

KEEPING OUR PATIENTS SAFE:

Three strategies to reduce inpatient falls



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BACKGROUND

Guthrie Corning Hospital, located in Corning, New York, is a Provisional Level III Trauma Center with 65 acute care beds, including two, 25-bed medical-surgical units, an eight-bed ICU and a nine-bed labor and delivery unit.

During fiscal year 2023 (July 1, 2022 - June 30, 2023), Guthrie Corning experienced an increase in the number of inpatient falls each month on the two med-surg units. Baseline data show that 86 patient falls occurred during all of FY 2023, with 33 of these falls occurring between July 1 and Nov. 30, 2022. Three of the falls during the baseline period resulted in major injury.

The hospital recognized the need to focus on keeping patients safe by using evidence-based strategies to reduce falls. The hospital created a team of nursing leadership and med-surg direct care RN fall champions to achieve this goal.

METHOD

Guthrie Corning approached fall reduction using three strategies, which were all put into place at the start of FY 2024, on July 1, 2023.



STRATEGY 1 Providing falls education to each patient/family

Staff used a standard “Ready, Steady, Balance” form to provide falls education. The RNs used this form to provide individualized education to each patient on why they were at risk for falls. The form was then signed by the patient and displayed on the whiteboard. Nursing teams performed a daily audit to ensure these forms were completed for each patient.



STRATEGY 2 Daily audits of fall prevention tactics

Patients assessed as having a high fall risk were provided with fall prevention tactics, including bed/chair alarm on, bed plugged into the wall, patients at high risk of falling signs in place, patient wearing appropriate socks and bed in low position, which were audited daily.



STRATEGY 3 Expanding the remote sitter program

Guthrie Corning has cameras installed in each patient room that are remotely monitored by staff in a centralized department. The nursing leadership team worked with staff to identify triggers (prior falls, confusion and impulsiveness) that would cause a patient to proactively be placed with a remote sitter. The nurse leader receives a daily report of patients at high risk of falling and discusses it with bedside staff in daily huddles to determine if all appropriate patients have a remote sitter in use. All COVID-positive patients deemed a high risk for falls were proactively placed with a remote sitter.

DATA OUTCOMES

The three reduction strategies were implemented successfully!



The fall champions supported the teams by completing daily audits regarding fall education and prevention tactics, with greater than 90% compliance on both audits.



Remote sitter usage was increased from a baseline of 3.6% to 8.9% by being proactive with placing remote sitters with patients at high risk of falling who met the nursing teams’ criteria.



For the first five months of FY 2024 (July 1 - Nov. 30, 2023), Guthrie Corning reduced the number of inpatient falls on the med-surg units by 30%. To date, there have been zero falls with major injury.

IMPACT

Implementation of these three strategies resulted in a decrease in inpatient falls. The introduction of the fall champions to each unit increased overall nursing engagement around falls, with each caregiver having the ability to speak to the strategies to reduce falls and the quality data related to falls and fall audits.

Increasing the use of the remote sitter program has not only supported fall reduction but also has decreased the number of physical personnel needed to sit with patients, as one remote sitter can watch up to 14 patients. This allows for more unlicensed personnel to provide physical care to patients.

The remote sitter program uses artificial intelligence to notify the person watching the cameras when the patient starts to move. The remote sitter can then talk to the patient through the camera in their room and redirect them or the sitter can sound an alarm to alert onsite nursing staff. A program like this requires a significant up-front investment, but over time the reduction in falls and decrease in in-person sitter needs results in a positive return on investment. The med-surg units continue to use these strategies concurrently.

Clinical discussion related to falls along with data review occur monthly at each unit council meeting and at the entity staffing and quality council. Through shared governance, the direct caregivers remain owners of falls as a nursing quality indicator.