KHC HIIN Falls Sprint

A targeted focus among Kansas hospitals on preventing Falls with Injury

Kansas Healthcare Collaborative

American Hospital Association

HRET

UP CAMPAIGN

WAKE UP — SEDATION AND OPIOID SAFETY PLANS

GET UP — PROGRESSIVE MOBILITY FOR ALL PATIENTS

SOAP UP — HAND HYGIENE

SCRIPT UP — OPTIMIZE INPATIENT MEDICATIONS

Welcome to the KHC HIIN Falls Sprint

October 2018 – March 2019

- Our Goals
  - Create a learning community
  - Support ACTION!
    - Testing
    - Innovation
    - Sharing

Mobility

PFE

Post Fall Huddles

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Sprinters

as of 2 p.m., Nov. 29

- Clara Barton Hospital
- Coffey County Hospital
- Ellsworth County Medical Center
- F.W. Huston Medical Center
- Greenwood County Hospital
- Hillsboro Community Hospital
- Hodgeman County Health Center
- Jewell County Hospital
- Lawrence Memorial Hospital
- Mitchell County Hospital Health Systems
- Norton County Hospital
- Osborne County Memorial Hospital
- Phillips County Hospital
- Rush County Memorial Hospital
- Saint John Hospital
- Scott County Hospital
- South Central Kansas Medical Center
- Sumner County Hospital District No. 1
- Washington County Hospital
- Wichita County Health Center
- William Newton Hospital

Easy, online sign-up:
https://www.surveymonkey.com/r/KHC-HIIN-Falls-Sprint

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Timeline

October 24	Introduction and kick-off webinar Introduction to Falls Discovery Tool, Creating a Culture of Mobility
November 30	Learnings from using Falls Discovery Tool, Develop AIM, Plan PDSA
December 13	PDSA Learnings and intro to Teach-back
January 24	PDSA Learnings and intro to post-fall huddles
February 28	PDSA Learnings and next steps
March 22	Wrap up and celebration!

KHC HIIN Falls Sprint

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Measuring Success

Outcome:

- HIIN Falls with Injury Measure

Processes:

- Development of a SMART aim statement for preventing falls with injury
- Completion of monthly PDSA cycles
- Share a summary of your experience and learnings
  (Completion of brief summary template)

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"Hopes"

for the Falls Prevention Sprint

- Prevent/reduce falls
- We recently formed a multidisciplinary fall prevention process improvement team. The tools and resources offered by this initiative will be very valuable to this team and its success
- Prevent falls, education to nursing staff, improved processes.
- How to prevent falls in the future with our residents
- Hope to discover some interventions that will reduce falls on our senior behavioral health unit.
- I hope to, of course, reduce the number of falls in our facility. But, after the webinar, I also hope to reduce the amount of time patient's are in our facility, and also hope to make it so they can return home, rather than have to go to long term care.

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"Hopes" (cont'd)

- Better the process 'post fall' to ensure it is reported, additional prevention measures are put in place, etc.
- Learn fall prevention techniques for our assisted living facility.
- Help us update protocols and keep our patients/staff safer
- Decrease injury. Increase mobility. Shorter stays. Positive outcomes. Reduce readmissions.
- We started a falls prevention team earlier this year and have struggled with progress. We are looking for new ideas and strategies to reduce our fall rate.
- Reduce falls in inpatient and swing bed settings
- Benefit by learning new ways to help prevent falls and improve our overall patient safety and quality of care

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"Hopes" (cont'd)

- We hope to decrease falls, especially in our geriatric psych unit. I know they are a special population, but I hope to gain knowledge that can be used hospital-wide to reduce falls by at least 15%.
- Increasing patient safety through early mobilization. switch staff focus from preventing falls to encouraging mobilization. Learn ways to implement processes that will decrease injuries to patients through falls.
- My hope is twofold. One, getting staff involved with participating in making changes and implementing changes. Second, add PT to the quality committee.
- Decrease amount of falls and promote safety
- Our hospital hopes to benefit with this sprint to improve patient and family awareness of the risk of falls. Also hope to improve education of staff with proven ways of preventing falls. For me, I hope to gather information on how to be a better leader for this program and add to our current initiatives.

