

Falls Prevention Strategies among Inpatients in a University Hospital: a best practice implementation project

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Track

1. Implementação de evidências

Keywords

Accidental Falls, Evidence-Based Practice, acute inpatients Background

Falls are a challenge for professionals and health care services as they may result in high-impact outcomes for patients, such as functional decline, increase in length of hospital stay, increase in the cost of health care services, and death. In an attempt to promote safe care the WHO launched the World Alliance for Patient Safety that encourages the adoption of best practices to reduce adverse events in health care services.

Objectives

The main objective of this project was to reduce the incidence and damage from falls that occur among patients admitted in the acute Internal Medicine Unit and Intensive Care Unit in a public teaching hospital in São Paulo, Brazil.

Methods

The project used the Joanna Briggs Institute’s Practical Application of Clinical Evidence System (PACES) and Getting Research into Practice (GRiP) audit tool for promoting change in health practice. A baseline audit was conducted measuring eight best practice recommendations, followed by the implementation of target strategies and follow-up audit.

Results

The results of the baseline audit identified large gaps between current practice and overall performance with best practice. The GRiP results showed that strategies related to education program to patients, families and nursing team, and falls risk assessment with an accurate tool were suitable. The follow-up audit cycle was satisfactory as all best practice audit criteria showed an improvement as an aggregated result.

Conclusions

The project used the audit and feedback strategy to translate evidence into practice. Some of the measured criteria improved to moderate-high compliance with best practice. The results showed that implementation of evidence-based practice lead to an improvement of falls prevention. Future audits are required to sustain improvements.