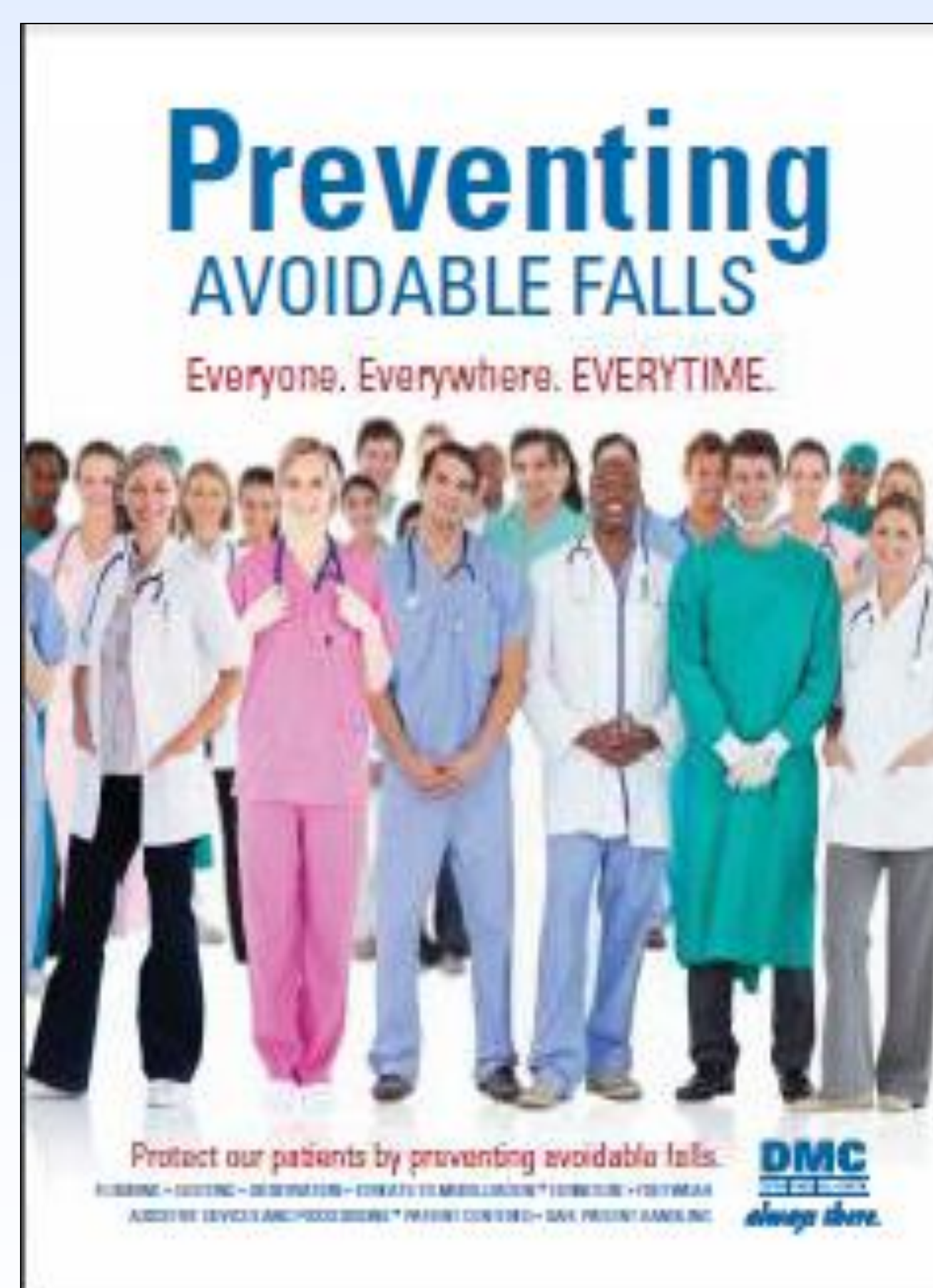


## Objectives

- Increase staff engagement with fall prevention program leading to decreased patient falls.
- Implement an interdisciplinary team to improve strategies related to fall prevention.
- Theme of **“Universal Fall Prevention, Universal Responsibility”**
- Develop unit based action plans to provide a more robust and comprehensive fall prevention program.

