Translating the Missed Nursing Care Model to Improve Accountability in Executing Standards for Fall Prevention

Wyoming Medical Center

Mindy Walden, RN-BC, MSN Sandra Maddux, RN, MSN, CNS-BC Davina Drazick, RN, MSN Julie Cann-Taylor, RN, MSN, CNE

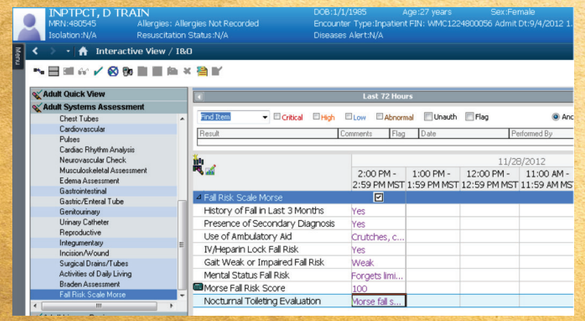
Purpose

- To reduce the incidence of patient falls through improved accountability with evidence-based fall standards

Significance

- Falls are the most widely reported safety concern in hospitals and add excessive costs
  - For patients, falls are associated with functional decline, loss of independence and even death
  - For organizations, falls are considered “Never Events” and are preventable costs that are absorbed by hospitals

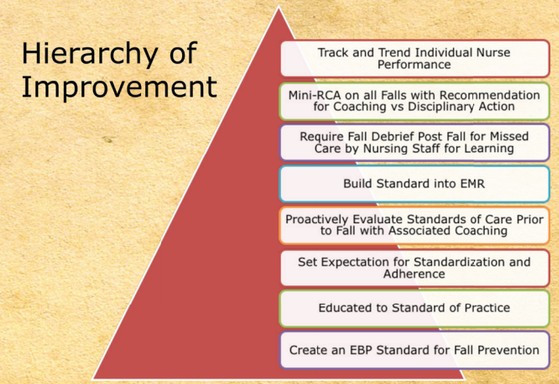
Embedding Standard of Care into Electronic Medical Record



Missed Nursing Care Model

- Missed nursing care, as conceptualized within the Missed Nursing Care Model, is defined as any aspect of required patient care that is omitted (either in part or in whole) or delayed
- An omission of elements in nursing care is a process variable that we have focused on to improve our fall rate

Strategy and Implementation

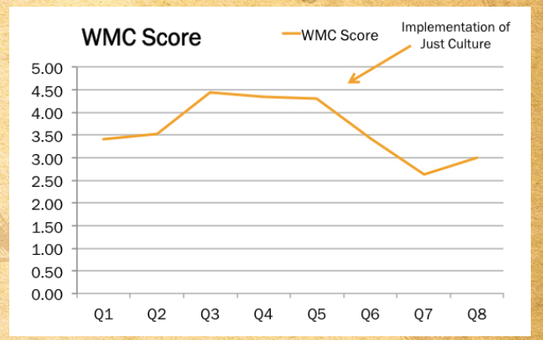


Fall Standard of Care

Basic standard of care interventions for every patient	High risk interventions for patients with Morse Score >45
• Provide adequate lighting in room, hallway and bathroom. • Assure that the floor is dry at all times. • Remain with patient when assisting to bathroom or commode. • Keep bed in the low position. • Side rails up on bed if indicated. • Lock wheels on all furniture. • Educate family on the importance of safety and fall prevention. • Shift report at the bedside that includes history of falls and current risk for falling with alarm testing if in use. • White boards indicate fall risk and assistive devices or diligent equipment to be used. • Assist patient to a seated position during activities such as bathing or dressing. • Appropriate delegation related to fall prevention.	• Assessed at-risk for fall accurately. • Fall Alert Door sign in place. • Red slippers on patient/non-skid footwear available and used appropriately. • Yellow fall-risk sticker on wrist band. • Bed/chair alarm in place and working properly. • Hourly rounding in place with intent to toilet. • Clutter-free room, position tubing, drains and equipment carefully to create a safe environment for patient to ambulate about. • Possessions in reach. • Diligent assessment with appropriate equipment identified and used per M and M standards. • PT referral initiated due to mobility concerns. • Prioritizing patient call light and response. • Progressive mobility plan. • Assistive devices and other equipment inspected and deficits corrected. • Closer observation via room placement or staff and family involvement. • Pharmacy consult for medication interactions and reactions. • Placed on nocturnal toileting protocol if meets criteria.

Evaluation

- Our data indicates that implementation of Missed Care Nursing Model in conjunction with Just Culture has contributed to a reduction in falls below national benchmark for the last two consecutive quarters



Implications and Strategy

- Inconsistencies in practices are at the heart of why some organizations cannot obtain sustainable results
- Fall reduction strategy success:
  - Understanding how to assess and intervene when important standards are omitted
  - Promoting a coaching and learning environment when standards are misunderstood
  - Addressing system issues
  - Holding staff accountable when required standards are consciously disregarded

1233 E. Second St. • Casper, WY 82601 • (307) 577-7201 • (800) 822-7201 • WyomingMedicalCenter.org