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

**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

**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

**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

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

**References:**