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Hospital Bright Spot

- Hospital-wide approach – nursing, rehab, physicians, pharmacy
- Physician champion engaged
- Patient and family education on admission & ongoing
- Medication review built into EHR
- All departments created fall safety posters during patient safety week
- No pass zone

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Top 10 Checklist

1. Multidisciplinary team with front lines
2. Engage all in safe environment & no pass zone
3. Multifactorial assessment on vulnerable populations
4. Tailored interventions
5. Communicate risk across the team
6. Round Q 2 H on vulnerable populations
7. Safe mobilization
8. Review medications
9. Engage patients and families, use teach-back
10. Conduct post-fall huddles at bedside with patient

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Taking a closer look at home

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Moving to Action…

Where are you starting?

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Polling Question

Where is your unit / organization on the change continuum for your fall improvement efforts

1. Not thinking about it yet
2. We are evaluating if we need to change
3. We have decided that change is necessary
4. We are currently testing and implementing changes
5. We have made improvements and are sustaining
6. We have made improvements that were not sustained and have relapsed

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Falls Process Improvement Discovery Tool

2 Methods – Chart Audit and Observations

- Chart Audit / RCA – Do this first
- **Tracer Observations**
  - Observe a post fall huddle
  - Observe a bedside handoff
  - Ask staff about toileting practices, observe call light
- **Bedside Observations**
  - Are delirium prevention strategies in place?
  - Are tripping hazards observed
  - Is toilet room safe?

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X = process failure

KHC HIIN Falls Process Improvement Discovery Tool

Instructions: Review 5 - 10 charts over the past 12 months. Note: Do NOT spend more than 20-30 minutes per chart!
Focus on Falls with Injury as priority; use falls without injury if 5 injuries are not available in past 12 months

	Example - only fill in defects or opportunities	Chart #:	Chart #:	Chart #:	Chart #:	Chart #:
Information about the fall with injury:	**Instructions: Enter brief characteristics for each chart.**					
Nature and severity of injury	MINOR skin tear left arm					
Was the fall unassisted?	No					
Documented reason for the fall	Pt removed back brace, leaned over in chair. Balance/ impulsiveness.					
Additional remarks	Fall measures were not in place as should have been.					
Was it determined the patient and family caused the fall - non-compliant with plan?	No					
Age / Gender	64 yo male					
# day(s) of fall since admit / time of day	day 2 / 1634 (4:34pm)					
Process to evaluate in chart audit	**Instructions: Mark an X in the box where the response would be "no."** (X = Opportunity. A process failure may have occurred.)					
1. Was the patient screened for falls accurately and recently?	X Not re-evaluated after post-op meds admin					
2. Were the following risk factors addressed with a plan or intervention? See below	**Individualized Care Planning Processes**					
a. If applicable, was confusion, disorientation, impulsiveness addressed?						
b. Was an IV, indwelling urinary catheter or another "tether" that would limit mobility ABSENT?	X (SCD, IV)					
c. If applicable, was impaired urinary elimination plan addressed?						
d. If applicable, was impaired balance, gait or mobility problem addressed?						
e. If applicable, was risk for injury addressed - Age > 85, Bone Disease, Coagulation, surgery? (Examples: floor mats, toileting supervision)						
3. Factors contributing to the Fall	**Factors that may have contributed to the fall and delirium**					
a. Patient had not received medications that could contribute to delirium? Sedatives, hypnotics, benzos, anticholinergics. (See Tab 3.)	X - valium given 1 hr prior to fall					
b. Patient did not have uninterrupted sleep?	X - V.S. taken at 12a and 4a					

