



10 WAYS TO PREVENT PATIENT FALLS

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10 Ways to Prevent Patient Falls

Fall protection plans are absolutely necessary in medical facilities. About 500,000 patients fall each year while in hospitals, causing an exacerbation of the medical problems that they had previously experienced and exposing the hospital to liability in a lawsuit. Every hospital and medical facility has a duty to provide effective medical care to its patients. A fall protection program is most likely to be successful and sustained by the staff while it is compatible with the priorities of the medical facility. Every nurse and member of the health staff should have the goal of ensuring that patients are safe in their care. Fall prevention can help patients from suffering from additional harm while they are hospitalized or patients at the medical facility. While another goal of the medical facility may be to ensure the optimum level of patient independence, fall prevention takes proactive steps to ensure that as many falls are prevented as possible.

The ultimate goal of the medical facility should be phrased in terms of providing care that can improve the function and well-being of each individual patient. It is also critical to reduce the number of injury rates in order to provide the most effective treatment for patients. By creating a customized fall prevention program, you can help your medical facility meet the needs of its patients and staff. These strategies should become part of a comprehensive fall prevention plan, and the steps contained herein should be conducted on a regular basis so that they become the routine of the nurses who are part of the important medical staff that provides patients with the care they need and deserve.

1. Execute Pre-Planning

By being aware of potential hazards, the nursing staff may be able to eliminate some fall risks and decrease the overall number of patient injuries. After assessing the safety of the facility and ways to minimize risk, the staff should implement these adaptations. For example, nursing staff may consider the timing of medication and whether patients' medication may affect fall risk, such as a loss of consciousness, dizziness or problems with their gait. A facility can then adopt their fall protection plans to the medication timing by having more staff on hand to assist patients shortly after this time. All staff should look for any potentially unsafe conditions, such as loose cords for lamps and televisions, leaky sinks or slippery surfaces. If hazardous conditions are located throughout the facility, the appropriate department should be notified of the potential risk. Clear hallways of any obstructions that may pose a fall risk. Additionally, all pathways to private or group restrooms should also be cleared of any obstructions. These areas should also be well-lighted. Also, ensure that a patient has easy access to assistive devices, such as wheelchairs, canes or walker that are near the bed.

2. Set Ground Rules

Ground rules should be established for both patients and nursing staff.

Ground Rules for Patients

Patients must take an active role in protecting their own health and safety. For all patients who are able to understand, establish clear ground rules that they should follow to decrease the risk of fall. Some potential ground rules may include:

- Request assistance if you need help getting out of bed, to the bathroom or to any other location.
- Wear non-skid footwear as they are less likely to be slippery and hazardous.
- Comply with the doctor's orders regarding assistive devices, like the use of walkers and canes.
- Do not leave without permission.

Ground Rules for Nursing Staff

Likewise, nursing staff play a pivotal role in decreasing the risk of falls. Nursing staff should also follow a set of ground rules. Some potential rules include:

- Don't leave high-risk patients unattended in diagnostic or treatment areas.
- Check all patient charts on a daily basis.
- Update fall-risk status as needed.
- Conduct hourly rounds.
- Conduct at least two more safety rounds a day on all high-risk patients.
- Check for any hazards during safety rounds and that all proactive fall prevention techniques are in place.
- Do not leave a high-risk patient unattended.

3. Screen Patients

Comprehensive screening tactics should be employed in order to identify all patients who are at risk for falls. Healthcare providers may conduct a variety of assessments to determine the relative fall risk for senior patients. Patients should be assessed at least annually and their records should be updated quickly to reflect any changes. Primary physicians may ask patients about the occurrence of falls, as well as any problems with the patient's balance or gait. A comprehensive assessment should be conducted on each person who is at risk for falls. The assessment should be tailored to each patient. A comprehensive assessment may include screening measures and mobility tests. Some tests may measure how long it takes a person to get up, their level of balance, and other factors that may affect falls. In order to have an effective fall protection plan, it is absolutely necessary to properly screen patients and identify anyone who is at an increased risk of falls.

4. Provide an Individualized Plan

Establishing a fall protection plan for each patient who poses a risk for falls can make a significant difference in the number of falls that occur at a facility each year. Research has shown that fall prevention has realized an improved effect when individualized management was part of the fall prevention plan.

One potential individualized strategy is to include exercising for patients. When added to specific interventions that are tailored to identify and address specific risk factors for each individual, exercise can help protect a patient from falls. Some studies show that the most effective exercise training for high-risk patients include leg strengthening and balance training. Patients may be able to help strengthen their legs with Tai Chi or similar activities. In one study, a 35 percent decrease in fall and injury rates was realized after exercise programs of this nature were conducted.

