The IFT is comprised of 26 representatives, 6 representatives being leadership mentors and the other 20 all direct care and support staff representative of the interdisciplinary health care team. Nursing is represented from T2, 4/5, 6, ICU, SS, admin, BHU, ED and case management. Pharmacy, ESD, transport, PT, and RT are also represented. We have carried out many initiatives since this time to include:

- Standardized YELLOW visual cues, pts assessed as the highest priority of a Falls risk which is referred to as safety level 3 (SL3)
- TABS, a proactive preventative fall prevention portable alarm unit, on T4 (June 08) and T2 (Jan 09) with ICU and ED next to add or borrow from existing units. TABS equipment use is reviewed at monthly staff meetings, in Occurrence reporting post fall evaluation and consultation. The IFT representatives from T2 and T4 are including TABS and other falls prevention equipment as part of their unit based mandatory annual competencies. RIH and TMH have both added TABS to their falls prevention equipment efforts in the past 6-8 months.
- All fields were made mandatory in the NH Occurrence insight screen as of June 08; to date we are the only affiliate that has this, so our data is VERY accurate and complete.
- Transport and all SBAR (situation, background, assessment and recommendations) handoffs have SL3 added to this as a communication point. All SL3 travel by stretcher.
- Double sided slipper socks were purchased system wide and implemented as of May 2009
- Falls Restraint alternative equipment was presented by the System wide falls initiative group to MVAT in Jan 09 and purchased and approved for use by March 09. This includes the utility body belt, the quick check mitts and the activity apron. These items were presented and distributed at the April IFT meeting. Representatives were charged with education of their departments and finding a location store on the unit. The representatives did an outstanding job on educating their staff, as well as reinforcing use and location at subsequent staff meetings. This equipment is included as part of the annual mandatory competencies on T2, 4/5.
- The day/night visual cue sign was implemented as a result of a staff suggestion as part of the action plan of a RCA on T4. This sign was designed and implemented as part of unit education by the IFT reps after the April 09 meeting.
- Standardized Nursing hourly rounds
- Pharmacy medication profile reviews on every patient over 65yo and on > 7 medications
- CNS performs Occurrence Insight (OI) concurrent review at the time the OI is filed. This allows for timely correction if applicable with one on one education/reinforcement on accurate documentation and pt intervention, IPOC (interdisciplinary plan of care) rounds ensuring all resources utilized including the promotion of Dr. Reiser’s outpatient Falls Prevention Program.
• Hospital wide Certified Nursing Assistant Professional Development Council quarterly educational offerings. Falls proactive and reactive falls prevention to be a topic.
• Low beds available as an option for a patient identified as a high fall risk, we have criteria and 2 beds stored in house for immediate use
• Identified the benefit of Vit D supplements in pt falls reduction, we currently promote in house and via Dr. Reiser’s fall clinic. We are also going to be collaborating with Newport County VNS and primary care MD offices in the future.

Falls Data:

In the beginning:

Falls with injury med/surg combined is a Lifespan Affiliate Specific Improvement Indicator for 2009

• NH FY2009 Target is 2.6/1000 pt days current FY09YTD is 1.0/1000 pt days
NDNQI - Falls with Injury Rate - Turner 4

FY2009 Target: ≤ 0.71
50th percentile for Magnet Facilities

NDNQI - Falls with Injury Rate - Turner 2

FY2009 Target: ≤ 0.71
50th percentile for Magnet Facilities
Current with much lowered targets:
Please Note: T5 has high numbers due to low pt days it is a swing unit, it will be combined with T4 be more accurate.

For the most recent quarter FY2010:

Patient Falls med surg overall T2, 4, 5 (Target < 3.12):

- 2cnd quarter 2010 + July (April, May, June) average is **2.9; YTD average is 4.0**

Patient Falls med surg with injury T2,4,5 (Target .69):

- 2cnd quarter 2010 + July (April, May, June) average is **0.7; YTD average is .97**

**Top Three Reasons Falls have Decreased at Newport/ Top two efforts to decrease falls that we were not doing 18 months ago:**

1. The restructuring and diligence of this highly interdisciplinary team since 2008. They are truly highly active in their departments in sharing data, interventions, performing competencies, talking about falls and falls prevention monthly at their department meetings etc. They are not only talking the talk, they are also walking the walk!

2. The ability for me, the co-chair of the Falls Team to be a clinical presence on the units to assist in implementing preventative interventions; facilitate resources such as pharmacy, equipment and other disciplines; engage family in the falls prevention care, and collaborate as a patient centered care delivery team. I also review any fall incidents as they occur as an opportunity for “just in time”
education and reinforcement. I collect the data, analyze it and disseminate it to all department heads and the falls team representatives to communicate out to their departments on a continual basis.

3. The falls prevention equipment that the “team” has researched and evaluated that is available for the staff to use on our patients that are identified as our highest falls risk. TABS monitors, quick check mitts, Posey belts, activity aprons, low beds, standardized visual cues (all hospital employees are educated on these) and double sided non skid socks

Recognition:

We are a very active highly interdisciplinary team, because of this our falls prevention philosophies are engrained into all aspects of the culture that make up Newport Hospital. We have a presence (in person for equipment demonstrations and Q&A, as well as poster displays) at all of the in hospital and open to the community activities such as: Quality Week, Safety Week, Newport Hospital Health Fair, and Nurses Week

1. Our team was recently recognized by the University Healthsystem Consortium (UHC) as a result of their site visit that focused on quality efforts hospital wide.

2. Our team was also recently recognized by being awarded the Presidents Award at Newport Hospital

“Formed in November 2007, the charge to the Newport Hospital Patient Falls Prevention Team was (and remains) to “facilitate a reduction in patient fall rates at Newport Hospital and to demonstrate improvement in patient safety through early identification of patients at risk for falls and early implementation of an evidence-based Fall Risk Program.” The objectives were to compile, review and analyze baseline patient falls data; identify, evaluate and act on opportunities to improve the Fall Risk Program; review pertinent literature for best practice and evidence-based programs; expand awareness of patient fall prevention by all care delivery team members; develop and implement an updated Fall Risk Program for Newport Hospital; and evaluate the effectiveness of the modified Fall Risk Program. The interdisciplinary team has worked effectively together since its inception to test and implement research-based and innovative practices resulting in a reduction in the rate of total adult medical/surgical patient falls from a baseline of 6.6 falls per 1,000 patient days in the 3rd quarter of 2006 to the current rate of 3.9 falls per 1,000 for the 1st quarter of this year. This ongoing team effort epitomizes the intent and spirit of our first vision element: “Continuously improve quality of patient care and clinical outcomes” and meets or exceeds all of the pre-established award selection criteria, and it is therefore my privilege to award the Newport Hospital President’s Award for 2010 to the Newport Hospital Patient Falls Prevention Team. - August B. Cordeiro, President & CEO”
In closing, I am also very proud of our system wide collaboration with our sister affiliates; TMH and RIH. All of us that are involved, have found it invaluable to share best practices, lessons learned and falls data together in a group forum. We have also collaborated on many nursing practice and patient safety issues where a system wide decision was required. We are highly regarded by our peers, other quality and safety teams, for our group cohesion and collaborative efforts that have produced efficient/positive results by providing a safer practice environment while positively impacting patient outcomes.