KHC HIIN Falls Sprint

A targeted focus among Kansas hospitals on preventing Falls with Injury

October 2018 – March 2019

Welcome to the KHC HIIN Falls Sprint

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

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Timeline

October 1 – 31	Enrollment
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!

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KHC HIIN Falls Sprint

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
  (Brief feedback via SurveyMonkey and/or KHC check-in calls
- Share a summary of your experience and learnings
  (Completion of brief summary template)

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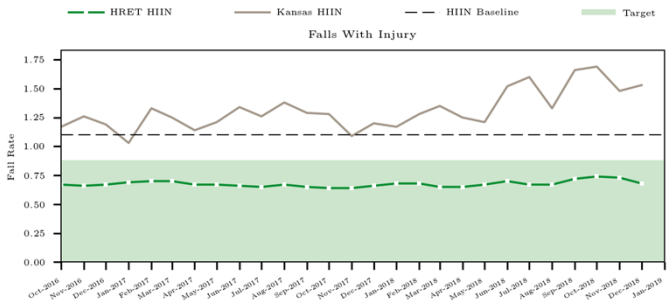
KHC HIIN Falls Sprint

Preliminary data 2/25/2019

KHC HIIN Falls with Injury



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Summary Template

Hospital Improvement Innovation Network | Kansas Healthcare Collaborative

Falls Prevention Sprint

Hospital Name

Falls with Injury Progress Report as of (date)

Aim Statement

To increase hand hygiene adherence to (how much, by when, and how)

Why is this project important?

Add narrative here

Falls with Injury Data

Lessons Learned

- Bullet 1
- Bullet 2

Next Steps

- Bullet 1
- Bullet 2

Team Members

- Team Leader name, title
- Team Member, title
- Team Member, title
- Team Member, title

Changes Being Tested, Implemented or Spread

- Add a bullet for each change currently in process. Indicate at the beginning or end whether the change is being Tested (T), Implemented (I) or Spread (S).
- Change
- Change

Add team photo (optional)

Adapted from the Institute for Healthcare Improvement, 2012

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Learnings and Observations

- Observations
  - Bedside handoff
  - Call lights
  - Bedside tripping hazards
  - Bedside delirium prevention
  - Post Fall Huddle
- Surprises?

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Hospital PDSA Cycles

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Additional Strategies

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Looping back to delirium and mobility

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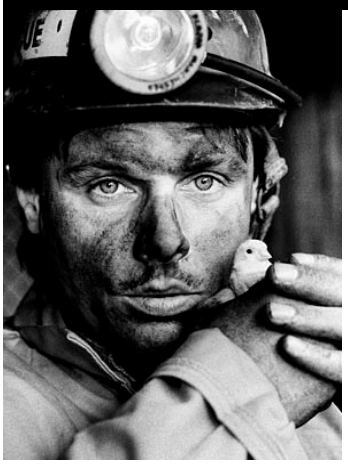
Delirium: *The Canary in the Coal Mine*



- Under-recognized form of organ dysfunction
- Up to 80% of all ICU pts
- Up to 25% of all hospitalized pts
- Up to 40% of elderly hospitalized pts
- Longer delirium = Greater impairment

P. Panderharipande, et al NEJM, 369;14 Oct 2013

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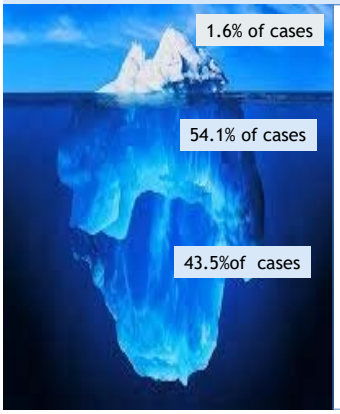
Types of Delirium



- Hyperactive
  - often called ICU Psychosis
- Mixed
  - fluctuation between hypo and hyper
- Hypoactive
  - also called quiet delirium

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Why focus on delirium?

- "Elderly patients, **and in particular the very old and the frail elderly,** are at high risk of functional decline and iatrogenic complications during hospitalization."
- **Screening for geriatric syndromes such as delirium**, assessing functional status and maintaining mobility, and implementation of interventions that have been shown to prevent delirium, accidental falls, and acute functional decline in the hospital.

