Expedition Coordinator

Kayla DeVincentis, CHES, Project Coordinator, Institute for Healthcare Improvement, currently manages web-based Expeditions and the Executive Quality Leaders Network. She began her career at IHI in the event planning department and has since contributed to the State Action on Avoidable Rehospitalizations (STAAR) Initiative, the Summer Immersion Program, and IHI’s efforts for Medicare-Medicaid enrollees. Kayla leads IHI’s Wellness Initiative and has designed numerous activities, challenges, and educational opportunities to improve the health of her fellow staff members. In addition to implementing the organization’s first employee health risk assessment, Kayla is certified in health education and program planning. Kayla is a graduate of Northeastern University in Boston, MA, where she obtained her Bachelors of Science in Health Science with a concentration in Business Administration.
WebEx Quick Reference

- Welcome to today’s session!
- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Join Teleconference (in menu)

When Chatting…

Please send your message to All Participants
Expedition Director

Kathy D. Duncan, RN, Faculty, Institute for Healthcare Improvement (IHI), co-leads IHI's National Learning Network and manages the 24 IHI Improvement Map support care processes. Ms. Duncan also directs IHI Expeditions, manages IHI's work in rural settings, and provides spread expertise to Project JOINTS. Previously, she co-led the 5 Million Lives Campaign National Field Team and was faculty for the Improving Outcomes for High Risk and Critically Ill Patients Innovation Community. She also served as the content lead for the Campaign’s Prevention of Pressure Ulcers and Deployment of Rapid Response Teams areas. She is a member of the Scientific Advisory Board for the AHA NRCPR, NQF's Coordination of Care Advisory Panel, and NDNQI's Pressure Ulcer Advisory Committee. Prior to joining IHI, Ms. Duncan led initiatives to decrease ICU mortality and morbidity as the director of critical care for a large community hospital.

Today’s Agenda

- Introductions
- Share Accomplishments, Barriers, and Next Steps in Protecting Patients from Injurious Falls
- Expedition Follow-up
- Summary
Expedition Objectives

At the end of the Expedition each participant will be able to:

- Differentiate types of falls as a basis for analysis of program effectiveness
- Integrate injury prevention into existing fall prevention programs
- Inventory tests of change in fall and injury prevention interventions
- Summarize successes ready for adoption and spread
- Plan small tests of change they can test throughout the Expedition

Faculty

Patricia Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP, Associate Director, VISN 8 Patient Safety Center of Inquiry, is both a Clinical Nurse Specialist and a Nurse Practitioner in Rehabilitation. As Associate Chief of Nursing for Research, she is also a funded researcher with the Research Center of Excellence: Maximizing Rehabilitation Outcomes, jointly funded by HSR&D and RR&D. Her contributions to patient safety, nursing and rehabilitation are evident at a national level – with emphasis on clinical practice innovations designed to promote elders’ independence and safety. She is nationally known for her program of research in patient safety, particularly in fall prevention. The falls program research agenda continues to drive research efforts across health services and rehabilitation researchers.
Your Time To Share!
Accomplishments, Barriers, and Next Steps in Protecting Patients from Injurious Falls

Special Recognition: Robert Wood Johnson Foundation Funding
This material is the result of work supported with resources and the use of facilities at the James A. Haley Veterans’ Hospital.

Volunteers

- Kathy Woodard – Stanly Regional Medical Center
- Nina Kovach – UPMC Shadyside
- Nancy Brueggeman – Wheaton Franciscan Healthcare
- Dawn Voss – Mahaska Health Partnership
CONTRIBUTING FACTORS FOR PATIENT FALLS – SRMC BEHAVIORAL HEALTH SERVICES

**Environment**
- High Patient Turn-Over
- Intake Process on Unit
- Staff
- Visiting Hours
- Shift Change Report
- Shower Curtains
- Prostheses
- Wheelers/Crutches
- Materials

**People**
- Hourly Fall Rounding Noncompliance
- Inaccurate Risk/Event Communication/Documentation
- Medication Monitoring
- Limited Interdisciplinary Team Interventions
- Anxiety/Panic
- Delirium Tremens
- Personality Disorders
- Psychosis
- Developmental Disorders
- Dementia
- Patient Symptoms

**Increased Patient Risk For Falls**

BHS results and achievements show the effectiveness of the BHS staff, team and culture...
Types of Patient Falls

**Accidental:** Due to extrinsic risk factors (spill, clutter). Preventable.

**Anticipated Physiological:** Anticipated due to existing physiological status, history of falls or decreased mobility. Preventable.

