

**Fall Preventions: Quality Improvement**

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## **Fall Preventions: Quality Improvement**

Quality improvement within the health care field consists of data collected and analyzed to discern what improvements and enhancements need to change for the safety and efficiency of patient care and medical personnel (Houser, 2023). This change is no exception regarding safety measures needed to prevent falls. Nurses are advocates and are responsible for patient safety while under their care, which is why nurses are held accountable for many safety and health concerns that put the patient at risk for injury. Quality improvement assists in reinforcing patient safety. An example of one organization that investigates quality improvement is Quality and Safety Education for Nurses Institution, QSEN (QSEN Institute, 2020). For safety to occur appropriately, QSEN emphasizes that a nurse must be knowledgeable and up to date on current methods, have the proper skills, and have a willing and understanding attitude for change to occur for the better (QSEN Institute, 2020). Due to the high number of falls, which can lead to further injury and prolonged hospital stays, the importance of quality improvement for fall precautions is evident.

### **Article Summary**

#### **Introduction**

This study article aimed to reduce the number of falls and fall-related injuries in hospitals by considering the use of technology of continuous video monitoring for safe, quality care with cost-saving methods. Hogan Quigley et al. (2022) state that the "Agency of Healthcare Research and Quality estimates 700,000 to 1 million hospitalizations per year due to falls," with one-third to one-half of the patients sustaining a significant injury. Most occurring injuries include "head

trauma, bleeding, and fractures" (Hogan Quigley et al., 2022). Since falls are a significant concern for health care professionals, it is crucial to find a way to prevent them as much as possible. A 244-bed suburban hospital on the North-East coast of America conducted a six-month study to decrease fall-related injuries and rates. Statistics were collected from random charts to observe trends of falls and injuries in fourteen-day increments over six months. The virtual sitter observed fall-risk patients via a two-way camera. Hogan Quigley et al. (2022) demonstrate the use of QSEN competencies by using methods, measurements, and addressing education needed for hospitals to implement CVMs.

Results of the implementation of CVM with virtual sitters concluded a "14% decline in fall rates and a 6%" decrease in fall-related injuries" (Hogan Quigley et al., 2022). A cost analysis comparing the virtual sitter with a person concluded the total amount of hours saved was "4879.5 hours," meaning at a \$15.00 hourly wage without benefits, the company saves an estimated \$73,192.5 per every three months (Hogan Quigley et al., 2022). By looking into this using technology to assist nurses, this research aims to find the most cost-efficient and better way of preventing falls.

## **Overview**

Along with trying to find a solution to decreasing fall rates and fall-related injuries, the researchers want to also discover what practices are already done to prevent this risk, and what practices nurses need to start implementing in their routine of patient care. This article emphasizes that nurses started were already using some methods for trying to prevent falls, such as using fall-risk signs, fall risk bracelets, and nonslip socks, providing patient education, performing safety rounds, and using bed alarms whenever the patient wanted to get up. However,

just these medical preventions alone did not detour patients from getting up without assistance. That is why this hospital thought it necessary to incorporate CVM and virtual sitters to help enforce the importance of the need for assistance when getting out of bed.

Besides focusing on the impact of the nursing practice, these researchers were able to demonstrate QSEN competencies by illustrating all three skills on their article. Hogan Quigley et al., (2022) exhibited knowledge because they understood there was a problem with falls rates and took action to find a method to decrease this. They also explained that originally this method was for one area of the hospital but innovated it so isolation rooms could use it as well. The authors displayed skills by using continual video monitoring, a secure HIPAA-compliant internet platform, a dual-sided audio/video between the patient and virtual sitter, as well as an understanding of the need for encrypted phones for communication between the nurses and devices (Hogan Quigley et al., 2022). Finally, the researchers showed attitude by showing positive support of the project by displaying signs on the unit with the number of days without falls and by encouraging the need for education on fall prevention and staff safety.

### **Quality Improvement**

Initially, this method was just planned implementation on cardiac units, but once Covid-19 advanced, it was decided to be used for isolation rooms to help protect nursing staff (Hogan Quigley, 2022). Implementation of CVM and virtual sitters, along with standardized nursing fall prevention protocols, can be utilized primarily in inpatient care nationwide, especially within more prominent hospitals with a larger nurse-to-patient ratio. However, areas with limited access to the internet and limited financial funds may struggle to use this new method of CVMs and sitters.

Before implementing this method, proper equipment, education on how to use and clean the equipment, and communication with Information Technology personnel to discuss possible technicalities of video monitoring systems should occur. Virtual sitters must attend a 2-hour introductory session, a web-based training program, and additional education in communication, including how to redirect patients and alert nursing staff to maintain safety and prevent falls and injury. Along with this new method, nurses must understand and know how to implement the standard fall precautions to prevent the excess risk of harm.

Intra and post-implementation stages would require internet access with a secure connection, a secure "HIPAA telemedicine platform, a 2-way audio/video between the patient and virtual sitter, encrypted phones for communication between the nurses and devices, and technology personnel" who are always available to assist with any problems that occur (Hogan Quigley et al., 2022). However, just because a sitter is watching the patient does not mean the patient is not at risk for falls. The nurse must still follow standard safety measures, including "signs, wristbands, nonslip footwear, education, safety rounds, and bed alarms" should be continued to be used (Hogan Quigley et al., 2022).

Studies like this impact patients, staff, and the institution, focusing on quality improvement and examining how patients and staff feel about these improvements. The patient in this research article was satisfied with this technology as communication with the virtual sitter was faster than before. At the same time, the nurses were satisfied with this technology's value because it allowed nurses to focus on other things. Both patients and nurses were impacted in safety as well. Patients were impacted by decreased falls and fall-related injuries, while nurses were influenced by reducing the risk of exposure to Covid-19 from isolation rooms. Finally, the

institution was affected overall for the better, as fall rates decreased while saving a substantial amount of money, which the facility can use to enhance patient care in other ways.

## References

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[https://qsen.org/competencies/pre-licensure-ksas/#quality\\_improvement](https://qsen.org/competencies/pre-licensure-ksas/#quality_improvement)