Hi, my name is Kali Valentine and for this video I will be going over the importance of nursing- sensitive quality indicator. There is the NDNQI which is the National Database of Quality Indicators, and it measures nursing care quality. It looks into the different units at different hospitals in the United States. There are many benefits of this database such as staff education, quality improvement, and resource allocation. The indicators are focused on three main categories: structure, process, and outcomes. The structure focuses on staff ratios, staff education, and staff skill level. Process focuses on assessment and interventions and outcomes include quality of nursing care.

For this assignment the nursing sensitive quality indicator I will be focusing on is patient falls. Falls have a huge effect on patient safety and quality of care. Research shows that about 1 million falls occur in hospitals and results in 250,000 injuries and 11,000 deaths (LeLaurin & Shorr, 2019). That can cause lasting effect and increase morbidity and mortality for the patient. As nurses we are taught fall prevention and safety, therefore we must be familiar with this quality indicator when caring for patients to ensure patient safety and high quality of care.

I work on a progressive care unit and almost all our patient are falls risks for many different reasons being weakness, confusion, and medication side effects. I interviewed the night charge nurse for the unit. She collects data by looking into each patient's chart, but specifically high falls risks patients. Audits are done every night and the director of the unit collects them by the end of the next day. For example, we must document if and when we did patient education, placed a fall risk band on, placed the appropriate socks on the patient, and enabled appropriate alarms such as bed or chair alarms. Individualized fall plans are also very important, each patient is different and requires various approaches. If a fall occurs, we must follow the fall protocol which is to call over head a code yellow, assess the patient (Head to toe and vitals), notify the

provider and family, and carry out any orders the provider may place, lastly, we must document the event and call in a MIDAS which is an event report. The charge nurse is responsible for noting if proper documentation has been done on fall risk patients. We also place high fall risk patients in rooms right in front of the nurses' station to ensure that in the event they get up without calling someone can be there promptly. Depending on the results our director will have updates for nursing and CNA staff on improvements we can make. For instance, a "No Pass" rule has been enforced which is if a call light is going off we must answer it and not pass it. As bedside nurses we must be sure we are implementing fall precautions and educating our patients. Studies show that nurses tend to feel guilty when falls occur because they feel responsible even though they implemented all the safety precautions they can (Woltsche et al., 2022). New nurses especially should be aware because basic nursing interventions are vital in preventing falls. Nurses can utilize fall risk tools to score a patients fall risk level. While it is helpful and necessary for charting purposes a study shows that all patients over 65 should be considered a high fall risk (LeLaurin & Shorr, 2019). As nurses we should be vigilant when assessing a patient to ensure optimal safety while proving care. We must be aware of certain medications, procedures, and equipment that can cause a patient to be a fall risk. For example, you give your patient Norco which is an opioid pain reliever, and they are connected to continuous IV fluids. The side effects of the medication such as dizziness, drowsiness, and hypotension and the IV-line places the patient as a high fall risk. Overall, working as a team will help decrease patient falls and alleviate the stress on the care team.

References

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