Action Plan: Improved Strategies to Reduce Falls in 3Main Med-Surg Unit

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Background

Patient falls during hospitalization significantly impact patients and add to hospital costs (McLennan et al., 2024). Cost-effective assessment and prevention strategies vary, and protocol compliance is inconsistent across organizations (McLennan et al., 2024). Recent guidelines for fall prevention focus on older adults, the impact of falls on their quality of life, and the importance of including the patient as an active participant in their fall prevention plan (Montero-Odasso et al., 2022). Educating staff on fall prevention strategies is as important as maintaining a safe environment for patients to prevent inpatient falls (Wallis et al., 2025).

Unit-level falls rates are among the nurse-sensitive indicators routinely monitored at Salinas Valley Health Medical Center to ensure patient safety. Unit practice councils (UPCs) evaluate unit-level data monthly and the Quality Council monitors organization-level data. The Quality Council sends action plan requests to UPCs when data underperform the National Database of Nursing Quality Indicators (NDNQI) national benchmark either 2 months in a row, 2 months in a quarter, or for 2 quarters in a row. The Med-Surg UPC developed an action plan in mid-2024 for the Med-Surg / 3Main (3M) unit because of two consecutive months of underperforming falls with injury rates. The action plan improved this measure; however, in January 2025, the Med-Surg UPC was again asked to develop an action plan for underperforming falls data for two consecutive months at the end of 2024. The total patient falls rate was 3.05 in November 2024 and 2.95 in December 2024, exceeding the benchmark rate of 2.45 in both months. The UPC members and unit leaders decided to revisit their falls action plan strategies and develop a new action plan.

Purpose Statement

The purpose of this quality improvement initiative was to develop a falls action plan to decrease the total patient falls rate by 50% and outperform the national benchmark for this measure in 3M for two consecutive months.

Methods

The Med-Surg UPC members reviewed falls and prevention strategies used for the 2024 falls action plan and added other initiatives based on the Mobility Committee's processes and from a checklist used in the Oncology unit. The UPC created a new falls action plan to decrease falls rate by 50% for two consecutive months. The goal, strategies, and target completion date of Q2 2025 were approved by the UPC members and leadership (see Figure 1). The following strategies were implemented during Q1 2025.

- The action plan strategies included writing on the patient communication board the patient's Bedside Mobility Assessment Tool (BMAT) score, adaptive equipment, and safety precautions. The UPC also decided to continue educating and reminding staff in 3M to initiate fall risk assessments, use prevention strategies for high-risk-to-fall patients (e.g., yellow non-skid socks, head-of-bed [HOB] signs for bed alarms, yellow armbands), conduct purposeful hourly rounding, and safety huddles at the start of shift.
- In addition, the council decided to implement a mini monthly falls surveillance study, using the Mobility Committee's falls surveillance checklist (see Figure 2), in 3M to evaluate the effectiveness of the fall prevention strategies already in place and required it to be done every shift. The surveillance in 3M was conducted on January 20, 2025, in collaboration with the Mobility Committee and on February 28, 2025, by UPC members. The results of the mini falls surveillance (see Figure 3) were reviewed and presented to the UPC members during the monthly meeting and staff quarterly meeting. The results were posted on the Team TV in 3M. Strategies to address findings were integrated into the action plan as needed.
- The action plan also adopted initiatives from the Mobility Committee such as the signage reminders to pull the red string for assistance while toileting and collaborating with pharmacy to review medications using the American Geriatrics Society Beers Criteria® to recommend appropriate medications based on the patient's condition. The UPC members and unit managers rounded in every 3M bathroom to make sure all red strings and signs were accessible and visible.
- UPC members also reviewed, improved, and adopted the falls checklist form (see Figure 4) from the Oncology unit. The revision was based on the falls surveillance tool used quarterly by the Mobility Committee. The new checklist includes assigned tasks for the charge nurse, primary nurse, and nurse aide to be completed every shift.
- Action plan strategies were to remain in place until 3M decreased the total patient falls rate by 50% and outperformed the national benchmark for two consecutive months, as monitored by the Quality Council. If the desired outcome was not met, a reevaluation of strategies would be done after Q2 2025 to determine next steps.

