Franciscan St. Francis Falls Program

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Purpose and Goals

- The purpose of this presentation is to give a general overview of the Franciscan St. Francis Falls Prevention Program.
- To describe a systematic way to decrease falls in a medical surgical unit.
- To identify interventions that have made a difference overtime on the overall fall rate.
- Describe current outcomes and future plans for improvement.

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Our Falls Program is System Wide

- Franciscan St. Francis Hospital has 3 facilities here in central Indiana. Located in Indianapolis, Carmel and Mooresville.

- We have around 632 combined beds and average around 25,000 admissions a year.

Interventions that Aim at the Sharp End

- Building a team with bedside caregivers at the sharp end facilitates process change and innovation acceptance.
- Implementation of a fall bundle for high risk patients.
- Identification of a evidence based tool for fall risk assessment and best practice related to falls assessment.

Franciscan Fall Program Overview

- Accountability for practice and implementation of identified best practice and interventions through unit based action plans
- Benchmarking fall rates at the unit level using NDNQI median as the target goal for each identified population.
- Utilization of gait belts, bed alarms, chair alarms, enclosure beds and sitters.

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Test and What We Have Learned

- Consistent feedback related to practice and data facilitates staff consistency.
- Leadership and organizational buy-in is essential.
- Bedside Rounding and Handovers make a difference.
- Implementation of an SBAR (root cause analysis) of all falls with serious injury at the staff nurse level.

Barriers

- Lack of education of staff-continual falls education and reinforcement related to interventions. Make it PERSONAL

- Lack of buy in from leadership at the unit level- individual meetings with unit leadership.

Data Process

- Built database for collection of all data for falls through our risk pro monitor system and EPIC.
- Submission to NDNQI.
- Cumulative 40% reduction in falls over 4 years across the organization.
- Decrease in falls with serious injuries from 13 in 2009-10 to 4 in 2011-12. More than a 60% reduction.

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Making A Difference

- Systematic falls program implemented in 2009 on a 43 bed medical surgical unit. This unit transitioned to a 34 bed unit in March of 2012 when Beech Grove closed and the unit relocated to the new patient tower at the Indianapolis Campus.

- Through leadership and unit based practice councils falls were identified as a nurse sensitive measure that was consistently outside of benchmark.

- Benchmark is set through the National Database for Nursing Quality Indicators. (NDNQI).
- Prior to joining NDNQI, falls benchmarks were the same across all inpatient unit.

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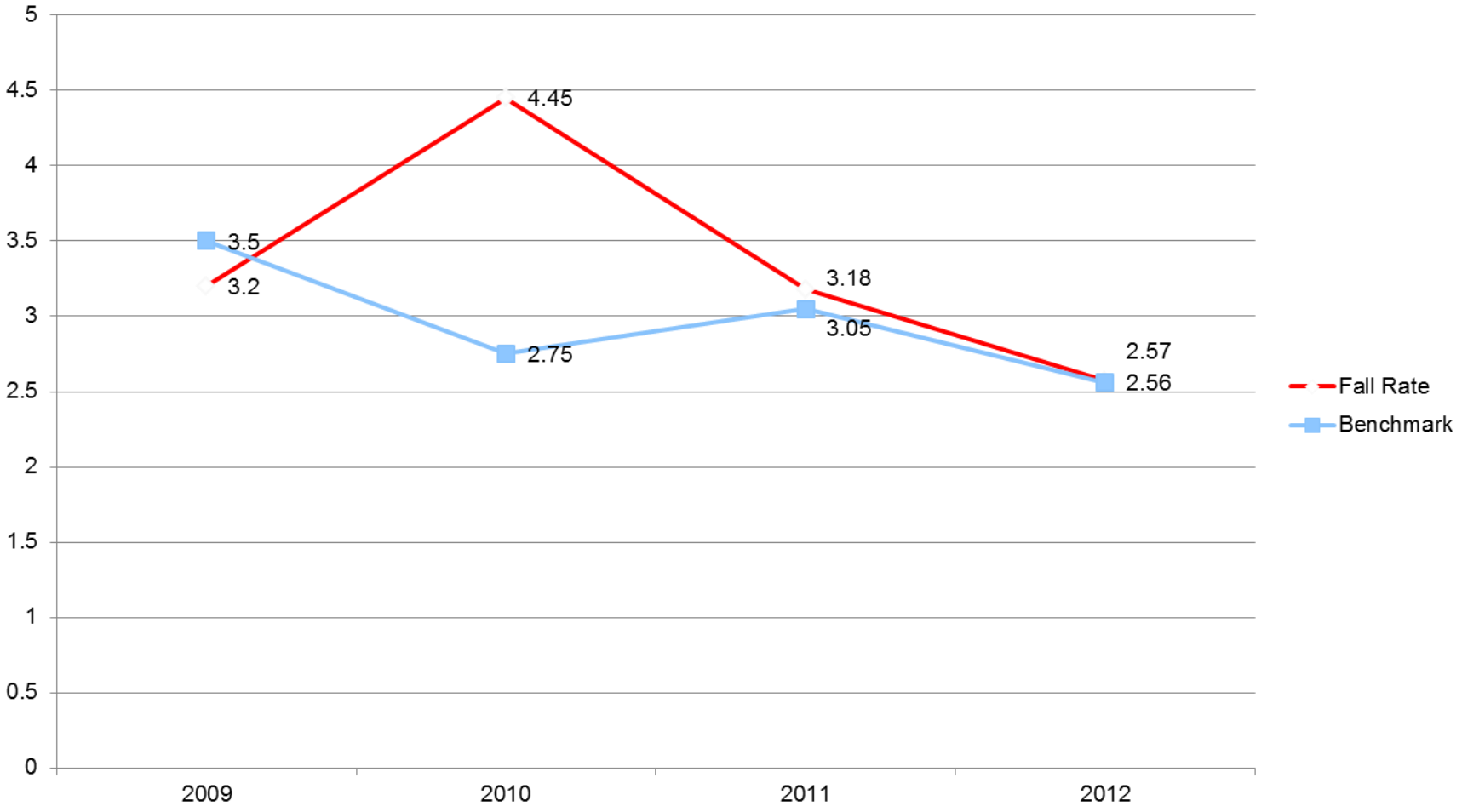
Yearly Data



