Welcome to the KHC HIIN Falls Sprint

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1 – 31</td>
<td>Enrollment</td>
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<tr>
<td>October 24</td>
<td>Introduction and kick-off webinar: Introduction to Falls Discovery Tool, Creating a Culture of Mobility</td>
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<tr>
<td>November 30</td>
<td>Learnings from using Falls Discovery Tool, Develop AIM, Plan PDSA</td>
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<td>December 13</td>
<td>PDSA Learnings and intro to Teach-back</td>
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<tr>
<td>January 24</td>
<td>PDSA Learnings and intro to post-fall huddles</td>
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<tr>
<td>February 28</td>
<td>PDSA Learnings and next steps</td>
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<tr>
<td><strong>March 21</strong></td>
<td><strong>Wrap up and celebration!</strong></td>
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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

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)

Another Measure of Success...
Sustainability
What makes a change sustainable?

- 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

Sustainability: Holding the Gains

<table>
<thead>
<tr>
<th>STAFF</th>
<th>ORGANIZATION</th>
<th>PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement</td>
<td>Infrastructure</td>
<td>Adaptability</td>
</tr>
<tr>
<td>Education</td>
<td>Culture</td>
<td>Measurement</td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td>Value</td>
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Let’s Hear from our Hospitals!
Coffee County
Osborne County
Greenwood County
Clara Barton
**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 help us to navigate and learn the PDCA cycle.

Around mid February, our mindset 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 no longer attainable. While we were still learning how to navigate a PDCA 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.

**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)

**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

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**Medical-Surgical Fall Rates**

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Mar</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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**Fall Totals (2018 vs Year to Date)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Med Surg</th>
<th>ER</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>2019</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
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**Fall Interventions**

*Circle selection based on color*

- Communication
- Recent Fall and/or Risk of Harm
- Walking Aids
  - Crutches
  - Gait Belt
  - Walker
  - Cane
- Assistance with Equipment while Walking
  - Bed Pan
  - Assist to Commode
  - Assist to Bathroom
- Level of Transfer Assistance
  - Bed Rest
  - Lift Assist
  - 1 Person
  - 2 People

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**Patient Name:**

[Options for increased risk of harm]

<table>
<thead>
<tr>
<th>Fall Risks (Check all that apply)</th>
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<tbody>
<tr>
<td>History of Falls</td>
</tr>
<tr>
<td>Medication Side Effects</td>
</tr>
<tr>
<td>Walking Aid</td>
</tr>
<tr>
<td>IV Pole or Equipment</td>
</tr>
<tr>
<td>Unsteady Walk</td>
</tr>
<tr>
<td>May Forget or Choose Not to Call</td>
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**Date:**
Chat Question - Share your Pearls

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

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

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

**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?

Falls with Injury Data

January 2019: 1 fall; fall from recliner; alarm on
February 2019: 2 falls; fall from chair (same pt)
Pt fall in IR (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 Manager
Stacey Vincent RN Informatics/Care Mgr
Kayla Reeves RN Care Mgr
John Cuffe OTL, Dir Therapy Services

Changes Being Tested

Fall Policy Review by all staff UCH
Alerts turned over Fall circle UCH
Educational Falls for Fall circle UCH
Post Fall Huddle from UCH
No Pass Zone not yet implemented
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

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
Resources

Tools to Test:

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

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
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

 Kansas Healthcare Collaborative 15

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March 21, 2019

KHC HIIN Falls Prevention Sprint

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