Implementation of an Education Program to Decrease Inpatient Falls

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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:

<table>
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<th>Floor/Area</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1W</td>
<td>6</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>2W</td>
<td>25</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>41</td>
<td>50</td>
</tr>
</tbody>
</table>

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

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