**Unanticipated Physiological:** Unanticipated due to factors associated with unknown fall risks that were either not known or predicted on a fall risk scale. Not Preventable.  
(Quigley, P., 2013).

**Noncompliance:** Patient failure or refusal to comply. May/may not be Preventable by the patient.  
(NEW TYPE OF PATIENT FALL TYPE IDENTIFIED IN THIS PSYCHIATRIC PATIENT POPULATION)

**Staged or Intentional:** Patient who voluntarily positions his/her body from a higher level to a lower level. Preventable by Patient, (Quigley, P., 2013).

**Assisted Fall:** Patient physically assisted to the floor by a staff member.

**Repeat Fall:** A fall has already occurred previously for the involved patient.

**Slip:** Loss of balance due to a slippery surface. Does not result in a fall.

**Stumble:** Loss of balance due to knees giving way or other reasons. Does not result in a fall.  
(US Dpt of Veteran Affairs, 2012)

**Trip:** Loss of balance due to a specific obstacle. Does not result in a fall.
Conclusions/Future Fall Reduction Planning

What did we learn?
1) Diligent application of a continuous PI approach (PDSA) can help improve outcomes regarding falls with this patient population. Avoiding “drift” with changes ensures success. Restraint use decreased and patient satisfaction remained above goal during 2012 as well.

2) Consider differences with this patient population in regard to needs, symptoms, interventions, causation, and fall type. A new fall type of “Noncompliance” would assist units in individualizing interventions. Consider changing SRMC fall definition to include the term “unintentional”. This would reduce the 2012 Fall Rate to 5.24 by removing all intentional and one noncompliant fall.

What did we identify as the largest impact actions?
1) A diligent and consistent continuous Process Improvement approach.
2) Hourly Fall Rounding integrated with 15 minute patient checks with implementation of a compliance audit monitor/feedback loop to staff.
3) Post Fall Procedure Checklist continued improvement.

Future Fall Reduction planning...

Why a patient agreement?

- Increased patient falls
- Injury
- Increased LOS

UPMC Shadyside
2 Pavilion
Nina Kovach
Action Plan

- Patient Agreement
- Signage 18x24 “Call don’t fall”
- Signage 8x11 Patient bathrooms “Call don’t fall”
- Monthly meetings with orthopedic surgeon, physician assistant, pain service, nursing, therapy, nurse educator,
- Engagement of staff (physician, pain service, nursing, therapy, HUCs, PCTs.
- Decentralizing nurses locations.

Patient Agreement

Dear Patient, WE NEED YOUR HELP!

- We are committed to the health and well being of our patients. Our surgical patients sometimes fall because they experience a false sense of security due to the decreased presence of pain following surgery.

**Agreement**

- As a patient I recognize that I am at risk for falling after surgery. Falls can cause serious injury which may require additional surgery, risk of infection, and an extended hospital stay.
- During my hospitalization:
  - I will always use a call bell to obtain assistance when getting out of bed, chair, or commode.
  - If I have had knee surgery I will not stand, walk, or get out of bed unless my knee immobilizer is on my operative leg, and I call for assistance from the nursing staff.
  - I will always call for a nurse or staff assistance when standing or attempting to walk, even if family is here to assist.

THANK YOU for joining with us to ensure you have a quick and safe recovery that is fall-free!

- Patient Signature ___________________________ Date ________________
- Nurse Signature ________________________________ Date ________________
- PCT Signature _________________________________ Date ________________
Outcomes

- Decrease in patient falls
- Decrease in patient injuries.
- Increased multidisciplinary collaboration.
- Patient heightened awareness and accountability.

