

Falls Toolkit for Falls Prevention

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How Will We Know This Change Is An Improvement?



- We chose to focus on reducing the clinical variation across the health system as evidence by decrease in serious safety events.
- Organizational variation identified through hospital assessments:
 - Post fall huddle
 - Visual alerts and how they are managed
 - Communication of falls work/projects
 - Fall event reporting
 - Data sharing
 - Communication of fall opportunities
 - Equipment availability



- The primary aim of this quality improvement project was to reduce VH fall serious safety events by 10% by September 2021.



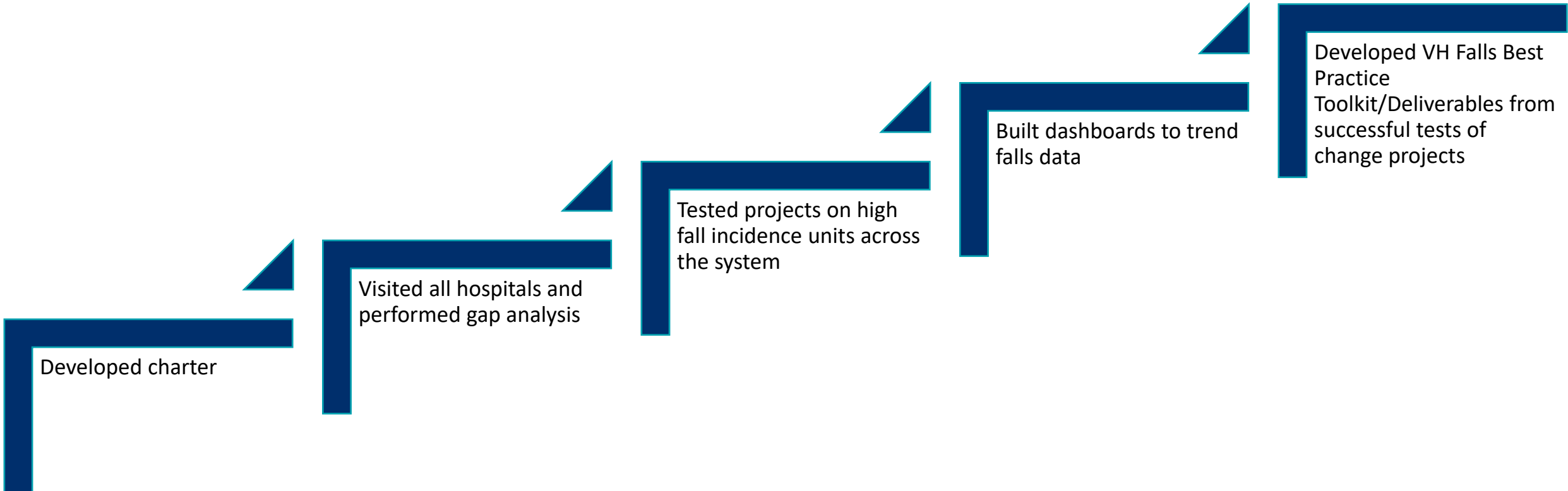
Baseline Falls Data



Fall Classification	FY 2019 Fall Events	FY 2020 Fall Events	Performance
All Falls (Fall events captured in our patient event reporting system, including near misses, falls with and without harm)	1082	*1225	↑
Falls with Harm (Falls that result in minimal, moderate, severe temporary or permanent harm, or death)	35	32	↓
Falls declared as serious safety events (Falls with deviation in care processes that resulted in moderate or severe temporary or permanent harm, or death)	12	8	↓

*Vidant North hospital added to Vidant Health System FY 2020

Improvement Strategies Employed



- System-wide Falls Toolkit endorsed by organizational leadership. Toolkit provided team members with 3 best practice guidelines (BPG) to advance the culture of safety and reduce clinical variation:
 - (BPG 1) Implement a strong visual management system to identify fall risk
 - (BPG 2) Communicate fall risk, utilize post fall huddles, and share lessons learned from fall events
 - (BPG 3) Implement fall risk level appropriate interventions





- Implement strong visual management alerts to identify fall risk that all team members and patients can recognize and understand interventions needed

BPG 2: Communicate Fall Risk



Post Fall Huddle Tool



i This tool guides critical thinking about a fall event with the goal of discovering the root cause of the fall to decrease the risk of a future fall.

