**EP34-16 November 2012: Plan of Action for Falls on 5 South**

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Problem: Patient falls on unit lead to decreased safety, negative impact on HCAHPS, and a negative impact on Penrose St. Francis achieving Magnet status.

Goal: Decrease falls on unit to be below the national mean benchmark

Plan: Identify major causes of falls on unit. Develop fall bag for admission of high fall risk individuals (including yellow gown, socks, wrist band, and sign for wall). Develop information sheet for bag to education patient and also their families on the unit’s use of bed alarms and high fall risk safety interventions.

We will develop education material for RNs based on evaluation of our units fall dashboards and present it during an upcoming staff meeting. Assessment of the fall dashboards will allow insight into the nature of how we can improve on our unit.

Members have already begun an audit on how we are currently doing on high fall risk interventions. This audit includes age, room number, gown, socks, sign, wrist band, and bed alarm. Each members will audit once weekly over the next 6 months. We will also present this type of information to staff RNs as it is collected.