IHI Expedition – Preventing Your Patients from Injurious Falls

Session 7

April 24, 2013

Wheaton Franciscan Healthcare North Market – Elmbrook Memorial, St. Joseph, and Wisconsin Heart Hospital

Nancy Brueggeman, MSN, RN
Geriatric Clinical Nurse Special
Chair of Restraint Committee
Launched Tests of Change

- There are two items we wanted to share that we are working on in order to reduce our fall rates and injury with a fall:
  - Nursing Shared Governance partnership with Falls and Restraint Analysis Team [FRAT]
  - Toileting Schedule

Nursing Shared Governance Partnership

- Nursing Shared Governance partnership with Falls and Restraint Analysis Team [FRAT]:
  - Two of our hospitals have Quality Council and one is Practice Council for the partnership
  - Work together to be aware of the fall data for their unit and develop agreed upon Unit interventions / strategies related to fall prevention and prevention of injury with falls
  - Nurses have access to the on-line occurrence reporting system so they can monitor date of last fall, trends, and patterns
  - Date of last fall is being posted on Nursing Units
  - FRAT meets monthly and the Staff Nurse Member reports on required elements
  - An AIM Statement was developed for fall rates
  - Process is extending to Out-Patient areas
Required Reporting Elements from Fall Data / Occurrence Reports

- It was agreed upon that the minimum information that each Nurse would present at FRAT meetings, would be as below:
  - Date of last fall on Unit
  - Number of falls for the month(s)
  - Number of Falls and percent of falls associated with toileting
  - Age Groups
  - Falls per Shift – number and percentage
  - Biggest contributing factors to the falls
  - Any fall(s) the Rep wishes to review in detail

Occurrence Reporting
Unit Reports

Barriers and Next Steps

• Barriers:
  – Nurse Members are not on duty every day due to their work schedules
  – Amount of time needed is greater than what is currently available [even though there is strong support for their work from their Nurse Leaders]
  – Competing Priorities

• Next Steps:
  – Will be doing mock Root Cause Analysis of Falls at FRAT for 3 months – in attempt to instill the culture that each fall requires a plan of action for the individual and for the Unit
Toileting Schedule

- The Wisconsin Heart Hospital implemented a toileting schedule on March 1, 2013:
  - Toileting rounds will be done every 2 hours, between the hours of 0700 and 2300, on the odd hours
  - During the sleeping hours of 2300-0700, toileting rounds will be done **ANY TIME** that **ANY** staff member is with the patient
  - The FRAT Nurse Rep did a successful small test of change on a number of patients for several nights and included the Patient Care Technician
    - At the time of planning, the Inpatient Unit had 10 falls and 8 were related to toileting
  - Barriers: Staff time and lack of buy-in by Staff that all patients regardless of age and ability are at risk for falling related to toileting needs
  - Next Steps: Monitor falls related to toileting over 3 months

Journey to Zero

MHP Fall Committee
Dawn Voss, BSN and Diana Sherman, RN presenters
Patient Falls

• Reducing patient falls has been part of our organizations strategic plan for the last 5 years.
• Although we have had success in reducing the number of patient falls, we have not necessarily reduced the injury to falls.

Trending of patient falls per 1000 Adjusted Patient days (APD)
12 month rolling trending of injury due to patient falls

Falls by Category

Our Process

- We utilize the Hendrich II or Upright program
  - Completed on every patient upon admission and then twice daily and when there are changes in patient condition.
  - In the event of a fall:
    - An occurrence report form is completed.
    - A “code fall” is called and the House Supervisor, primary RN, C.N.A and person who found the patient participate.
    - They complete the post-fall peer review form.
• The fall is reviewed by the Department Director and Risk Manager and monthly all falls are reviewed by the fall committee. Recommendations may be made at any point in this process.

• Recommendations and information from our root cause analysis is taken to staff meetings or individuals, depending on the circumstance.

• Falls are reported monthly to the Safety Committee and the Clinical Quality committee (which the fall committee is situated under the Clinical Quality Committee).

Interventions
• Any patient that is confused has the following interventions:
  – Placed close to the Nurses Station
  – Placed on a low-bed with floor pads
  – Bed and Chair alarms activated.
  – Fall communication started:
    • Placed on the Huddle board in the Nurses station
    • Yellow falling star magnet on door frame and yellow wristband on patient.
  – Assessed for 1:1 monitoring
  – Gripper slippers, hourly rounding, safe room set up strategies.
New Implementation

• Since the IHI series we have implemented the following:
  – Toileting before pain medication
  – Toileting every two hours for those identified as:
    • Altered elimination
    • Diuretics
  – Fall Risk/Fall Injury matrix

Toileting prior to pain medication

• Nursing was inserviced to begin toileting patients prior to administration of pain medication. We use the following key words:
  – Mr Smith, I have your pain medication. Would you like to go to the bathroom now or in 1 minute? Or For your safety I would like to help you to bathroom before I administer your pain pill so that you can just rest after it is administered.
  – Staff report that they have had very little resistance to this implementation.
Toileting every 2 hours

- Patient’s with altered elimination (per Hendrich tool) and those prescribed diuretics are identified and shared in hand-off report by nursing and C.N.A.’s.
- We have noted a reduction in our call lights and the audit results are pending.

