KHC Hospital Improvement Innovation Network

March 28, 2018
10 to 11 a.m.

HIIN Goals:
By September 2018, hospitals in the KHC HIIN will achieve 20% reduction in all-cause harm and 12% reduction in readmissions.

Agenda

• Introductions and Announcements
• KHC HIIN Data Update
• **Post Fall Management:** Getting to Types of Falls, Repeat Falls, and Determining Preventability
• Upcoming Events
Special Guests

**Michele Clark**  
Program Director  
mclark@khconline.org

**Rob Rutherford**  
Senior Health Care Data Analyst  
rrutherford@khconline.org

KHC Staff

**Patricia Quigley**  
PhD, ARNP, CRRN, FAAN, FAANP  
Nurse Consultant

**Betsy Lee**  
MSPH, BSN, RN  
Cynosure Health

Patient and Family Engagement Metrics / Strategies

% Kansas HEN/HIIN Hospitals Responding “Yes”  
as of 03/19/2018

<table>
<thead>
<tr>
<th>PFE #1: Planning checklist prior to scheduled admission</th>
<th>PFE #2: Shift change huddles and bedside reporting</th>
<th>PFE #3: Dedicated person or functional area for PFE</th>
<th>PFE #4: PFAC or one or more patients who serve on QI committee/team</th>
<th>PFE #5: One or more patients who serve on governing or leadership board as patient representative</th>
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<tr>
<td>30</td>
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Regional workshops held March 15 in Topeka and March 16 in Great Bend

38 Kansas hospitals participating in Cohort 4

**TRACK 1**

- Allen County Hospital
- Ashland Health Center
- Atchison Hospital
- Clara Barton Hospital
- Ellinwood District Hospital
- Goodland Regional Medical Center
- Grisell Memorial Hospital
- Kearny County Hospital
- Kingman Community Hospital
- Rawlins County Health Center
- Sumner County Hospital District No. 1
- Western Plains Medical Complex
TRACK 2

Anderson County Hospital
Citizens Medical Center, Inc.
Comanche County Hospital
Edwards County Hospital and Healthcare Center
Ellsworth County Medical Center
Gove County Medical Center
Greenwood County Hospital
Hays Medical Center
Hiawatha Community Hospital
Holton Community Hospital
Hospital District No. 1 of Rice County
Hutchinson Regional Medical Center
Labette Health

Lawrence Memorial Hospital
Lindsborg Community Hospital
Logan County Hospital
Meade District Hospital/Artesian Valley Health System
Memorial Health System
Mercy Hospital Fort Scott
Neosho Memorial Regional Medical Center
Newton Medical Center
Pawnee Valley Community Hospital
Ransom Memorial Hospital
Rush County Memorial Hospital
South Central Kansas Medical Center
Trego Co. Lemke Memorial Hospital

Measures & Data Update

- Milestone 6
- Overall HIIN Progress
- Focus Areas/Sprint
KHC HIIN Data Report Updates

The final KHC HIIN data analytic report package for March will be emailed to each hospital today. It contains:
- Data submission monitoring report,
- Data analytic report, and
- side-by-side report showing overall progress by topic toward HIIN 20/12 goals

The HIIN Improvement Calculator is distributed quarterly to KHC HIIN primary and secondary contacts. Your hospital’s updated calculator was emailed to contacts yesterday (3/27).

Data Analytic Report Changes

- Addition of a 3-month progress summary in the detail slides.
- Addition of Harms Prevented and Harms to Go
Data Analytic Report Changes

*Special notes:* The summary table on page 3 of your Data Analytic Report continues to reflect progress for the overall project.

- The side-by-side comparative report reflects progress for the entire project, not most recent three months.

### Summary of Kansas HIIN Outcome Measures

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>December 31, 2017</th>
<th>March 31, 2018</th>
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<tr>
<td>HACs occurring in:</td>
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<td>June, 2018</td>
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<td>July 31, 2018</td>
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Current Progress (as of Mar. 19)

- Overall 10% Reduction in Harm!
- Saved 139 lives and $12,000,000!

Harms per 1,000 Discharges

Baseline: 111.1
Target: 100

Percent Improvement Year-to-Date

HRET HIIN Improvement Calculator v4.3 on 03/19/2018
KHC HIIN Focus Areas

KHC HIIN Currently...

- **Readmissions** *(Prevent 285/Mo.)*
- **Post-Op Sepsis** *(Prevent 4/Mo.)*
- **CDI** *(Prevent 14/Mo.)*
- **Falls w/Injury** *(Prevent 53/Mo.)*
Post-Op Sepsis (Prevent 2/Mo.)

Hospital Onset *C. difficile* (Prevent 16/Mo.)
Falls with Injury (Prevent 53/Mo.)