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Making a Difference

- Introduction of various falls interventions over time have drastically reduced the number of falls and falls with serious injury in this patient population.

- From 2009-2012, this unit went from falling outside of our falls benchmark to consistently achieving our NDNQI falls benchmark in 2013.

- What are the factors that influenced this change in culture?
  - Staff buy in to improve processes
  - Leadership and CNS support
  - Holding staff accountable to best practice initiatives.

Making a Difference.

- In 2013 a team was formed to begin an evidence based practice project to improve quality of care and identify best practice interventions that decreased the total number of falls and falls with serious injury.
- A mutli-factoral approach to reduce inpatient falls over a four-year period was evaluated.
- The objectives of this project were:
  - To use individual interventions paired with specific education related to the education over time to decrease the overall fall rate and decrease falls with serious injury.
  - To Identify and correlate specific interventions that were statistically significant in the prevention of patient falls and falls with serious injury.

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Making a Difference

- A team consisting of staff nurses, the clinical manager, a Clinical Nurse Specialist and Unit Educator have been meeting monthly to review the current literature for most innovative best practices for reducing falls and to analyze and synthesize unit falls data for the past 4 years.

- Upon review of the implementation of various falls interventions a timeline was developed to illustrate the effects on reducing the number of patient falls.

Implementation Timeline

- Through this teams evaluation of evidence based best practices, it was found that there is not just one, single falls intervention that decreases the total number of falls.

- A falls program must consist of a multi-factorial “Bag of Tricks” for nurses to be able to identify and choose the most appropriate interventions based on individual patient risk factors.

- Our post-surgical unit is currently doing quantitative descriptive correlational study on the impact of these interventions.

Implementation Timeline

- Following is the list of interventions that were implemented overtime on this post-surgical care unit to reduce falls:
  - 4th Quarter 2009: Introduction of a new evidence based tool to screen patients for fall risk. (Morse Falls Scale)
  - 4th Quarter 2009: Formation of Falls Restraint Action Team (FRAT)
  - 4th Quarter 2009: Staff Falls Assessment Education
  - 2nd Quarter 2010: Falls Bundle Education
  - 3rd Quarter 2010: Implementation of Falls Bundle
  - 4th Quarter 2011: Enclosure Beds available for staff use
  - 2nd Quarter 2012: Unit relocated to Indianapolis campus
  - 4th Quarter 2012: Training and introduction of chair alarms
  - 1st Quarter 2013: Implement no patient potties alone first 24 hours post-op