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PI DISCOVERY TOOL

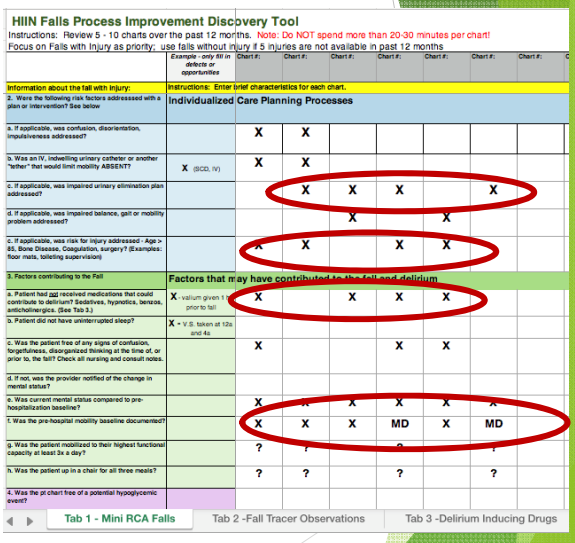
STEP 1

Tab 1 - Chart audits on falls with injuries to identify gaps or opportunities.

5-10 charts

Opportunities to the right:

1. Elimination / toileting
2. Injury Risk
3. Medications
4. Mobility



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- **STEP 2**
- **Tab 2 – Tracer Activity**
- **3-5 Observations**
  1. Bedside handoff
  2. Post fall huddle
  3. Bedside observations
  4. Unit observations

Tracer Observations are due 12/13

Falls Process Improvement Discovery Tool:
Elements to be observed 3-5 times. Different staff, time of day, day of week

Instructions: Mark an X in the box where a process failure occurred. You may check more than one box per

	Observation #:	Observation #:	Observation #:	Observation #:
Process Observations				
Observe a Post fall huddle:				
Do staff engage the patient in determining "what was different this time?"				
Do staff determine cause and establish a plan?				
Observe bedside handoff:				
Do staff engage the patient in their safe mobility plan for the day?				
Do staff validate the patient understands fall and injury risks, consequences of a fall and the safe mobility plan by using teach-back?				
Toileting and call lights:				
Ask staff the practice used for patient supervison in the toilet				
Observe call light responsiveness. Is "no pass zone" honored? Do staff walk past a call light? If so, this is a process failure.				
Bedside Observations				
Call light, phone, glasses within reach				
If the patient uses a hearing aid or wears glasses, are they in place?				
During wakeful time, are shades up?				
Is the patient involved in a mentally stimulating activity?				
If not confused, can the patient teach back their fall risk factors, what could happen if they fall and how to prevent an injury? If a family member is present for a confused patient, ask the family.				

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You never know what you're going to get

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Smart Goals

- Specific
- Measurable
- Attainable
- Relevant / Realistic
- Time Framed

We will reduce injuries from falls from 3 a month to 2 or less a month on 3N by Feb 28, 2019.

Not So Smart Goals

- We will eliminate all preventable falls
- Will will achieve zero harm from falls
- We will reduce the fall rate from .06 to .03 / 1000 pt days
- We will show a reduction in our fall rate by 1/31/2019

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Developing an Aim Statement

- Essential components of an aim statement:
  - Population
  - Goal
  - Time Expectation
  - Where
- Outcome measure

We will reduce our total monthly med surg falls with injury from the FY 2017 average of 6 per month to 3 per month on 6 West by March 31, 2018.

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Look Shallow or Deep?

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Developing Change Ideas

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
Your Aim Statement Here!	1	1a	
		1b	
	2	2a	
		2b	
	3	3a	
		3b	
		3c	
	4	4a	

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Developing Change Ideas

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
Reduce Injuries from Falls by 20% by end of Mar 31, 2018	Address Modifiable Risk Factors	Implement a screening tool that triggers assessment, interdisciplinary input to address risks	
		Avoid hypnotics/sedatives, anticholinergics	!!
		Screen for Injury Risk	
	Implement a safe mobility plan	Assess mobility upon admission	!!
		Staff access to mobility equip 24/7	
		Maintain a safe environment and path to toilet	!!
		Mobilize patient at their highest level three times a day from day 1	!!
		Communicate mobility plan to the team and the patient	
		Document and track mobility activities	!!
	Engage the patient and family	Provide structed fall education using teach back	
		Conduct bedside handoffs with the patient and address mobility	!!
		Conduct post fall huddles at the bedside with the patient	
	Protect the patient from injury	Provide optimal post fall care – special care for blood thinners	
		Provide appropriate level of supervision in toilet room for high injury risk patients	!!
		Implement floor mats for high injury risk patients	

