Patient falls with injury are a major safety concern. These injuries add cost, detract from patient experience, and at worst cause pain and in extreme cases, even death. We sought to reduce the incidence of injuries sustained from falls with a goal of a 50% reduction from the previous year.

The national average for inpatient falls is two per minute. Related injuries range from minor to fatal, and even a minor fall can increase length of stay and related costs. The literature demonstrates the mean cost of a fall-related injury is greater than $6,600, with the average length of stay following a severe injury to be an average of 38 days longer.

To achieve a patient-focused approach, an interprofessional team was formed including members of Nursing, Pharmacy, Physical Therapy, as well as a patient/family advisor. A literature review was completed using the Johns Hopkins Evidence Appraisal Tool. Common themes focused on the availability of fall and injury prevention measures and consistent application of measures already in place. With this information, the team created a tiered bundle which initiates basic interventions for every patient and increases measures based on fall risk. Once clinical staff was educated on the use of the new bundle, interventions were put into place. Patients and family members were educated regarding individual patient fall risk each shift. The team began auditing bundle implementation once a week, but found compliance was less than desirable and increased auditing to twice a week. This included real-time coaching with staff when indicated fall prevention measures were not in place.

Our initial goal was to reduce injuries from falls by fifty percent from the same six-month period in the previous year. We exceeded that goal with zero injuries. Since then, we have maintained an overall reduction of injuries from falls by sixty percent, including a reduction in our fall injury rate, from .70 to .28 per thousand patient days.

We found several points relevant to further discussion and collaboration. A Fall Safety Bundle is an effective intervention for prevention of injuries. Discussing individual fall risk with patients and families each shift is crucial. Auditing bundle compliance and coaching staff in real-time was necessary to ensure accountability.
Abstract Summary:
A Progressive Care Unit sought to reduce injuries from patient falls. A compliance-monitored bundle of interventions was created with all patients on basic fall precautions and those at higher risk receiving tiered interventions. We surpassed our project goal of a fifty percent reduction with zero injuries.

Content Outline:
I. Introduction
A. A Progressive Care Unit sought to reduce injuries from patient falls
B. A compliance-monitored bundle of interventions was created and implemented
C. The project goal of a fifty percent reduction was surpassed with zero injuries
II. Purpose – What?
A. Patient falls with injury are a major safety concern
B. These injuries have multiple negative impacts
   1. Pain
   2. Detract from patient experience
   3. Disability or even death
   4. Added cost
   5. Increased length of stay
III. Relevance – Why?
A. The national average for inpatient falls is two per minute
B. Literature demonstrates the mean cost of a fall-related injury is greater than $6,600, with the average length of stay following a severe injury to be an average of 38 days longer
C. Staff expressed desire to utilize evidence-based practice strategies to improve outcomes
IV. Strategy – How?
A. An interprofessional team was formed
1. Nursing
2. Pharmacy
3. Physical Therapy
4. Patient/family advisor
B. Literature review performed using Johns Hopkins Evidence Appraisal
C. Tiered Bundle created
1. Basic interventions for all patients
   a. Fall mats at bedside
   b. Sun/Moon “Do you know your fall risk this shift” signs
   c. Get Well Network Video on admission
   d. Non-skid footwear
2. Increased measures based upon risk
   a. Yellow arm bands
   b. Low Beds
   c. Remote video observation
D. Staff educated on the use of the new bundle
E. Implementation of the Fall Safety Bundle
F. Auditing for compliance
   1. Initially scheduled for once a week
   2. Increased to twice a week to include real-time coaching
V. Outcomes – So What?
A. Initial goal was to reduce injuries by 50% during the same 6-month period in the previous year
B. Goal was exceeded with zero injuries
C. Since, an overall reduction of injuries from falls has been maintained
   1. Sixty percent reduction in falls with injury
   2. Reduction in fall injury rate from .70 to .28 per thousand patient days
VI. Implications for Practice – And Now?
A. A Fall Safety Bundle is an effective intervention for prevention of injuries
B. Discussing individual fall risk with patients and families each shift is crucial
C. Auditing bundle compliance and coaching staff in real-time was necessary to ensure accountability

First Primary Presenting Author

Primary Presenting Author
Author Summary: Kenneth Frese is a Clinical Nurse Specialist, a member of Inova Loudoun Hospital's Fall Prevention Committee, and represents Loudoun on Inova Health System's Falls Prevention Committee. His responsibilities as a CNS include the Progressive Care Unit, where he lead a successful evidence-based project for fall injury reduction. His nursing career began as a Licensed Practical Nurse in 1992, since completing an Associate's Degree in Nursing, and most recently a Master's in Advanced Practice Nursing.

Second Author

Abigail Rosalind Arnold, BSN, RN
Inova Loudoun Hospital
Progressive Care Unit
Registered Nurse 3
Leesburg VA
USA

Author Summary: Abigail Arnold is a Registered Nurse 3, nurse mentor and preceptor, and one of the Evidence Based Practice Fellows who lead the successful fall injury reduction project on Inova Loudoun Hospital's Progressive Care Unit. Along with other team members, she designed the Falls Bundle, implemented staff education, and monitored audits.