Using An Innovative Staff Development Model to Reduce Patient Falls

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Introduction

Washington Hospital Center is a 926-bed, level I trauma center in the heart of the Washington, DC. In May 2009, the Department of Nursing established an innovative staff development model to address and reduce overall patient falls. The new staff development model was established to create unit-based fall prevention experts whose goal was to improve outcomes to the 25th percentile of the NDNQI database.

Fall Prevention PI Team Representatives: *(L-R) Patricia Beckman, RN, Andrea Guyah, RN, Sheila Williams, RN, co-chair, Joanne Pritchett, RN, co-chair, seated - Lisa Reed, RN, Rose Matthews, PCT*

Purpose

The purpose of this innovative model is to increase staff engagement resulting in a sustained reduction in patient falls. This is accomplished by accurately assessing risk, consistently completing fall prevention interventions, and utilizing unit-based experts for monitoring and peer feedback.

Strategy & Implementation

A shared commitment combined with cultivated expertise and participation of professional nurses and other members of the health care team are critical to fall reduction.

Four components of staff development model:

- Nursing grand rounds
- Intensive workshop
- Unit-based in-services (Figures 1 & 2)
- Peer monitoring

Figure 1. *Falls Prevention Champion, Lisa Reed, RN reviews the Falls Risk Assessment Model in the electronic documentation system.*

Figure 2. *Falls Prevention Champion, Nalin Bhupornvivat, RN reviews the Patient and Family Education Pamphlet and Falls Risk Assessment Model.*

Nursing Grand Rounds, *Are Your Patients Safe?*

Attendees will be able to:

1. identify factors that contribute to falls (intrinsic and extrinsic)
2. identify and communicate departmental fall rates to team members

Fall Prevention Workshop

Attendee(s) at this 4-hour workshop covering a broad range of issues related to falls, evidence-based practice and fall prevention, and rounding will be prepared to engage fully in the unit-based fall prevention strategies by:

- Discussing evidence-based practice and fall prevention initiatives
- Applying the Hendrich II© Falls Risk Assessment Model to case studies
- Enhancing peer accountability at the bedside by role-playing unit-based in-services

Evaluation

- Comparison of CY08 and CY09 quarterly data (Figures 3 & 4)
- Completion of peer-to-peer inservices – Hendrich II© Falls Risk Assessment Model (Figure 5)
- Completion of monthly observations to assess adherence to fall prevention interventions

