Safety Policy Analysis: Fall Risk Reduction

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Table of Key Patient Safety Concepts & Checklist

Patient Safety Concepts	Examples Related to Fall Prevention Policy	Strategies Used to Reduce Incidence	Types of Human Factors the Policy Prevents Against
Diagnostic errors	Failure to assess a patient's fall risk accurately	Use of standardized fall risk assessment tools to accurately evaluate a patient's fall risk	Staff factors, cognitive errors
Treatment errors	Workflow and workload	Purposefully round every hour on patients to proactively meet patient comfort, toileting, and personal needs; implementing a comprehensive fall prevention program	Staff factors, workflow errors
Preventative errors	Failure to use bed alarms, failure to follow fall prevention protocols; use of restraints; sensory deficits not identified; inadequate staffing; lack of equipment	Use of bed alarms, and standardized fall prevention protocols; Keep bed or gurney in lowest position with wheels locked unless directly attended to by healthcare staff or a physician; Provide non-skid footwear for ambulation; Address sensory deficits such as the need for glasses, hearing aids, etc.; Fall prevention equipment is available and in good working condition	Patient factors, environmental factors, staff factors, distraction
Communication errors	Inadequate communication between staff regarding patient fall risk; lack of communication regarding fall risk assessment and interventions	Use of standardized communication tools, such as SBAR; Improved communication through regular team meetings, electronic medical records, or other communication tools; educate patients and their families on fall prevention strategies and review these strategies regularly	Staff factors. workflow errors, cognitive errors, miscommunication

Human factors	Fatigue, complacency, lack of knowledge on fall prevention; heavy workload; memory lapse; mistakes	Adequate staff education and training on fall prevention, use of fatigue mitigation strategies, such as breaks and shift ; length restrictions;	Staff factors, environmental factors, workflow errors, cognitive errors, inadequate training

Patient Safety Concepts	**Examples Related to Fall Prevention Policy**	**Strategies to Reduce Incidence**	**Examples from Policy**	**Types of Human Factors Prevented**
Active failures	A patient slipping on the wet floor; medication errors, miscommunications , and inadequate supervision; lack of patient education	Forcing function: using forcing functions physically prevent users from making common mistakes Ensuring redundancy, such as using double checks or backup systems Patient- centered care	Alarms and signs to remind staff to place wet floor sign; Use Safe Patient Handling equipment as appropriate	Distraction
Latent conditions	Insufficient lighting in the hallway; faulty management decision; unclear organizational process; poorly designed hospital environments;	Standardization of equipment and policies,	Consistent use of non-slip socks for patients; Universal falls precautions for all hospitalized patients	Lack of resources, environmental factors

Error-producing conditions	Cluttered patient room; adverse medication effects not labeling patient with the appropriate yellow armband and	Simplification Using cognitive aids, such as checklists, labels, or mnemonic devices	conduct regular environmental assessments to identify and address hazards that can cause falls; provide a clear path to the bathroom; Use teach-back to verify that patient knows when and how to use the call-light system; Minimize or avoid use of physical restraints	Miscommunication; inadequate training; inadequate staffing
Violations	Staff not following fall prevention protocol; failure to use bed rails, failure to provide walking aids, and failure to follow medication protocols; lack of adherence to fall prevention strategies	Education and training Developing new policies Conducting regular audits and evaluations	Staff education on fall prevention protocol	Lack of accountability, inadequate training, inadequate staffing, cognitive error

