?” The top answer was patient falls.

Plan

In addition to the John Hopkins Fall Risk Assessment Tool (JHFRAT) that classifies a patient's risk into low, moderate and high, we have added 2 steps. Patients who scored moderate or high fall will have a high fall risk sign posted on the door, yellow fall risk band and the yellow socks, a pink colored sign reminding the healthcare personnel to have the bed/chair alarm on before exiting the patient’s room.



The picture above shows the supplies made available on every patient's room for high fall risk patients. Fall risk sign, alarm reminder sign, chair alarm pad, Fall risk bracelet.



Fall agreement form and education

The fall agreement form was introduced as an adjunct to the current fall risk assessment tool (JHFRAT). It is comprised of 4 questions easily answered by the patient (personal fall risk assessment) and an agreement side that requires the patient to sign under 4 conditions without coercing/forcing them but having them personally be involved in their care. The criteria for patients included in signing the fall agreement education form are as follows: above 18 y/o, alert and oriented, the papers should be signed within 24 hours of admission (includes transfers and post-operative).

Most of the elective preoperative orthopedic patients are given a packet by the Clinical Nurse Navigators of which Fall agreement and personal fall risk assessment forms are included.

Implementation

The project was initiated October 2021. All 6B nursing staff went to do hands-on training during the CUSP monthly meeting as the form was introduced. We encouraged staff engagement by providing monthly meetings and updates, huddle announcements and charge rounds to check on Fall agreement form being signed on newly admitted patients within 24 hours. The Patient Fall agreement and education form was applied to patients admitted or transferred to 6B that are alert and

oriented, patients that scored moderate to high fall risk on the JHFRAT. It was not merely orthopedic patients, although 70-80% of our patients are Orthopedic, we get a mix of medical-surgical patients as well. We made 2 copies of the signed form, one to remain on the patient's chart and one to stay in the patient's room for a visual reminder.

Results

By the end of Fiscal Year 2022, 6B had a total of 7 in-patient falls from 5,933 patient days. It has decreased significantly from FY2021 with 15 in-patient falls out of 5,836 patient days. There is a comparable decrease in the unit’s fall rate from 2.6 per 1000 patient days in FY2021 to 1.2 per 1000 patient days in FY2022. This had brought 6B a significant decline of 1.4 in the unit’s fall rate from the previous year. The unit’s fall rate goal of <1.7 was also met.

6B	# Falls	# Patient Days	Falls Rate per 1000 Patient Days	# Falls with Harm	Fall with Harm Rate per 1000 Patient Days
FY22Q1	1	1499	0.7	0	0.0
FY22Q2	2	1557	1.3	1	0.6
FY22Q3	1	1231	0.8	0	0
FY22Q4	3	1646	1.8	0	0
FY22YTD	7	5933	1.2	1	0.2
CY21	12	6081	2.0	2	0.3

Conclusions

Upon implementation and introduction of the fall agreement and personal risk assessment form to the current fall prevention protocol, our orthopedic unit's fall rate has significantly decreased. Partnering with our patients and their families has made them more engaged and accountable with their safety, thus preventing in-patient falls.

References

Boudin et. Al(2014), Falls among Adult Patients Hospitalized in the United States: Prevalence and Trends
 Ganz D., Huang C., Salita D., Shier V.(2013), Preventing falls in the Hospital
 Vonnes C., Wolf D.,(2017). Fall risk and prevention agreement