## Background

- In 2012, most falls occurred with women aged 45-65.
- Most falls were related to toileting activities.



## Staff Engagement Methods

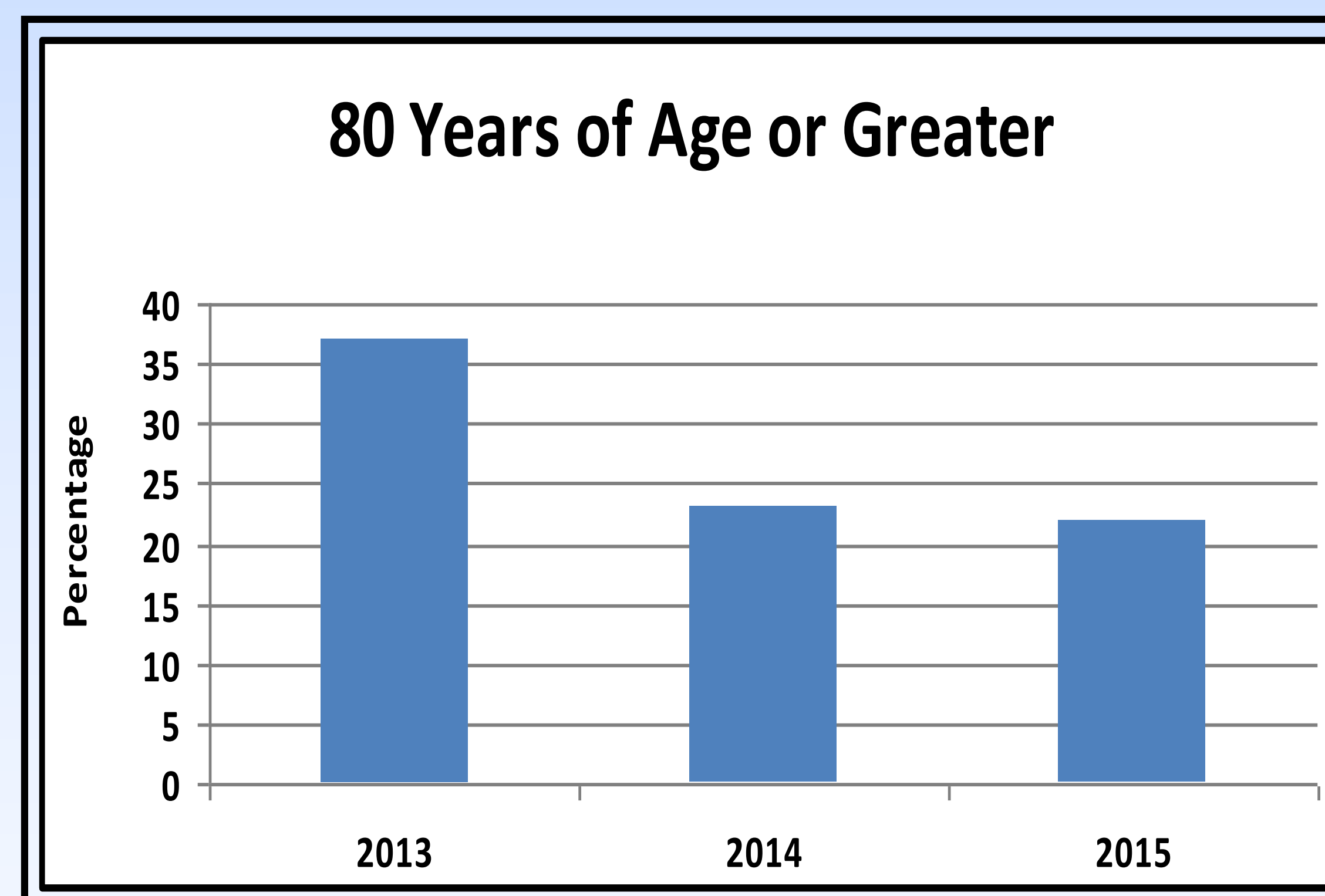
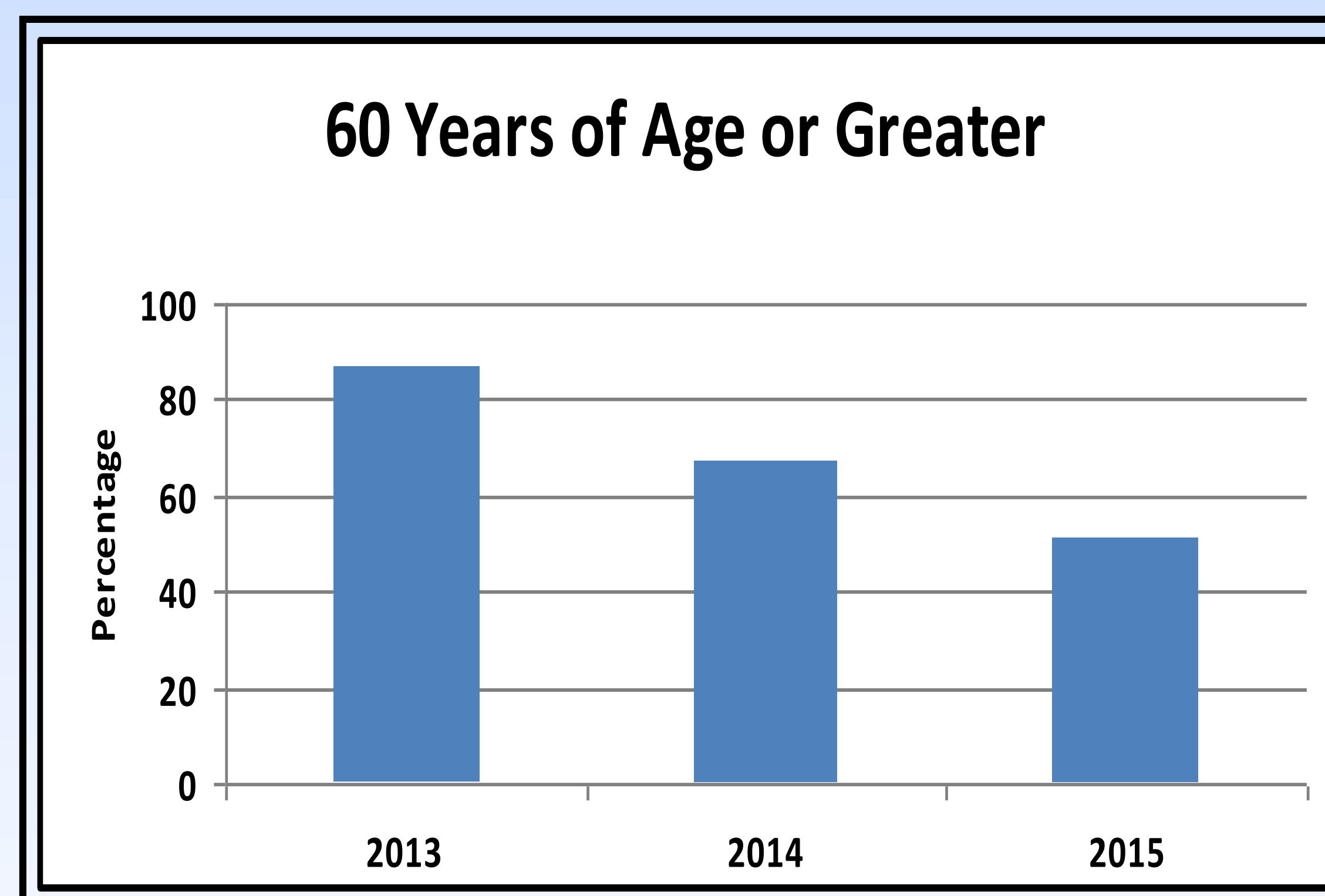
- Patient Safety Agreement with scripted Patient Education
- Patient Fall Risk Self-Assessment tool
- Individualized Plan of Care and Patient Education
- ABCS Risk for Injury tool
- Hourly rounding and bedside reporting.
- Unit based gap analysis and action plan.
- Increased use of chair alarms & activity guidelines posted in the room.

