

Association of Rehabilitation Nurses



For Your Safety
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Schwab Rehabilitation Hospital

We are a free standing IRF on the west side of Chicago, a member of a public hospital system, serving patient populations including: stroke, amputation, spinal cord injury, traumatic brain injury and pediatrics. In 2012, our patient population was 76% African American/Black, 11% Hispanic/Latino, & 11% White.

Background

Patient falls remain the most common adverse event in hospitals and are therefore a priority for patient safety. As a rehabilitation hospital, we teach patients how to become more mobile. Patients learn transfers and activities in Therapy, and practice independently on the unit. Falls can cause injury and complications in the patient's recovery. Much like most rehab hospitals, Schwab has struggled with consistent success in fall prevention.

Schwab's fall prevention program

Iterative, ongoing process:

- Assessment at admission
- Ongoing assessment: hourly rounding, shift change
- Critique (if fall occurs)
- Fall counts posted on each unit

Our Fall Prevention Program is interdisciplinary. One of the keys to our success is early patient engagement to the fall prevention program, thereby partnering with patients to keep them safe. Our key message is:

CALL, DON'T FALL

Initial assessment

Fall Risk Assessment

MEDS AFFECTING LOC/ BP	5
HISTORY OF FALLS	15
LOWERED TO FLOOR	5
AGE <2 >70	5
IMPAIR JUDGEMENT / CONFUSION	10
SENSORY DEFICIT	10
INCONTINENCE	15
IMPAIRED MEMORY	5
IMPAIRED COMMUNICATION/ COMPREHENSION	20
BRAIN INJURY	50
CVA	50
AMPUTEE	10

Your TOTAL SCORE -----

Adapted from Henrich et al. (2003)



LOW risk (0-45)
GREEN TRAFFIC LIGHT



MODERATE risk (50-65)
YELLOW TRAFFIC LIGHT



HIGH risk (>65)
RED TRAFFIC LIGHT

	Bed level	Wheelchair level
LOW risk (0-45)	1. Call light in reach 2. Side rails up 3. Fall Pt Ed class 3. Hourly rounds	Supervise in bathroom W/C belt (Self releasing)
MODERATE risk (50-65)	1. Call light in reach 2. Side rails up 3. Fall Pt Ed class 3. Hourly rounds 4. Bed/ WC alarm 5. Evaluate RM location	Supervise in bathroom W/C belt (Self releasing)
HIGH risk (>65)	1. Call light in reach 2. Side rails up 3. Fall Pt Ed class 3. Hourly rounds 4. Bed/ WC alarm 5. Evaluate RM location 6. Evaluate for need for restraint 7. MD order 8. Spot check 2hrs	Supervise in bathroom W/C belt (Self releasing)

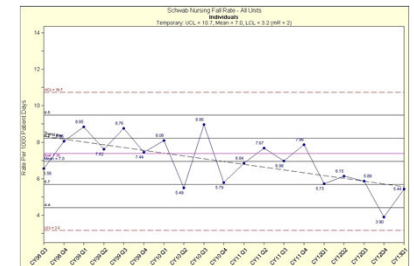
Ongoing assessments / hourly rounding

Time	Pain Assess	Assist with Reposition	Toileting Assistance	Fall Prev Plan in place: Side Rails up, Wheelchair belt on, Wheelchair brakes, Alarms, Traffic Light	Review with patient	Call light	Water	Bed table	TV control	Initials
7:00										
8:00										
9:00										
10:00										

If fall occurs...Immediate bedside HUDDLE

Fall Huddle		Fall Risk Score before Fall	Fall Risk Score after Fall
Diagnosis	What patient attempted	Green Level	Green Level
<input type="checkbox"/> CVA	<input type="checkbox"/> Unassisted Transfer Bed	<input type="checkbox"/> Yellow Level	<input type="checkbox"/> Yellow Level
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Ambulating	<input type="checkbox"/> Red Level	<input type="checkbox"/> Red Level
<input type="checkbox"/> Spinal Cord Injury	<input type="checkbox"/> Reaching		
<input type="checkbox"/> General Debility	<input type="checkbox"/> Other _____	New Safety Plan Interventions added	Fall Witnessed
<input type="checkbox"/> Amputee		<input type="checkbox"/> Bed/ WC alarms	<input type="checkbox"/> Yes
<input type="checkbox"/> Ortho		<input type="checkbox"/> Move closer to station	<input type="checkbox"/> No
<input type="checkbox"/> Neurology	Location of Fall	<input type="checkbox"/> Sitter	
<input type="checkbox"/> Pediatric	<input type="checkbox"/> Patient Room	<input type="checkbox"/> Other _____	What did Patient say caused Fall?
<input type="checkbox"/> Other _____	<input type="checkbox"/> Hallway		
	<input type="checkbox"/> Therapy		
	<input type="checkbox"/> Other _____		
Restraints		Repeat Fall	What did nurse/ PCP say caused Fall?
<input type="checkbox"/> Posey		<input type="checkbox"/> Yes 2 3	
<input type="checkbox"/> Enclosure Bed		<input type="checkbox"/> No	
<input type="checkbox"/> Mittens			

Results



Conclusion

This past year Nursing Fall rates decreased from 7.86 to 3.90 per 1000 patient days. This last quarter's rate was one of the lowest on record at our hospital! We use the National Database of Nursing Quality Indicators (NDNQI) benchmark of 7.38 per 1000 patient days.

Fall Prevention has been integrated into the daily care routines to result in improved patient safety and reduced patient falls. Approximately 2.5 years of concentrated focus on Fall prevention has paid off!!

References

Gray-Miceli, D. (2007). Fall Risk Assessment for Older Adults: The Hendrich II Model. *Annals of Long Term Care:15(2)* Retrieved from <http://www.annalsofongtermcare.com>

Hendrich, A.L, Bender, P.S, & Nyhuis, A. (2003). Validation of the Hendrich II Fall Risk Model: A Large Concurrent Case/Control Study of Hospitalized Patients. *Applied Nursing Research, 16(1)*, 9-21. Elsevier Science (USA).

Acknowledgements

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