Sustaining A Fall Prevention Initiative- It Can Be Done!

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Sustaining a Fall Prevention Initiative – It Can Be Done!

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**BACKGROUND**

Prompted by an increase in falls in December of 2006, a group of nurses convened to address new approaches in fall prevention. This group quickly identified the need for a multidisciplinary approach. Additional members added to the committee included a physician, pharmacist, physical therapist, risk manager, quality improvement nurse, nurse educator and information systems specialist. During the first year, the interdisciplinary committee effected policy changes in many departments and provided multi hospital wide education. The committee also supported the development of a nursing Fall Prevention Resource Group that meets monthly and is composed of nurses and aides from each unit. The members are the “Champions for Fall Prevention”. The monthly meetings of both groups keep the fall prevention initiative alive.

### Post Fall Follow-up

- Nursing orders in the electronic medical record
- Patient Safety Net for incident documentation
- Manager/Supervisor Follow-up Form
- Daily report of the patients who have fallen for off shift supervisors
- Root Cause analysis for serious falls

### Fall Prevention Resource Group

- Members collaborate and problem solve at monthly meetings
- Guest speakers present educational programs
- New product trials are sponsored and evaluated
- Sponsored “brain-storming” lunch
- Web page on hospital Intranet

### Assessment Tools for Specialty Areas

- Hipunty Dumpty Pediatric Fall Assessment Tool
- Out-patient screening
- Emergency Room tool

### Interactive TV

- Fall prevention videos
- TV menu prompts patient to view
- System documents patient’s usage

### Increasing Awareness

- An individualized poster was sent to each floor
- Unit signs to show hospital and unit falls
- Monthly report at Nurse Executive Communicating Council

### Evaluation

The evaluation of this initiative is ongoing. Each fall report is reviewed to identify contributing factors. Monthly fall rates are evaluated for patterns to allow for problem solving. A root cause analysis is held for all serious falls to identify any system issues that can be addressed. Patient safety is our first priority so this initiative will continue.

#### Fall Prevention Resource Group

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/15/08</td>
<td>Stream, Charles</td>
</tr>
<tr>
<td>3/6/09</td>
<td>Bennet, Stella</td>
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<td>3/14/09</td>
<td>Mills, Harriet</td>
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<tr>
<td>3/25/09</td>
<td>Careful, James</td>
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<td>3/26/09</td>
<td>Feather, William</td>
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</tbody>
</table>

#### Fall Prevention Fair

- Education
- Quality Improvement and Research
- Occupational and Physical Therapists
- Physicians
- Nurses
- Interactive TV

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**Jefferson**

Stop! Call! Don’t Fall

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**Interactive TV**

- Fall prevention videos
- TV menu prompts patient to view
- System documents patient’s usage

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**Education**

- Orientation for nursing externs on safe patient handling
- Mandatory in-services for aids, techs, and clerks
- New hire RN education on proper use of Morse Tool
- Patient Safety Goal Carnival for entire hospital staff