Another option is to use vitamin D supplements and other supplements to help strengthen the patients' bones. Many laboratory studies indicate that vitamin D and calcium. Other studies are being conducted to determine whether vitamin D supplements can prevent fractures in vitamin-D deficient patients. One meta-analysis found that vitamin D supplements that consisted of doses of 700-800 IU decreased the risk of bone fracture by as much as 26 percent while smaller doses of the vitamin of 400 IU did not reduce the risk of fracture by any significant rate. However, vitamin D supplements may prevent falls as one study indicates that vitamin D intake is a predictor for fall reduction, mostly by improving the strength of patients' muscles. Women in particular have realized a reduction in fall risk when taking vitamin D supplements.

Fall or balance clinics provide focused intervention plans for patients who have demonstrated a risk for falling. One study showed that there was a 50-percent decline in falls for patients who were screened at a clinic and then had customized interventions applied to help them prevent falls. Clinics may also encompass cognitive behavioral therapy that teaches patients how to be more aware about potentially risky situations. This approach has been linked with a longer time before a first fall occurs and a decreased number of injuries. Balance training may not help all patients, however. For example, frail elderly patients have not been linked with fewer numbers of fall accidents after balance training was introduced to them.

Accurately screening and assessing patients for fall risk combined with providing customized individual interventions has successfully reduced the number of recurrent falls. One study found a 36 percent decrease in falls when employing these dual methods, while a nurse-led intervention found a 38 percent decrease in the number of falls.

5. Increase Access to Information

Nursing staff and other help staff may be too intimidated to answer a call light of a patient who is not specifically assigned to them. Combat this problem by ensuring equal access to information for any person who may be required to assist the patient. Help staff may have several questions about how to assist patients, including:

- Whether the patient uses a bedpan or requires assistance to get out of bed in order to use a commode or a bathroom
- Whether the patient is steady on his or her own feet or is subject to falls
- Whether the patient uses a wheelchair, walker, cane or other assistive device
- Whether a patient is able to stay in the bathroom by himself or herself
- Whether the patient requires assistance to return to his or her room

Research has indicated that RNs and other help staff who answered a call light for an unfamiliar patient were not certain how to properly assist and needed the answers to these questions. Although RNs use the Morse Fall Scale to assess the fall risk for patients and these scores are typically documented in the record, some RNs want more information than these scores provide. However, there is not a traditional mechanism that is a systematic way to communicate a patient's particular level of fall risk to nurses and other help staff. While some facilities may use a multiple-page patient care plan that is created by combining information from multiple assessment forms, the Morse Fall Scale score and other data may not provide a plan of care that is individualized or easy enough for every relevant party to access. One way to increase the effectiveness of a fall prevention plan is to increase verbal communication with staff. Ensure that staff communicates about potential for falls during the shift report. A simplified fall form that is included at the beginning of a patient's chart may also help increase communication within the nursing staff in case special notes cannot be compared immediately. Both cognitive and physical issues should be highlighted on the fall prevention form.

6. Use Clear Signs

Visual cues sometimes provide a faster mental connection for people. While a busy staff that may be part of a hospital or nursing home that is understaffed and limited in resources may not have time to thoroughly review a chart for every simple task related to a patient, they may be able to quickly pick up on a visual cue. For example, adding a sticker to patients' doors may indicate that they are at an increased fall risk. Mandated clothing and accessories may also help provide this visual clue, such as having high-risk patients wear red socks or colored wristbands. While this cue may not provide all of the information that nurses may need, it is a first step to quickly alert them of a potential problem. It is also especially helpful to nurse staff that may have an absence or delay of information from a patient report. Because these visual cues can make it easier for staff to identify high-risk patients, the nursing staff can quickly commence proper protocols to decrease the risk of patients falling. Other visual cues can include posted signs for precautionary areas and signs to indicate any kind of spill or leak that may increase a fall risk. However, it is also important not to have so many visual cues that nurses can get confused about them or immune to their presence without recognizing the importance of the communication.

7. Use Alarms

Using alarms can help communicate fall risk clearly to nurses and other help staff. While some alarms may be installed so that they sound any time that an at-risk patient moves away from his or her bed, other alarms may be set to go off at certain intervals, such as every ten seconds. However, some hospital administration units may believe that this standard default time may be too long, and they may adjust the time to a lower timeframe, such as every one or two seconds. Therefore, a patient may be close to the bed and away from harm's way by the time that a nurse gets the cue that a patient is up and around.

