Prevalence and Trends of Patient Falls on a Post-Surgical Unit

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Disclosure Information

Presenter Name	Tru Byrnes, MSN, CNL, RN CMSRN
Conflict of Interest	None
Employer	Carolinas Medical Center-Main Charlotte, North Carolina
Sponsorship / Commercial Support	None

Carolinas Medical Center
(CMC-Main)
Charlotte, North Carolina
Level 1 Trauma
Academic Hospital

Objectives

- Identify common risk factors for patient falls on a post-surgical unit.
- Develop strategies to decrease falls.

Purpose

The purpose of this quality improvement project sought to answer these clinical questions

- What were the common risk factors for patient falls?
- What time of day did the fall occur?
- What was the staff pattern when patients fell?

Background

- Falls are the most common adverse events in hospitalized patients contributing to pain, suffering, morbidity, mortality, and increases in health care costs (Aydin, Donaldson, Aronow, Fridman, & Brown, 2015).

- Cost of each fall ranges from $14,000 to $35,000. The rate of falls in US hospitals ranges from 3.1 to 11.5 per 1,000 patient days and varies by unit type. Neurosurgery, neurology, and medical units have the highest fall rates (Bouldin et al., 2014).

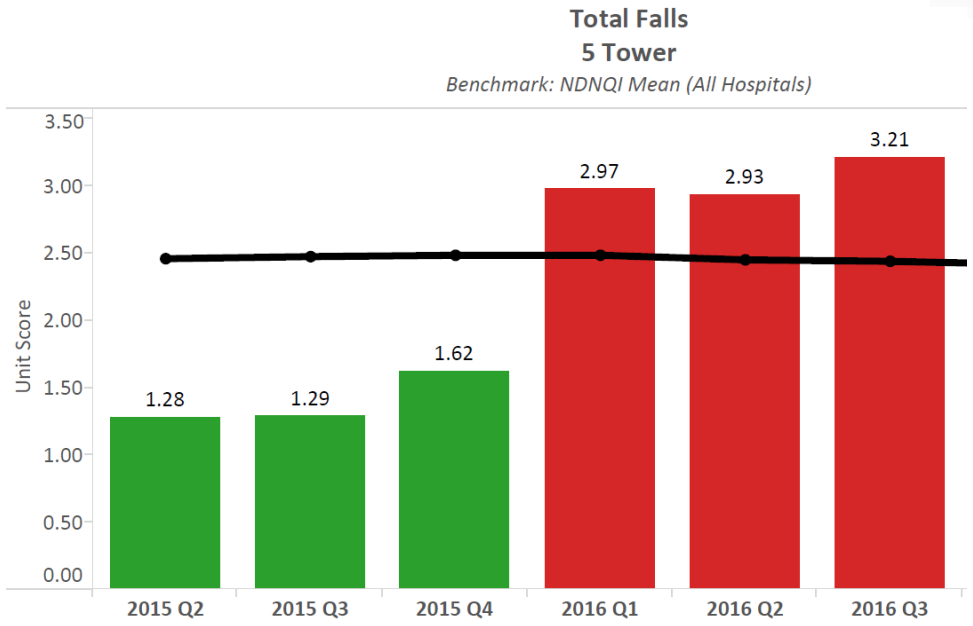
- Many falls risk factors have been identified including intrinsic, extrinsic, and environmental factors (Urquhart, & Wilber, 2013).

- Recommendations, fall prevention strategies should include a wide range of actions to promote patient safety (Williams, Szekendi, & Thomas, 2014).

Problem Identifications

- 5 Tower's fall performance ranges from 1.28 to 3.54 per 1,000 patient days from 2014 – 2016.

- 2016, the patient fall rate has consistently underperformed compared to the mean of the national benchmark.