Ten Ways to Improve the Care of Elderly Patients in the Hospital. Angelena Maria Labella et al. Journal of Hospital Medicine. 2011; 6: 351-357

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We can do better

- Delirium is one of the most common illnesses older patients can develop.
- Clinicians miss delirium at a reported rate of 32% to 66%.
- What can we do?
  - Awareness and Screening
  - Differentiating delirium from dementia by knowing pre-illness baseline
  - Identifying and treating the underlying causes of the delirium

The Evaluation and Management of Delirium Among Older Persons. Joseph H. Flaherty. Medical Clinics North America. 95 (2011) 555-577

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Non-pharmacological Delirium Interventions

- Meta-analysis of 14 studies showed a 62% reduction in falls when multicomponent non-pharmacological delirium interventions were in place.
- Most interventions were centered around:
  - **Early mobilization (OOB for meals and ambulation);**
  - Vision and hearing interventions;
  - Orientation protocol (such as white boards);
  - Therapeutic activities (mentally stimulating ≠ entertainment!);
  - Sleep enhancement protocol (in place when delirium order sets are activated).

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Sample delirium prevention activities

- Lights on
- Shades up
- Aids in – glasses, hearing aid
- **Walk three times a day**
- Stimulating activities
- AM:
  - Teeth brushed
  - Face washed
  - Up for breakfast
- Evening
  - Teeth brushed
  - Face washed

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Stimulating activities

- Music
  - Reminiscence bulge - mid teens to early twenties
  - Supports reality orientation, sustained attention, redirects agitated behavior, stabilizes mood
  - Decreasing Delrium through Music in ICU
  - Playback.fm
- Who I am – getting to know your patient's preferences, hobbies
- Family visitation – during meals, 3-5 hours a day

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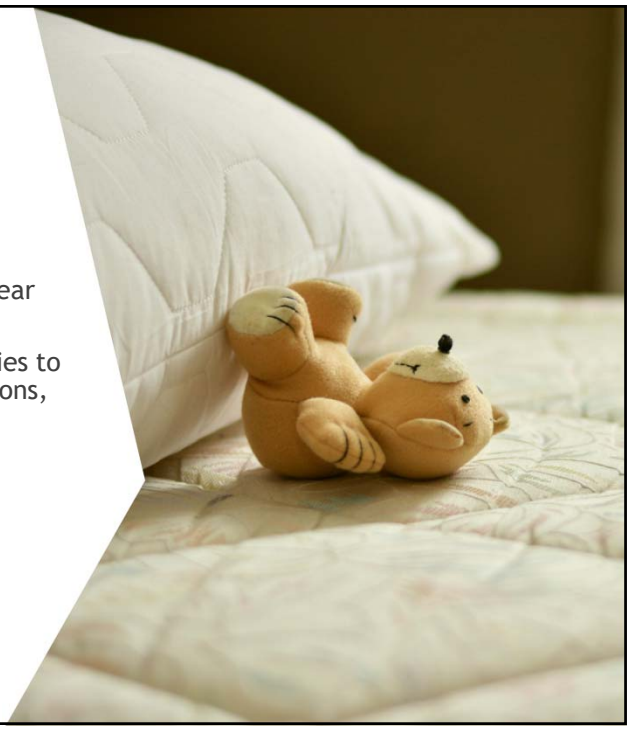
Sleep Promotion

- Decrease light
- Decrease noise
- Offer eye shades / ear plugs
- Cluster care activities to minimize interruptions, use pen light
- Determine patient preferences
  - Music
  - Fan
  - Warm blanket
  - TV on/off