8. Implement Safety Devices and Standards

Installing safety devices may have a dramatic impact on your fall prevention strategy. Begin small with safety devices, including handrails and adding nonslip surfaces on stairs. If residents are permitted to decorate their own units, ensure that throw rugs are precluded from the rooms as they are particularly slippery. Have patients wear thin-soled shoes that researchers have found are the safest shoes for patients because they are not sticky and less likely to be slippery.

Bed equipment should be checked frequently. If a patient is being transported in a bed or stretcher, nursing staff should ensure that all of the bed rails are placed in the up position during the transport. Additionally, if the patient will remain in a bed or stretcher while awaiting a test or procedure, the side rails should also be kept in the up position. Bed rails should also be raised in order to control the bed, adjust the support and reposition the bed as needed. The chair and bed height should be assessed for any particular risks of serious injury in the case of a fall. Bed wheels should be locked in position and checked frequently. An armchair with locked wheels may also be placed by the patient's bedside.

Additionally, handrails should be readily available to patients. They may be installed in the patient's room, all bathrooms and in hallways.

9. Employ Teamwork

Fall prevention should be a common goal of every person interested in patient safety, including the patient, family and medical staff. Teamwork among nursing staff may incorporate checking on each other's patients during breaks and schedule changes, providing continuous surveillance of patients in common areas and adapting strategies recommended by healthcare providers, such as physical therapists and occupational therapists.

Families should be consulted regarding the development of a customized fall protection plan. The patient's and cognition should be taken into consideration when developing the individualized plan. The patient's family can be educated on the plan in case they play a pivotal role in the patient's care or even if they only visit the patients for a short while so that falls can be prevented. While the patient's ability to stay independent is important, it is equally important to communicate the need to provide assistance to the patient when he or she requires it. Families may be able to help by providing entertaining activities for their family members, which may prevent them from getting out of bed and searching for entertainment because they are bored.

Safety companions can be appointed to high-risk patients. These individuals may be assigned to patients who become disoriented and have difficulty following directions. They provide continuous observation of high-risk patients and help them to prevent falls.

10. Employ Universal Fall Prevention Techniques

Universal fall protections are deemed as such because they are strategies that are applied to every patient, regardless of that patient's individual level of fall risk. These techniques revolve around keeping the environment safe and comfortable for all patients. The actual techniques that are used by each hospital or medical facility may vary based on the needs of the medical facility, but these strategies provide a general foundation to prevent falls from happening.

One technique is to familiarize the patient with the environment. Show the patient around the facility and the safest way to get from one location to another. When patients explore on their own without being familiar with the environment, they may be more likely to fall. Another universal technique is to practice. Have the patient use the call light so that both the nurse and patient know that the patient knows how to ask for help when it is needed. The call light should be kept within the patient's reach to avoid any other potential for a fall.

Another solid technique is to recognize the patient's potential for fall. For example, he or she may be particularly connected to an item in the room. Keeping this type of sentimental item within the patient's reach may prevent the patient from trying to get up and injure himself or herself while reaching for this item or retrieving it from across the room.

Providing some additional attention to the patient's room may also help prevent falls. For example, a patient may have a wheelchair in the room. The wheels on the wheelchair should be locked when it is not in use. Additionally, patients who have cluttered areas may be at an increased risk of tripping over an item, so make it essential that rooms be uncluttered. Adjust the patient's bed as necessary. For example, raise it up when the patient is trying to get out of bed, but put it in low position when the patient is sleeping or resting.

Pay attention to common areas as well. Place night lights in hallways, bathrooms and other areas that the patient has access to at night. Ensure that all floor surfaces are constantly clean and dry. If a spill occurs, clean it up promptly.

While not all falls are capable of being prevented, the truth is that many of them are. Fall prevention is a complex topic and implementing a particular fall prevention program may seem particularly daunting, especially if resources are limited. However, these strategies can help nurses prevent falls from occurring, which in turn helps protect the medical facility and the patient's care. By proactively planning for fall prevention, setting ground rules that are easy for everyone to follow, identifying individuals who are at risk for falls and providing individualized plans for patients, nurses can quickly realize a significant decrease in patient falls. Further development of the fall prevention plan includes using visual cues, alarms and effective communication between members of the patient's care team. Ensuring that patients have access to necessary equipment and that all foreseeable techniques have been employed to prevent falls can also significantly increase the effectiveness of the fall prevention plan that is employed by all members of the patient's team.

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