Implement a post fall huddle with team members available as soon as possible after the fall and no later than end of shift of fall occurrence. Involve patient, if possible. Update Last Fall visual unit aid with lesson(s) learned from the fall event. Each entity will develop a process for review of post fall huddle tool.

Date: _____

Team members included in huddle: _____

Patient Information Patient Initials: _____ MRN/HAR: _____

Huddle Questions	Notes
Why did this patient fall? Ask 3 times to get to root cause to help identify lessons learned from fall. Consider medication, mobility, cognitive function, toileting, calling for assistance?	
Was patient at correct fall/injury risk level? Were the appropriate interventions in place?	
If patient was at correct fall risk level and interventions were appropriate what accounted for the fall?	
How could the same outcome be avoided the next time?	
What is the follow up plan?	

Task List Post Fall

- Assessment: VS, neuro, skin, pain, reassess fall risk
- Notification: Physician, family, supervisor, risk management (if applicable)
- Documentation: document in fall episode row in EHR, enter fall in Safety Intelligence (SI), update last fall visual unit aid with lesson(s) learned from the fall event
- Plan of Care: Revise patient care plan to prevent further falls

Leader's Signature: _____

Date: _____

Number of days since last fall:



Last fall date: _____



Lesson(s) learned:



➤ Utilize post fall huddles and share lessons learned from fall events

BPG 3: Fall Risk Interventions



Fall Prevention Intervention Guidelines by Risk Category



VIDANT HEALTH™

Higher interventions should be implemented based on clinical judgment as applicable for patient specific needs/setting.

Low Risk Interventions

All patients regardless of risk will be placed on universal fall risk precautions/low risk interventions

VISUAL CUE:



- Institute green visual alert outside of patient room for team members
- Ensure Call Before You Fall (CBYF) sign is visible to patient/family

COMMUNICATION

- Orient patient/family to surroundings
- Encourage patient/family to ask for assistance and refer to CBYF sign

MOBILITY/TOILETING

- Use properly fitting nonskid slippers
- Perform hourly rounding (ensure call bell and personal items in reach, address toileting needs)

ENVIRONMENT

- Keep floors clutter/obstacle free
- Ensure bed is connected to nurse call system if available
- Keep bed in lowest position/side rails up

Moderate Risk Interventions

Implement low risk + moderate interventions

VISUAL CUE:



- Institute yellow visual alert outside of patient room for team members
- Place fall risk clasp on armband

COMMUNICATION

- Communicate risk to others: at daily huddles, bedside shift report, during transport, and transfer
- Educate and communicate fall risk with patient/family

MOBILITY/TOILETING

- **Evaluate** need for activation of bed/chair alarm
- Assist during out of bed activity as needed
- Offer toileting assistance
- Use assistive devices and gait belt with ambulation as needed

High Risk Interventions

Implement low + moderate + high risk interventions

VISUAL CUE:



- Institute red visual alert outside of patient room for team members
- Place fall risk clasp on armband

MOBILITY/TOILETING

- Stay with patient while toileting
- Assist during out of bed activity including transport and ambulation

ENVIRONMENT

- Activate Bed Alarm and/or Chair Alarms if equipment available
- **Evaluate** need to moving patient to room with best visual access to nursing station
- **Evaluate** need for protective devices
- **Evaluate** need for **24 hour** supervision