Post Fall Management: Getting to Types of Falls, Repeat Falls, and Determining Preventability

Pat Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP
Nurse Consultant
Retired Associate Director, VISN 8 Patient Safety Center
Retired Associate Chief for Nursing Service/Research

E-Mail: pquigley1@tampabay.rr.com
Objectives

- Examine post fall practices as key intervention to reduce repeat falls
- Differentiate:
  - Post Fall Huddles
  - Post Fall Management
  - Post Fall Documentation
  - Incident Report

Let’s Share!

- How do you know your fall prevention program is working?
- Can you affirm that patients who fall more than once are not falling for the same reason?
- How is your post fall program working?
- How do you measure success?
Post Fall Practices
- Post Fall Huddle
- Post Fall Assessment
- Patient/Resident/Family Education
- Staff Education

Huddles
How Many Huddles Are You Doing?
Safety Huddles

- **Pre-Shift Huddles**
- **Post Fall Huddles**
  Conducted with the patient/resident where the fall occurred within 15 minutes of the fall
- **Post Fall Analysis**
  - What was different this time?
  - When
  - How
  - Why
  - Prevention: Protective Action Steps to Redesign the Plan of Care

Accident Theory
Post Fall Huddle (PFH): Essential Components

- A brief staff gathering, interdisciplinary when possible, that immediately follows a fall event.
- Convenes within 15 minutes of the fall event
- Clinician(s) responsible for patient/resident during fall event leads the PFH
- Involves the patient/resident whenever possible in the environment where the patient/resident fell
- Requires Group Think to discovery what happened.
- Utilizes discovery to determine the root cause / immediate cause of the fall: why the patient/resident fell.
- Guiding question to ask: **What was different this time you were doing this activity, compared to all the other times you performed the same activity (and did not fail), but this time you fell?**

Steps to the Post Fall Huddle

1. TL makes announcement
2. Convene within 15 mins with the pt/resident in the environment where the patient/resident fell
3. Conduct Analysis: **Determine root cause of fall, injury and Type of Fall**
4. TL summarizes information gleaned from PFH and intervention(s) for prevention of repeat fall are decided by the huddle team.
5. TL completes of the Post-Fall Huddle Form and processes the form according to medical center policy and procedure.
6. Modifies the fall prevention plan of care to include interventions to prevent repeat fall
7. Communicate updated plan of care in patient/resident hand-off reports.
8. Complete EMR Post Fall Note
Determine Preventability

**Step 1:** Conduct the Post Fall Huddle.

**Step 2:** Determine the Immediate Cause of the Fall.

**Step 3:** Determine the Type of Fall.

**Step 4.** If Accidental and Anticipated Physiological Falls, determine Preventability:

*Could the care provider (direct care provider) have anticipated this event with the information available at the time?*

- If the Answer is **NO**, the fall is *Not preventable.*
- *If the answer is YES,* the provider must ask another question: Were appropriate precautions taken to prevent this event?

**Answer:**
- No, *Clearly or likely Preventable;*
- Yes, *Clearly or likely Unpreventable*

Post Fall Huddle Form

- Don’t Morph This Form to Be Something Else

Outcomes of Post Fall Huddles

- Specify Root Cause (proximal cause)
- Specify Type of Fall
- Identify actions to prevent reoccurrence
- Changed Planned of Care
- Patient / Resident (family) involved in learning about the fall occurrence
- Prevent Repeat Fall
- Reduce Repeat Fall Rate
Post Fall Huddle Resources

VA: Falls Toolkit
Post Fall Huddles
www.patientsafety.va.gov
AHRQ Falls Toolkit 2013

Tools
- Post Fall Huddle Process
- Decision Tree
- Post Fall Huddle Form
- Determine Preventability
- Case Study Exercises
Outcomes of Post Fall Huddles

- Specify Root Cause (proximal cause)
- Specify Root Cause of Injury
- Specify Type of Fall
- Identify actions to prevent reoccurrence
- Changed Planned of Care
- Patient/Resident (family) involved in learning about the fall occurrence
- Prevent Repeat Fall

Formative Measures

- Structures:
  - Who attends: Nursing and others – Count them
  - Changed Plan of Care: Add actions to your run-chart: Annotated run chart; Capture interventions

- Processes:
  - Timeliness of Post Fall Huddle (number of minutes)
  - Timeliness of changing plan of care
  - Time to implemented changed plan of care
Summative Outcome

- Prevent Repeat Fall: Same Root Cause and Same Type of Fall
- Reduce costs associated with falls and fall related injuries

Post Fall Assessment

Different than a Huddle!
Post Fall Assessment

- In-depth Data Gathering
- Circumstances of the Fall
- Patient/Resident Presentation
- Assessment of Patient/Resident Condition

