Evaluation of a Falls Protection Program on Patient & Staff Outcomes in a Community Hospital Setting led by an Advanced Practice Nurse

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RESEARCH QUESTION & HYPOTHESIS

- **Research Question:** What are the outcomes associated with an evidenced-based Fall Prevention Program (Moving Safely) under the leadership of an advanced practice nurse over a three-year period?
- **Research Hypothesis:** A falls prevention program in a community hospital led by an APRN and based on best evidence will result in favorable patient and staff outcomes

EVIDENCE

- Evidence suggests that the addition of APRNs to clinical programs enhances communication, reduces treatment delays, and drives evidence translation to practice. Additionally, APRN leadership can overcome obstacles to improve patient outcomes.
- Prevention of falls in an acute care setting is particularly difficult related to average LOS of 4.9 days with acute illness which places a great stress on nursing to keep patients safe.
- Fall prevention interventions from long-term care settings do not work in hospitals.
- Limited evidence suggests that comprehensive fall prevention programs with strong clinical leadership and disciplined monitoring strategies can reduce falls.
- Successful fall prevention interventions from 59 different acute care studies included the following: validated risk assessment tools, visual alerts, patient education, bed alarms, and post fall evaluation are also necessary to reduce falls.
  - Kapu AN, Kleinpell R, Pilon B. Quality and financial impact of adding nurse practitioners to inpatient care teams. J Nurs Admin. 2014; 44: 87-96.
  - Hemple S, Newberry S, Wang Z, et al. Hospital Fall Prevention: A systematic review of implementation, components, adherence and effectiveness. J Am Geriatric Society. 2013; 61: 483-494.

DESIGN & DATA

- **Design**: Descriptive retrospective study designed to evaluate outcomes of an evidence based fall prevention program led by an APRN.
- **Research Sample: F**alls October 2014 to June 2017. All meeting minutes and point prevalence audit results for the **AMC Moving Safely Committee** for the same period. Also included for analysis: APRN activity logs, reports and confidential communication.
- **Data Collection Methods:** Fall data was obtained from MIDAS reporting- Quality Improvement. Fall program data obtained from review of meeting minutes, attendance reports, communications, point prevalence audit results and findings from literature evaluation by the committee
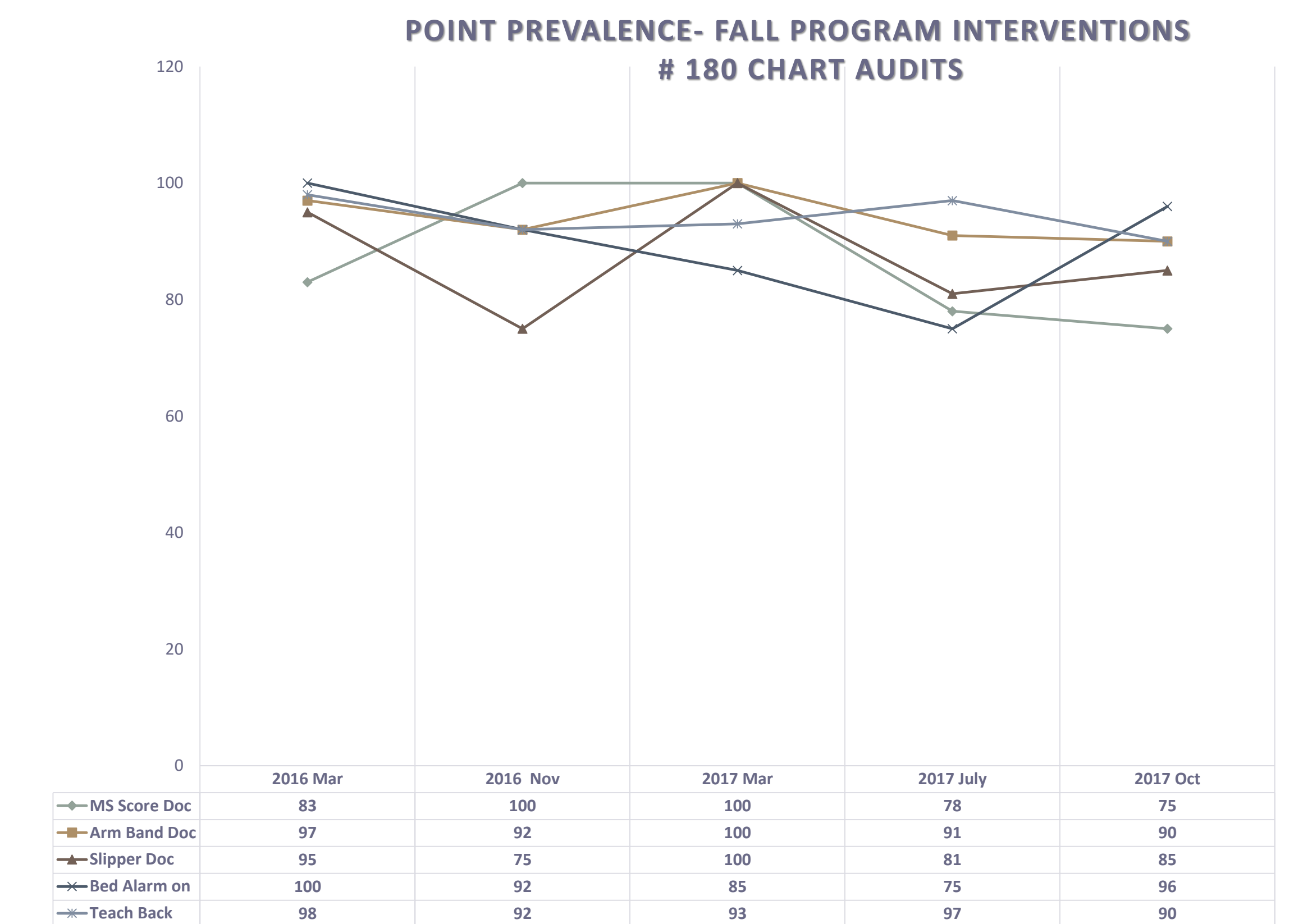
APRN LED FALL PREVENTION PROGRAM

