NO ONE WALKS ALONE

FALL PREVENTION PROGRAM
Background

At local hospitals:
• 70 falls in 2 units in 2013
• Over 1/2 of the falls were “anticipated”
• One resulted in major injury to a patient
• More than 2/3 occurred while toileting and getting out of bed
• Both local hospitals participate in the Collaborative Alliance for Nursing Outcomes (CALNOC)
Purpose

• To determine the effectiveness of the No One Walks Alone fall prevention program at Hospital A and Hospital B

• This program is part of an on-going study of a national system wide implementation of NOWA
Objectives

• To implement the program in a new Hospital (A) and two units of an existing Hospital (B), to determine efficacy
• To reduce the number of patient falls to zero
• To require all hospital employees follow guidelines set by No One Walks Alone (NOWA)
• To implement nurse hourly rounds to ensure patient safety
• To assume every patient is a fall risk regardless of diagnosis
Methods

- Portions of the program began in December for Hospital A, with the full roll-out beginning March 3rd. Hospital B began with a roll-out on two specific units March 18th.
- Staff were trained using PowerPoint slides and an Epic Healthstream model.
- Continued system data collection by monitoring fall rates over a one month trial period after the start of implementation on March 3rd and 18th.
- All falls are recorded by individual units throughout the hospital.
- Results will be compared with fall rates before implementation of program.
*Policies of the fall program began to be implemented in December 2013, but were not fully implemented until March 3rd, 2014*
Inpatient Falls Hospital B

Falls and Complications

Month, Year

- Reported Falls
- Falls with Injury

Jan, 2013 - Apr, 2014

Falls

0 2 4 6 8 10 12

Month, Year

Jan, 2013 - Apr, 2014
Results

- Current data suggests a decrease in fall rates from both hospitals after implementation
- Since full implementation there have been a reported six falls, three of which were when the patient was being assisted
Discussion

- Study is limited to one month of data
- Results appear to show a decrease in fall rates, however, long term data is needed to determine statistical significance
Recommendations

• Continue monitoring to assess long term effectiveness of the program

• Address patient refusal rates; modified plans may be needed for specialized units such as pediatrics or family birth

• Ongoing interpretation of data to examine the most effective methods of the program in preventing falls

• Implementation of the program hospital-wide in Hospital B
Reference

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