Figure 1

3M Falls Action Plan

NSI	Desired Outcome	Strategies	Target Dates
Falls	To decrease incidence of falls in 3M by 50% for two consecutive months	1. Ensure communication board indicates the following: - Patient's fall risk (Based on Fall risk assessment done in Worklist) - BMAT (Scores found in patient profiles for both RN and CNA or shared during handoff or bedside shift report) - Activity & equipment (i.e., 1 person assist w/ FWW)(Place walkers in specific utility areas to increase accessibility and availability for all staff) - Precautions (i.e., Bed Alarm ON) (Place signage on HOB to remind all staff including lab and rehab to turn the bed alarm on before leaving the patients. Continue using color coded nonskid socks, armbands and door signs) 2. Staff education - Review 5 P's of purposeful hourly rounding (Review during huddles) - Fall risk assessment and prevention strategies (Use Avasys or sitter or call family to stay with patient as appropriate, and use chair or toilet alarms consistently) 3. Safety huddles – CN to include HRTF & patients on Bed Alarm during change of shift huddles (0700, 1500 & 2300) (Include in the new huddle sheet to remind charge nurses) 4. Implement "Call don't fall signs" in the MS cluster (Adjust locations of signage in each toilet areas where they are easily visible to each patient when toileting) 5. Collaborate with pharmacy to review medications based on BEERS criteria for recommendations on appropriate medications or dosage depending on patient condition. 6. Propose to have a champion or two for monthly mini falls prevalence study to provide teaching, fill out rounding tools (Falls iRound) and review falls data. 7. Utilize a Fall Checklist Form every shift to be completed by RNs and CNAs then turned in to Manager.	Second Quarter 2025

Note. NSI = Nurse-Sensitive Indicator; BMAT = Bedside Mobility Assessment Tool; CNA = Certified Nursing Assistant; FWW = front wheeled walker; HOB = head-of-bed; CN = charge nurse; HRTF = high-risk-to-fall; MS = Med-Surg

Figure 2

Mobility Committee Quarterly Falls Surveillance Tool

FALLS SURVEILLANCE STUDY	
DATA	GUIDELINE
1. EXCLUSION Patient off unit Patient actively dying Patient confused/AMS no family Covid unit/chart review only	If the patient meets one of the criterias, you may do chart review only if applicable.
2. FALL HISTORY (adm functional screening) No falls 1 fall within last 6 months 2 or more falls within 6 months	> Check Admission Functional Screening of Fall Risk Assessment. If there is a difference with the information, please follow the most recent documentation.
3. CURRENT FALL RISK ASSESSMENT Low Moderate High	> Please follow the most recent Fall Risk Assessment
4. If HRTF - Impaired mobility care plan Y/N	> Go to Plan of Care, Problems Y: If there is an impaired mobility care plan N: If there is no impaired mobility care plan
5. Care plan individualized Y/N	> Go to Plan of Care, Azzoc Data Y: If the HRTF criteria is written N: If the HRTF criteria is not written
6. LOW FALL RISK (complete for all patients) Call light within reach Can use call light Decluttered environment Adequate lighting	These needs to be completed to all patients, requires to inspect the room of the patient.
Non-skid foot wear	Can be any color of non-skid foot wear.
Bed brakes locked Bed in low position Fall Risk updated on white board Activity level updated on white board Personal belongings within reach	
Watched fall prevention video.	> Go to Watch Fall Prevention Video
7. MODERATE FALL RISK Y/N/NA	
Bed alarm as precaution documented	> Go to Fall Risk Assessment
Bed alarm is activated	Y: Bed alarm as precaution documented and activated N: Bed alarm as precaution documented but not activated N/A: Bed alarm not documented as precaution.
Chair alarm utilized	> Go to Fall Risk Assessment Y: Chair alarm as precaution documented and is used N: Chair alarm as precaution documented but not used N/A: Chair alarm not documented as precaution.