Figure 3. *2008-2009 Fall Rates*

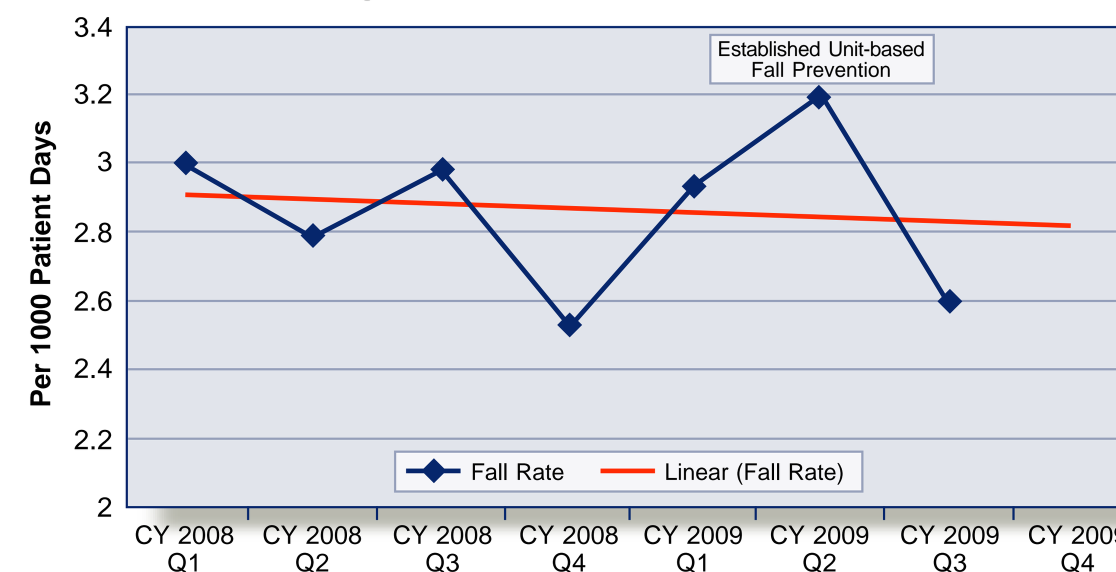


Figure 4. *Fall with InjuryRate*

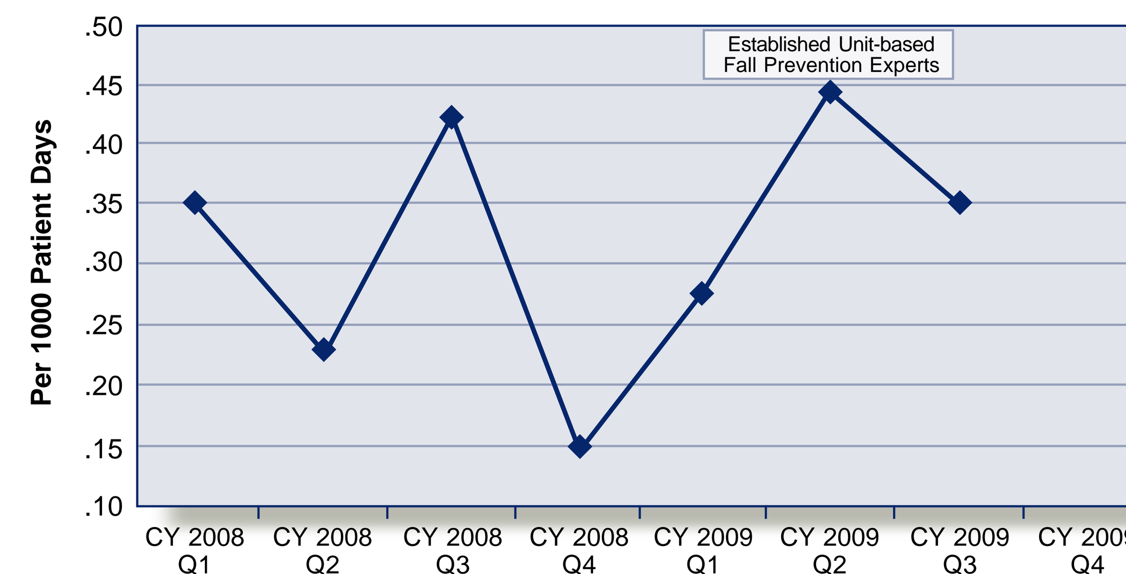
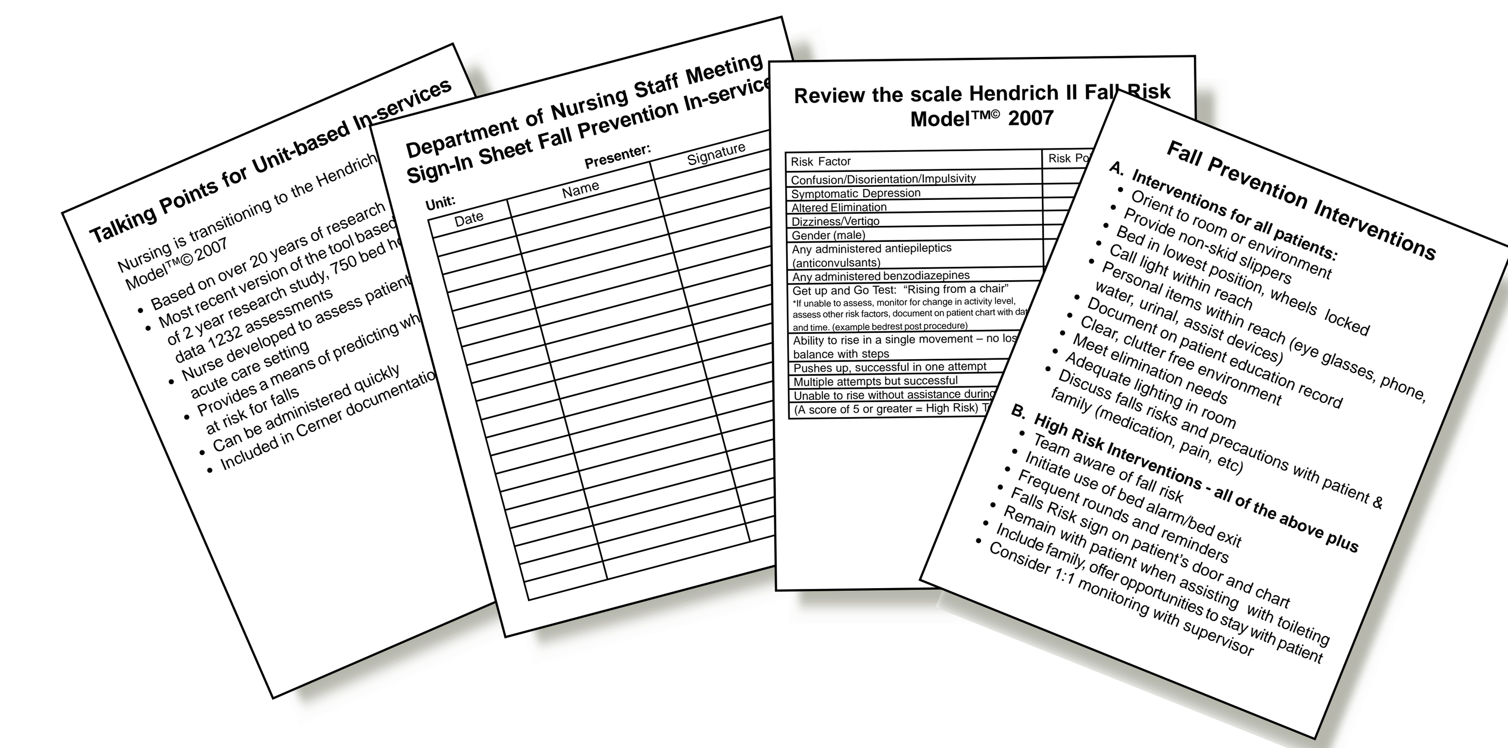


Figure 5. *Peer-to-Peer Inservices*



Conclusion

With patient safety and reimbursement at stake, a comprehensive patient-focused approach to the reduction in patient falls is imperative. Processes are underway to continue to engage frontline staff as experts, in the reduction of patient falls.

There was a reduction in the overall fall rate after implementation of this Staff Development Model (Figure 3). The sustainability of this reduction will be determined over time.

Although there was a decrease in the rate of falls with injuries, there are continued opportunities for improvement in this area (see below and figure 4).

December 2009, an interdisciplinary team was assembled to delve further into the most recent falls with injuries, applying principles from the root cause analysis process.

Areas of continued emphasis include:

- **Daily safety huddles** to highlight patients at risk for falls.
- **Concurrent observations and feedback**. Develop and implement an observation tool to assess and monitor adherence to fall prevention interventions.
- **Continued engagement and participation** by recognizing Fall Prevention Champions and with ongoing leadership support for staff attendance and participation at PI meetings.

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