

Reducing Fall Risks in Preoperative Care: Strategic Fall Prevention Interventions for Enhanced Patient Safety

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Introduction: Implementation of a Quality Improvement (QI) project in effort to reduce the number of patients falls in the preoperative setting.

Identification of the Problem: Patients in the preoperative phase face multiple fall risk factors, including anxiety, medication effects, unfamiliar surroundings, and the physiological impact of fasting before surgery. Many fall events have been observed, prompting the preoperative team to create targeted prevention strategies to ensure safety and reduce fall-related adverse outcomes.

QI Question/Purpose of the Study: To identify the main risk factors for falls during the preoperative phase, evaluate the effectiveness of nursing interventions in reducing fall rates, and enhance patient safety during this phase. The project seeks to establish best practices for fall prevention, promote a culture of safety within healthcare teams, enhance patient experiences, and surgical outcomes.

Methods: An RCA was performed on previous falls. Interventions focused on fundamental practices such as: Ensuring call bells are within reach of the patient, increasing the frequency of patient rounding, reviewing stretcher/recliner mechanics to find the best functional model to fit safe practice, introducing new fall signage, and enhancing patient education about the risks and prevention of falls by creating demonstrative videos.

Outcomes/Results: The implementation of targeted fall prevention strategies resulted in a significant 40% reduction in fall incidents in 2024 compared to 2023, demonstrating the effectiveness of the interventions.

Discussion: Falls are a major cause of adverse events in healthcare, especially in the preoperative environment where the standard strategies for preventing falls in hospitalized patients may not be directly applicable. This project emphasizes the significance of creating and executing a thorough plan to prevent falls specifically in the preoperative setting.

Conclusion: Fall prevention in the preoperative setting is of utmost importance. This involves a structured approach that includes comprehensive risk assessment, staff training, environmental modifications, and proactive patient education. These strategies have shown to significantly reduce the number of falls and improve surgical outcomes.

Implications for perianesthesia nurses and future research: It is crucial to implement a fall prevention plan in the perioperative setting, as this has significant implications for nursing practice. Nurses play a vital role in ensuring patient safety, and this initiative highlights the important role of nurse driven initiatives and the promotion of patient-centered care.