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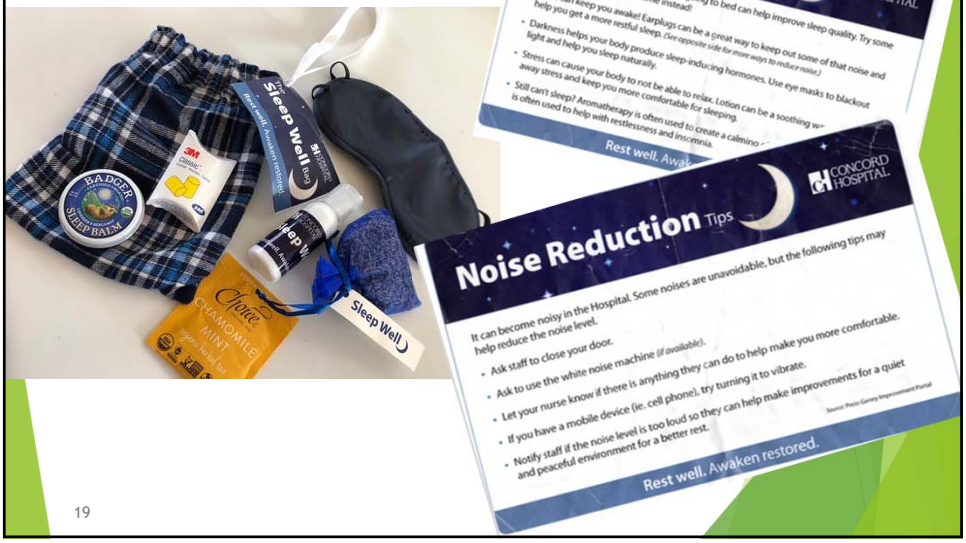
Peer Shared Resource – Concord Hospital NH



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Mobilizers

- Repurpose current roles
  - Replace sitters with a mobility aide
  - Train sitters to ambulate patients
  - Create mobility tech role – reallocate transporters, safe patient handling coaches, nursing assistants

Memorial Hospital, FL
Mobility / SPH Team

Franciscan Michigan City, IN
Mobility Techs

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Progressive mobility can reduce patient harm, employee injuries and LOS

Case Study: Franciscan Michigan City, IN

- 3 mobility trained nursing assistants
  - 70% reduction in HAPI
  - 40% reduction in worker back injuries
  - 45% reduction in RN turnover
  - 43% reduction in readmission
  - 39% reduction in d/c to SNF

Case Study: John Hopkins MICU

- ICU rehab program
  - 10% reduction in mortality
  - 30% (2.1 day) reduction in MICU LOS
  - 18% (3.1 day) reduction in hospital LOS

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Moving to Mobility: Ideas for Change

- Start with one patient, one nurse, one tech
  - Morning routine – up in chair to bathroom to wash face, brush teeth
  - Up in chair for meals
  - Mentally stimulating activities – try playback.fm for music from the patients reminiscence bulge: mid teens to early 20s
  - Walk three times a day
  - Family engagement
  - Bedtime routine
  - Sleep enhancement

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Other small steps

- Up for meals in chair for meals
- Rehab and Nursing discuss patients mobility plans for the day
- Include mobility in bedside handoff
- Mobility on white board
- Specific mobility orders by provider

- Target by:
  - Age
  - Diagnosis
  - Delirium positive or confused

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Remember, Go Slow to Go Fast

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Falls Prevention Sprint

Hospital Name

Progress Report as of (date)

Aim Statement

Box 3
(complete by Jan. 15)

Why is this focus important?

Box 4
(complete by Jan. 15)

Changes Being Tested

Box 5
(complete by Jan. 15, update monthly through March 15)

Falls with Injury Data

Box 2
(Add by Dec. 15, update regularly with chart from HIIN report)

Lessons Learned

Box 6
(start by Feb. 15, update monthly)

Next Steps

Box 7
(Start by Dec. 15, review and update monthly)

Team Members

Box 1
(complete by Dec. 15)

Add team photo (optional)

Adapted from the Institute for Healthcare Improvement, 2012
When completed, email to info@khconline.org

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Hospital Improvement Innovation Network | Kansas Healthcare Collaborative

Falls Prevention Sprint

Hospital Name

Progress Report as of (date)

Aim Statement

By when, what, for whom, how much
eg: By _____, reduce _____ for _____ by __%.

Why is this focus important?

Among adults aged 65+, falls are the leading cause of injury-related death and the most common cause of non-fatal injuries. A patient fall in the hospital can increase the length of stay, increase health care utilization, increase costs and result in poorer health outcomes.

