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Implementation of an Education Program to Decrease Inpatient Falls

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T NURSING

BACKGROUND

- 1 million inpatient falls occur in the U.S. annually (Agency for Health Research and Quality, 2019)
- 10,000 inpatient falls result in death
- 250,000 inpatient falls result in injury
- Fall-related injuries cost $9,389 per patient fall and out-of-pocket costs was estimated to be $1,363
- 20-30% of inpatient falls are preventable

LOCAL PROBLEM

- **Significant increase in falls on the cardiac stepdown units in an East Tennessee hospital**
- **Causative factors include:**
  - Patient complexity
  - Knowledge deficits
  - Staffing shortages
  - Inaccurate scoring of patient's fall risk
- **Patient falls on stepdown units are displayed in table:**

Floor/Unit	2020	2021	2022
1W	1	16	10
2W	25	25	40
Total	**26**	**41**	**50**

METHODS

- The John Hopkins Evidence Based Practice Model was used to guide the project
- An education program was developed based on an evidence-based outline in the literature
- Patient falls were monitored prior to intervention and for 3-months following intervention
- Nurse confidence was measured by survey before and after receiving the education
- Two chart audits were performed; 1 audit prior to the fall education and 1 audit 1-month post education
- The chart audits assessed average fall score and nurse compliance to completing the tool

Nurse confidence was statistically higher after receiving fall education

Inpatient fall rates were reduced post-education intervention

Quarterly Falls 2023- Jan 2024

Quarterly Falls
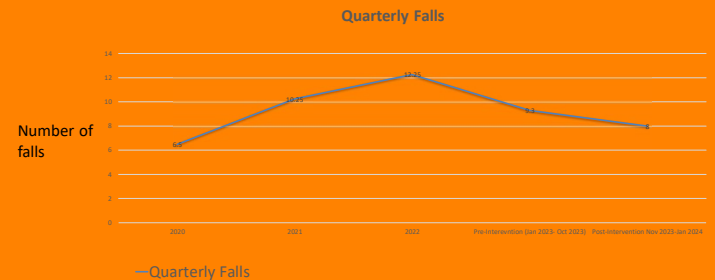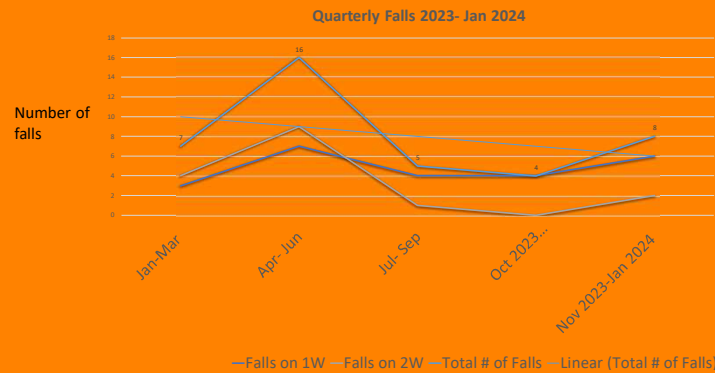
Executive Summary

INTERVENTIONS

- 2 education sessions were conducted (1-day shift, 1-night shift.
- Education included introduction, fall data review, impact of falls, a review of supportive literature, review of Turkey Creek Medical Center's current fall prevention program, a case study, and fall myths
- Nurses received a survey to assess their confidence in fall prevention pre and post-education intervention
- Visual reminders were posted in highly visible areas in the cardiac units following fall risk education

RESULTS

- Nurse confidence in fall risk assessment increased from 7.8 pre-education to 9.1 post-education on a scale of 1-10 (p value=0.01)
- Average fall score increased from 47.5 to 65 (p=0.044)
- Quarterly falls decreased from 9.5 (pre-education 2023) to 8 (post-education 2023-2024)
- Nurses' attitudes regarding accuracy of the Morse Fall Scale improved (p value=0.01)

CONCLUSIONS

- In the inpatient cardiac stepdown units at a level III trauma center in East Tennessee, an in-person education intervention was a successful, low resource, and sustainable evidence-based practice change that statistically increased nurse confidence, increased patient fall scores, and decreased inpatient falls
- Fall risk education could be established as a mandatory training for new providers and existing providers
- Fall education may improve fall rates for other departments

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