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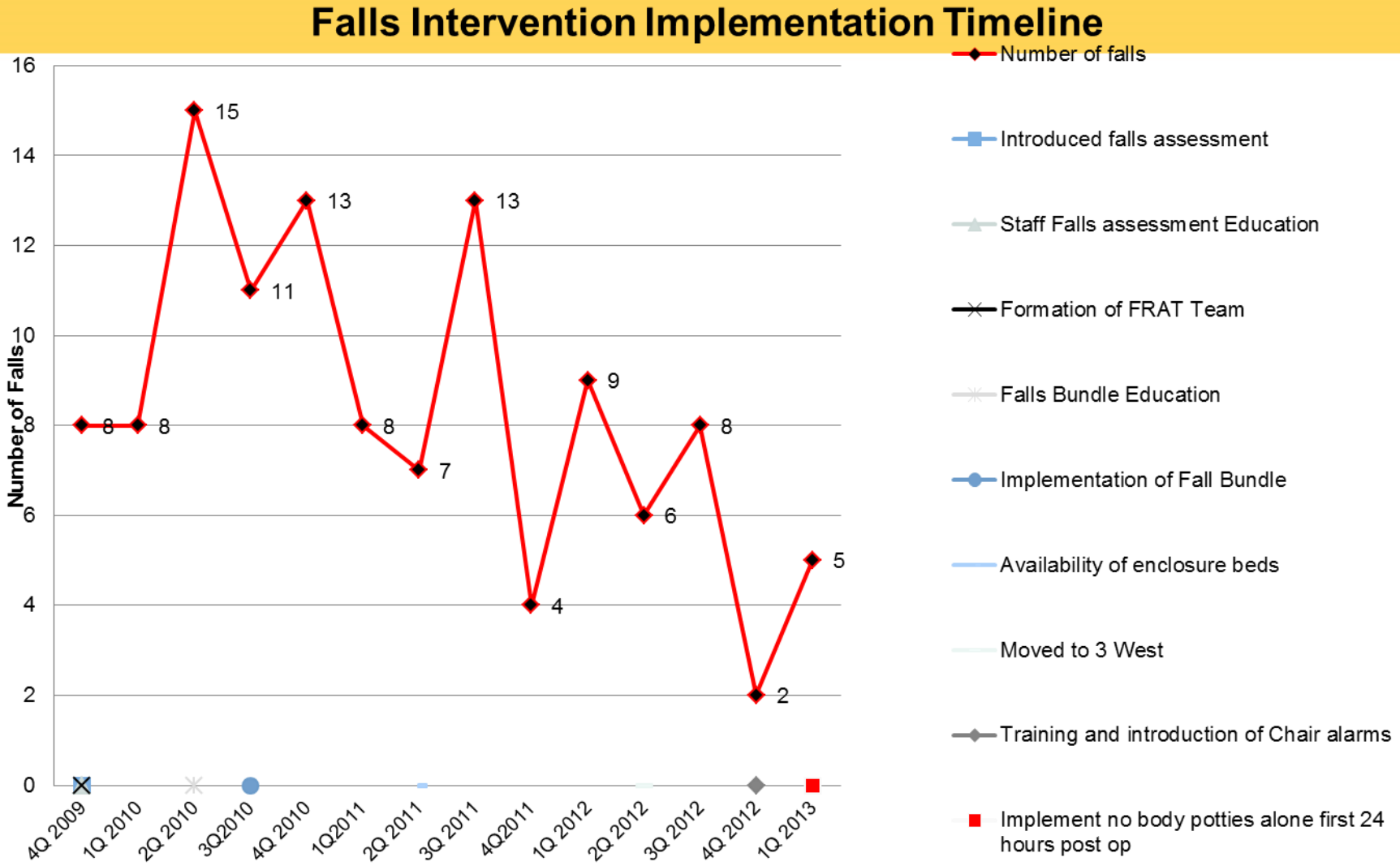
Total Number of Falls 2013



