

Reducing Fall Rates Using an Interdisciplinary Team Approach



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Background

- Falls with injury are classified as a never event by CMS. Falls can account for devastating and debilitating injury for the hospitalized senior adult leading to increased LOS and an increase in health care costs
- Since the opening of 3 Lacks, the senior adult unit, we have seen falls in our inpatients
- Each year we have continued to focus on this initiative and strive for continuous improvement

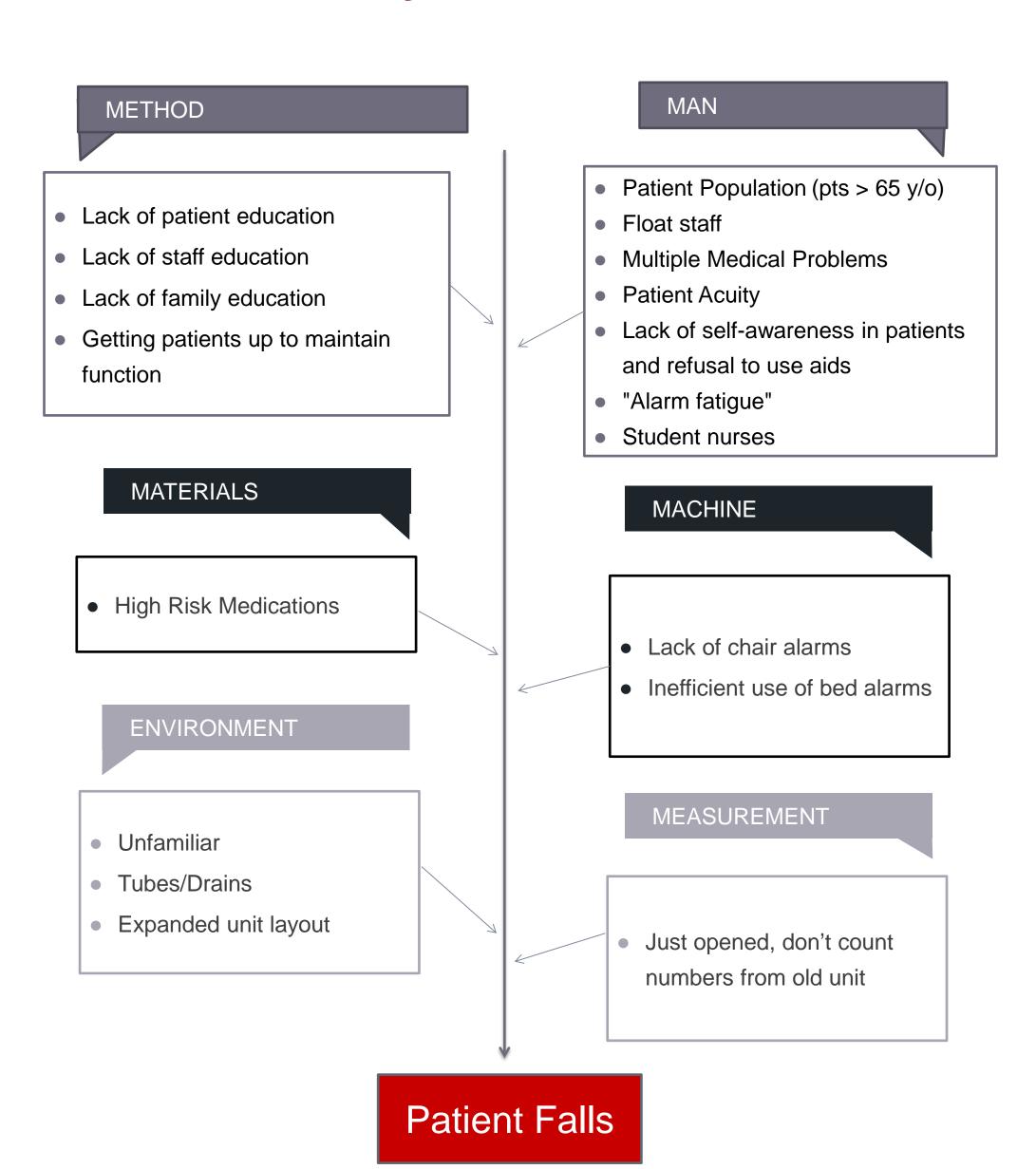
Methods

- The CNL formed an interdisciplinary team that included RNs, PCAs, leadership, a CNL, and a pharmacist
- Utilizing Lean Process Excellence and the PDCA improvement methodology, the group started by defining the problem and measuring the current state
- We also have 2 staff nurses that attend our hospital wide falls committee each month. In their role, they review every fall and meet with the unit CNL complete a RCA on each fall

Goal

 To eliminate patient falls with injury and reduce our overall fall rate by 25%

Root Cause Analysis



Improve Phase

Staff must do1:1 educationwith family

Education

 Targeted lunch & learn w/ PCAs specific to patient readiness for transfer and the use of gait belts

and patient

and document

- Targeted
 education to
 student nurses
- Education on fall prevention equipment falls mats, bed alarms, video monitoring, and gait belts.