APPENDIX I:TOP TEN CHECKLIST

Associated Hospital/Organization: Health Research & Educational Trust

2017 Falls Top Ten Checklist

PROCESS CHANGE	
1. Assemble a multidisciplinary falls team with an executive sponsor, front-line staff from nursing and rehab, management support, physical therapy, physician and pharmacy representatives to oversee the strategic plan for the fall injury prevention program.	☐
2. Engage all levels of staff and disciplines in creating a safe environment that is free of tripping and slipping hazards and is responsive to patient needs, i.e., "no pass zone" and environmental rounds. Review all falls in leadership huddles to raise awareness of hazards and contributing factors.	☐
3. Identify high risk/vulnerable populations upon admission to receive a multifactorial falls assessment. Do not rely on a risk score alone. Examples: patients admitted with a fall, patients with a history of fall in the past six months, patients over 65, ABCS criteria, depending upon the population served.	☐
4. Provide multifactorial assessments and targeted interventions for high risk or vulnerable elderly patients. Assess for and address risk factors associated with gait, balance and mobility, medications, cognitive assessment, heart rate and rhythm, postural hypotension, feet and footwear and home environment hazards.	☐
5. Communicate risk across the team: EMR Banners, hand-offs, visual cues, huddles and whiteboards.	☐
6. Round every one to two hours on patients; address the five P's—pain, position, personal belongings, pathway and potty. Escalate rounding frequency to meet patient needs.	☐
7. Implement mobility plans for all patients to preserve function and prevent hazards of immobility: rehab referral and collaboration for a progressive activity and ambulation program.	☐
8. Review medications—avoid unnecessary hypnotics and sedatives and remove culprit medications from order sets. Target high-risk or vulnerable patients for pharmacist medication review.	☐
9. Include patients, families and caregivers in efforts to prevent falls. Provide structured education apart from admission orientation. Educate using teach-back regarding fall prevention measures and encourage family members to stay with high-risk, vulnerable patients.	☐
10. Conduct post-fall huddles at the bedside with patient and family immediately after the fall to analyze how and why the fall occurred, and implement change(s) to prevent future falls. Include a pharmacist and rehab staff member in the post-fall huddle or case review.	☐

Policy Analysis

Preventing falls in healthcare facilities is a crucial issue, as they are one of the hospitals' most common adverse events. They account for 70% of inpatient accidents in Kaiser hospitals in the northwest region (Kaiser Permanente, 2016). Falls can lead to severe injuries, increased healthcare costs, decreased healing, longer inpatient stays, and long-term hospital admission. They also cause discomfort, affect quality of life, and even death. Statistics show falls are the leading cause of injury-related deaths in patients sixty-five and older (CDC, 2023). Hospital environmental conditions and certain medications can further increase the patient's fall risk. According to the Centers for Disease Control and Prevention (CDC, 2023), one out of every five falls leads to a severe injury, such as a broken bone or head injury. Falls are also the leading cause of traumatic brain injuries. Kaiser Permanente Roseville (Kaiser) has recognized the importance of fall prevention and has taken measures to reduce the incidence of falls in its facilities. The national average for hospital fall rates is 3.2 per 1,000 patient days. Based on publicly available information from its website, Kaiser has significantly reduced fall rates, with an average fall rate of 1.8 per 1,000 patient days. However, falls remain a persistent problem in healthcare facilities, and continued efforts are needed to prevent falls and improve patient safety.

The Kaiser fall prevention policy and the American Hospital Association (AHA) checklist each have unique aspects that are useful in preventing falls and injuries in hospitalized patients. The Kaiser policy emphasizes using the Schmid Risk Assessment Tool and ABCS criteria to identify high-risk patients. The Schmid Fall, Risk Assessment Tool, comprises five categories: mobility, mentation, elimination, prior fall history, and medications. If a patient scores a three or above, the patient is at risk for falls. This tool helps identify patients most vulnerable to fall-related injuries and who need specific interventions tailored to their needs. The Kaiser policy and the checklist recommend implementing fall prevention interventions, including hourly rounding, providing non-skid footwear, and ensuring appropriate lighting. However, the Kaiser policy details specific procedures for perinatal patients,

emergency department patients, and patients receiving magnesium sulfate or epidural anesthesia. The Kaiser policy also recommends universal fall precautions for all hospitalized patients, such as familiarizing the patient with the environment, using teach-back to verify that the patient knows when and how to use the call-light system, and addressing sensory deficits such as needing glasses or hearing aids. Additionally, Kaiser's fall risk policy recommends implementing fall prevention measures for patients at risk for falls by providing them with a yellow fall risk armband and placing an identifying fall risk placard outside of their room. Kaiser's policy also states placing a fall risk banner in the EMR and documenting fall risk precautions on shift assessment and the patient's care plan.

