Decrease Inpatient Fall with Injury Rate by 40% from 2011 baseline of 2.15 to 1.29 by December 31, 2013:

CMS Injury Benchmark: 0.50

Why is this project important?
Injuries from falls are costly for the patient and the hospital. Patients injured in a fall incur increased hospital costs due to additional treatment and longer lengths of stay. Because falls are among the significant adverse events experienced in hospitals, falls prevention is a critical component of any patient safety strategy.

Aim Statement

Run Charts

(Falls) Falls With Injury (minor or greater) (NSC-5)

1.29

0.50

A

B

C

Median

10/01/11- 12/31/11 Baseline
Jun 2012
Aug 2012
Oct 2012
Dec 2012
May 2013

Recommendations and Next Steps

• In order to maintain a heightened awareness regarding the importance of falls, clinical leadership must revisit the issue with front line staff.
• A successful initiative needs a multidisciplinary approach which includes all departments, especially Environmental Services.

Lessons Learned

• Conduct a weekly in-depth fall review with front line care providers, Quality, and Unit Director whenever a fall occurs.
• Initiate “Not On My Watch” campaign to increase charge nurse ownership of Fall Prevention initiatives.
• “I Stop for Lights” campaign – similar to the “No Pass Zone” expanded to include the entire facility.

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