



FRANCE:

Falls Reduction Addressed by Nursing Continuous Education

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Introduction

What is the FRANCE Project?

- FRANCE is Falls Reduction Addressed by Nursing Continuous Education
- FRANCE is an education based nursing research project with 5 separate evidence based education measures developed:
 - Staff education
 - Falls contract
 - Educational falls brochure
 - Scripted hourly rounds
 - Bi-monthly patient education class
- 8 month long research study, with a new education based intervention occurring every two months. Completion of project will be Oct 31st 2013

Methods

Background

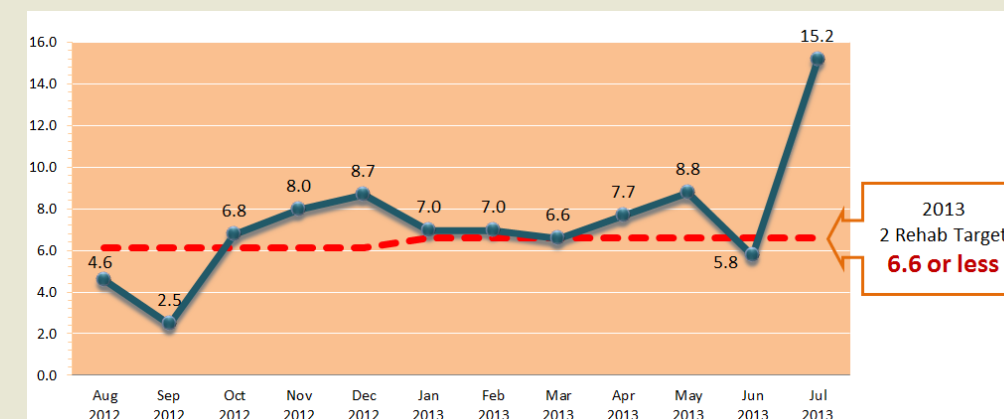
- Accidental falls in the hospital setting are one the most commonly reported adverse event.
- Patient falls result in:
 - Negative outcomes
 - Increased organizational cost
 - Delay of rehabilitation

Methodology

- A comprehensive literature review was completed and IRB approval obtained prior to beginning the study.
- Consent was waived, but information on opting out of the study is given to all adult patients and families admitted to the brain injury unit.
- The goal of this study is to identify a unique set of educational interventions to reduce the number of falls per patient days on inpatient brain injury rehabilitation unit.
- Beginning February 1st 2013 Staff education started with core BI staff and discussed during new employee orientation.
- Interventions are rolled out in the following time line in 2013:
 - Mar/Apr -Staff Education
 - May/June -Falls contract and brochure
 - July/Aug -Scripted Hourly Rounds
 - Sept/Oct-Patient Falls Class

Results (Preliminary)

The study is still ongoing, but preliminary results for falls this year are shown in the following graph:



Compared to first quarter 2012, Falls rates initially increased, but then dropped in March, which correlate with the beginning of the FRANCE staff education.

A severe increase in falls is noticed in July, which correlates with the beginning of providing scripted hourly rounds. Ongoing analysis is looking into the sharp increase

Conclusions

Although results are preliminary, It appears that some interventions are more effective than others. Some barriers identified include:

- Staff compliance
- Length of study
- Multiple interventions

Data analysis is needed to see which interventions, or combination of interventions are effective vs ineffective.

Falls Brochure

Why You Might Fall

Accidental falls in hospitals are one of the most commonly reported adverse events. These falls can have physical, psychological and social consequences, such as physical injury, reduced quality of life, and substantial costs.

Why do Falls Happen?

- I may be weak, tired or ill
- I may not be physically fit
- I may have problems seeing
- Some of my medicines may cause weakness, sleepiness, confusion, or dizziness
- Slippery or wet floors
- Clutter in walkways
- Not enough light
- I may not understand how new injuries impacts my safety
- If I have fallen before
- My age/gender
- I have to go to the bathroom frequently

Don't Fall For It!

>> An educational tool to help prevent falls during your rehab stay

BROOKS Rehabilitation

Brook's Rehabilitation Hospital
3599 University Blvd S.
Jacksonville, FL 32224

For any Questions or Comments see your primary nurse or:

Andrea Davis-Nurse Manger
Cornie Bell-7-3 Charge Nurse
Angela Jordan-3-15 Charge Nurse
Nursing Supervisor
904-345-7700

Hourly Rounds Script

Script for Hourly Rounds FRANCE project

Hello I am _____ your nurse/te this shift.

Is there anything I can do for you?

Would you like to change position?

Do you need to go to the bathroom?

Are you in any pain?

Some of the things that put you at risk for falling are _____

- medication received
- weakness
- confusion
- footwear
- incontinence

Make sure you _____

- lock wheels on wheelchair
- wear non-slip footwear
- do not get up alone
- have good lighting

Since we do not want you to fall, please use the call bell and we will be happy to assist you.

Is there anything you can think of to help prevent you from falling?

Read over your Don't Fall for It brochure and let me know if you have any questions.

Is there anything else I can do for you before I leave? Please use the call bell and let me know if you need anything. Thank you.

Falls Contract

BROOKS Rehabilitation

Falls Reduction Addressed by Continuous Nursing Education Project

Brooks Rehabilitation Falls and Safety Contract

This contract is an educational contract on how you and your family can help prevent falls during your stay in Rehab. On day of admission and during your length of stay at Brooks you will be evaluated to determine your risk of falling.

Your nurse will assess your risk of falling based on these Questions:

- Is the patient confused or cognitively impaired?
- Does the patient have a history of falls?
- Does the patient have unsteady gait or lower body weakness?
- Does the patient have left sided weakness?

Your nurse may also place you on fall precautions if your nurse assess you at high risk for falling.

A YES ANSWER TO TWO OR MORE OF THESE QUESTIONS WILL PLACE YOU ON FALL PRECAUTIONS. A YELLOW TAG WILL BE PLACED ON YOUR WRIST AND A FALL SIGN WILL BE PLACED OUTSIDE YOUR DOOR. THIS WILL ALERT STAFF TO PAY SPECIAL ATTENTION TO YOUR SAFETY.

Your part of this contract is to please follow these safety tips to prevent falls:

- Use your call bell to ask for help getting out of bed or wheelchair and **WAIT FOR STAFF TO ASSIST YOU BEFORE GETTING UP.** Someone will come to assist you as soon as possible. Never get up without assistance.
- Wear non-slip socks or footwear
- Always lock equipment before getting up (EXAMPLE: WHEELCHAIR)
- Make sure the bed is in the lowest position
- Talk to your physician or nurse about medications that may cause confusion, dizziness, or lightheadedness
- Make sure obstacles or clutter are cleared
- Use good lighting
- Use appropriate equipment for transfers and while walking (i.e. walker, shower chair, wheelchair)

I have received and reviewed the falls and safety contract. My nurse has educated me or my family on the falls and safety contract. My questions and concerns have been answered.

Patient/Family Signature: _____
Date/Time: _____

I have educated the patient/family on the falls and safety contract. I have answered all questions and concerns the patient/family may have on the falls and safety contract.

Nurse Signature: _____
Date/Time: _____

