

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

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PURPOSE

- The purpose of this performance improvement project was to assess the perceptions of Acuity Adaptable staff nurses and care technicians about 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 on the Acuity Adaptable Unit was needed.
- The average 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 performance 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 resources and 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:**
 - Lack of patient perception that they are a fall risk
 - Patient “non-compliance”
 - 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 for fall prevention strategies:**
 - Implementing a gait and lap belt
 - Therapy activities
 - Designing and implementing pre-assembled 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 fall prevention strategies should incorporate actionable items identified by staff as well as other staff suggestions in an effort to reduce falls based on the survey results.

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