

## **The Impact of the Adoption of Falls Prevention Strategies in PeriAnesthesia**

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**Introduction:** Falls has been a closely monitored event in the hospital. In the perianesthesia units, patients in Phase I and II Recovery are classified as high risk to fall. However, no fall prevention strategy has been developed for these locations.

**Identification of the problem:** Falls prevention was not a perianesthesia unit concern in the organization. There were incidences in pre-op and Phase 2 recovery. Fall hospital-wide policies were tailored to inpatient settings. Perianesthesia staff are not engaged in fall prevention initiatives.

**EBP Question/Purpose: PICO question. Databases utilized.** In the Perianesthesia units, can standardized fall prevention strategies versus no strategy lead to falls prevention and awareness by staff? Databases used were PubMed, CINAHL and EbscoHost.

**Methods/Evidence:** In 2020, the hospital-wide Falls Committee recognized the deficit of a lack of strategy for ambulatory and outpatient units. A PACU RN joined the team to look into adoption of standardized fall prevention and awareness strategies in perianesthesia units. Policy was revised to encompass these units. Falls became a nurse-sensitive indicator noted in the units' Magnet data display. Proper documentation of fall risk and assessment, using high risk to fall wristbands, adoption of post fall huddle and rounding in these units by Falls Committee members were some of the strategies adopted. Previous evidence specific to perianesthesia noted similar interventions lead to falls prevention success (LeCuyer et al., 2016). A review of existing literature on fall prevention in hospital settings, noted that most articles focused on use of technology, with other strategies like fall risk assessment and environmental changes mentioned in a few (Cooper et al., 2021).

**Significance of Findings/Outcomes:** In 2020, Phase 2 recovery had one patient fall, with the past two years of zero incidence. A case audit reveals no structured fall prevention strategy nor post-fall interventions were done. There has been zero falls in the perianesthesia units in 2021 and 2022. This is better than house wide: 2020- 61 house wide, 16 with injury; 2021- 65 house wide, 25 with injury and 2022- (thru Aug) 48 house wide, seven with injury. As nursing staff increased awareness on fall mitigation strategies, fall prevention is incorporated in daily practice.

**Implications for perianesthesia nurses and future research:** Perianesthesia units that adopt fall prevention strategies can successfully mitigate fall risk in our patient. Collaborating with house wide fall prevention efforts will make efforts more successful. Monitoring fall strategies that specifically apply and lead to better fall mitigation in perianesthesia would be essential to advance specialty knowledge.

## References

- Cooper, K., Pavlova, A., Greig, L., Swinton, P., Kirkpatrick, P., Mitchelhill, F., Simpson, S., Stephen., A., & Alexander, L. (2021). Health technologies for the prevention and detection of falls in adult hospital inpatients: a scoping review. *JBI evidence synthesis*, 19 (10), 2478-2658.
- LeCuyer, M., Lockwood, B., & Locklin, M. (2016). Development of a Fall Prevention Program in the Ambulatory Surgery Setting. *Journal of PeriAnesthesia Nursing*, 32(5), 472-479. <http://dx.doi.org/10.1016/j.jopan.2016.01.003>.