Comprehensive Post-Fall Assessment

Includes:

- General information about the fall
- Subjective & objective falls documentation
- Patient/Resident Assessment – vital signs; visible signs of injury (type & pain scores); glucometer (if diabetic or facility policy); Glasgow Scale (if suspected brain injury) and Morse Falls scale
- Interventions based on Fall Risk Scale/ Morse falls scale
- Facility personnel and family notification
### Post-Fall Assessment: History: Review of Systems

- **Patient Symptoms to Elicit on History Linked to Risk Factors**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Fall Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual disturbance (double vision, blurry vision, loss of vision)</td>
<td>Visual impairment?</td>
</tr>
<tr>
<td>Dizziness/lightheadedness</td>
<td>Orthostatic hypotension?</td>
</tr>
<tr>
<td></td>
<td>Abnormal vital signs?</td>
</tr>
<tr>
<td>Leg weakness</td>
<td>Gait or balance instability?</td>
</tr>
<tr>
<td>Urinary urgency or frequency</td>
<td>Urinary incontinence?</td>
</tr>
<tr>
<td>Syncope/loss of consciousness</td>
<td>One or more chronic diseases</td>
</tr>
</tbody>
</table>

### Post Fall Note (EMR)

**GENERAL INFORMATION ON FALL**

- **Age:** 108
- **Gender:** Male
- **Date/Time of Fall:** [ ]
- **Has patient already fallen today?** [ ] Yes, [ ] No, [ ] Unknown

**Location of Fall:**

- [ ] Patient/Resident Room
- [ ] Patient/Resident Bathroom
- [ ] Shared Bathroom
- [ ] Hallway
- [ ] Patient/Resident Lounge
- [ ] A Non-Nursing Department

**Fall Witnessed:**

- [ ] No
- [ ] Yes

*If non-nursing department, can type in location of fall*

*Fall Witnessed - Yes or No (i.e. no other choices or drop-downs)*
If pt/resident assisted to minimize fall – these are answer options for ‘Yes’ selection; added PT, OT

Options if ‘Yes’ selected for pt/resident restrained at time of fall

Text boxes for pt/resident description of what occurred, as well as nursing description of pt/resident & environment at time of fall
Enter routine Vital Signs (VS) if unable to take orthostatic VS

Clicking on ‘orthostatic VS’ opens instructions and ability to document vitals
Orthostatic BP Reference/instructions

Glucometer Reading

Is patient/resident diabetic?
[If not diabetic but reading was taken, you may enter]

- No
- Yes

Glucometer Reading ?

Is Patient/Resident Hypoglycemic? (Blood glucose level equal to or below 70 mg/dl)

- No
- Yes
Visible Signs of Injury:
- No
- Yes (Select all that apply)
  - [ ] Swelling
  - [ ] Laceration(s):  
  - [ ] Abrasion(s):
  - [ ] Deformity(ies):
  - Other: 

New Pain:
- [ ] Unable to verbalize
- No
- [ ] Yes

Change in Range of Motion (ROM):  
- [ ] Unable to test due to pain
- No
- [ ] Yes

If yes to visible signs of injury, type of injury can be selected (e.g. deformity); selection prompts nurse to select location on pt/resident body.

Physical assessment – New Pain or Change in Range of Motion – If selection is ‘Unable to Verbalize’ or ‘No’, can go on to next question (includes list of locations, including other as comment with pain rating.
### New Pain

- Unable to verbalize
- No
- Yes

**Location:** (Select all that apply)

- Torso - Front
- Torso - Back
- Head
- Neck
- Shoulder - Right
- Shoulder - Left
- Arm - Right
- Arm - Left
- Elbow - Right
- Elbow - Left
- Hand - Right
- Hand - Left
- Knee - Right
- Knee - Left
- Hip - Right
- Hip - Left
- Waist - Right
- Waist - Left
- Foot - Right
- Foot - Left
- Other: __________

New Pain - if yes, can select location and pain rating for that location (1-10) scale.

### Change in ROM (ROM):

- Unable to test due to pain
- No
- Yes

- New decreased range of motion right upper extremity.
- New decreased range of motion left upper extremity.
- New decreased range of motion right lower extremity.
- New decreased range of motion left lower extremity.
- New decreased range of motion back.
- New decreased range of motion neck.

Change in ROM: if yes, select body area involved -

### Neuromuscular Assessment

Patient/Resident has a suspected or actual impact to the head.

- No
- Yes

If no suspected or actual head impact, select ‘no’ and move on.
If suspected or actual impact to head: ‘Yes’ selection opens Glasgow Coma scale and guidance.

