SJGH Fall Prevention Program

Fall Education for ALL STAFF

Awareness is key to prevention

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Fall Definitions:

A *fall* is defined as sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object, excluding the result of a violent blow or other purposeful action.

A *near-fall* is a sudden loss of balance that does not result in a fall or other injury. This could be a person who slips, stumbles or trips, but is able to regain control prior to falling.

An *unwitnessed fall* is when a patient is found on the floor and neither the patient nor anyone else knows how he or she got there.

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Program Goals

To maintain patient safety

To reduce the risk of injury

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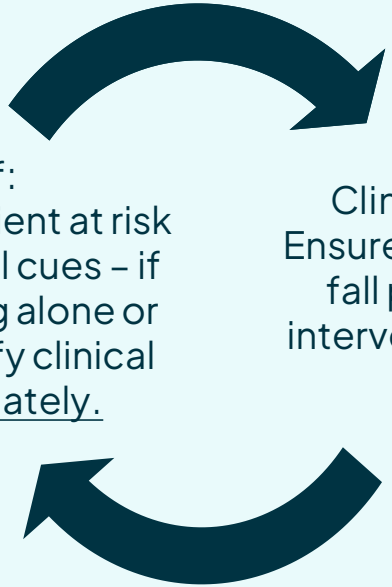
Staff Roles & Responsibilities

Patient Safety is everyone's Responsibility



All Staff:
Recognize a patient at risk for falls by visual cues – if they are walking alone or need help, notify clinical staff immediately.

Clinical Staff:
Ensure appropriate fall prevention interventions are in place.

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PATIENT AT HIGH OR VERY HIGH RISK FOR FALL

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ROOM of patient at HIGH or VERY HIGH RISK FOR FALL

- ✓ FALL RISK sign at entrance of room
- ✓ Bed Exit Alarm activated
- ✓ Bed is low and locked, green light is on
- ✓ Call light and bedside table in reach
- ✓ Night light is on

MONITORING of patient at HIGH or VERY HIGH RISK FOR FALL

- ✓ Move close to the Nursing Station (when possible)
- ✓ Remote video surveillance “AVASURE” (when appropriate)
- ✓ Sitter if needed (patient safety attendant)

IMPORTANT:

If a patient is requesting help or to get out of bed and there are ANY fall risk signs

ALERT NURSING

DO NOT LOWER SIDE RAILS or HELP THEM OUT OF BED

AVASURE

CENTRAL VIDEO MONITORING (CVM) FOR FALL PREVENTION

The continuous video monitoring technology is utilized for some patients who are at risk for falling.

A trained tele-sitter technician provides continuous visualization of all patients being monitored via CVM technology.

The tele-sitter technician can communicate verbally with the patients via remote technology.

What makes patients at RISK for falls?

Here at SJGH, Nursing uses the Morse Fall Risk Scale to help determine who is at risk.

The score is calculated based on:

- Recent fall event (s) in last 3 months
- Use of a walker, crutches, or cane while walking
- How well they can walk
- Whether or not they are aware of their limitations or abilities.

Some patients with certain conditions are a Very High Fall Risk by default, regardless of score.

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Fall Risk Levels

Morse Score 45 to 59 ⇨ HIGH RISK FOR FALL

Morse Score 60 or higher
or
Conditions related to falls
(regardless of score)
⇨ VERY HIGH RISK FOR FALL

- Altered Level of Consciousness
- Alcohol Intoxication
- Alcohol Withdrawal with or without CIWA Protocol
- Fall(s) in last 3 months
- Fall(s) during this admission
- Generalized Weakness
- Hypotension
- Seizure Disorder
- Stroke – affecting movement of extremities
- Syncope

What do I do if a patient falls?

All Non- Nursing Staff:

Ask patient if they need assistance.

Notify nearby clinical staff, Primary RN if applicable

- *call Rapid Response if additional help is needed*

Complete a CRO

Nursing Staff:

Assess patient, notify care team, and provide appropriate care

Complete appropriate documentation

Complete a CRO

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THANK YOU

FOR DOING ALL YOU CAN TO PREVENT PATIENT FALLS