Background/Significance of Problem

Through evidence-based research and an audit to identify the reasons for falls was initiated. The top six indications were:
- Sedative medications
- Connection to an IV
- Impulsive behavior
- Previous falls
- Mobility, vision or balance issues
- Sudden change in condition.

This six-point assessment led to identifying and tracking high fall risk patients, as well as utilizing appropriate safety measures.

Purpose of Project

In response to a high fall rate on a General Medicine Unit, two bedside nurses, both members of the High Reliability Unit (HRU) team, implemented an innovative program that eliminated falls on the unit during a 6-month observation period.

Project Plan Methodology

- Education on the rationale behind, and use of the protocol was delivered during unit practice council meetings and shift huddles.
- Team members were instructed to perform and document a fall assessment every 12 hours for each patient.
- Assessment cards utilized written descriptions as well as images to meet various learner types.
- Each nurse reported risk assessment scores to the charge nurse who kept a unit-wide fall risk log to help with unit awareness and implementation of safety measures.

Target Group

- General medicine patients in an acute setting in the hospital.

Evaluation of Project

- January 3, 2023, there was one assisted fall
  - This was attributed to an influx of new staff who had decreased awareness of the fall project
  - Training for fall precautions was reset back to hospital-wide education.

Findings and Significance for Nursing Practice

- Pre-implementation data showed a rolling falls rate of 3.8 falls per patient day from January 2022 to June 2022.
- Post-implementation rolling data shows a fall rate of 0.0 from July 2022 to December 2022.

Data Analysis & Results

14W

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<th>Rolling 12 months (Jun 22-Dec 21)</th>
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References

A combination of Braden and Morse scale attributes, Fall Care-plan components, and EPIC generated Risk for Fall Interventions forms.