Adding up the Eye, Verbal, and Motor scores correlates with mild, mod, or severe brain injury.

Scoring options for Best Eye Response:
- 1 = No eye opening
- 2 = Eye opening to pain
- 3 = Eye opening to verbal command
- 4 = Eye opens spontaneously

Scoring options for Best Verbal Response:
- 1 = No verbal response
- 2 = Inappropriate
- 3 = Oriented
- 4 = Disoriented to person
- 5 = Disoriented to place
- 6 = Disoriented to time

Scoring options for Best Motor Response:
- 1 = No motor response
- 2 = Motor response to pain
- 3 = Motor response to noxious stimulation
- 4 = Motor response to strong noxious stimulation

Total Score (Select the correct Glasgow Coma Scale Score):
- 13-15 (Correlates with mild brain injury)
- 9-12 (Correlates with moderate brain injury)
- 3 or less (Correlates with severe brain injury)
Scoring options for Best Verbal Response

- 1 = No verbal response
- 2 = Incomprehensible sounds
- 3 = Inappropriate words
- 4 = Confused
- 5 = Oriented
- 6 = Intubated

Best Motor Response

- 1 = No motor response
- 2 = Extension to pain
- 3 = Flexion to pain
- 4 = Withdrawal from pain
- 5 = Localizing pain
- 6 = Obey commands
The Preventive intervention selections

**Injury Prevention Interventions**

Select all that apply

- Weight adjustable bed (low position when resting in bed)
- Hip protectors
- Floor mat
- Helmet
- Patient education about anti-suffocation and fall occurrence

**NOTIFICATIONS**

Physician Notified:
- Name of physician notified:

Nursing Administrator/Nursing Supervisor Notified:
- Name of administrator/supervisor notified:

Family Notified:
- Family notified by nursing staff
- Name of family member/support person notified:

Emergency Room responsible for notification:
- No family members/support person listed

Unable to reach family
- Other

Nursing Staff Notified that the patient/resident had fallen and is at risk to fall again:
- Name of notification:

Other Corrective Actions Taken Post Fall:
Teaching: After a Fall

- Reframe patient/resident education curricula to include "what happens after a fall".
- What can we learn from this event?
- How can we work together to prevent this again?

Staff Education

- Universal Fall Prevention
- Individualized Fall Prevention
- Injury Reduction Strategies
- Root Cause Trends of Falls
- Interventions for Improvement
- Impact of Changes in Practices
You Can Always Reach Me!

- Patricia Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP, Nurse Consultant
- pquigley1@tampabay.rr.com

Fall A lot! Why?

- Jethro
- Mr. Goober
- Oreo
Resources & Upcoming Events

• Upcoming Events
• Wrap Up

Michele Clark
Program Director
Kansas Healthcare Collaborative
mclark@khconline.org
(785) 235-0763 x1321

May 15, 2018

Kansas Workshop:
Hospital Antimicrobial Stewardship

Four Points by Sheraton
Manhattan, KS

A team-based, program-building workshop

• Bring your hospital ASP team
• Travel scholarships are available
• Registration is now open!

https://www.khconline.org/events/event-descriptions/326-kansas-asp-workshop
Register Today
at www.khconline.org

10th Annual
Summit on Quality
May 4, 2018
Hyatt Regency - Wichita, KS

Keynote Presentations

Toward a More "Human Stewardship: The Sociology of Antimicrobial Prescribing"
Julia Szymczak, PhD, assistant professor, Department of Biostatistics, Epidemiology and Informatics, Division of Infectious Diseases, Perelman School of Medicine, University of Pennsylvania

Pathways to Population and Community Health
Somova Stout, MD, MS, vice president, Institute for Healthcare Improvement; executive lead, ‘100 Million Healthier Lives
Upcoming HIIN Webinars

HRET HIIN: QI Improvement Fellowship Foundational Track
March 28 ● 11:00 p.m. to 12:00 p.m.
Register here

HRET HIIN: QI Improvement Fellowship Accelerating Track
March 28 ● 12:30 to 1:30 p.m.
Register here

PfP Pacing Event: Reducing Harm at Critical Access Hospitals
March 29 ● 12:00 to 1:00 p.m.
Register here

HRET HIIN: Reducing Sepsis Readmissions Fishbowl #1
April 10 ● 12:00 p.m. to 1:00 p.m.
Register here

Mark Your Calendars!

KHC HIIN Webinars
April 25, 2018
May 23, 2018

Save the Date!
KHC HIIN Sepsis Champion Workshop
June 27 (tentative)
Location TBA
Questions?
Contact your KHC Team

Please provide feedback to this webinar
Let us know your next steps.

https://www.surveymonkey.com/r/KHC-HIIN-032818