A Targeted Analysis of Falls in the CVA Population Admitted to an Acute Inpatient Rehabilitation Facility

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BACKGROUND

Hospital falls are among the most commonly reported adverse hospital events with more than 1 million occurring annually. Literature indicates that fall rates vary by type of unit with the highest rate occurring in the neurosciences (6.12-8.83/1,000 patient days). Rehabilitation Units commonly have a high concentration of neurologic patients, making fall prevention a top concern. Our 79-bed Inpatient Rehabilitation Facility realized an unassisted fall rate of 5.65% exceeding our benchmark of 4.25% for January through April 2015. CVA patients were the largest diagnostic group accounting for 28% of all unassisted falls. In addition, 26% were attempting to toilet themselves when they fell.

OBJECTIVES

- Understand contributing factors of falls in the stroke population in an Inpatient Rehabilitation Facility
- How to design and implement an intervention specific and targeted to pre-intervention findings in a Quality Improvement study

METHODS

Retrospective review of medical records May through November 2015 for all patients who fell. Data included diagnosis, comorbidities, time of fall, day of week, location, gender, days since admission, FIM scores, call bell usage, and activity being attempted.

INTERVENTION

- Multidisciplinary approach to a timed voiding program for all CVA patients on the Brain Injury Unit every 3 hours
- Developed new form to communicate voiding episodes across disciplines

PRE-INTERVENTION DATA

![Graph showing fall rates and goals]

Figure 1: Rehab Unit Fall Rate January – November 2015

POST – INTERVENTION DATA

![Graph showing reduction in fall rates]

Figure 2: Activities Related to CVA Falls May – November 2015

DISCUSSION

Our intervention proved successful in decreasing unassisted bathroom-related falls in the CVA population and far exceeded our AIM statement of 10%. In addition, we have continued this intervention for a total of 12 weeks and continued to show a decrease in CVA bathroom related falls with an overall rate of 4.8% vs. 45% pre-intervention. We are currently expanding this QI project beyond the Brain Injury Unit to include all CVA patients admitted to our facility. In the future, we may expand the intervention to other neurologic diagnoses including TBI, brain tumor and encephalopathies.

AIM: Decrease unassisted CVA bathroom related falls by 10% in 4 weeks through a multidisciplinary timed voiding program.

REFERENCES


Leone, RM, Adams, RJ. Safety Standards: Implementing Fall Prevention Interventions and Sustaining Lower Fall Rates by Promoting the Culture of Safety on an Inpatient Rehabilitation Unit. Rehabilitation Nursing 2016;41, 29-32.

