Assessing Acuity Adaptable Staff About Their Perceptions of Current Fall Prevention Practices

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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 was to identify barriers and suggestions about current fall prevention practices.

BACKGROUND

- 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.
- Further reduction of falls the Acuity Adaptable Units was needed.
- The average raw number of falls per month was 9.8 in 2016 and year to date 10.58 in 2017.
- One solution to identifying potential strategies to further reduce falls was to survey staff about their perceptions of 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 was developed by the authors and was administered to Acuity Adaptable staff to assess their perceptions of current fall prevention practices.
- Survey items included: barriers, suggestions concerns and having the necessary fall prevention tools available.

OUTCOMES

- Out of 233 eligible nursing staff, 60 registered nurses completed the survey. Day shift staff RNs (n=22/37%) and night shift staff RNs (n=38/63%) participated with RNs representing 98% (n=59), and 12 eligible Care Technicians (n=1/2%). Eighty-five percent were full time (n=51), ten percent part time (n=6), and five percent per diem (n=3).
- Identified perceived barriers were:
  - Patient non-compliance,
  - Lack of patient perception they are a fall risk
  - Patient confusion or medical condition
  - Not getting to the patient in time.
- Concerns included:
  - Bed alarms or other interventions were not being used consistently especially by non-nursing departments
  - Fall risk assessment tool not accurately scored
  - Lack of communication that the patient is a high fall risk.
- Comments included:
  - The “Call don’t fall” sign and the chair alarm were effective interventions.
- Suggestions included:
  - Implementing a gait and lap belt
  - Therapy activities,
  - Designing and implementing pre-made fall risk packets (fall precautions sign, yellow non-slip footwear and armband,)
  - Shower mats
  - Additional patient and staff education.

CONCLUSIONS

- By surveying staff, valuable information was gained about staff perceptions of fall prevention practices.
- Other organizations could survey their staff about their perceptions of effective fall prevention practices.

IMPLICATIONS

- Staff should be involved in evaluating the fall prevention processes in place.
- Future plans include implementing identified prevention solutions and actionable in order to reduce falls based on the survey results.

REFERENCES


