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

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 21	**Wrap up and celebration!**

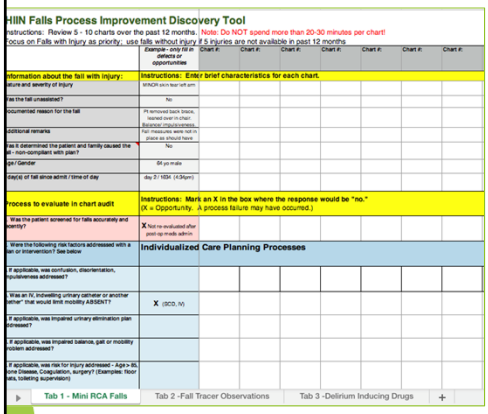
KHC HIIN Falls Sprint

Polling Question #1

This Falls Sprint took place over 6 months. What is your satisfaction with the length?

1. Too long
2. Too short
3. Just Right

Falls PI Discovery Tool

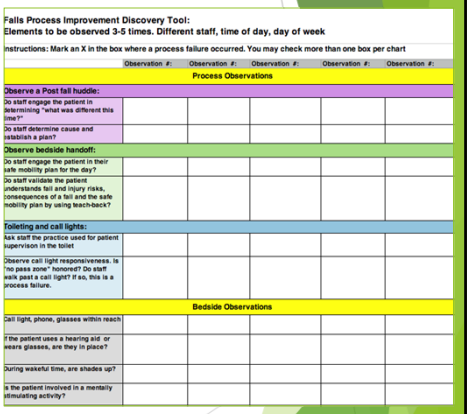

HIIN Falls Process Improvement Discovery Tool

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 #:	Chart #:	Chart #:
Information about the fall with injury:	Instructions: Enter brief characteristics for each chart.							
Nature and severity of injury	WNOH skin tear left arm							
Was the fall unassisted?	No							
Documented reason for the fall	PI removed back brace, leaned over in chair							
Additional remarks	Pull mats/clip were not in place as should have							
Was it determined the patient and family caused the fall - non-compliant with plan?	No							
Age/ Gender	66 yo male							
Day(s) of fall since admit / time of day	day 2 / 1834 (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.)							
Was the patient screened for falls accurately and recently?	X Not re-evaluated after post-op meds admin							
Were the following risk factors addressed with a plan or intervention? See below	Individualized Care Planning Processes							
If applicable, was confusion, disorientation, impulsiveness addressed?								
Was an IV, indwelling urinary catheter or another "tether" that would limit mobility ABSENT?	X (SCD, IV)							
If applicable, was impaired urinary elimination plan addressed?								
If applicable, was impaired balance, gait or mobility problem addressed?								
If applicable, was risk for injury addressed - Age > 65, some Disease, Coagulation, surgery? (Examples: floor beds, toileting supervision)								

Tab 1 - Mini RCA Falls | Tab 2 -Fall Tracer Observations | Tab 3 -Delirium Inducing Drugs


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 chart

	Observation #:	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?					

Polling Question #2

Would you recommend the Falls Process Improvement Discovery Tool to your Colleagues?

1. Yes, it was useful as it is
2. Yes, if it was revised
3. No, It was not useful
4. No, it was too time consuming

Chat in your recommendations for change

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)

KHC HIIN Falls Sprint

Another Measure of Success… Sustainability

What makes a change sustainable?




Sustainability and Spread

- Crucial to innovation and transformation efforts
- Plan early for spread and sustainability
  - "We have learned that planning for sustainability is inseparable from the process of designing, testing, and implementing a solution." - Tami Minnier, Chief Quality Officer (UPMC)
- Communication plan is essential
- Lead through influence

Minnier, TE. (2014) How to Build Sustainability into the Innovation Process.
https://innovations.ahrq.gov/perspectives/how-build-sustainability-innovation-process

Sustainability: Holding the Gains

STAFF	ORGANIZATION	PROCESS
Engagement	Infrastructure	Adaptability
Education	Culture	Measurement
Leadership		Value

Adapted from: Minnier, T. How to Build Sustainability into the Innovation Process. https://innovations.ahrq.gov/perspectives/how-build-sustainability-innovation-process

Let's Hear from our Hospitals!

Coffee County
Osborne County
Greenwood County
Clara Barton

Hospital Improvement Innovation Network | KHC Kansas Healthcare | HRET

Falls Prevention Sprint

Coffey County Hospital

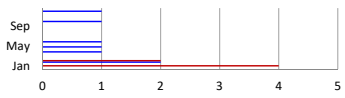
Falls Sprint Progress Report as of March 21th 2019

Aim Statement

We will aim to reduce our hospital fall rate by 15% from current baseline by December 2019.

