Reducing Falls in the Elderly: An Interdisciplinary Evidence-Based Approach
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Problem
Rehabilitation patients are at increased risk of falling due to multiple risk factors, while being in a unique environment that encourages increased independence and functional gains.

Evidence
Falls account for approximately 90% of all fractures in people age 65 years and older and are the 6th leading cause of Sentinel Events according to The Joint Commission.

Strategy
To help prevent these adverse events that hinder rehabilitation patients from working toward improving their functional outcomes, a Fall Prevention Interdisciplinary Team was formed in 2004. A comprehensive education campaign was implemented. The fall prevention program encompasses a transdisciplinary and multi-directional approach, where every employee in the facility has been empowered to promote patient safety to reduce the number of falls.

Practice Change
Identification of at risk patients was our first challenge. Once high risk patients were identified, a well designed evidence-based protocol was implemented. Shortly after implementing fall reduction strategies, the facility became restraint-free, which required further revisions to our processes.

Evaluation
Monthly interdisciplinary team meetings are conducted to evaluate each patient fall, including root cause(s) of the fall, medications, etc. The team trends fall prevalence, injuries related to falls, time of fall, shift of fall, day of the week, etc.

Results
As a result of this program, the fall prevalence rate was reduced from 11.5 in 2005 to 7.67 in 2008, a decrease of 33%, without the use of restraints. The prevalence rate for 2nd quarter of fiscal year 2009 is 5.66.

Recommendations
1. Identify patients at risk for falls
2. Implement risk reduction strategies based on the patient’s individualized needs
3. Communicate patient’s fall risk to (a) the patient, (b) family/visitors, (c), patient caregivers, & (d) ancillary staff.
4. Reassessment as patient condition changes, with appropriate care plan revisions as indicated.
Lessons Learned
Use of EBP saved time and resources and provided valuable direction for the team during the change process.

Bibliography
Joint Commission Resources (2005). Reducing the risk of falls in your health care organization. Oakbrook Terrace, IL: Joint Commission Resource