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11E Unit Council: Reducing Falls

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While making a causal stroll down the hallway of a critical care unit it is easy to notice a lot of commotion. There are multiple medical teams on rounds, physical, occupational and speech therapists working with patients, pharmacy techs delivering medications, families requesting updates on their loved ones and something that is so common it can get lost to the novice onlooker, but not to nurses– the endless ringing of bells. There are alerts to tube feeding malfunctions, alaris pump complications, bedside ECG monitors and each has a distinct intonation. It is amazing how only after a few shifts that most nurses are able to distinguish what a particular bell is alerting them to check without even looking.

In May 2012, the Shared Governance Committee on 11 PCU was asked by management to consider ways to reduce falls on the unit by 25%. On any given day the unit can have forty-three patients, many of whom, due to diagnoses, medications, IV therapies, and telemetry monitoring are high fall risks. The committee quickly understood that meeting this goal would require the entire unit's assistance. A task force was established to meet monthly to review all falls in order to learn how to prevent similar situations from occurring.

During the course of the year many good suggestions came from the staff on ways to reduce falls in our patient population. Many of the ideas were easy to include such as new fall risk signage, discussion of patients with a fall risk at handoff, including CCPs in educating the patients on their fall risk and a post

fall "huddle" to discuss immediately what led to the fall. There was much success with these interventions but the occasional fall still took place. Then it was decided to use something that nurses know well – bells.

While the bed alarms were already being used, and alerted staff to check on the patient, there were still incidents of falls. After the first quarter of the year the task force made the suggestion to increase the sensitivity of the bed alarm on all patients who are high fall risk.

Now a nurse can be sitting at the nursing station, walking down the hallway or in another room and immediately know that a patient needs attention. Often on arriving at the room the nurse will find the patient sitting on the side of the bed or laying back down waiting for the nurse and comment, "I am sorry I forgot to call for help". A quick reorientation to the situation and education on the fall risk and the patient's needs are met.

Our fall rate dropped from a peak of 3.57 falls /1000 patient days in Jan-Mar, 2012 to a low of 2.50falls/1000 patient days in Oct-Dec 2012. It is satisfying to our staff, patients and families to know that implementing this simple change has helped our unit work towards its goal of promoting patient safety.



Michael Baumgardner, MSN, RN, is a graduate of the University of San Diego Hahn School of Nursing where he received his MSN in 2011. Upon graduating he was hired as a bedside nurse on 7,9,11 PCU at UCSD Hillcrest. He has served as co-chair of his unit's Shared Governance Committee for the last two years. Prior to entering the nursing profession Michael worked as a Spiritual Counselor for San Diego Hospice and the Institute of Palliative Care and as a Catholic Priest for the Diocese of San Diego. He is dedicated to improving patient safety and satisfaction as a leader on the PCU, that recently reduced its fall rate by 25%. Currently he is working on a CN III project that will result in standardization of patient handoff between nurses."