Purpose: The purpose of this quality improvement project was to assess the perceptions of Acuity Adaptable staff nurses’ and care technicians fall prevention practices. The ultimate goal of the project was to understand barriers and suggestions about current fall prevention practices.

Significance: The average cost of an inpatient fall with injury at the facility is $44,000. Falls with injury increase cost and length of hospital stay and may produce serious harm to patients. Preventing inpatient falls is a critical aspect of patient safety. The number of falls on the Acuity Adaptable Units was not significantly reduced in the past year, and further reduction in falls was needed. In 2016, the average raw numbers of falls per month were 10.58, and 2017 year to date average raw number of falls per month is 9.8. One potential solution to identifying ways to further reduce falls was to survey staff for their perceptions about current fall prevention practices. Understanding staff perceptions and involving staff in the quality improvement process may lead to prevention solutions and actionable items to reduce falls.

Methods: An 8-item voluntary survey developed by the authors was administered to Acuity Adaptable Staff to assess their perceptions of fall prevention practices. Survey items addressed barriers, suggestions, concerns, and having the necessary fall prevention tools available.

Findings: Out of 233 eligible nursing staff, 60 registered nurses (RNs) completed the survey. Day shift staff RNs (n=22/37%) and Night Shift staff RNs (n=38/63%) participated with registered nurses representing 98% (n=59), and 12 eligible care techs 2% (n=1). Eighty-five percent were full time (n=51), ten percent part time (n=6), and five percent from the nursing float pool(n=3). Identified barriers to fall prevention were primarily related to patient non-compliance, lack of patient perception that they are a fall risk, confusion/medical condition, and the nursing staff not getting to the patient in time to prevent the fall. Concerns from surveyed staff included that bed alarms or other interventions were not consistently utilized, especially by non-nursing departments, fall risk assessment tool not accurately scored, and lack of staff communication that the patient is a high fall risk. Comments were made that staff felt the “Call Don’t Fall” sign and the chair alarm were effective interventions. Staff suggestions included additional interventions: implementing a gait belt, therapy activities, lap belts, pre-made packets of safety precautions (fall sign, yellow non-slip footwear and armband), shower mats, and additional staff and patient fall prevention education.

Conclusions: By surveying the staff, valuable information was gained about staff perception of fall prevention practices on the Acuity Adaptable Units. Other healthcare organizations could survey staff about their perceptions of effective fall prevention practices.

Implications: Staff should be involved in evaluating the fall prevention interventions and processes. Future plans to decrease falls on this unit includes implementing identified prevention solutions and actionable items to reduce falls based on the staff survey results.
Title:
Assessing Acuity Adaptable Staff About Their Perceptions of Current Fall Prevention Practices

Keywords:
Barriers and Suggestions to Fall Prevention Strategies, Fall Reduction and Nurses Perceptions

References:


Abstract Summary:
This educational activity will discuss a quality improvement project assessing the perceptions of Acuity Adaptable staff about fall prevention practices in order to understand barriers and suggestions about current fall prevention practices.

Content Outline:
I. Introduction

A. The purpose of this quality improvement project was to assess the perceptions of Acuity Adaptable staff nurses’ and care technicians fall prevention practices.

B. The ultimate goal of the project was to understand barriers and suggestions about current fall prevention practices.
II. Body

A. Main Point #1 Falls with injury increase cost and length of hospital stay and may produce serious harm to patients.

1. Supporting Point #1 The average cost of an inpatient fall with injury at the facility is $44,000.

   a. Severe injuries and deaths related to falls results in immeasurable expenses related to pain and suffering of patients and families.

   b. Preventing inpatient falls is a critical aspect of patient safety.

2. Supporting Point #2 The number of falls on the Acuity Adaptable Units were not significantly reduced since the past year.

   a. In 2016, the average raw numbers of falls per month were 10.58, and 2017 year to date average raw number of falls per month is 9.8.

   b. Further reduction in falls was needed.

B. Main point #2 One potential solution to identifying ways to further reduce falls was to survey staff for their perceptions about current fall prevention practices.

1. Supporting Point #1 Understanding staff perceptions and involving staff in the quality improvement process may lead to prevention solutions and actionable items to reduce falls.

   a. An 8-item voluntary survey developed by the authors was administered to Acuity Adaptable Staff to assess their perceptions of fall prevention practices.

   b. Survey items addressed barriers, suggestions, concerns and having the necessary fall prevention tools available.
2. Supporting Point # 2  Demographics of the survey participants.

a. Out of 233 eligible nursing staff 60 registered nurses (RNs) completed the survey. Day shift RNs (n=22/37%) and Night shift staff (n=38/63%) participated with RN representing 98% (n=59) and 12 eligible care techs 2% (n=1).

b. Eighty-five percent were full time (n=51), ten percent part time (n=6), and five percent per diem (n=3).

