



No Pass Zone: Every Team Member, Every Call Light, Every Alarm, Every Day! A Multidisciplinary Approach to Achieving Excellence in Patient Care  
Harold Puerto RN, BSN

ECU Health Quality Improvement Symposium  
January 31, 2025

# Background/Introduction

The No Pass Zone (NPZ) initially launched in October 2022 as a fall reduction intervention. Seeing a tremendous impact in patient satisfaction scores, we became the catalyst to empower ALL team members to become the first responders to our patient's safety and quality concerns. In collaboration with many key stakeholders, we set out to create a culture where all team members are attentive to patient needs and never pass a patient with an active call light or alarm.

Welcome to 2 East Family Medicine.



You have now entered a  
**NO PASS ZONE.**

# Collaborative Team Members

Harold Puerto, BSN, RN, Manager Patient Care Services-2 East Medicine, ECU Health Medical Center

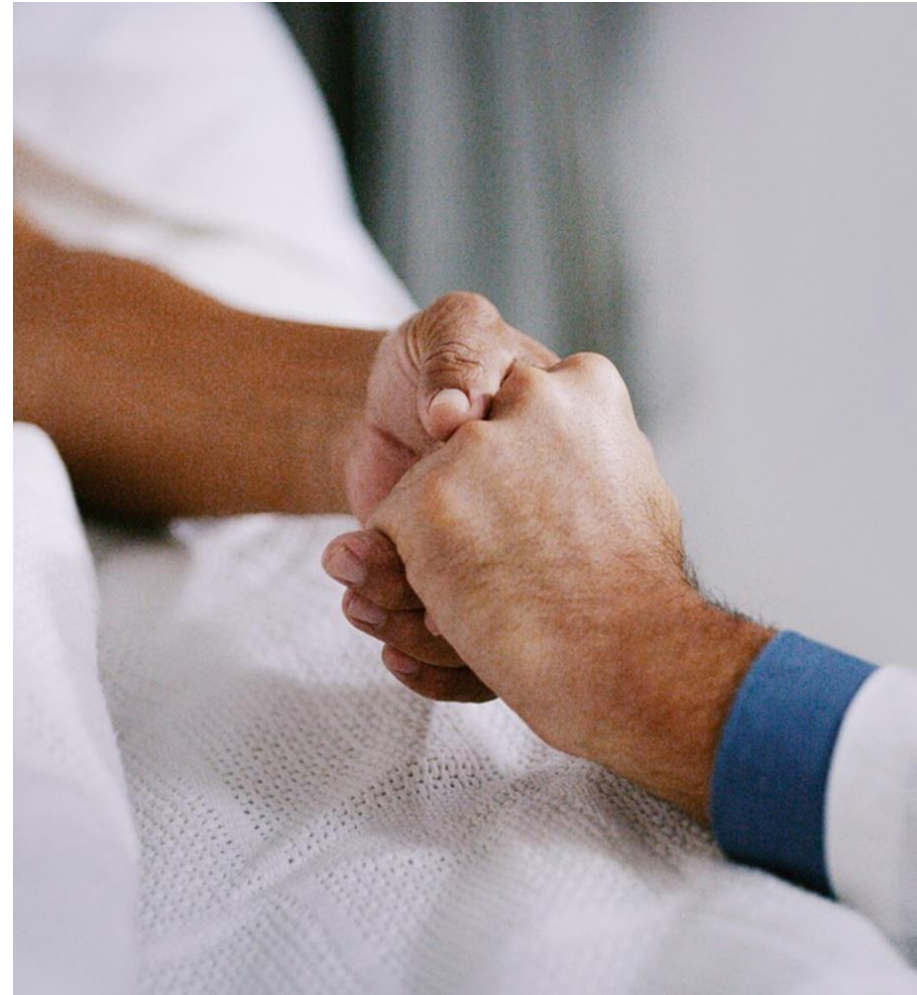
Amy Woolard, BSN, RN-BC Manager Patient Care Services-3N Neurosciences, ECU Health Medical Center

Emily Whitehead, MSN, RN, CCRN, ECU Health Medical Center Cardiovascular Operating Room

Charlene Turnage, MSN, RN, LSSGB, QNS III, Performance Improvement/Quality Analytics ECU Health

Susan Casey, MSN, RN, NE-BC, QNS III, ECU Health Patient Safety

Rob Zerniak IV, MPH, ECU Health Medical Center



# Aim Statement

The aim of this project is to implement and promote the "No Pass Zone" initiative throughout ECU Medical Center. This initiative is designed to reduce falls with harm by ensuring that all staff members, regardless of their role, respond to call lights and patient needs promptly. By fostering a culture of shared responsibility and proactive care, we aim to decreasing falls with injury by 10% by second quarter of FY 2024.

# How will we know this change is an improvement?

We will see a direct correlation in our number of falls with injury and patient experience scores related directly to toileting and call bed responsiveness.



