Improving Falls Rates Through Use of a Falls Surveillance Tool

Salinas Valley HEALTH

Elvira Mae Delfin, MSN, RN, CMSRN, ONC; Abigail Kathleen M. Acosta, MSN, RN, CPAN, CAPA; Annie Maryves Sebolino, MSN, APRN, CMSRN, FNP-C, FNP-BC; and Guadalupe Kirkland, BSN, RN, CMSRN

Background

Evaluating the effectiveness of clinical interventions aimed at improving outcomes is essential for enhancing care and optimizing patient outcomes (Clarke et al., 2019). Salinas Valley Health Medical Center has a falls policy that includes fall prevention interventions tailored to specific fall risk categories. However, there was not a process in place to measure compliance with the recommended interventions, as well as ensuring alignment between nursing documentation of fall prevention efforts and their actual implementation. During a Mobility Committee meeting (formerly the Fall Committee) in April 2020, it was noted that the total patient falls rate for Q1 2020 was on the rise. In addition to evaluating falls rates, the committee analyzed data about the reasons for falls, injuries, the average age of patients experiencing falls, gender, and potential opportunities for utilizing our falls video monitoring system. In response to the rising falls rates, the committee recommended developing a falls surveillance tool to evaluate if documentation of interventions aligned with the falls policy and actual practices, improved falls rates, and enhanced both staff education and patient safety. The falls surveillance tool and process have evolved over the past 5 years to improve usability and better capture critical data to inform decisions about practice.

Purpose Statement

The purpose of this quality improvement project was to develop a tool to be used for falls surveillance and implement interventions aimed at falls prevention in response to surveillance findings.

Methods

The Mobility Committee developed a falls surveillance tool in June 2020 based on the medical center's Falls Policy. The purpose of the tool was to validate if staff were implementing fall prevention strategies and accurately following the policy. After committee approval, the tool was used to collect data on the Med-Surg cluster units. A team of registered nurses (RNs) were trained on the proper use of the tool and data that needed to be collected from patients' medical records. They were also educated on fall prevention interventions and how to provide feedback to the clinical staff. Following the first falls surveillance in Q2 2020, the committee revised the tool based on RNs' feedback. The updated tool was then integrated into the rounding platform used by the medical center, converting it to an electronic format in Q3 2020 (Salinas Valley Health Medical Center Mobility Committee, 2024). In 2021, the Mobility Committee increased falls surveillance frequency from annually to quarterly on the Med-Surg and Critical Care units, which has continued to date.

The Mobility Committee reviewed data from quarterly falls surveillance and implemented practice changes in response to findings. Over the past 5 years, the RN-led falls surveillance has identified challenges associated with the implementation of fall prevention interventions. Some of the issues identified were: a lack of readily available devices (e.g., chair alarms), varied documentation for toileting rounds, the absence of a patient care plan addressing mobility impairments, and a deficiency in fall prevention education tools in certain units. The Mobility Committee prioritized identified challenges from their analysis of falls surveillance data and implemented interventions in response to them.

Results

The Mobility Committee implemented interventions from 2021 to 2025 in response to falls surveillance findings. See Table 1 for a summary of the key interventions related to findings.

Table 1

Summary of Interventions Related to Falls Surveillance Findings 2021 - 2025

Year	Falls Surveillance Findings	Intervention
2021	• Absence of a care plan for HRTF patients	• Created a trigger in the electronic medical record to initiate an impaired mobility care plan for HRTF patients
2022	• Missing HRTF door signs • Redundancies and unclear wording on the Post-Fall Huddle form	• Inventoried and replaced HRTF door signs in all units • Revised the Post-Fall Huddle form for clarity
2023	• Inaccessible fall prevention equipment or supplies (e.g., gait belts, yellow socks, chair alarm)	• Created and distributed fall prevention kits with supplies to Med-Surg and Progressive Care units
2024	• Yellow bariatric socks not available on some units when needed	• Expanded access to yellow bariatric socks across all units
2025	• Missing chair alarms in fall prevention kits • Discrepancy regarding alarm documentation and actual activation at bedside	• Provide every patient room with a chair alarm in Med-Surg and Progressive Care units • Implemented head-of-bed signs for alarms to remind team of patient's fall risk to ensure alarm is activated