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PREVENT HARM FROM FALLS	INTERDISCIPLINARY HOUSE-WIDE APPROACH	INTERDISCIPLINARY TEAM	Change Idea
		SAFE ENVIRONMENT	Change Idea
		TEAM APPROACH	Change Idea
	LEARNING LOOP	BIG DATA	Change Idea
		POST FALL HUDDLES	Change Idea
	IDENTIFY HIGH RISK, VULNERABLE POPULATIONS	SCREEN FOR HISTORY OF FALLS, OR FALLS AS REASON FOR ADMIT	Change Idea
		CONSIDER ELDERS HIGH RISK	Change Idea
		SCREEN FOR RISK FOR INJURY USING THE ABCS	Change Idea
	ASSESS AND IMPLEMENT MULTIFACTORAL PLAN	MULTIFACTORIAL ASESSMENTS – COGNITIVE, MOBILITY, URINARY CONTINENCE, FRACTURE RISK	Change Idea
	PREVENT DELIRIUM AND FUNCTIONAL DECLINE	PROGRESSIVE MOBILITY	Change Idea
		AVOID HYPNOTICS/SEDATIVES	Change Idea
	PROVIDE OPTIMAL POST-FALL CARE	INJURY ASSESSMENT PRIOR TO MOBILIZATION FOR UNWITNESSED FALLS	Change Idea
		SPECIAL PROCEDURES FOR PATIENTS ON BLOOD THINNERS	Change Idea
	PROVIDE APPROPRIATE LEVEL OF SURVEILLANCE/ OBSERVATION	INTENTIONAL ROUNDING HOURLY OR EVERY TWO HOURS	Change Idea
		ARMS LENGTH IN THE BATHROOM FOR VULNERABLE PATIENTS	Change Idea
		1:1 OR VIDEO SURVEILLANCE	Change Idea
	ENGAGE PATIENTS AND FAMILIES	AT THE BEDSIDE – HUDDLE	Change Idea
		ORGANIZATIONAL DESIGN	Change Idea

2018 Falls Change Package

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Top 10 Checklist

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Choosing a Test of Change

Implement mobility plans

- RN Assessment of mobility on admission
- MD orders for activity
- Up in Chair for meals
- Interdisciplinary mobility rounds
- Family training as mobility partners
- Sitters ambulate patients
- Gait belts in pt rooms

Include patients, families and caregivers

- Provide structured education apart from admission orientation
- Educate using teach-back
- Encourage family members to stay with high-risk, vulnerable patients
- Use whiteboard to document mobility
- Signed safety agreement for patient and nurse to sign

Tailored Care

- Test the Fall TIPS tool

Review medications-

- Remove culprit medications from order sets ie ambien – just do it
- Target high-risk population for pharmacist med review
- Target a drug class to evaluate ie benzos, sleeping aids

Conduct post-fall huddles

- Conduct immediately at bedside with patient & family
- Engage leadership in responding to fall and leading the huddle
- Include a pharmacist & rehab staff member in the post-fall huddle or case review

Communicate risk across the team

- Early shift huddle to discuss patients that staff are concerned about.
- Charge nurse or manager rounding on high risk patients

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Selecting Change Ideas

Idea	Can be accomplished in 90 days?	There is WILL to fix this problem?	Is within our control?	Is a sponsor for this work?	Total
Idea 1	2	4	3	4	13
Idea 2	5	4	4	5	18
Idea 3	4	2	1	3	10