FALLS SURVEILLANCE STUDY	
DATA	GUIDELINE
Toileting - consistent with I&O	> Go to Toileting schedule Y: If toileting schedule is consistent with the I&O N: If toileting schedule is not consistent with the I&O N/A: If the patient is not on toileting schedule
Mobility protocol utilized using assistive device	> Go to Admission History, Neurological History OR Go to Patient Care, Provider Type, PT or OT notes Y: If patient uses or is recommended to use cane or walker and the assistive device is in the room N: If patient uses or is recommended to use cane or walker but the assistive device is not in the room N/A: If the patient does not use or is not recommended to use assistive device.
Avasys	> Go to Orders, Sterile Processing Y: If an Avasys is ordered and is present in the room N: If an Avasys is ordered but is not present in the room N/A: Avasys is not ordered nor recommended.
Sitter	Y: If a sitter is present in the room N: If a sitter is not present in the room but recommended or ordered. N/A: A sitter is not ordered nor recommended.
8. HIGH FALL RISK Y/N/NA Bed alarm as precaution documented Bed alarm is activated Chair alarm utilized Toileting - consistent with I&O Mobility protocol utilized using assistive device Avasys Sitter	Please follow the guideline under Moderate Fall Risk
Yellow wrist band	Y: yellow wrist band present. N: yellow wrist band not present
Yellow socks	Y: yellow socks present. N: Other colored socks, or no socks
HRTF sign at the door	Please check the HRTF sign by the door.
Designation on call light system	> Go to Smart Client: Patient with HRTF next to the name of patients who are categorized as HRTF.
Fall prevention care note given	> Go to Admission Orientation Y: Yes on Safety Guide Topic Reviewed N: No or blank on Safety Guide Topic Reviewed
9. FALL ON THIS HOSPITALIZATION Y/N/NA	
Fall this hospitalization checked in the fall risk assessment	> Go to Fall Risk Assessment Y: If the patient had a fall in the hospital, complete the rest N: If the patient did not have a fall in the hospital. STOP here
Care plan updated Fall added to the profile using clinical data Nursing note regarding the fall Post fall assessment completed Care notes for home on fall prevention provided	

Note. HRTF = high-risk-to-fall; I&O = intake & output; PT = physical therapy; OT = occupational therapy

Figure 3

Results of Mini Falls Surveillance

	01/20/25	2/28/26
High-risk-to-fall	6	7
Bed alarm on	1	1
Toileting rounds	2	6
Yellow wristband	1	7
Yellow socks	6	6
Door signs	2	7
Care notes	5	6
Mobility protocol	3	0
Care plan	3	4
BMAT scores on whiteboard	9	19
Fall video	7	12
HOB signs	6	7

Note. BMAT = Bedside Mobility Assessment Tool; HOB = head-of-bed

Figure 4

3M Fall Checklist Form

Fall Checklist Form

Date: _____ Unit: _____
Shift: _____ Charge Nurse: _____

Room Number and Initials	Visit Number (Last 4#)	Fall Risk (Moderate, High)	Fall Risk/Precaution Assessment documentation completed?	*HRTF sign	*Yellow Socks	*HRTF armband	**Bed Check Alarm on?	**Promote mobility -up in the chair, ambulate	**Check Rooms for clutters, safety checks?	Move patient close to nurse station?	Intentional/ Hourly Rounding completed?

*To be completed by CNA, ** To be completed by RN and CNA
☐ Complete DAY SHIFT and NOC SHIFT then submit to Cathy

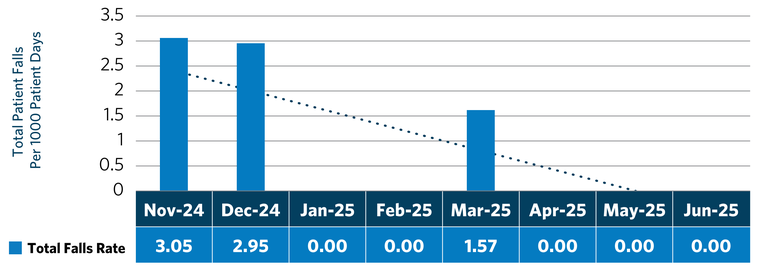
Note. HRTF = high-risk-to-fall; CNA = Certified Nursing Assistant; NOC = night (Latin)

Results

The total patient falls rate for 3M improved during and after the intervention period. The rate was 0.0 in January and February 2025; 1.57 in March 2025; and 0.0 in April, May, and June 2025, outperforming the national benchmark (see Figure 5). The Quality Council completed the falls action plan for 3M in March 2025.

Figure 5

Total Patient Falls - 3Main



Conclusions

The falls action plan served as an important catalyst for the collaborative effort of the UPC, leadership, and other councils and departments. Support from the Mobility Committee and leadership facilitated implementation of the action plan strategies to lower the total patient falls rate in 3M. The strategies resulted in outperformance of the national benchmark for the monthly total patient falls rate for January to June 2025. Reminders and staff education about fall prevention strategies were well received. Having an action plan heightened the awareness of monitoring falls in the unit and its importance to patient safety. Presenting results to staff increased the collective awareness about the importance of adhering to the fall strategies. We will continue to monitor 3M's falls rates and adjust as needed to ensure we are outperforming the benchmark.

References

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