

sentara nurse

Managing the Patient Experience Falls Prevention in a Skilled Rehabilitation Center

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Problem

- There is a vast amount of research focused on effective interventions for fall prevention, in the elderly propulation, with national guidelines established for evidence based nursing practice. Despite these efforts, elderly patients combinue to experience falls within skilled rehabilitation environments.
- Nurses, within a Sentara Healthcare shelled rehabilitation center, implemented an evidence based fall prevention program based on establish national guidelines.
 However, residents continued to expenence falls despite these precautions.
- A first step in developing and implementing effective fall prevention depends on the ability to accurately identify the at risk patient population. Therefore, a transfer guideline color coded "dor" system was added to standard fall precautions, in a Sentara skilled rehabilitation center, to identify patients' risk for falls. It is unclear whether these additional measures will prevent falls in this vidingable population.

Background

- Approximately 2 million adults, age 65 years of older, live in long term care environments, including skilled rehabilitation centers. This population is expected to increase to 3.4 million over the next several years.¹
- This generation of elders approaches retirement expecting to continue current levels of physical activity, creating an increased demand for elective joint replacement surger; and subsequent rehabilitation.³
- The combination of impaired mobility and pain medication in the post operative phase makes this population even at a higher risk for falls with injury.

Significance

- In long term care settings, including skilled rehabilitation nursing centers, it is estimated that 50° s of the elderly population will sustain one or more falls annually, with an economic simpact estimated at 20 billion drillars in the United States²
- Approximately, 4° = of the elderly who sustain a fall with major inpury, such as hip fracture, will die within one year of the fall.³
- Almost 17° of elders who fall are unable to return to their prior level of self-care, requiring care in an assisted living or nursing center environment.⁴

Study Alms

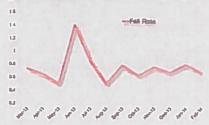
This study aimed to explore differences in the number of falls, within a skilled rehabilitation population, age 65 years or older, following the addition of a transfer guidelines color coded "dor" system to standard fall precautions. The following research questions were explored:

- Does the number of residents who expenence a fall decline following program implementation?
- Does the number of residents who expenence multiple falls declare following program implementation?
- 3. Does the number of residents who expenence a fall while being assisted by staff members decline following program implementation?

Evaluation Strategy

- This study used a retrospective design with secondary data analysis. Medical records and quality data analysis (STARS reports) were reviewed for all falls in the skilled rehabilitation population. This study design was appropriate given the lack of variable manipulation.
- The study population included a convenience sample of short stay rehabilitation residents, age 65 years or older Patient medical records (N=182) between March 2013 and February 2014 were examined.
- The study examined group differences based on outcomes to an earlier intervention. Specifically, short stay rehabilitation residents, age 65 years or older, receiving a transfer guidelines color coded "dof" system in addition to standard fall precautions were compared to residents receiving only standard falls precautions.
- March 2013 November 2013 was designated as the preimplementation phase with December 2014 – February 2014 the post implementation phase.

Figure 1. Fall Rate in a Skilled Rehabilitation Center



Results

- As shown in Figure 1, the full rate remained flat following implementation of a transfer guidelines color coded "dot" system in addition to standard full precautions in December 2013.
- The number of residents who experienced multiple falls did not declare following program implementation.
- The number of residents who expenence a fall while being assisted by staff members did not decline following program implementation.

Conclusions and Implications

This study addressed a major health concern in the vulnerable elderly population receiving skilled rehabilisation services.

- Falls, in the long term care settings, can be devastating to the quality of life resulting in fractures, decreased mobility, increased morbidity and mortality.
- Fall prevention should be multi-focused and interdisciplinary examining the high risk factors of vision, gait and balance, medications, cognition, age, and history of falls.
- This sample size was small (182). A larger sample may more accurately reflect the impact of a transfer guidelines color coded "dor" system on falls prevention.
- Additional studies are needed to explore relationships between patient falls and the addition of a transfer guidelines color coded "dot" system to standard fall precautions

References

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