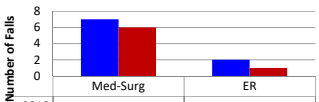
Upon initially starting this project we were fairly proud of our low fall rate, but thought this would be a great project to further reduce falls and helps us to navigate and learn the PDSA cycle. Around mid February, our mind set was changed. We saw a sudden and drastic increase in our fall rate. We almost had as many falls in quarter one of 2019 as what we had in all of 2018. This Fall Sprint became a priority for us and unfortunately our Aim statement was not longer attainable. While we were still learning how to navigate a PDSA cycle like we had originally hoped, we started to really dive into the root cause analysis of falls and changed our way of thinking to a proactive fall PREVENTION rather than a reactive approach after a fall occurred.

Medical-Surgical Fall Rates



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	4	2										
2018	0	2	0	1	1	1	0	0	0	1	0	1

Fall Totals (2018 vs Year to Date)



	Med-Surg	ER
2018	7	2
2019	6	1

Lessons Learned

- Our staff was focused on fall reactions and what to implement post fall, rather than taking a pro-active approach to fall prevention.
- Chair alarms, bed alarms, etc will not prevent a fall, it will simply alert you to one.
- Communication and fall analysis is key to prevention of further falls after one had occurred.

Next Steps

- Continue post fall analysis
- Provide additional Root Cause Analysis training to staff
- Promote the UP Campaign
- Create a new Aim statement and continue moving forward!

Team Members

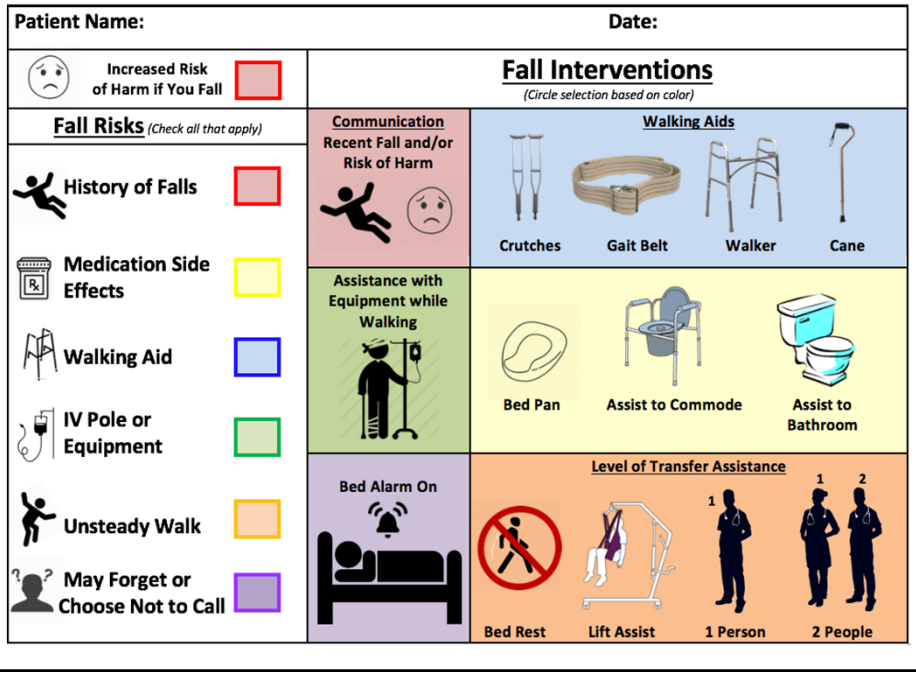
- Stacy Augustyn, Chief Quality and Compliance Officer
- Donneta Karmann, QA Assistant
- Melissa Hall, CNO
- Michelle McVey, OB and Med-Surg Supervisor
- Vernon Peters, ER Supervisor

Changes Being Tested, Implemented or Spread

- Updated Fall Risk Assessment on Admission (I)
- Fall Risk notifications: sign on door and bracelets (I)
- Staff training on fall prevention and root cause analysis
- Post fall evaluations and analysis (I)
- Supplemental Fall/mobility aid indicator at bedside(I)

CHS

Adapted from the Institute for Healthcare Improvement, 2012



Chat Question – Share your Pearls

- If you were to join a Falls Sprint again, what would you do differently at your hospital?

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Falls Prevention Sprint

Osborne County Memorial Hospital

Progress Report as March 15, 2019

Aim Statement

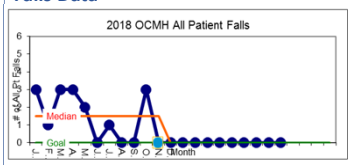
OCMH will reduce our total yearly falls with or without injury on the nursing floor by 30% from the fiscal year 2018, from 10 per year to 7 per year in fiscal year 2019.

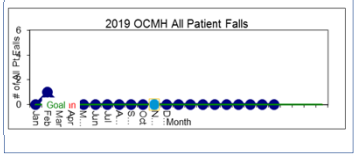
Why is this focus important?

In 2018 we had 11 falls on the nursing floor. Falls can have serious consequences and are a major patient safety concern. OCMH would like to initiate fall prevention strategies to reduce or prevent patient harm and to keep fall and injury rates as low as possible. Treating falls can be very costly for patient and health care facility.