Implement the following standards

Implementation

- of care on 3 Lacks
 Use of bed

 alarms and chair
 alarms for
 anyone with
 Morse scale >45
- Educate staff on the use of gait belts. (Have provided in each room)
- Use of bedside commode if patient gait unstable
- Must stay with the patient while in Bathroom
- RN/PT to complete white boards with specific plan such as up with1 or 2; must use walker, etc.
- Individualize plan for each patient as it will not be the same for everyone

Monitor

Review

Discuss all

leadership

to cause of

group, getting

falls in

fall

Super

unit

• Fall

huddles

completed

after a fall

immediately

occurs with all

staff on the

champions

responsible

analysis.

bring back

our staff.

education to

for root cause

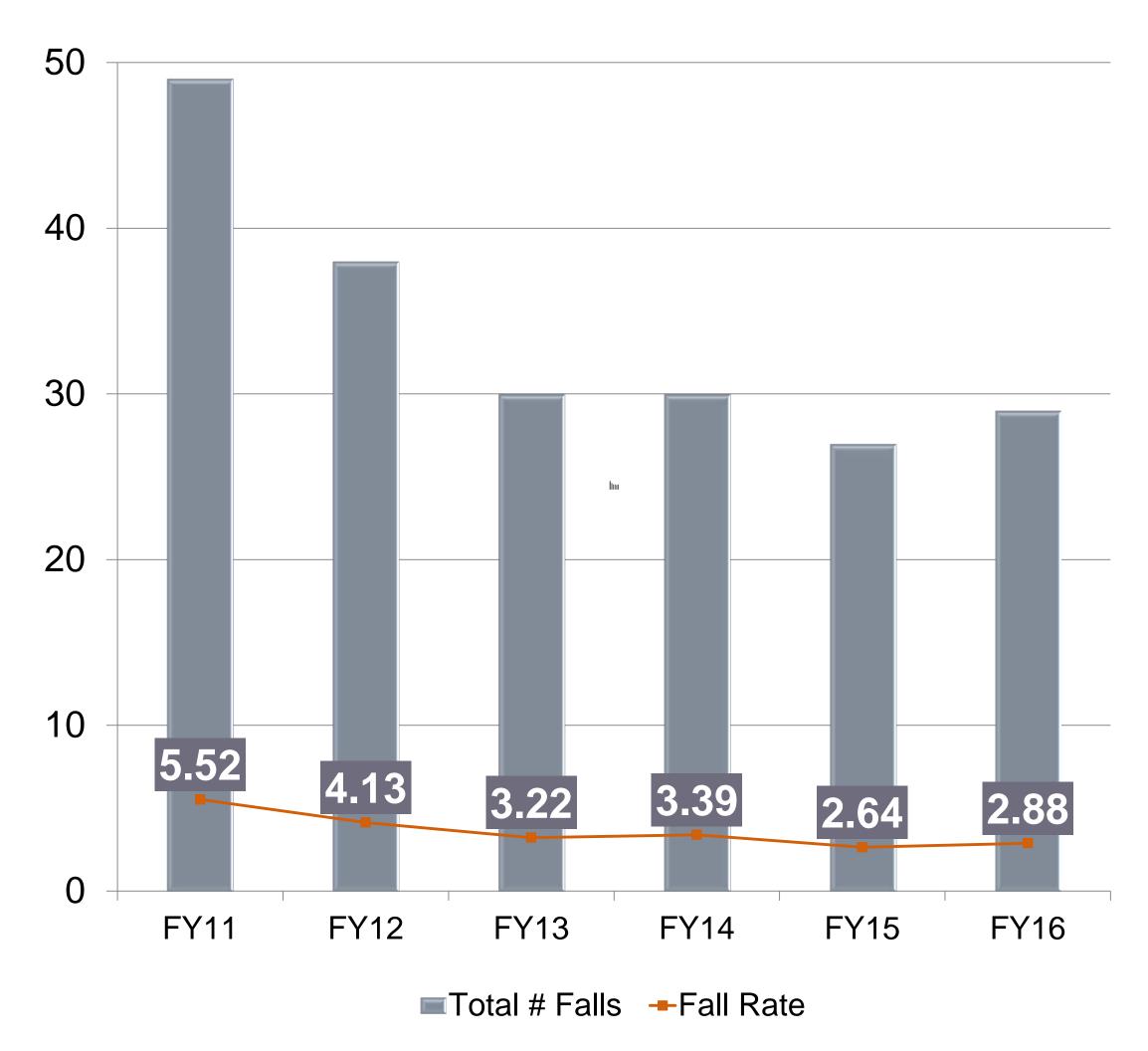
They will also

- Hold staff
 accountable
 for lack of
 following
 standards/acti
 ons that put
- patients at riskIntentionalHourlyRounding
- CNLs to monitor daily Morse Scale is completed and safety actions are in place.
- Pharmacist is reviewing medication list daily of any patient with Morse Scale >45 for meds that may be contributing for fall risk.
 Pharmacist will discuss with MD for changes

Outcome

	FY12	FY13	FY14	FY15	FY16
Falls (number)	38	30	30	27	29
Fall Rate	4.18	3.22	3.39	2.64	2.88

* We have had no falls with injury since FY13!!

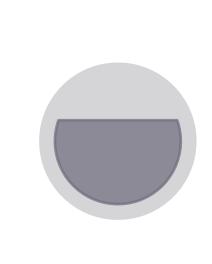


Conclusion

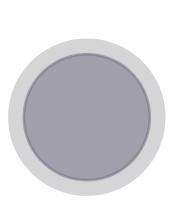
- Our interdisciplinary falls team was able to positively impact our unit fall rate. A lean process was utilized to help frame and direct the work group
- As the group is now in the control phase of the project we will continue to examine our compliance with the stated interventions and are striving for the ultimate goal of zero patient falls. For FY17, year to date we are at 2.33 fall rate.

Control Phase





Each fall will be reviewed, looking for patterns and educational opportunities



The 3 Lacks
Leadership will also
track staff compliance
with fall prevention
efforts by performing
random weekly audits

References

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