- Moving Safely Program
- Data management & analysis & RCA
- Timely reporting of findings to staff, leadership & unit councils
- Training educators & staff
- Policy & Procedure reviews & updates
- Environmental assessment for fall risks
- Monitoring of fall program adherence
- 24 hour post fall note with fall classification
- Sustaining relationships with QI, Nurse Educators, Nursing Leadership, Medicine, Environmental Services, Nursing Shared Governance

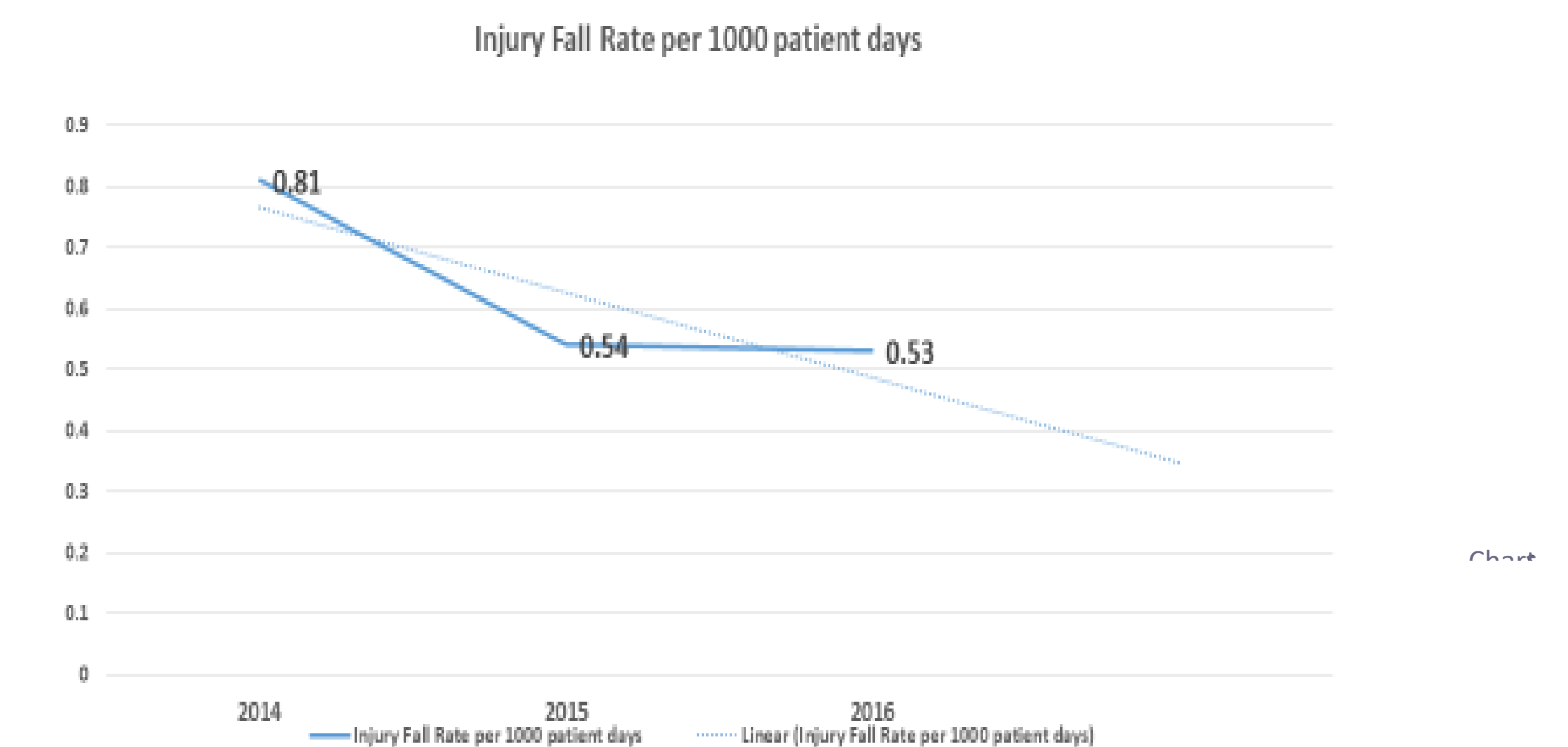### Moving Safely Committee Activities

- Analysis fall data & reporting
- Quarterly point prevalence checks for adherence to fall prevention policy
- Moving Safely education
- *"How do I move"* signage for patient rooms to help staff provide safe assistance with mobility & ambulation
- Quick reference badge guide for staff
- Continuous monitoring of emerging evidence &
- NDNQI results analysis & reporting to clinical staff
- Shared problem solving
- Celebrations for achieving goals

RESULTS

POINT PREVALENCE- FALL PROGRAM INTERVENTIONS # 180 CHART AUDITS

	2016 Mar	2016 Nov	2017 Mar	2017 July	2017 Oct
MS Score Doc	83	100	100	78	75
Arm Band Doc	97	92	100	91	90
Slipper Doc	95	75	100	81	85
Bed Alarm on	100	92	85	75	96
Teach Back	98	92	93	97	90

Injury Falls Before & After APRN Program Intervention 2014-2016

Injury Fall Rate per 1000 patient days

2014: 0.81
2015: 0.54
2016: 0.53

CONCLUSIONS

- The research hypothesis that an APRN led fall prevention program implemented in 2015 would result in favorable staff & patient outcomes was supported. Injury falls were significantly reduced from the 2014 baseline metric.
- Staff have had multiple opportunities to translate evidence to practice in the **Moving Safely Team** at AMC.
- Females with average MS score of 15.8 may have a higher risk for falls – particularly when toileting. More research is needed to uncover factors contributing to this possible risk.