C. Main Point # 3  Survey Results were as follows.

1. Supporting point #1  Identified barriers were mostly related to patient non-compliance, lack of patient perception that they are a fall risk, confusion/medical condition, and not getting to the patient in time.

a. Concerns included that bed alarms or other interventions were not being utilized consistently especially by non-nursing departments, fall risk assessment tool not accurately scored, and lack of communication the patient is a high fall risk.

b. Comments were made that staff felt the “Call Don’t Fall” sign and the chair alarm were effective interventions. Suggestions included implementing a gait belt, therapy activities, lap belts, pre-made packets of safety precautions (fall sign, yellow non-slip footwear and armband), shower mats, and further staff and patient education.

Conclusions

A. By surveying the staff, valuable information was gained about staff perception of fall prevention practices on the Acuity Adaptable Units.

B. Staff should be involved in evaluating the fall prevention processes in place.

First Primary Presenting Author

Primary Presenting Author
Jennifer L. Kitchens, MSN, RN, ACNS-BC, CVRN
Eskenazi Health
Risk Management
Clinical Nurse Specialist Acuity Adaptable Units
Fishers IN
USA

Professional Experience: Jennifer has worked in nursing since 1995. She graduated from Indiana University with a Bachelor of Science in Nursing and a Master of Science in Nursing in Adult Health Clinical Nurse Specialist (CNS). Jennifer was Vice President of her undergraduate nursing class. While in her masters program, she received the Academic Achievement Award. Jennifer currently is employed as a Clinical Nurse Specialist (CNS) in Acuity Adaptable at Eskenazi Health since 2008; Clinical Faculty for Western Governors University in the BSN track from 2012-2017; and CNS preceptor for IU School of Nursing since 2009. Previously she worked as a staff nurse at Community Hospitals Indianapolis in cardiac progressive care, medical-surgical, and women's health nursing where she was a two time recipient of the Nursing Leadership Scholarship. Jennifer is certified in Adult Health CNS, and Cardiovascular Nursing (CVRN).

Author Summary: Jennifer was National Association of CNS Preceptor of the Year in 2014. She received the Excellence in Nursing Practice Award from STTI, Alpha Chapter (2013), received research grants (2009, 2013), and served as Secretary/Board of Directors (2010-2012). She is the Chair of the Indianapolis Coalition for Patient Safety Heart Failure Readmission Workgroup since 2013. Jennifer has published on a variety of nursing topics and has presented her research at local, regional, national and international conferences.

Second Author
Teresa Hazlett, BSN, RN, CMSRN
Eskenazi Health
Acuity Adaptable
Clinical Manager
Indianapolis IN
USA

Professional Experience: I am a Clinical Manager on the Acuity Adaptable Units. I am currently enrolled in a masters program for nursing administration. I am certified in Med/Surg Nursing via AMSN.

Author Summary: I am a Clinical Manager on the Acuity Adaptable Units. I am currently enrolled in a masters program for nursing administration. I am certified in Med/Surg Nursing via AMSN.

Third Author
Jennifer L. Embree, DNP, RN, NE-BC, CCNS, .
Eskenazi Health
Nursing
Magnet Coordinator
Indianapolis IN
USA

Professional Experience: Coordinator of the MSN and DNP Nursing Leadership and Health Systems Program. Nurse Faculty Scholar-Sigma Theta Tau, 2014-2015.Committee member: Research and Scholarship Committee, DNP Curriculum and Student Affairs Committee and DNP Evaluation Committee. Indiana State Nurses Association Immediate Past-President. Centerstone of Indiana Board Immediate
Past-President. Have been a faculty member teaching across the curriculum of RN-BSN, BSN, MSN-
Clinical Nurse Specialist, MSN Nursing Leadership in Health Systems and DNP Leadership Programs. IU
School of Nursing Clinical Faculty Leadership Mentoring Program 2015-2017. Steering Committee
Member-Indiana Action Coalition. Past Executive Board Member Indiana Center for Nursing. Board
Member at Large-Indiana League for Nursing. Board Member and Past President-Indiana Organization of
Nurse Executives.

Author Summary: Jennifer Embree is a former NFLA Scholar and working in partnership with Indiana
University School of Nursing and Eskenazi Health System as their Magnet Coordinator

Fourth Author

Janet S. Fulton, PhD, RN, ACNS-BC, ANEF, FAAN
Indiana University
School of Nursing
Professor & Associate Dean for Graduate Programs
Indianapolis IN
USA

Professional Experience: Associate Dean for Graduate Programs, Indiana University School of Nursing.
Directed clinical nurse specialist programs for over 20 years. Multiple leadership positions, publications
and presentations in the area of advanced practice nursing. Editor, Clinical Nurse Specialist: The Journal
for Advanced Nursing Practice.

Author Summary: Dr. Fulton is Associate Dean for Graduate Programs at Indiana University School of
Nursing. She has held multiple academic and professional leadership roles in the area of advanced
practice nursing, and has many publications and presentations regarding clinical nurse specialist role and
practice. Her textbook, Foundations of Clinical Nurse Specialist Practice, received a 2014 AJN Book of
the Year award. She is currently the Editor of Clinical Nurse Specialist: The Journal for Advanced Nursing
Practice.