EBP – Best Practices to Decrease Falls in an ICU Setting

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EBP Question: What Are Best Practices To Reduce Falls in an ICU Setting?

Problem

- Prior to moving to the New Clinical Building, April of 2012, 75% of falls in the CVSICU were witnessed compared to 11% after the move.
- Fall rate was below the NDNQI benchmark prior to move and above benchmark after the move.
- Patient census, nurse staffing, and bed alarm technology had not changed.

Background

- One fall without serious injury costs an additional $3500, while patients with >2 falls without serious injury have increased cost of $16,000.
- Falls with serious injury increase costs by $27,000.

Some changes post move

- Room/Unit layout changed, square footage increased significantly and Unit became all private rooms.
- Unit now utilizes Clinical Technicians.
- New alarm/alert/workstation technology has been introduced. (ASCOM phones, Physiologic Monitor pagers, increase in number of workstation/Unit stations)

What is the current practice?

- Fall risk assessment completed each shift.
- Fall risk signage displayed in clear sleeve outside of room, under patient name.
- 1:1 to 2:1 nursing patient ratio with 1-3 techs on dayshift and 1-2 techs on nights
- Beds are maintained in low position unless purposefully raised for treatment or procedure.

Baseline Outcome Measure Data

- Short-term Goals:
  - Decrease the quarterly fall rate in the CVSICU by 20%
  - Increase the percentage of “witnessed” falls to ≥ 75% of quarterly falls

Baseline Process Measure Data

- Long-range Goal:
  - Attain and maintain fall rates below National Benchmark

Bundled Set of Interventions

- Fall documentation audit
- RASS and CAM-ICU assessment documentation audit
- Pocket cards provided to all staff
- Identification of “higher fall risk patients” in multidisciplinary team huddles at change of shift
- Addition of “fall risk” discussion on our rounding Clinical Practice Guideline Checklist
- Shared results of audits combined with staff re-education and awareness of impact falls have on patient safety

Recommendations

- Continue bundled set of interventions
- Rotate the “3” Staff Education posters every month to maintain staff alertness to importance of fall prevention
- Educate Staff and roll out the “Purposeful Rounding” intervention now that we will have stable staff on the unit.
- Measure sustainability of fall rates below National Benchmark

CVSICU Falls Post Implementation of a Bundled Set of Interventions

CVSICU Bedside Signoff Sheet for Purposeful Rounding