A 12-Step Program to Fall Prevention
Victoria Greenwood, MS, RN-BC
St. Peter’s Hospital and The Sage Colleges
Sapna Mathai, Maryann Vanscoy

Problem:
Falls are a leading cause of death in adults aged 65 or older (Boushon et al, 2008). The incidence of hospital related falls ranges from 3% to 10% of all patients (Schwendimann, Bühler, DeGeest, & Milisen, 2008). According to Patient Safety and Quality Health (2006), an estimated 30 percent of hospital-falls result in serious injury with patients enduring pain, anxiety, loss of confidence, independence, and mobility (Healey, 2010).

Evidence:
The Agency for Healthcare Research and Quality (AHRQ, 2012) has highlighted key elements of fall prevention programs: patient education using teach-back method, target interventions for high-risk patients, precautions to reduce risk for falls, interventions to prevent injury from falls, rounds to promote comfort and safety, and safety huddles after fall or near fall. The Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI) have identified patients at high risk for falls as reflected in the acronym “ABC” (A for greater than 85 years old, B for decreased bone density, and C for compromised coagulability).

Research Question
Will a multi-faceted falls prevention program reduce the incidence of falls on a medical oncology unit in an acute care hospital setting?

Strategy/Practice Change:
A 39 bed medical oncology unit in an acute care hospital was selected to pilot a 12 step program to prevent falls. Due to the complexity of patients on this unit, the incidence of falls was worthy of investigation. Since single intervention initiatives have not reduced the incidence of falls historically, the nurse research team has bundled 12 measures to reduce falls including: yellow socks, yellow wrist bands; nurse to nurse handoff and nurse to tech handoff to identify patients at high risk for falls; family/patient education with printed material and teach-back evaluation; falling star/falling man; hourly rounds; manager rounds; Hendrichs II scoring; post-fall huddle; root cause analysis; and initiation of the ‘Good Catch’ Award. Data collection will include accessing unit-specific, quality initiative reports.

Evaluation:
Early indications suggest that the 12-step program fall prevention program will have a positive impact on both the incidence of falls and injuries related to falls.
**Results**
The 12-step program designed to reduce the number of falls was initiated in April, 2012 at the start of the second quarter of the year. When comparing second quarter data from 2011, the total number of falls decreased by 50%, from a total of 44 in the second quarter of 2011 to 22 for second quarter of 2012, as illustrated below. In addition, there were no falls with moderate to severe injury in the second quarter of 2012, compared to one fall with moderate to severe injury in the second quarter of 2011. Third quarter results continue with a decrease in number of falls (14 in total), with one fall with injury. Fourth quarter results yielded 23 falls with one fall with injury, a decrease when compared with the previous year’s fourth quarter results.

**Recommendations/Implications for Future Research Education, Clinical Practice and/or Policy**

*Future*: considerations will continue to focus on fall reduction, as well as injury prevention in this population. Specific patient populations may receive targeted prevention measures including helmets (patient post-craniotomy); hip protectors for patients with compromised hip(s); floor mats on each side of the bed to minimize the impact from patients falling out of bed and yellow lap blankets to identify high risk patients.

*Lessons Learned:*
Fall and injury prevention is an ongoing initiative that requires continuous monitoring and regularly scheduled reinforcement with nursing and assistive staff.

**Bibliography:**