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

Falls Data





Changes Being Tested

- Post Fall Huddles initiated by team within 15 minutes of patient fall event with patient and/or family present.
- More timely in doing fall risk assessments as changed this process from every 24 hours to every 12 hours
- More intentional frequent rounding

Lessons Learned

- Leadership and staff engagement and empowerment crucial
- Engagement of patient and family invaluable towards more positive outcomes
- Earlier identification of clinical changes in patient status beneficial

Next Steps

- Providing fall information in patient admission packets
- Will begin posting how long since last patient falls occurred
- Continue with Post Fall Huddles and Fall Risk Assessments every 12 hours
- Work on utilizing gait belts for patient safety

Team Members

- Kristen Hadley, Quality
- Cindy Hyde, RN, Risk Mgmt, Infect Prevention, Corp Compliance
- Monica Mullender, RN, DON
- Lori Rothenberger, RN, ADON, Surgery
- Aaron Geist, PT, DPT, Cert DN

OCMH Our Specialty is You

Adapted from the Institute for Healthcare Improvement, 2012

Chat Question – Share your Change

- What have you changed at your hospital as a result of being involved in the Kansas State Falls Sprint?

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Falls Prevention Sprint

Greenwood County Hospital

Progress Report as of 03-18-2019

Aim Statement

To decrease falls with injury from rate of 2.2 to 1.8 per 1,000 pt days by June 1, 2019

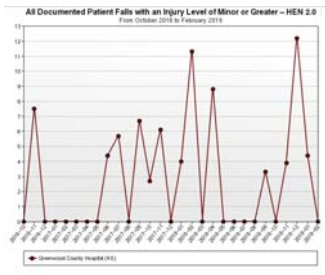
Why is this focus important?

Falls are the leading cause of injury-related death and the most common cause of non-fatal injuries in patients 65 +. GWCH has had an increased rate of patient falls with injury over the last 12 months.

Changes Being Tested

Post fall huddles were restructured to be done immediately post fall with involvement from charge nurse and nursing staff. Data obtained from these huddles will be used to focus areas needed for intervention.

Falls with Injury Data



Lessons Learned

- Alarms in use were not always working correctly
- There was correlation with falls and toileting

Next Steps

- Alligator clips on pull tab alarms were replaced with safety pins. Seat belt alarms utilized. Staff education on alarm usage.
- Re-enforce importance of purposeful hourly rounding. Implement no pass zone.

Team Members

Left to right:
Kiley Boyer, PT
Ashley Boles, RN
Melissa Jones, RN
Mary Simon, RN
(not shown) Nurse champion
Jessica Indermuehle, RN

Adapted from the Institute for Healthcare Improvement, 2012

Chat Question - Share Your Barrier

- What barrier are you facing in reducing injury from falls and immobility?

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Falls Prevention Sprint

Clara Barton Hospital

Progress Report as of March 19, 2019

Aim Statement

We will reduce our total number of Med/Surg falls from our 2018 average of 4 each quarter to 2 a quarter by March 31, 2019.

Why is this focus important?

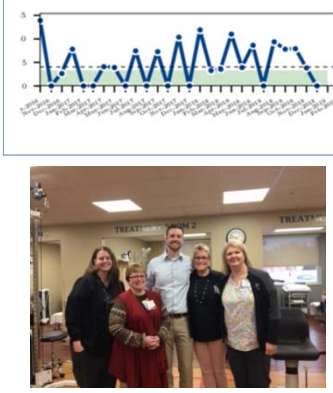
Preventing falls is important to us
Focus translates your thoughts into action
Verbalization emphasizes importance

Changes Being Tested

Fall Policy Review by all staff 1/19
Policy change Morse Fall score 1/19
Fall TIPS Form completed and posted at bedside
Post Fall Huddle Form 3/19
Education Morse Fall Scale 2/19
No Pass Zone- not yet implemented

Falls with Injury Data

January 2019- 1 fall fell from recliner alarm on
February 2019 2 falls- fall from chair (same pt)
Pt fall in BR (alarm turned off)



Lessons Learned

Meaningful gains must include the patient and family and constant focus!

Next Steps

Fall TIPS form implementation
Post Fall Huddle implementation
No Pass Zone implementation
KEEP THE FOCUS

Team Members

Jane Schepmann RN VP CNO
Paula Hofmeister RN ER Quality/Risk
Stacey Vincent RN Information/ Care Mgr
Kayla Reeves RN Care Mgr
John Cuffe OTL, Dir Therapy Services

Adapted from the Institute for Healthcare Improvement, 2012

Remember, Go Slow to Go Fast

Plan for Sustainability

Polling Question #3

Which Fall Risk Assessment do you use?

1. Morse
2. Conley
3. Hendrich
4. Hester Davis
5. Schmid
6. Stratify
7. Hopkins
8. FRASS
9. Other
10. None

Chat Question

- Please chat in your satisfaction with the fall risk tool scale you are using

Resources Shared Throughout the Sprint

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

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 – Anticoagulation

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Resources

Collaborative Tools:

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

Jackie Conrad, BSN, MBA
Improvement Advisor
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KHC HIIN Falls Sprint

Kansas Healthcare COLLABORATIVE

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