Risk of Fall/Injury

- In March we rolled out to the Inpatient staff the Risk of Fall/Risk of Injury matrix.
- The matrix was laminated and placed in each patient room.
- Hand-off report sheet contain area for fall report.
- The Huddle Board lists room numbers of those at risk for Fall and then an asterisk was placed by any room numbers where the patient was at risk for injury.
• The majority of our fall patients are fall risk – around 85% average or higher.
• We will begin reporting patient fall injury data in Inpatient Staff meetings to connect the dots and will set a measurement for a decrease in injury. Goal has not been determined at this time.

Is it working?
• We had zero patient falls in March and so far in April we have had zero.
• Can we attest that these interventions are the reason – no.
• What we can say is that each intervention helps us to focus on specific patient populations that may be at a higher risk for patient fall and injury.
Look What We Have Covered!

Session 1 – Introduction to Preventing Patient Falls and Injury from Falls
Date: Wednesday, January 30, 12:30 PM – 2:00 PM ET

Session 2 – Injury Risk Assessment and Communication of Risk
Date: Wednesday, February 13, 1:00 PM – 2:00 PM ET

Session 3 – Interventions to Reduce Falls and Falls Harm Part I
Date: Wednesday, February 27, 1:00 PM – 2:00 PM ET

Session 4 – Interventions to Reduce Falls and Falls Harm Part II
Date: Wednesday, March 13, 1:00 PM – 2:00 PM ET

Session 5 – Preventing Falls with Injury Assessment Tool and Patient Education Resources
Date: Wednesday, March 27, 1:00 PM – 2:00 PM ET

Session 6 – How to Sustain and Spread Improvements in Reducing Falls and Injury from Falls
Date: Wednesday, April 10, 1:00 PM – 2:00 PM ET

Session 7 – Accomplishments, Barriers, and Next Steps
Date: Wednesday, April 24, 1:00 – 2:00 PM ET
Protect from Injury

Protecting Patients from Harm: Our Moral Imperative

IHI RWJF 2006

Transforming Care at the Bedside How-to Guide: Reducing Patient Injuries from Falls (2012)


● Updated 2012
How to Guide: Revision 6 Steps (2013)

- Screen risk for anticipated physiological falls on admission and
- Screen risk for injury (history of FRI) on admission
- Complete multifactorial fall risk assessment
- Assess Multifactorial Risk Factors for Anticipated Physiological Falling with members of the interdisciplinary team, and Risk for a Serious or Major Injury from a Fall
- Communicate and Educate About Patients’ Fall and Injury Risk
- Implement Universal Fall and Injury Prevention Interventions for Patients at Risk for Injury

Best Practice Approach in Hospitals

- Implementation of safer environment of care
- Identification of specific modifiable fall risk factors
- Implement interventions targeting those risk factors so as to prevent falls
- Implement interventions to reduce risk of injury to those people who do fall
5 Essentials to Protect from FRI

- Programmatic Shift
- Change in assessment structures: add risk for FRI and Hx of FRI
- Change in interventions: Environmental Redesign
- Assess to protective interventions
- Organizational Support

You can protect patients from injurious falls

Injury Prevention Interventions

- Injury Risk Assessment
- Interventions specific to Injury Risk

What to Put in Place

Resources:
http://www.visn8.va.gov/patientsafetycenter/fallsTeam/default.asp
Moderate to Serious Injury

Those that limit function, independence, survival
Age (85 yoa)
Bones (fractures)

antiCoagulation (bleeds/hemorrhagic injury)
Surgery (post operative)

Technology Resource Guide: Bedside Floor Mats
Hip Protectors

http://www.visn8.va.gov/patientsafetycenter/fallsTeam/default.asp
Follow up

- The listserv will remain active.
  - To use the listserv, address an email to FallsExpedition@ls.ihi.org
- Instructions to receive Continuing Education Credits will be sent with the follow-up email for today’s session
- Please take 5 minutes to complete the Expedition evaluation survey
Thank you!

- Please let us know if you have any questions or feedback after today’s session.

- Stay in touch! Patricia.Quigley@va.gov