Reducing Fall Rates Using an Interdisciplinary Team Approach

Constance Welsch BSN, RN, Bridget Graham MSN, RN-BC, CNL

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

<table>
<thead>
<tr>
<th>METHOD</th>
<th>MATERIALS</th>
<th>ENVIRONMENT</th>
<th>MEASUREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of patient education</td>
<td>High Risk Medications</td>
<td>Unfamiliar</td>
<td>Just opened, don't count numbers from old unit</td>
</tr>
<tr>
<td>Lack of staff education</td>
<td>Patient Population (e.g. 65 y/o)</td>
<td>Tubes/Drains</td>
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<tr>
<td>Lack of family education</td>
<td>Patient Acuity</td>
<td>Expanded unit layout</td>
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<tr>
<td>Getting patients up to maintain function</td>
<td>Lack of self-awareness in patients and refusal to use aids</td>
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<tr>
<td>- &quot;Alarms fatigue&quot;</td>
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</tr>
<tr>
<td>Student nurses</td>
<td>Patient education</td>
<td>Patient education</td>
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</tr>
</tbody>
</table>

Improve Phase

- **Education**
  - Staff must do 1.1 education with family and patient and document
  - Targeted lunch & learn w/ PCAs specific to patient readiness for transfer and the use of gait belts.
  - Targeted education to student nurses
  - Education on fall prevention equipment falls mats, bed alarms, video monitoring, and gait belts.

- **Implementation**
  - Implement the following standards 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 with 1 or 2; must use walker, etc.
  - Individualize plan for each patient as it will not be the same for everyone

- **Monitor**
  - Hold staff accountable for lack of following standards/acti ons that put patients at risk
  - Intentional Hourly Rounding
  - 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

- **Review**
  - Discuss all falls in leadership group, getting to cause of fall
  - Super huddles completed immediately after a fall occurs with all staff on the unit
  - Fall champions responsible for root cause analysis

Control Phase

The leadership team/fall committee reps will track the number of falls on 3 Lacks and the fall rate per 1000 patient days monthly.

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.

Outcome

<table>
<thead>
<tr>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls (number)</td>
<td>38</td>
<td>30</td>
<td>30</td>
<td>27</td>
</tr>
<tr>
<td>Fall Rate</td>
<td>4.18</td>
<td>3.22</td>
<td>3.39</td>
<td>2.64</td>
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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.

References

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Fall Rate

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<th>Year</th>
<th>FY11</th>
<th>FY12</th>
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<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
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<tr>
<td>Fall Rate</td>
<td>5.52</td>
<td>4.13</td>
<td>3.22</td>
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