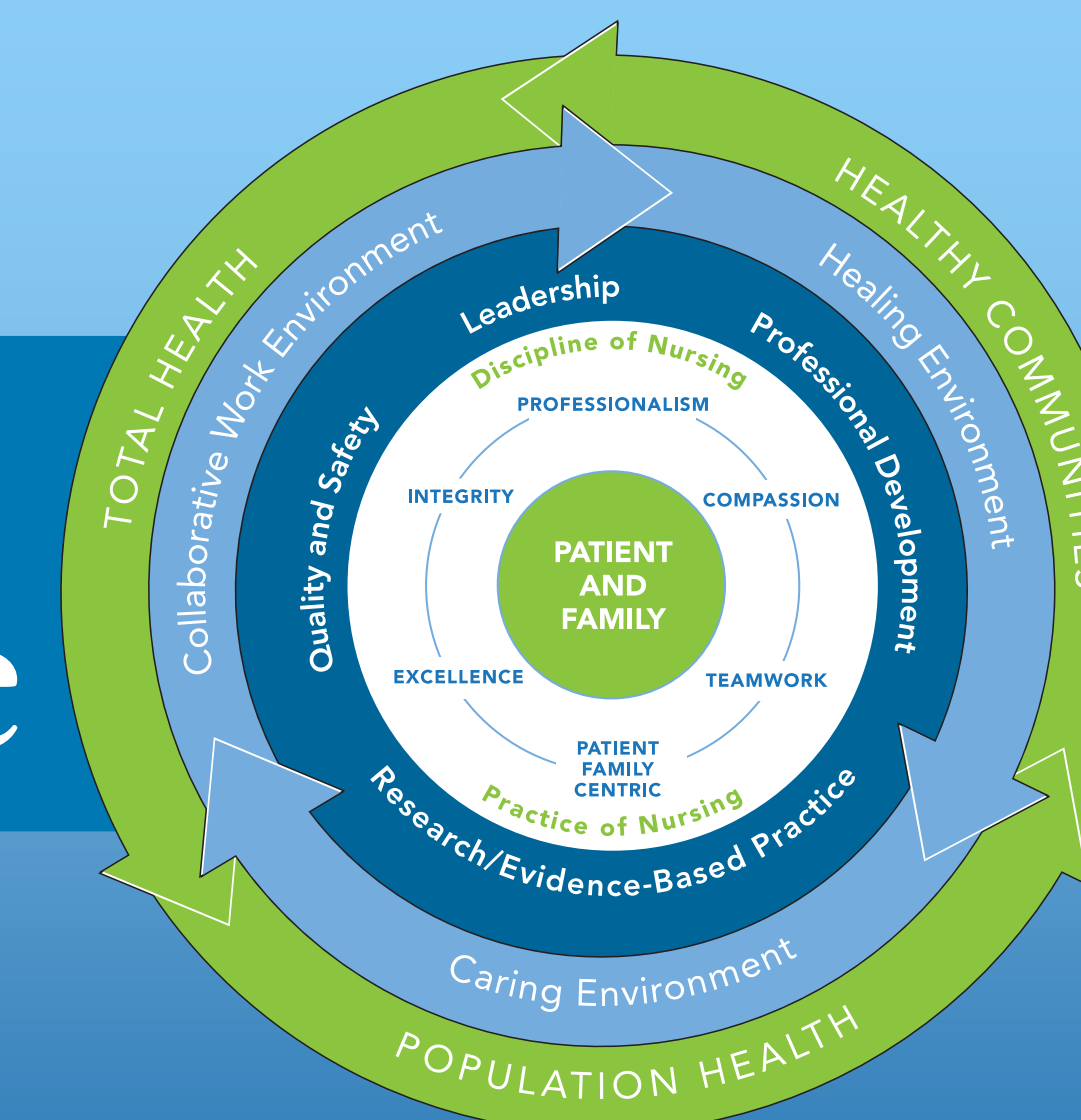


# Visually Identifying High Fall Risk Patients Decreases Falls and Costs on a Medical-Surgical Unit

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Culture of Excellence



## INTRODUCTION

**Background:** Falls among hospitalized patients are a significant patient safety and financial concern. Research indicates that patient falls may result in no harm, serious harm, or death, with costs averaging \$36,776 per fall. At Kaiser Westside Medical Center (KWMC), inpatient fall rates on a medical-surgical (med-surg) unit were consistently high, representing an opportunity for improvement. At the time of this project, KWMC utilized the Schmid Fall Risk Assessment Tool, which placed patients at a no fall risk or high fall risk based on patient-specific risk factors. A high fall risk (Schmid score 3-6) required activation of a bed/chair alarm and staying within arm's reach while toileting. There was no standardized process for visually identifying high fall risk patients. Lack of identification of high fall risk patients decreased staff awareness for patients' risk of falling and created variance on implementation of interventions.

