

## **CALNOC PARTNERS TO REDUCE PATIENT FALLS PROJECT—Results of a 4 Year Effort Leveraging Nursing Quality Benchmarks, Self-Assessment, and Coaching EBP to Improve Hospital Falls**

**Introduction.** Since its inception in 1996, 85,000 patient falls have been reported by 156 member hospitals to the California Nursing Outcomes Coalition (CalNOC) database. The aim of the four-year California Nursing Outcomes Partners for Quality to Reduce Patient Falls Project (AHRQ Grant Number U18HS14704) was to reduce the incidence of patient falls and severity of fall-related injury in participating California Hospitals.

**Design.** Leveraging CalNOC's capacity to engage acute care hospitals in voluntarily reporting patient falls, and fall-related injuries in a benchmarking project using nursing's quality indicators, this project studied efforts to strengthen evidence-based performance improvement in a convenience sample of 33 hospitals and 89 medical surgical units. The resulting sample had 33% power to detect a difference between CalNOC units in the falls reduction project and CalNOC units in hospitals not participating in the project. Using a pre/post non-experimental design, a predominantly telephone-based coaching intervention, collaborating with hospital site "Linkers", was implemented to facilitate and expedite site-specific evidence-based falls related performance improvement.

**Measures.** Baseline (2001-02) quantitative measures of unit level falls incidence, injuries and process of care indicators (risk status and prevention protocols), plus comprehensive falls related unit-level self-assessment were compared with post-intervention findings (2006) for these measures. Qualitative data gleaned from Chief Nursing Officer feedback, Linker feedback and coaches notes, were also integrated to provide context and further meaning to interpreting the results.

**Results.** Mixed regression models with units nested within facilities and repeated monthly measurements for each unit were used to examine trends in falls. Baseline unit fall level was best predictor of fall level. Falls rates among participating units, compared to non-participating units, were notably higher at baseline, but differences disappeared with square root transformation. Impact of adoption of evidence-based falls risk assessment tools, in lieu of "home grown" institutional alternatives reveals significantly fewer accidental falls.