Looking at the Trees AND the Forest: Data Driven Fall Prevention

#9305 / Medical Center of Central Georgia / Macon, Georgia

Medical Center of Central Georgia

- 637 bed academic facility in central Georgia
- Magnet designation since 2005
- Level 1 trauma services with hospital heliport
- Certified: hip & knee replacement, ventricular assist device (VAD), stroke, chest pain, & palliative care programs
- 147 ICU beds → adult, pediatric, & neonatal

1 Looking at 2009 forest/fall data...

- **Under** performing 2009 NDNQI
- No improvement from previous fall prevention actions

2 Tree/fall analysis...

- 16% falls were labeled as high fall risk
- RNs → poor understanding of fall causes
- Fall prevention strategy use inconsistent
- Little accountability for fall prevention
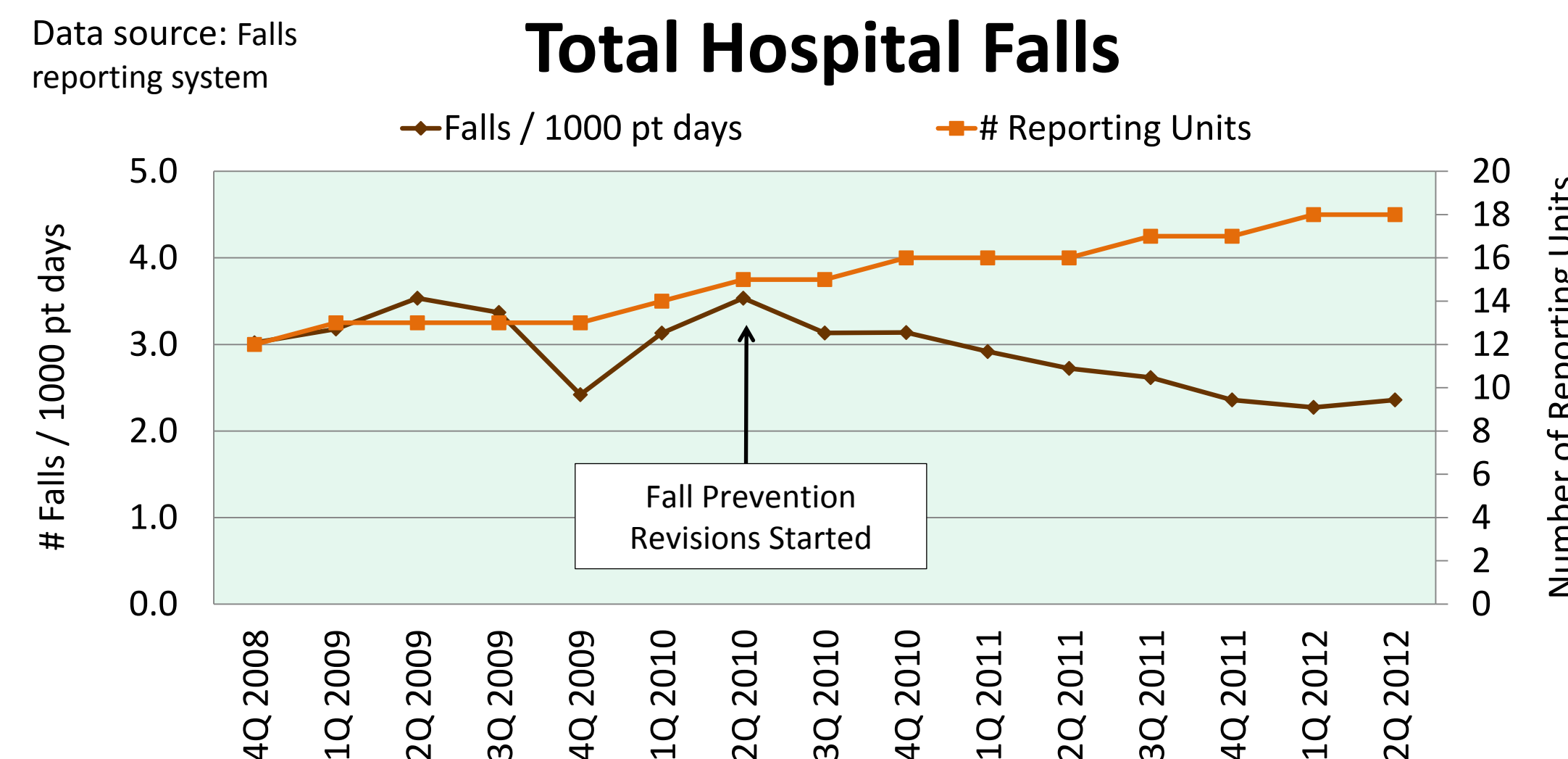
3 ...revealed these root causes:

- Not identifying high-risk patients
- Prevention strategies ineffective
- Little caregiver accountability

4 Actions taken over Q2 2010-2011

- Appointed/trained Nursing Sensitive Indicator Champions (NSICs) for each nursing unit; by Q4 2012: 29 NSICs for 19 nursing units
- Morse scale revised in EMR & added to shift report
- Patients assessed every 12 hrs.
- Interdisciplinary accountability (**all** patient contact employees)
- Bed & chair alarms → fall risk bundle
- Educate & partner with patient & family
- Fall = Error: debriefing & root cause analysis for each occurrence

Patient Fall Assessment EMR form

5 has shown sustained progress since Q3 2010 & drop in the number of falls.....

- Risk assessment accuracy ↑ 100%
- Prevention strategy use ↑45%
- Fall incidence ↓ 20%
- Fall with injury ↓ 43%
- Majority of units **out** performing NDNQI teaching hospital comparison group

Actual fall documentation in EMR

6 Lessons learned...

- Engage frontline to Board: *organizational priority with fall prevention*
- Don't assume knowledge = application
- Capitalize on the power of peers (NSICs)

Total Hospital Falls

Data source: Falls reporting system

Fall Prevention Revisions Started

(chart: Falls / 1000 pt days, # Reporting Units, x-axis 4Q 2008 – 2Q 2012)

References:

Bunshaw, K. (2004, January). *Institute for healthcare improvement*. Retrieved from http://www.ihi.org/offerings/MembershipsNetworks/MentorHospitalRegistry/Pages/FallsPrevention.aspx.

Dykes, P. (2010). Fall prevention in acute care hospitals: A randomize trial. *Journal of American Medical Association*, *304*(17), 1912-1918. doi: 10.1001/jama.2010.1567.

Hughes, K. (2010). Older persons' perception of risk of falling: Implications for fall-prevention campaigns. *American Journal of Public Health*, *98*(2), 351-357. doi: 10.2105/AJPH.2007.115055.

Ireland, S. (2010). Designing a falls prevention strategy that works. *Journal of Nursing Care Quality*, *25*(3), 198-207. doi: 10.1097/NCQ.0b013e3181d5c176.