Beyond “Call Don’t Fall”: Implementing an Interprofessional, Multi-Modal Evidence-Based Falls Prevention Program
Mindy Switzer, MS, BSN, RN, CNL
UT MD Anderson Cancer Center

Problem:
Falls are a considerable safety issue for an inpatient hematology population.

Evidence:
Intrinsic and extrinsic risk factors of hematology patients place them at an increased risk for falls, frequently resulting in significantly increased cost and length of stay. An interprofessional workgroup, through retrospective chart analysis, identified that falls in hematology patients at this institution occurred primarily at or following the 4th day of admission. Falls were a particularly acute issue on an inpatient Lymphoma unit, with a mean of 4.5 falls per month in the year preceding the intervention. Evidence suggests that multimodal, interprofessional fall prevention programs are the most effective in reducing falls and resulting harm.

Strategy:
Based on the findings of the workgroup and the literature, a multi-focused education initiative was developed for patients and staff.

Practice Change:
Three weeks of concentrated staff education included fall prevention strategies and disclosure of unit fall trends for the preceding year. Days without falls were posted in a public area on the unit. Nurses delivered targeted falls teaching on the third day of admission with reminders of risk factors posted in rooms. Physical and occupational therapy consults for high risk patients increased through a collaborative staff education initiative. Concurrently, a team based care delivery model was implemented which facilitated improved continuity of care for patients, fostered shared accountability, and promoted communication between interprofessional team members.

Evaluation:
Days without falls on this unit were the primary outcome measure.

Results:
The unit experienced 72 days without a fall following intervention implementation, with a total of three falls over 110 days to date, a mean of 0.82 falls/month.

Recommendations:
Current and future efforts include continued emphasis of unit fall rates and prevention strategies in the ongoing dialogue between patients, nurses and members of the interprofessional team.
**Lessons Learned:**
Implementing an evidence-based interprofessional approach to fall prevention, and encouraging patient involvement, yielded significant reduction in fall rates and injury from falls.

**Bibliography:**