## Outcomes

- 40% decrease** for inpatient falls from the start of the program through 2015.
- 29% reduction** for patients greater than 60 years of age between 2013-2015.
- 36% reduction** for patients greater than 80 years of age between 2013-2015.
- Reduction in toileting related falls and increased use of safe patient handling practices.
- Improved EMR documentation, education and compliance rates.

## What We Learned

- Collaborative work with the physical therapy, cardiopulmonary, emergency and radiology department assisted to decrease outpatient falls and improvement strategies are ongoing.
- Chair alarms into the practice environment aided in the reduction on of patient falls.
- Work to improve patient mobility and safe patient handling practices. Gait belts in all rooms and areas.
- Require all fall risk patients to be transferred on a stretcher.
- Continue to exam outpatient falls and inpatient falls trends



## Future Plans

- Continue to gain feedback from all staff.
- Continue to evaluate each fall for prevention or education opportunities.
- Continued vigilance with reinforcement of measures.
- Focus on proactive verses reactive prevention.
- Ongoing auditing to identify gaps.
- Continue to promote cultural change to support decreased falls and improved patient safety.

## Staff Engagement Action Plan

During 2014, the fall prevention team members completed a unit gap analysis and action plan and continued to work at the unit level to decrease patient falls.

Unit based representatives worked on the action plan items applicable for their care area and identified needs.

Purpose:					
To create an action plan for process improvement					
Directions:					
1. Use this form as a template, develop a work plan for each goal identified through the needs assessment process. 2. Distribute copies of each work plan to the members of the collaboration. 3. Keep copies handy to bring to meetings to review and update regularly. You may decide to develop new work plans for new phases of your reform effort.					
Goal: Decrease Patient Falls					
Results/Accomplishments:					
Action Steps What Will Be Done?	Responsibility Who Will Do It?	Timeline By When? (Day/Month)	Resources A. Resources Available B. Resources Needed (financial, human, political & other)	Potential Barriers A. What individuals or organizations might resist? B. How?	Communications Plan Who is involved? What methods? How often?
Step 1: Monitor falls on 3 East Lean Board.	All Staff	In Process	A. Lean Daily Management	A. Staff B. Miss the "why" and follow through when falls occur	Review Lean Board at daily safety huddle. Review Occurrences at monthly UPC meetings.
Step 2: Gait belts available in each room.	Unit Clerk Clinical Coordinator	Completed 2/10/15	A. Unit Budget to meet	A. EVS Staff Unit staff B. Education needed so that Belts are not thrown away Encourage staff use with every fall risk patient.	Unit clerk to send email to EVS manager about new belts and not to throw away. Unit staff to do verbal reminder of EVS staff not disposable Staff communication at daily safety huddle availability and usage.
Step 3: All fall risk patients on bed alarms.	All Staff	In Process	A. Daily safety huddle B. Upgrade Vocera	A. Bed Alarms not going to vocera, only to deck. B. Budget needed to upgrade Vocera to go directly to vocera	Daily safety huddle to communicate bed alarm patient. All staff aware of patient at risk on floor
Step 4: Chair alarm PADS needed	Unit Clerk Clinical Coordinator Deb Brennan	In Process	A. Unit Budget to meet	A. Where to store them (CPD or on unit)	Clinical coordinator to send unit email to staff about availability and education on use. Daily safety huddle to communicate to staff availability and educate on use.
Evidence Of Success (How will you know that you are making progress? What are your benchmarks?) HVSH fall data, Tenet Scorecard, NDNQI					
Evaluation Process (How will you determine that your goal has been reached? What are your measures?) To remain under the benchmark and to decrease fall occurrence					

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