**Purpose:** To reduce inpatient fall events on a med-surg unit by improving identification of high fall-risk patients and ensuring consistent application of fall prevention interventions.

## SMART GOAL

Decrease the average monthly fall count for patients admitted to a med-surg unit at Kaiser Westside Medical Center from a baseline of 2 falls/month (Jan - Nov 2023) to 1 fall/month by March 1, 2024.

## METHODS

Med-Surg RNs and CNAs were engaged through a Unit-Based Team (UBT) meeting, where fall data relating to patient safety, cost, and target performance were reviewed. A fishbone diagram was used to identify contributing factors to inpatient falls. Frontline staff involvement was essential to engagement and buy-in and informed development of a 3-pronged fall prevention test of changes, including visual identification of high fall-risk patients and workflow integration.

For high fall risk patients, the RN (or CNA delegated by RN): Place yellow socks and a yellow fall risk band on the patient; Place a yellow High Fall Risk Sign on the door.

The unit manager, charge RN, and quality consultant collaborated on leading education, conducting audits, assessing the process, and sustainability efforts. A communication plan was created that clearly described the objectives, messages, responsible parties, and a timeline. Leadership support enabled implementation through approval of yellow socks of varying sizes, fall-risk signage, and fall risk wristbands.

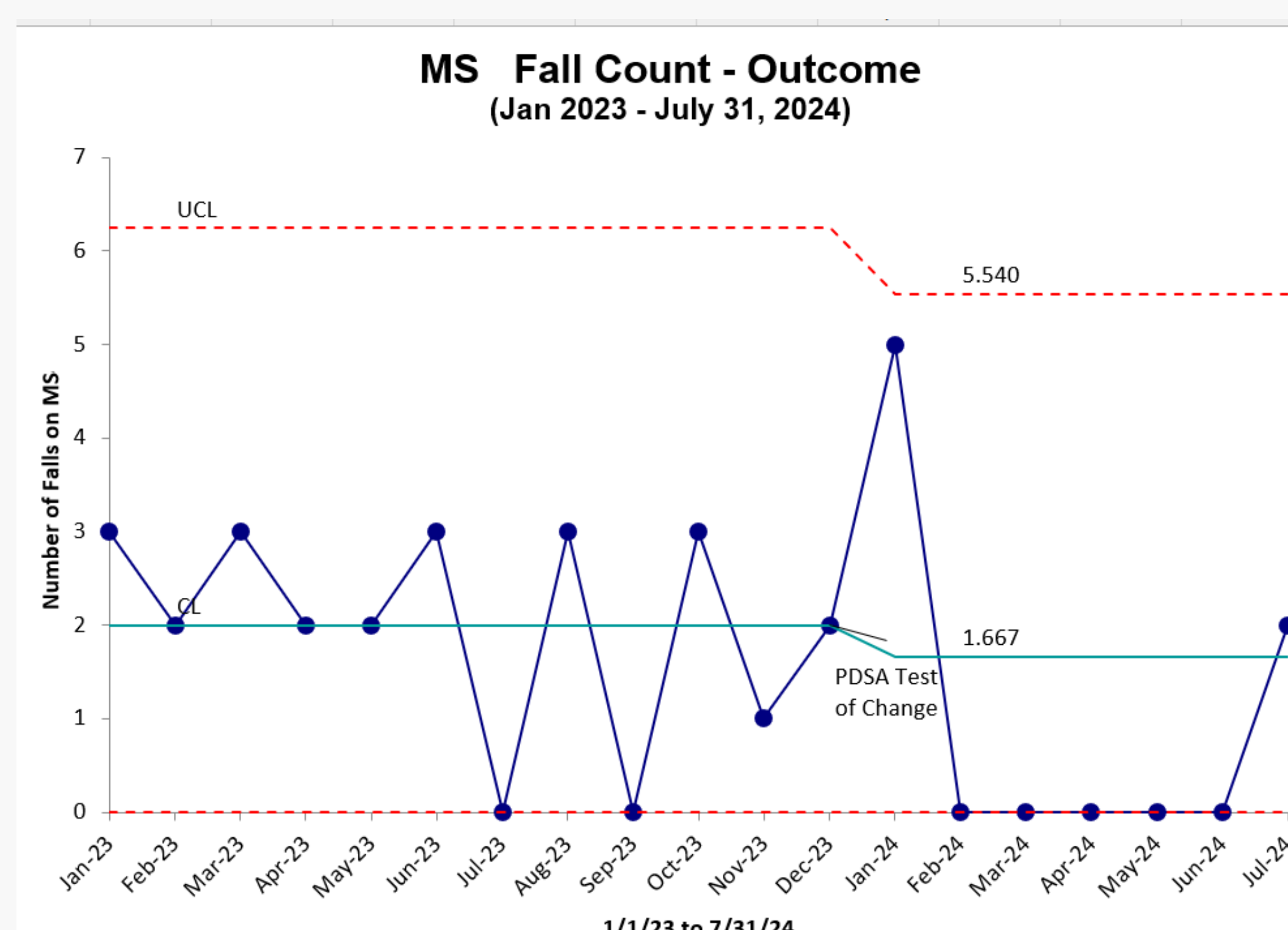
A PDSA methodology (Plan-Do-Study-Act) rapid-cycle improvement framework was used for the fall prevention project. Fall data was collected via the hospital's incident reporting system. Intervention data was collected via routine audits by the unit manager and charge RN.