Note. HRTF = high-risk-to-fall

The Mobility Committee also tracks the total patient falls and injury falls rates from nationally benchmarked data from the National Database of Nursing Quality Indicators (NDNQI) for inpatient and ambulatory units. Since the falls surveillance tool was implemented in inpatient units, the committee evaluated aggregated annual data for inpatient units for 2020 to 2025. From a baseline of 0.41 in 2020, the aggregated annual organization-level inpatient injury falls rate (per 1000 patient days) has trended down, aside from a spike in 2021. The annual rates were 0.5 in 2021, 0.2 in 2022, 0.35 in 2023, 0.29 in 2025, and 0.2 in 2025 (see Figure 1). The aggregated annual organization-level inpatient total patient falls rate has also declined from a baseline of 1.41 in 2020, to 1.24 in 2021, 1.29 in 2022, 1.26 in 2023, 0.99 in 2024, and 0.73 in 2025 (see Figure 2). Annual data for both of these measures were below national benchmarks for all years.

Figure 1

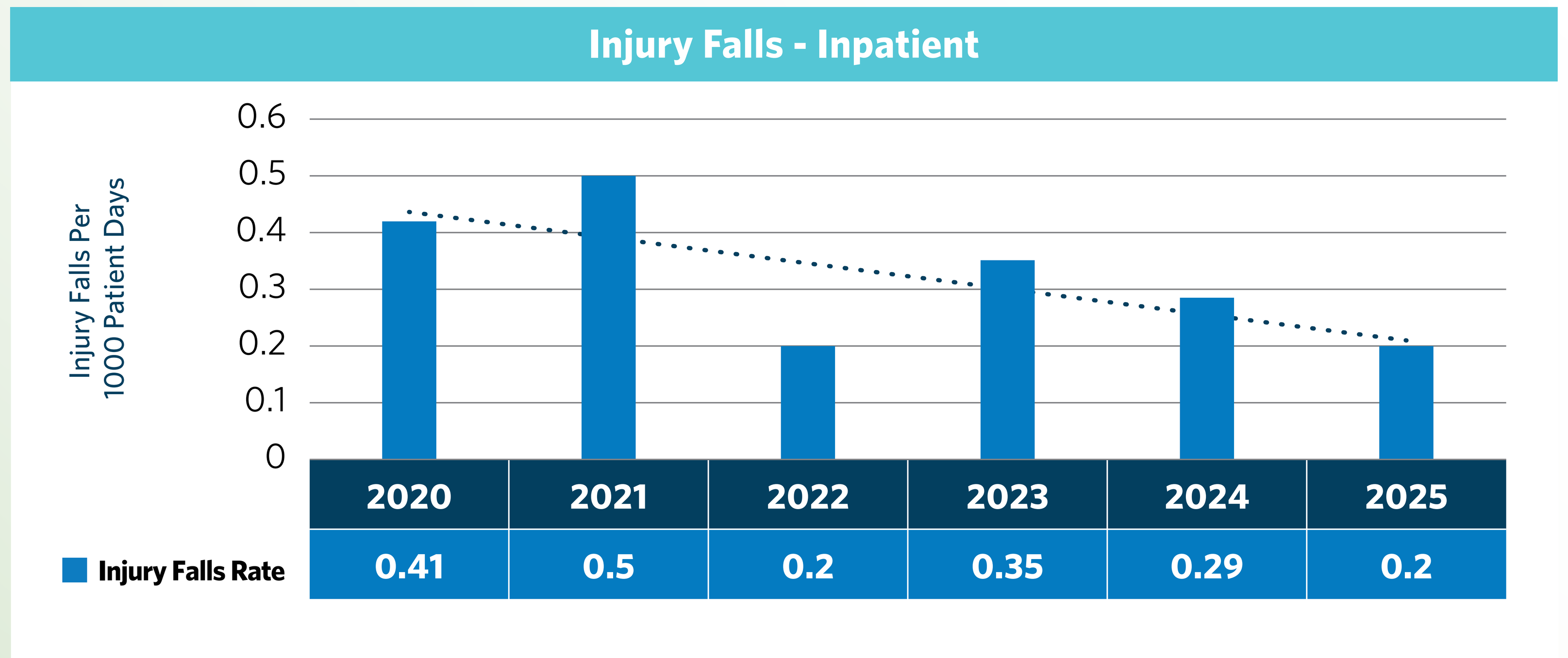
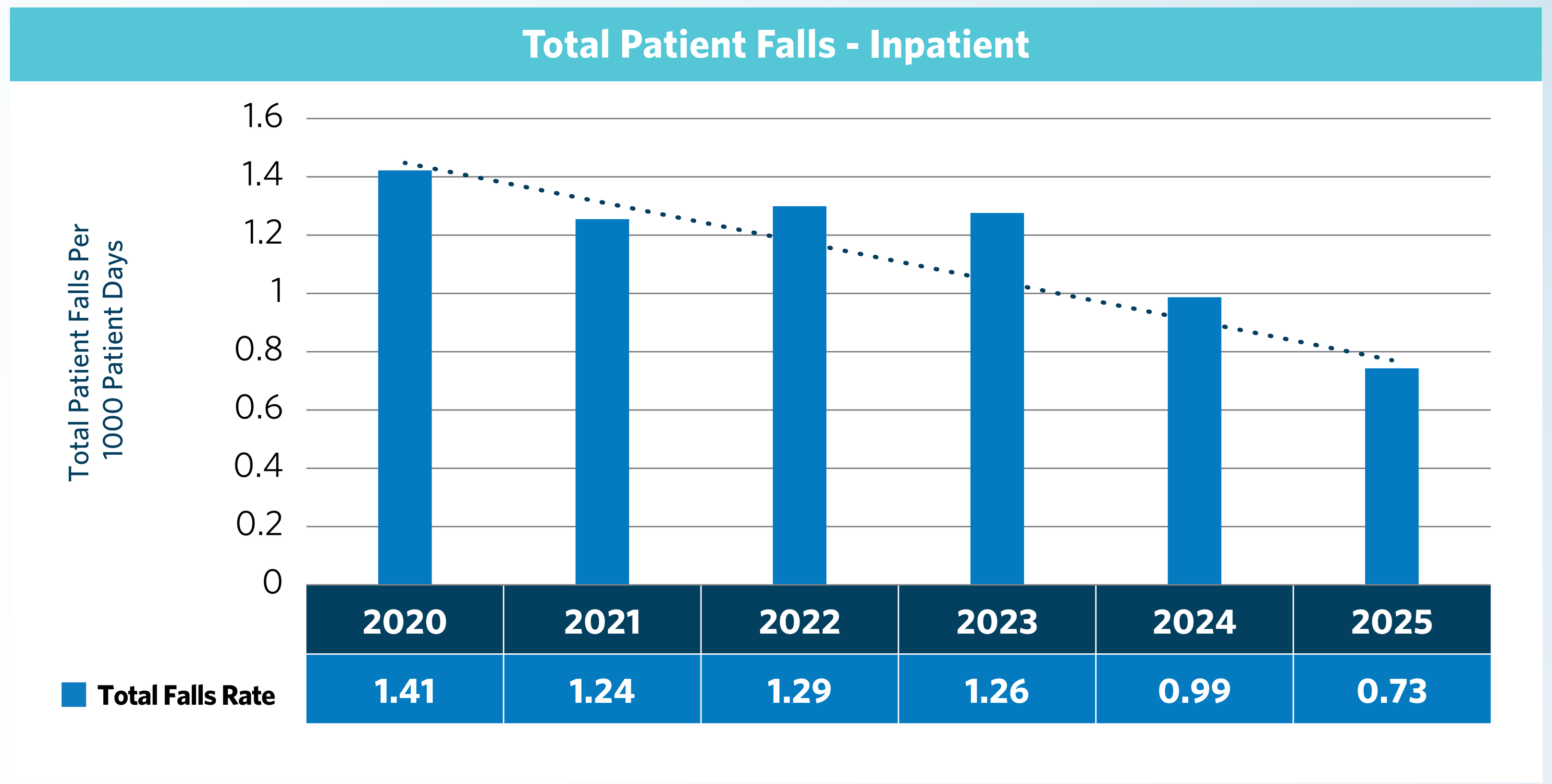


Figure 2



Staff feedback regarding the falls surveillance tool indicated that it increases awareness of fall prevention strategies and reinforces accountability in safeguarding patient safety.

Conclusions

Implementation of quarterly falls surveillance fosters staff education, improves compliance with the falls policy, and has improved the medical center's falls rates. New initiatives generated from the falls surveillance results, such as the head-of-bed alarm signs, the impaired mobility care plan, and fall prevention kits, enhanced staff awareness and knowledge of the organization's fall prevention strategies, assisted clinical staff in addressing patient safety needs, and improved documentation related to patient falls and safety. Because of its success reducing falls, the Mobility Committee adapted the falls surveillance tool for the Mother-Baby population in 2025 where it is currently being trialed.

References

Clarke, G. M., Conti, S., Wolters, A. T., & Steventon, A. (2019). Evaluating the impact of healthcare intervention using routine data. *BMJ, 365*: l2239.

Salinas Valley Health Medical Center Mobility Committee. (2024). *Fall Surveillance Tool* [QR code].

Scan here for the Fall Surveillance Tool.