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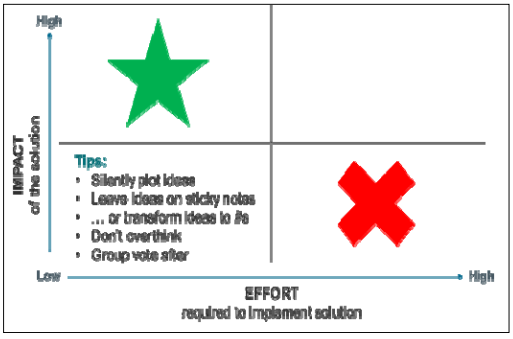
Selecting Change Ideas



Select the Highest Impact / Lowest Effort Idea

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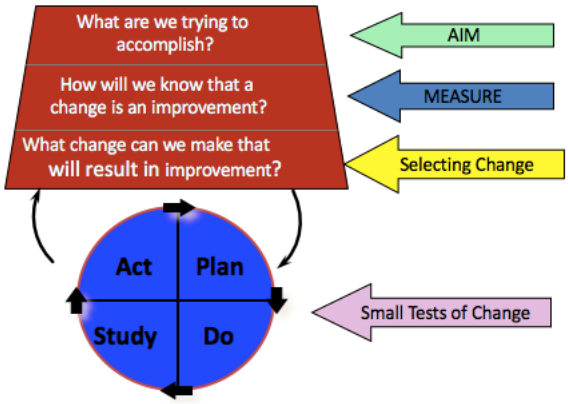
Small Tests of Change
Rapid Cycle PDSA



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Go Slow to Go Fast

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Thinking Small

How can we target a small patient population

- **Patients or residents**
  - At risk for injury
  - Pts 65 or greater with > 5 medication
  - Pts 85 or older
  - Those who have fallen or admitted for fall
- **Other examples: Drug class**
  - Benzo's and sleep aids?
  - Antidepressants or Antipsychotics?

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Next Steps
Write your aim statement
Finish chart audits using process discovery tool
Conduct tracer observations:
Post fall huddle
Bedside handoff
Bedside rounds for hazards and delirium prevention
Unit call light observation
Identify ONE SMALL test of change
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Resources
Tools to Test:
HRET HIIN Falls Discovery Tool
Progressive Mobility Tools
Banner Mobility Assessment Tool for Nurses (BMAT) video and Tool
Timed Get up and Go Test
Get Up and Go Test
Project HELP Mobility Change Package – multiple tools included
Med Surg Mobility Protocol
ICU Mobility Protocol
KHC HIIN Falls Sprint
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Resources – future topics

Tools to Test:

- Patient Family Engagement Focused Tools
  - Teach Back Tool for Fall Prevention
  - Fall Tips for Patient and Families Handout
- Post-fall huddle
  - CAPTURE Falls mobility training videos, mobility tools – includes Post Fall Huddle training videos and documentation tools

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Register in advance for our four upcoming Sprint Events

All virtual Sprint events are from 10 to 11 a.m. CT

December 13, 2018
https://khconline.adobeconnect.com/falls-sprint3-12-13-2018/event/registration.html

January 24, 2019
https://khconline.adobeconnect.com/falls-sprint4-01-24-2019/event/registration.html

February 28, 2019
https://khconline.adobeconnect.com/falls-sprint5-02-28-2019/event/registration.html

March 21, 2019
https://khconline.adobeconnect.com/falls-sprint6-03-21-2019/event/registration.html

Resources

Collaborative Tools:

- Monthly Virtual Learning Sessions
- List-serv
- Subject Matter Expert – Coach Jackie

Jackie Conrad, BSN, MBA
Improvement Advisor
Cynosure Health, Inc.
jconrad@cynosurehealth.org

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Your HIIN Contacts

Michele Clark
Program Director
x1321
mclark@khconline.org

Eric Cook-Wiens
Data and Measurement Director
x1324
ecook-wiens@khconline.org

Chuck Duffield
Performance Improvement Manager
x1327
cduffield@khconline.org

Kansas Healthcare COLLABORATIVE

Contact us anytime:
(785) 235-0763

Connect with us on:

KHCqi

@KHCqi

KHCqi

For more information:
→ **KHConline.org**