## Communication Plan

Date	Audience	Objective	Key Message	Vehicle	Spokesperson / Author	Frequency	Feedback Loop
1/3/24 – 1/21/24	MS Staff	Educate staff on Fall Prevention Project tests of change	High fall risk patients need a high fall risk sign on door, a fall wristband, and yellow socks	1:1 in person education	Raj Gill, MS Fall Prevention Champion	3 days/week when Raj was working as a charge RN on MS	In person, real-time feedback by staff.
1/3/24 - 1/21/24	MS Staff	Reach all staff regarding test of change timeline and details.	Rationale for fall prevention, test of change details, and timeline	Emails, Daily Huddles, & UBT mtg	Mary Thompson	Intermittently	In person, email feedback by staff
12/7/23-2/7/24	Quality & MS Leadership	Collect Pre & Post data for Tests of Change	Collect test of change data on high fall risk patients, via audit forms	Paper audit tool	Raj Gill, Mary Thompson, Light Duty RN, Quality RN	Several times a week, pre and post test of change go-live	In-person feedback when audits completed on high fall risk patients.
2/18/24 – 2/22/24	MS Staff	Communicate adoption of tests of change on unit	Tests of change on MS were successful at preventing falls, will be adopted.	Emails, Daily Huddles, In-person communication	Mary Thompson	Intermittently	In person, email feedback by staff

## RESULTS

- Increased awareness and identification of patients at high risk for falls
- Decreased fall events: Jan - 5 falls; Feb to June – 0 falls
- Decreased costs: Average # of falls decreased from 2/month to 0/month for 5 months. \$36,776/fall x 10 prevented falls = \$367,760 in cost savings



## IMPLICATIONS FOR PRACTICE

- Due to the success of the multi-pronged fall prevention initiative, it was spread to other med-surg and ICU units in the hospital.
- Small tests of change (PDSA) support rapid learning
- Standardized fall-prevention processes reduce patient harm
- Frontline engagement is critical for initial success and sustainability.

A sustainability plan was created, that included audits to assess for compliance with identifying high fall risk patients, 1:1 follow-up with staff on fallouts, data collection, analysis, and reporting, continued monitoring at UBT, and incorporating the training into new employee orientation.

## CONCLUSIONS

Standardized, data-driven interventions, combined with staff engagement, and using the PDSA methodology successfully reduced falls on the medical-surgical unit, improving patient safety and reducing costs.

The monthly fall count decreased from an average of 2 falls a month to 0 falls/month for 5 months post-implementation. Preventing 10 patient falls in 5 months led to an estimated cost savings of \$367,760.