The Kaiser fall prevention policy and the checklist emphasize the importance of identifying high-risk or vulnerable patients and performing multifactorial assessments. However, the Kaiser policy is more detailed and includes specific criteria for identifying high-risk or vulnerable patients, such as age, bone strength, coagulation, and recent surgery. Both the policy and checklist encourage medical doctors, nurses, and physical therapists to be involved in creating individualized fall prevention plans for at-risk patients. They implement the plan alongside universal fall precautions for all patients. The AHA checklist outlines the need for a safe environment free of tripping and slipping hazards and engages all levels of staff and disciplines in fall prevention efforts. The checklist also recommends implementing mobility plans for all patients to preserve function and prevent risks of immobility. The checklist also stresses educating patients and families, which aligns with the Kaiser policy's emphasis on patient education and communication.

The Kaiser policy and the checklist aim to reduce the incidence of falls and fall-related injuries in hospitalized patients. However, there are also some areas where the two documents need to align. The AHA checklist recommends involving a pharmacist and rehab staff member in the post-fall huddle or case review. At the same time, the Kaiser policy does not mention the involvement of these staff members. Additionally, the checklist recommends implementing mobility plans for all patients, while the Kaiser

policy only recommends rehab referral and collaboration for a progressive activity and ambulation program. To address these differences, the Kaiser policy should consider implementing mobility plans for all patients to ensure that all patients receive appropriate mobility interventions. The policy should also consider involving a pharmacist and rehab staff member in the post-fall huddle or case review to address medication-related and mobility-related factors in analyzing how and why the fall occurred.

Kaiser Permanente is committed to upholding patient safety by identifying the patients at risk for falls and the patient population with a high risk of injury from falls. They have created evidence-based interventions to prevent falls and injury by providing guidelines for functional assessments to manage patients at risk and established guidelines for assessment for patients with a history of falls. Kaiser has implemented a fall prevention policy that includes several interventions to reduce the incidence of falls. These interventions involve conducting fall risk assessments, educating patients and families about fall prevention, using bed and chair alarms, and conducting hourly rounds to ensure patient safety. The policy also requires staff to report all falls and review the circumstances surrounding the fall to identify potential areas for improvement. Preventing hospital falls is crucial in maintaining patient safety, preventing additional injuries, and reducing in-patient stays and costs. Kaiser has implemented interventions that align with the AHA checklist guidelines and have successfully reduced fall rates from 3.2 per 1,000 patient days to 1.8 per 1,000 patient days. Kaiser continuously makes necessary efforts to prevent falls and improve patient safety.

References

Brigham and Women's Hospital Center for Patient Safety. (n.d.). *Patient-centered fall prevention : Nursing management*. LWW. https://journals.lww.com/nursingmanagement/fulltext/2021/03000/patient_centered_fall_prevention.9.aspx

Centers for Disease Control and Prevention, (2023, February 28). *Deaths from older Adult Falls*. Centers for Disease Control and Prevention. https://www.cdc.gov/falls/data/fall-deaths.html

Centers for Disease Control and Prevention. (2023, May 12). *Facts about falls*. Centers for Disease Control and Prevention. https://www.cdc.gov/falls/facts.html

Kaiser Permanente (2016, April 1). *Measuring patient safety in our hospitals - kaiser permanente*. Northwest Regional Quality Measurement. https://healthy.kaihserpermanente.org/content/dam/kporg/final/documents/reports/quality-safety-reports/multi-patient-falls-nw-en-2016.pdf 9op'

LeLaurin, J. H., & Shorr, R. I. (2019). Preventing Falls in Hospitalized Patients: State of the Science. *Clinics in geriatric medicine*, *35*(2), 273–283. https://doi.org/10.1016/j.cger.2019.01.007

Watcher, R., & Gupta, K. (2017). Understanding patient safety. (3rd ed). New York, NY: McGraw-Hill Education.