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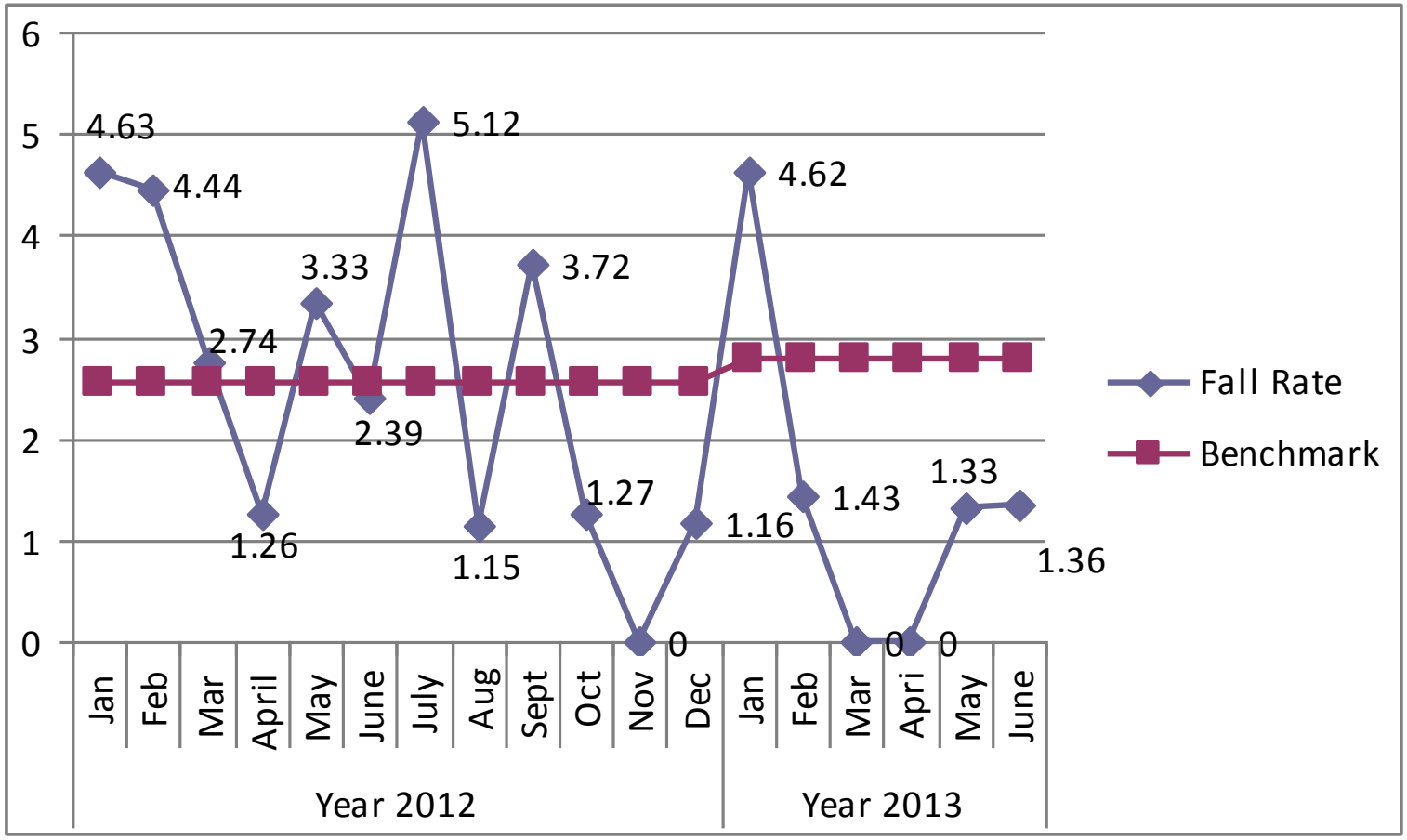
Current Data



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Sustaining Momentum

- Leadership on this post-surgical unit has motivated and elevated the level of practice related to falls prevention.

- This reduction in falls has occurred due to changing the unit culture by placing falls as one of the top clinical indicators on their priority list.

- Working as a team with educators and clinical nurse specialist has played an important role to this unit success.

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Hardwired Best Practice

- Positive reinforcement was consistently communicated to staff on a daily basis by displaying how many days the unit had been fall free.

- Milestones were celebrated at 25, 50 and 100 days being falls free.

- Staff displayed excitement and pride with each of these accomplishments and made them determined to keep their success going.

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Pearls of Wisdom for a Falls Program

- Build a comprehensive program.
- No one magic wand that will decrease your falls or fall rate.
- Get organizational, leadership and staff buy-in and accountability.
- Continual feedback and data to the sharp end!
- Involve your patients in the process.
- Round, Round, Round!!!

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Future Improvement Endeavors

- Interventions for decreasing falls do not end here!

- Future interventions to be implement include:
  - No Pass Zone (Implemented June 2013)
  - “Please Call; Don’t Fall” signs placed on the ceiling above the patients bed.
  - Falls contracts with patient and families outlining the falls programs if patients are at high risk.

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Questions

If you have further questions regarding the information shared today you may contact:

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