**PURPOSE**
Eliminating falls is the ultimate goal for any hospital. We must continuously strive to challenge ourselves not only to decrease our overall fall rate, but also our falls with significant injury.

**METHODS**

- The fall rate is calculated as follows: number of patient falls/total patient days. Our hospital benchmark is set <10

- Falls with injury are reviewed from hospital incident reporting. Our hospital benchmark is 0

**PROBLEMS IDENTIFIED**

- Increased number of falls with injury
- Identified a complicated system for staff to access fall prevention tools
- Care Planning process
- Staff Communication (including hand-off communication and hourly rounding)
- Knowledge deficit

**QUALITY IMPROVEMENT**

- “Grab and Go” bags have been set up for all team members to allow easy access to fall prevention tools.

- Our fall assessment and intervention tool is now located with the TAR (Treatment Administration Record) so that the interventions are ready for the team members to view. In addition, the nursing staff can utilize it during hand-off and hourly rounding to ensure precautions are in place.

- Each nursing unit has started using "huddle boards" which display basic fall data to improve overall safety awareness of fall prevention initiatives.

- All staff are reminded to activate Stryker bed alarms at all times while patient is in bed. Hourly rounding is completed and this assures all bed alarms are activated.

**CONCLUSION**

- YTD for 2013 we have seen a decrease in our overall fall rate and also a decrease in the number of falls with injury.

- Staff has an increased awareness of fall prevention strategies.

- Fall prevention tools are more readily available for all team members.

- A new interdisciplinary Fall Prevention Team has been established (FMEA) for review of best practices and to enhance communication among caregivers.

**REFERENCES**