# Baseline Data

10/1/21 - 9/30/22

	Responsiveness	Call bell response	Toileting
2East	41.5%	47.3%	35.6%
3N Neuro	56%	56.7%	55.3%
3 East	40.1%	43.2%	37%
ASU North	81.8%	83.3%	80.3%
4CV	75.1%	73.1%	77.1%
6 CV	49.2%	51.6%	46.8%
ASCU	43.8%	37.5%	50%
HCMU	58.3%	50%	66.7%
4N Surg	54.7%	53.5%	59.9%

# Improvement Strategies Employed



Weekly leader rounds to assess falls bundle compliance



Performed frequent checks on patients through hourly rounding with emphasis on the 4Ps (Potty, Possession, Position, Pain)



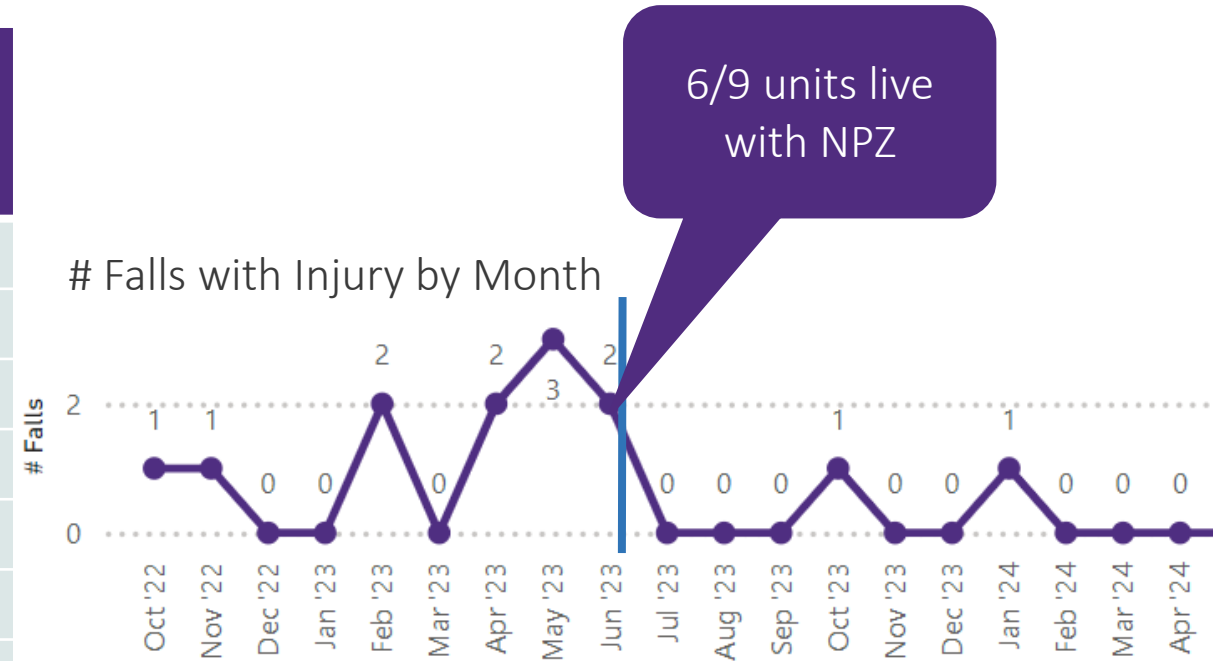
Provided loop closure from post fall huddles



Developed a branded toolkit, standard of work checklists, pocket cards, and videos for team members

# Outcomes

Unit	Go Live	Falls Reduction	Toileting Related Falls Reductions	Months w/o fall injury
2E Med	Oct '22	-44%	-21%	19
3N Neuro	Nov '22	-28%	11%	11
3E Med	Mar '23	-50%	-40%	10
4CV Surg	Jun '23	-80%	-100%	24+
ASCU	Jun '23	-14%	-43%	10
ASU	Jun '23	+40%	-67%	6
6CV Surg	Aug '23	-28%	-17%	9
HCMU/1S	Oct '23	-33%	-50%	7
4N Surg	Nov '23	-26%	-50%	5



\*82% reduction in falls with injury as off April 2024 with participating units



# Outcomes

10/1/22 - 3/31/24

	Responsiveness	GAP from Start of NPZ	Call bell response	GAP from Start of NPZ	Toileting	GAP from Start of NPZ
2East	42.2%%	+0.8	47.2%	-0.1	37.3%	+1.7
3N Neuro	61.5%	+5.5	61.3%	+4.6	61.7%	+6.4
3 East	51.0%	+10.9	51.3%	+8.0	50.8	+13.8
ASU North	83.0%	+1.2	85.3%	+2.0	80.8%	+0.4
4CV	73.8%	-1.3	72.7%	-0.5	75.0%	-2.1
6 CV	55.8%	+6.6	53.2%	+1.6	58.3%	+11.6
ASCU	50.1%	+6.4	42.3%	+4.8	57.9%	+7.9
HCMU	77.5%	+19.2	80.0%	+30.0	75.0%	+8.3
4N Surg	70.4%	+15.7	69.5%	+16.0	71.2%	+15.3

# Challenges Encountered in QI Process

- Providing consistent message across units
- Continuous reassessment of unit needs
- Autonomy
- Cultural Shift
- Readiness to change



# Lessons Learned

Unit Leadership  
essential to influencing  
a culture of safety

Intentional rounding,  
daily check-ins and  
recognition are  
required for  
sustainability

Positive impacts on  
other quality bundles  
and outcomes

Autonomy to provide  
focus to areas needing  
improvement

Team member  
efficiency gains

Development of tool kit  
for transferability

## Next Steps



System expansion of NPZ has been endorsed by leadership and integrated into the Fall Prevention Workplan



The Medical Center is expected to be fully operational with NPZ by March 2025



Three of 7 community hospitals have adopted NPZ

# Questions?

Harold Puerto RN, BSN  
2 East Family Medicine  
[Harold.Puerto@ECUHealth.org](mailto:Harold.Puerto@ECUHealth.org)