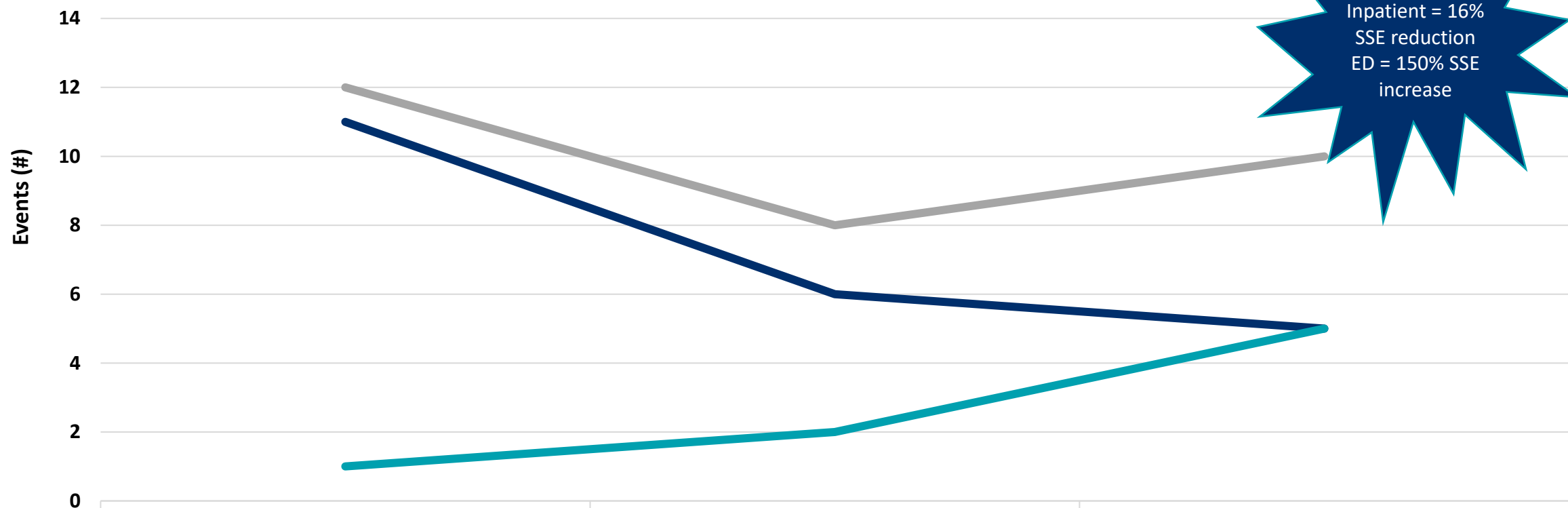


➤ Implement appropriate interventions for fall risk level

VH Fall Serious Safety Event Outcomes



VH Fall Serious Safety Events Year to Year Comparison



Inpatient = 16%
SSE reduction
ED = 150% SSE
increase

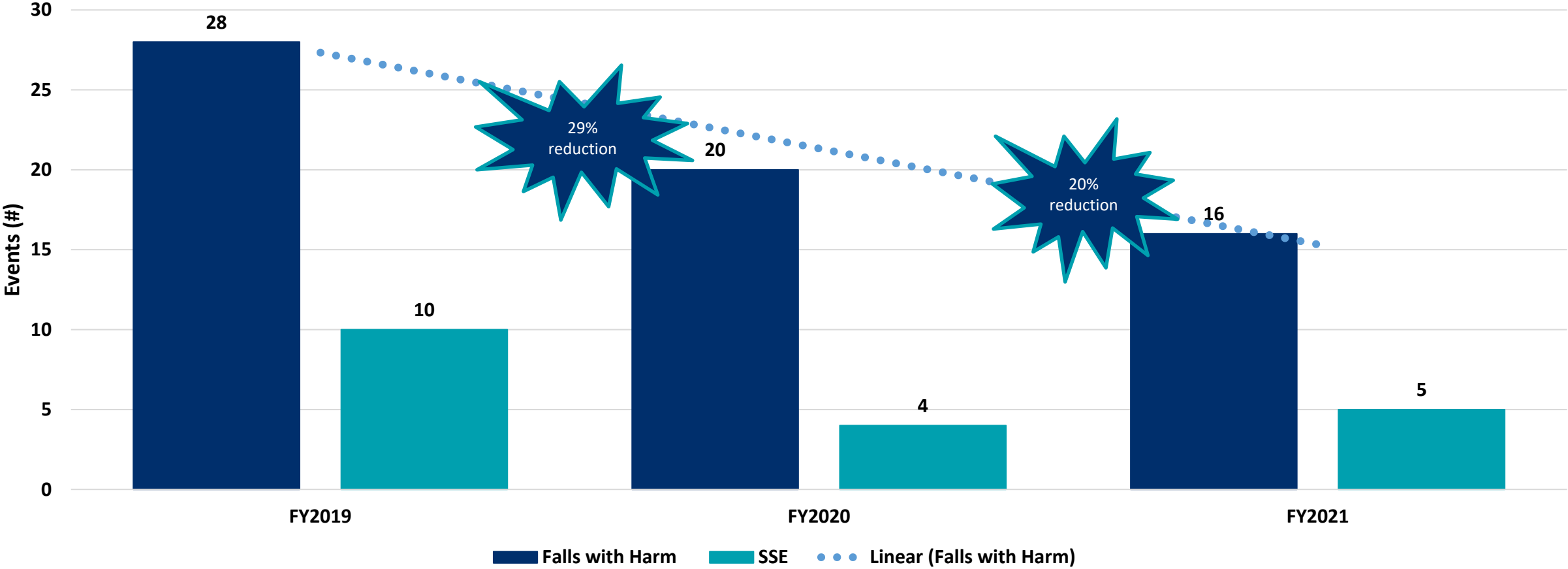
- Inpatient SSE
- ED SSE
- Total SSE

	FY 2019	FY 2020	FY 2021
Inpatient SSE	11	6	5
ED SSE	1	2	5
Total SSE	12	8	10

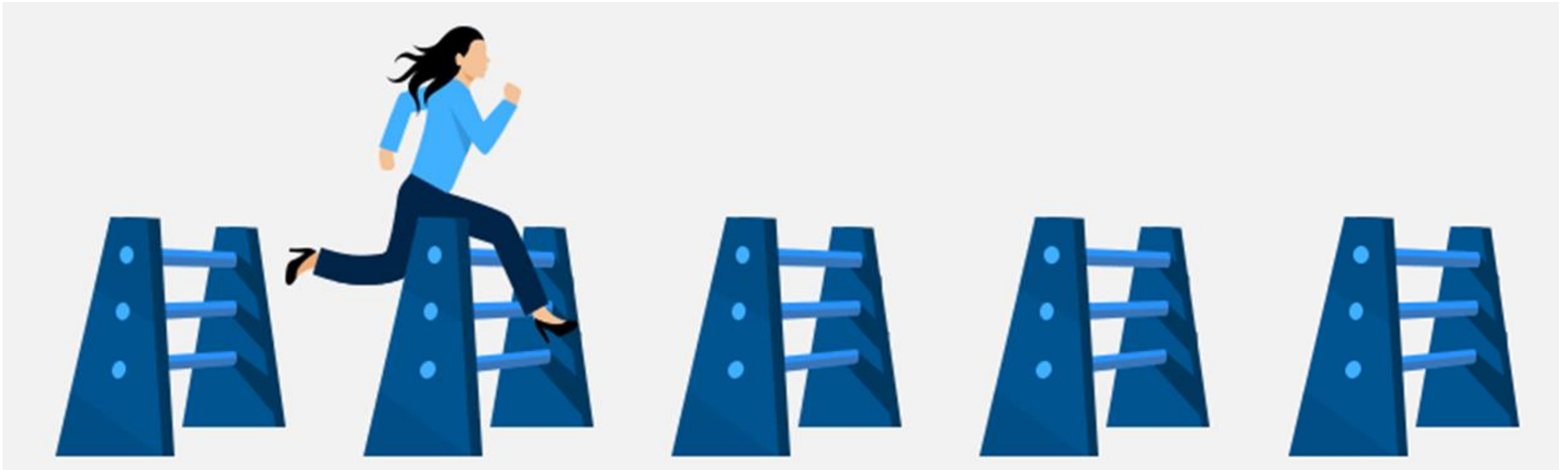
VMC Fall with Harm Outcomes



Vidant Medical Center (VMC) Year to Year Comparison



Challenges Encountered in QI Process



VH Skin & Falls
Taskforce merge
FY 2021

Membership,
communication,
& governance
structure changes

Toolkit roll- out
date pushed back

Toolkit sustainability
assessment delayed

COVID Isolation:
In-person meetings
canceled, high acuity &
census, workforce
strain, priority shifts

Lessons Learned Through QI Efforts



- Inpatient units across VH had greatest success and less clinical variation as evident by 16% reduction in serious safety events
- VMC assigned par levels for rolling walkers to all inpatient units and had 20% reduction in falls with harm from FY2020-2021
- Deeper dive into the data revealed that the ED areas had most clinical variation as evidence by 150% increase in serious safety events
- Resilience of workforce and perseverance



- Quality developing additional toolkits for other initiatives
 - Central location for all Quality toolkits available on Quality Intranet Page
- VH Patient Injury Prevention Committee has assigned an ED workgroup to develop actions to decrease variances
- Outpatient workgroup underway to explore standardization of processes, assessment tools, and interventions efforts like inpatients



Questions?



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