



KEY POINT SUMMARY

OBJECTIVES

The objective of this study was to refine a falls-prevention protocol to identify patients who are at high risk of falling and take appropriate steps to reduce the likelihood of a fall.

Patient Falls: An Outcome Indicator

Ruckstuhl, M. C., Marchionda, E. E., Salmons, J., Larrabee, J. H.
1991 | Journal of Nursing Care Quality
Volume 6, Issue 1, Pages 25-29

Key Concepts/Context

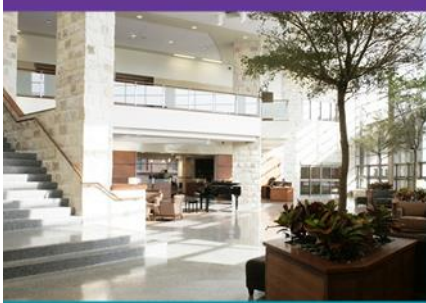
While a patient is in the hospital, that institution is responsible for his or her well-being. Patient falls are detrimental to patient safety and frequently represent the largest category of incident reports submitted to risk management. Thus, hospitals today are strongly motivated to reduce patient falls because quality care is of utmost importance to both the patient and the institution. However, today's climate of cost containment and litigious actions provides additional incentives for assuring quality of care by preventing patient falls.

Methods

Florida Hospital Medical Center, a 1,145-bed acute-care facility, originally established a formal falls-prevention protocol comprised of five levels of risk and indicated interventions to be taken at each level based upon assessment at the beginning of each shift to accommodate changes in a patient's conditions. The protocol was reviewed and streamlined to three levels based on falling frequency and characteristics and injury-severity data collected and reviewed by the Nursing Quality Assessment Committee.

Findings

The original falls prevention protocol identified five levels of fall risk severity and indicated interventions to be taken at each level which enables nurses to do a quicker assessment. Based upon the outcomes of this study, this protocol was reviewed and streamlined to three levels. The proportion of falls to other adverse events progressively decreased. Additionally, falls resulting in fractures were dramatically reduced by 83 percent.



The Center for Health Design: Moving Healthcare Forward

The Center for Health Design advances best practices and empowers healthcare leaders with quality research providing the value of design in improving patient and performance outcomes in healthcare facility planning, design, and construction, optimizing the healthcare experience and contributing to superior patient, staff, and performance outcomes.

Learn more at
www.healthdesign.org

Limitations

The acuity and patient mix could have affected the protocol refinement. The small sample size limits the generalizability of the outcomes.

Design Implications

Assessment at the beginning of each shift should accommodate changes in the patient's conditions. Patient beds should be able to be lowered when the patient is not observed. Nurse call lights should be within easy reach of the patient. Ambulatory assistive devices should be stored within easy reach of the patient. Ambulatory patients should have skidproof footwear for use while hospitalized. Environmental hazards should be eliminated. Patients should be oriented to their surroundings. Use additional lighting and night lighting for patient visibility. Patients should be easily observed. Provide room within the patient rooms for an observer.