A Three-Tiered Bundle to Prevent Falls

Cone Health, Stop All Fall Events (S.A.F.E.) Team

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Significance and Background

Leading hospitals are applying multifaceted protocols to abate preventable falls. Longer hospital stays and additional treatment after a fall contribute to an approximated 61% increase in patient care cost. Falls in the hospital are considered “never events”. They are placing patients at increased risk of morbidity and mortality, at a cost of 20 billion per year. Indirect and direct costs of care related to falls are projected to reach 54.9 billion dollars by 2020. The Institute for Healthcare Improvement recommended utilizing bundles to prevent Healthcare Associated Infections. Bundle approaches allow the evidence to drive interventions needed to lower infections. This network implemented a bundle methodology for fall prevention in an attempt to decrease falls.

Purpose

The purpose of this project is to describe how a bundled approach to fall prevention decreased falls in a hospital network in Southeastern United States. Three bundle categories, with its associated accountability in the fall prevention effort, are presented. Bundle categories include an Education Bundle, Leadership Bundle, and Clinical Bundle. By utilizing bundles, falls have trended downward.

Methodology

The network’s fall prevention team determined the required evidence-based interventions for each fall risk category. Key components were identified and shared with nursing units. By dividing the prevention plan into three bundles, responsibilities were delineated.

Education Bundle: Teach Back and Ask me 3; quarterly computer-based modules for nursing and non-nursing staff; and train-the-trainer classes stressing essential fall prevention concepts.

Leadership Bundle: An immediate post-fall Never Event Fall Huddle performed at the bedside, encompassing an environmental assessment along with patient and family interviewing; completing a Fall Mini-Root Cause Analysis to submit to a Nursing Vice President within 72 hours; and inclusion of a falls-related agenda item for every department-level meeting.

Clinical Bundle: Fall risk levels with required interventions for each. Administrative and Executive support were obtained prior to implementation of the bundle. Announcements were made at Shared Governance Councils. Specific criteria from the bundles were also integrated into the electronic health record and adverse events reporting system.

Evaluation

For fiscal years:

- 2012 = 541 total inpatient falls
- 2013 = 509 (a 9% reduction)
- YTD 2014 = 305 falls, with only two months left in the fiscal year (currently at a 40% reduction).

- First full year of bundle implementation:
  - Inpatient fall rate per 1,000 patient days for FY 2014 quarter one was 2.26, quarter two 2.27 and quarter three 2.10.
  - For acute care hospitals, fall rates average 3.73 per 1,000 patient days, though fall rates vary based on unit type.

Discussion

Fall reductions occur, as referenced in the literature, when evidence-based interventions are absent in the literature. This was a novel idea to standardize interventions and assign accountability. Plans to evaluate current processes for effectiveness are under way. One study estimated a 30.6% falls reduction equaled a $116,880 cost savings. Decreasing fall rates will automatically translate into dollars and lives saved.

References


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