

EVIDENCE-BASED PROJECT: STRATEGIES OF FALL PREVENTION IN THE AMBULATORY SETTING

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Identification of the problem – Overview: According to the Ambulatory Surgery Centers (ASC) Quality Collaborative Quality Report for the third quarter of 2012, ASC nationally reported a patient fall rate of 0.134 per 1,000 admissions. In 2012, the unit had an average of 1 fall/year. However, in 2013 the fall rate increased to 5 falls/year. Most of the contributory factors associated with the increased falls were non-compliance to instructions, gait imbalance, and poor judgment. The fall cases encountered were low fall risk patients; implying that all cases are vulnerable to fall because of physiologic factors related to the effects of moderate sedation or general anesthesia during the procedure.

EP Question/Purpose: What are the safe interventions in preventing falls in the ambulatory setting compared to current practice?

Methods/Evidence: The Nurse Manager and the Project Team Leader consulted with the Director of Professional Practice (as an advisor) on how to best approach patient falls in the ambulatory setting. Literature search was conducted. Unit-based EBP Team with the guidance of the Advisor summarized evidences. There were 13/35 articles that were reviewed and analyzed. Of the 13 articles, there were Level V (Opinion of nationally recognized experts based on non-research evidence) =7, Level IV (Opinion of nationally recognized experts based on research evidence) =3, Level III (Non-Experimental or Qualitative Study) =2, and Level I (Quasi-Experimental Study) =1. The ratings were A (High quality) =5, B (Good quality) =8, C (Low quality or major flaws) =8 (eliminated).

Significance of Findings/Outcomes: In summary, individualizing patient assessment and intervention to the ambulatory patient must be emphasized. It is recommended to be vigilant in monitoring ambulatory patients since the patient has physiologic changes secondary to moderate sedation or general anesthesia. Patients should be assessed and reassessed for falls risk. Risk assessment helps prevent falls using the Morse Falls Scale. Conduct environmental rounds regularly to reduce or eliminate risks for falls. Unfamiliar environment, acute illness, surgery, medications, and treatments are common factors that place patients at risk of falling.

Implications for perianesthesia nurses and future research: Based on falls cases in the ambulatory setting, attention should be placed equally on high-risk and low-risk patients. These findings will be translated into patient instruction pamphlets and staff education. We anticipate reduction of patient falls and minimize contributory factors.