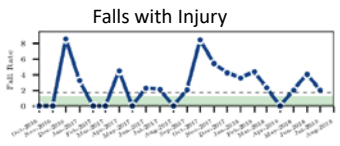
Preventing falls with injury is a priority for this hospital. The Falls Prevention Sprint will provide tools and monthly PDSA intervention testing with report-backs to the group.

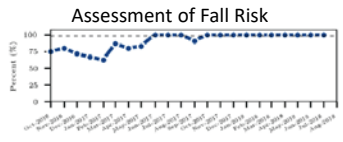
Changes Being Tested

Add a bullet for each change currently being tested (T), Implemented (I), or Spread(S).

- Change (X)
- Change (X)

Falls with Injury Data





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Add team photo (optional)

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Falls Prevention Sprint

Lawrence Memorial Hospital

Falls Sprint Progress Report as of 2/25/19

Aim Statement

By May 1, 2019, 2nd Medical will improve patient experience and reduce falls related to toileting needs by 25% through implementation of consistent purposeful hourly rounds, utilizing a standard script.

Why is this project important?

Patients depend on us to ensure their safety and prevention from harm while they are under our care. Rounding every hour for a purpose, or more frequently, ensures the above is true and that we care!

2N Fall Rates, 6 Month Overview

Changes Being Tested, Implemented or Spread

- Completing hospital wide rounding with administration: Fall team reps, CNO, Physical Therapy, Risk Management, Operational Excellence, Clinical excellence and Value. We go up to site of fall and then look at environment and speak with patient on what was different this time, where could we improve (T) 1/25/19- implemented now
- Discuss Falls at admin safety huddle every am and what the staff learned from the fall and how we could prevent in future (T) 1/25/19- implemented now
- Weekly huddles on Friday to discuss every fall that week and then the small group makes recommendations to share organization wide (T) 1/25/19
- Purposeful Rounding scripting/ implementation (I) 3/1/19

Team Members

- 2nd medical staff
- Jacki Aldrich Manager/Fall team chair
- Carol Gaumer
- Shannon Roberts- Clinical Excellence and Value

Lessons Learned

- Senior Leadership is key to Success: it was very impactful to staff when CNO, Directors of other units, other Dept staff came up and talked to staff/patients that had fallen the previous day.
- Staff engagement is another key stake holder!! If you have staff champions it is easier to accomplish goals. Let them be apart of the decision making.
- Discussing lessons learned from falls at am safety huddle brings forward important lessons learned for every dept., clinic, unit to take back to their staff.

Next Steps

- Look at Patient satisfaction scores post rounding implementation and falls related to toileting after 2 months, then roll out to other units if successful!
- Monitor data on how many call lights go off prior to purposeful rounding implementation and then at the 2 month mark. See if decrease!
- Come up with way to monitor purposeful rounding completion
- Continue weekly meetings, post-fall huddles with admin/leaders and discussion of falls at safety huddle until our fall rate is lowered and meeting goal rate
- Implement the use of BMAT/TUG test during admission process

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Adapted from the Institute for Healthcare Improvement, 2012

Next Steps

- Register for March 21 today! Register here
- Conduct PDSA #3
- Submit your Falls Sprint summary to Michele by March 12/
- Present your experiences and learnings in final Falls Sprint session on March 21

Resources Shared Throughout the Sprint

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Fresh Ideas: Falls: What to STOP doing to START improving

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Falls STOP to START

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

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Resources

Tools to Test:

- Patient Family Engagement Focused Tools
- Teach Back Tool for Fall Prevention
- Fall Tips for Patient and Families Handout
- Patient Fall Questionairre
- ICU Delirium PFE Page
- Who I am – patient preferences, routines
- Register to receive the Fall TIPS tool
- Cox Patient Agreement

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Resources

Tools to Test

- Post-fall huddle
  - CAPTURE Falls mobility training videos, mobility tools – includes Post Fall Huddle training videos and documentation tools
- Anticoagulant risk for injury
  - Safe From Falls Roadmap – Anticogualtion

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Resources

Collaborative Tools:

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

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Improvement Advisor
Cynosure Health, Inc.
jconrad@cynosurehealth.org

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KHC HIIN Falls Sprint

Kansas Healthcare COLLABORATIVE

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