Carolinas HealthCare System (n.d) *Patient Falls.* Retrieved from https://carolinashealthcare.sharepoint.com

Setting

- 5T Med-Tele unit
- 36 private beds
- Patient population
  - GI, ENT, reconstructive plastic Sx, trauma, urology, & medical
- Nurse-patient ratio
  - 1:5 to 1:6

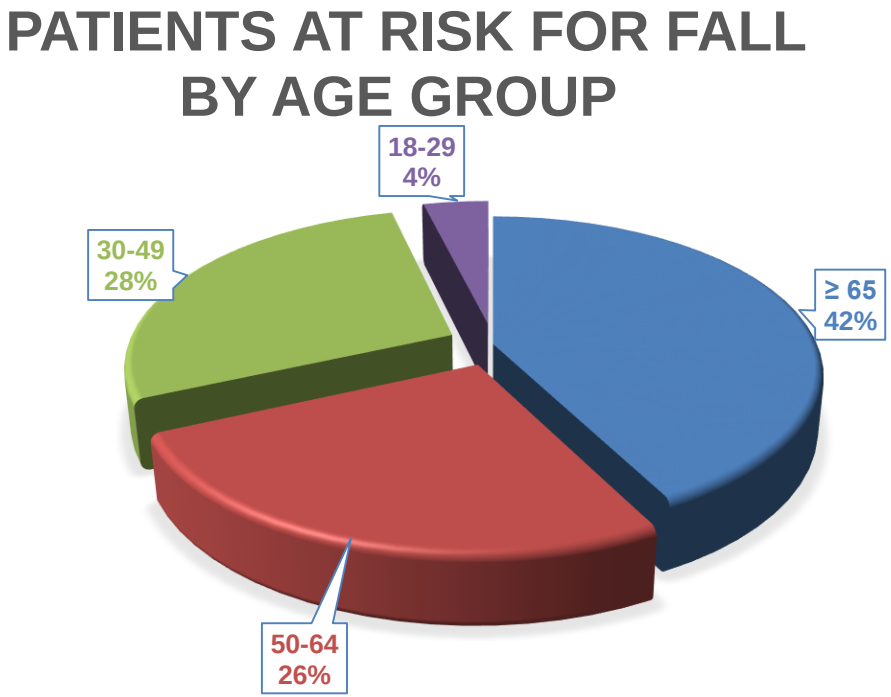
Methods

- Review Post-Fall Records = 70
  - The post-fall records indicated time, date, unit census, medications, injury, and number of Registered Nurses (RNs) and Certified Nursing Assistants (CNAs)/ Health Care Tech (HCTs).

Results

1) What were the common risk factors?

- Female > male (51% > 49%)
- Geriatric patients ≥ 65
- Confusion
- Impulsiveness
- Toileting help falls



Results Cont..

2) What time of day did the fall occur?

- 1 AM, 5 AM, 6 AM, 10 AM, 1 PM, 4 PM, and 7 PM
- Peak at 1 AM and 1 PM

Results Cont..

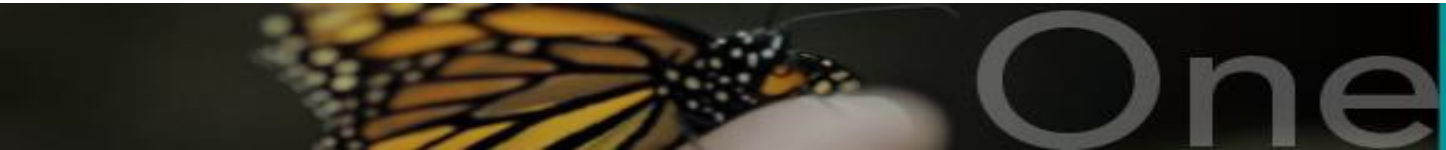
3) What was the staff pattern when patients fell?

Interestingly, most falls happened when the unit was staffed adequately (1:5 nurse to patient ratio and 1:12 HCT/CNA to patient ratio)

Nursing Implications

This project answered the above clinical questions and helped the unit to develop strategies in fall preventions.

- Developed a bed alarm criteria
- Identified and correlated the time of patient falls with nursing tasks
- Encouraged staff to use purposeful rounding or toileting program to decrease fall
- Currently, there are nurses who underwent geriatric advanced training to become geriatric resource nurses (GRNs) to help improve patient outcomes in geriatric population



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