“Bundle Up”: A Fall Prevention Strategy in an Acute Care Setting
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Problem: The population of elderly persons (age 65 and older) is growing rapidly corresponding with increased risk of injury from falling. Elderly persons are expected to increase from 31.0 million in 1990 to 68.1 million by 2040. In 2002, there were 31.7 million hospitalizations with 41% age 65 or older in the US. Health care costs are escalating at the rate of 5.6% per year. In 2000, health care cost equaled $585 billion with 66% on older adults and $120 billion on long term care. Falls are considered a potential hazard of hospitalization for the frail elderly individual. Annually, elderly persons fall three times higher in nursing homes and hospitals resulting in 10 to 25 percent injury rates, accounting for 6% of all medical expenditures and 2/3 of the deaths from unintentional injuries.

Evidence: The National Clearinghouse Guideline on Fall Prevention in acute care setting include six domains: Organizational support for a Fall Prevention Program with education of Fall reduction policies and procedures, Risk of Falling assessment tool for hospital patient at admission, Identify Risk Factors’ assessment tool, Communicate Risk Factors visually and verbally, Risk Factor Interventions, and Continuous monitoring and reassessment.

The National Center for Patient Safety (VA) Recommends: Team (nurses, physicians, rehabilitation therapists) management; Identify risk factors; Morse Fall Scale for fall risk assessment upon admission, post fall, condition changes, and at discharge.

American Geriatrics Society (AGS) Recommendations: Assess persons at risk of falling and Multifactorial interventions (staff education, exercise programs, home modification programs, medication, etc.).

Strategy: A microsystem analysis was performed creating recommendations based on the National Clearinghouse evidence-based guidelines on Fall Prevention in the Acute Care setting.

Practice Change: This project focuses an innovative “Bundle Strategy” for Fall Prevention, the pilot would be to sustain current polices and the Fall Prevention Kit with adding an electronic “Pop-up or Flag” alerting all authorized persons (physician, pharmacy, nursing, case management, social service, pastoral service, etc.) entering the patient’s electronic chart of the patient at “High Risk Fall.”

Evaluation: Formative and summative evaluation of the pilot program is ongoing for duration of the 2nd Quarter of fiscal year 2010.

Results: The goal of the pilot program is to dramatically reduce Fall Rate by 30% by end of 2nd Q 2010.
**Recommendations:** Implement Evidence-Based Practice Fall Prevention Bundle strategy.

**Lesson Learned:** Fall prevention is complex, best managed by multidisciplinary team approach, and falls are multifactorial.

**Bibliography:**