

Development of a Fall Prevention Program in the Ambulatory Surgery Setting

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Falls are a major concern in the quality and safety of patient care in health care today. Falls contribute to serious injury, increased lengths of stay, and increased costs in the health care industry. This article provides a comprehensive literature review on falls and includes recommendations for the development of a comprehensive fall prevention program focusing on strategies and interventions required for the prevention of falls in an ambulatory surgery setting.

Keywords: falls prevention, ambulatory surgery, fall-risk assessment tool, patient safety, performance improvement.

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FALL PREVENTION IS a considerable challenge across the care continuum in health care today. As health care moves toward initiatives increasing quality and patient safety, a growing body of research provides guidance for fall prevention programs. In the United States, unintentional falls are the most common cause of nonfatal injuries for people older than 65 years.² Older adults are among the fastest growing age group in the nation. The baby boomers (born between 1946 and 1964) turned age 69 in 2015, and by 2030, more than 37 million people in this group, or 60%, will manage more than one chronic condition.³ The National Council on Aging⁴ reported that the direct medical cost of falls in 2010 totaled \$28.2 billion, with the financial toll in 2020 estimated to reach \$54.9 billion. The Centers for Disease Control reported similar estimates of \$43.8 billion in 2020 for annual costs related to injuries from falls.⁵

On September 12, 2012, the US Senate passed S.RES.553, a resolution designating September 22, 2012 as National Falls Prevention Awareness Day to raise awareness and encourage the prevention of falls among older adults.⁴ National Falls Awareness Day was recognized by 46 states. In 2010, the National Quality Forum endorsed a set of 34 safe practices within the Healthcare Facilities Accreditation Program. The program related standard 10.02.02, suggested fall prevention programs “take actions to prevent patient falls and reduce fall-related injuries by implementing evidence-based intervention practices.”⁶ Understanding the risk factors related to falls, the various determinants of health, and how they overlap can guide the development of a fall prevention program to improve the health and safety of ambulatory surgery patients.

Purpose

Falls are a risk for patients having outpatient procedures or surgery because sedatives, anesthetics, and/or pain medications are adjuncts to procedures that increase the likelihood of a fall. Between January 1 and March 31, 2015, the rate of patient falls in ambulatory surgery centers (ASCs) was 0.136 per 1,000 admissions (ASC Quality Collaboration^{7,8}). The Medicare Ambulatory Surgery Center Quality Reporting Program began October 2012, reporting on five National Quality Forum-endorsed, claims-based measures: patient burn;

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patient fall; errors related to wrong site, side, patient, procedure, implant; hospital admission/transfer; and prophylactic intravenous (IV) antibiotic timing.⁹ The Centers for Medicare and Medicaid Services collected measures via quality data codes to be placed on part B claims submitted by ASCs for Medicare fee-for-service payment. These included fall data.

In 2008, Centers for Medicare and Medicaid Services coverage rules were implemented, under which reimbursements may be withheld because of the occurrence of preventable hospital-acquired adverse events.¹⁰ A fall-related injury was identified as a preventable hospital-acquired adverse event. Most hospitals have fall prevention programs and protocols but continue to experience a variable rate of falls. There is little information in the literature regarding the number of falls, screening instruments, or guidelines for the prevention of patient falls while receiving care in an ambulatory surgical setting. Dr Jack Egnatinsky, medical director of the Accreditation Association for Ambulatory Health Care, Inc, provided guidance for overcoming the ASC challenge of how to prevent patient falls, stating “Written policies are great, but there must be adequate staff and patient education starting before the procedure to be sure the patient understands that they may have these muscle control problems for awhile after the procedure.”¹¹(para 2) Falls are not surprising when one considers older patients with comorbid medical problems being seen in the outpatient surgery setting. Some procedures that are now only performed as outpatient procedures, such as cataract surgery and colonoscopies, are routinely performed on older patients. Not only do accreditation standards require patient safety is ensured but also it is the responsibility of management and leadership within the ASCs to develop, initiate, and implement fall-risk programs for the safety and quality of the care provided.

Literature Review

A literature search used the following databases: CINHAI, ProQuest Nursing Journals, MEDLINE, PubMed, Academic Search Complete, Cochrane Database of Systematic Reviews, and organization-specific Web sites for scholarly and peer-reviewed articles in the English language. The keywords searched included the following: *falls, prevention,*

assessment, falls policy, quality, patient safety, risk factors, outpatient and ambulatory surgery, fall-risk assessment tool, nurse manager, clinical nurse leader, patient safety culture, and performance improvement. The keywords were used separately and in combination with each other to obtain a detailed search. Reference lists within the retrieved articles were reviewed as well. A total of 25 sources were chosen to be included as references for the literature review.

Falls

A fall is defined as “a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object,”¹² or “an event which results in the person coming to rest inadvertently on the ground or other lower level, and other than as a consequence of the following: sustaining a violent blow, loss of consciousness, sudden onset of paralysis, or an epileptic seizure” (Kellogg International Working Group, 1987 as cited in Ref. ¹³). Morse¹⁴ provided a calculation that would be useful in tracking falls in the outpatient surgical setting:

$$\text{Fall rate} = \frac{\text{Number of patient falls}}{\text{Number of patients at risk}} \times 1,000$$

The formula is useful in two different ways. First, the nursing leader could assume all surgical patients are at risk, using the monthly or annual patient visits or procedures as the number of patients at risk, and calculate the fall rate. Or second, the number of patients at risk could be identified by chart review of the nursing assessment and history that identified the patients at risk for falls. Calculating and tracking falls is the most obvious way to evaluate a fall program’s success.

Risk Factors

The most commonly identified factors for increasing a patient’s risk for falls prevalent in the literature are age, cognitive dysfunction, impaired mobility, medications, history of falls, and external factors. Risk factors are also classified into intrinsic and extrinsic qualities related to falls. Intrinsic factors are patient specific or integral to the patient’s system, including age, cognitive dysfunction, impaired mobility, and medications. Extrinsic factors, or external to the system, include risks associated with the physical

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