

Fall Reduction Program

Parkview Regional Medical Center

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About Us

- 649 beds located on 3 campuses
- Level II Adult and Pediatric Trauma Center
- Services include: critical care, acute care, surgery, orthopedics, cardiac, cancer, women & children's, long-term care, inpatient rehab, inpatient psychiatric
- Morse Fall Risk Assessment

Our Falls Journey

- Fall Prevention initiative began in 2007
 - Interventions at nursing discretion
 - Core team reviewed fall event reports monthly and attempted to analyze for trends
 - Data shared at monthly Falls Committee
 - Reactive in fall prevention approach
- Needed more detailed information about each fall to analyze data for trends.

Post-Fall Huddles

- Implemented post-fall huddle process.
 - Immediate post-fall huddle
 - Caregivers, house supervisor or dept. leader, nurse leader
 - Use standard review tool
 - Weekly Review & Drill Down
 - Nursing, pharmacy, risk management, other areas when applicable (radiology, therapy, etc.)
 - Accountability
 - Brainstorming & idea sharing
 - Monthly Committee Meeting

Analyzing our Data

- Disproved theories regarding staffing and volumes.
- Trend identified related to toileting
 - Require staff to stay “within arms reach” of fall risk patients when the patient is toileting.
 - Require use of a bed or chair alarm for fall risk patients.
- Continue to do a root cause analysis on each fall.

Analyzing our Data

- Continue to analyze trends.
- Fluid process – update review tool as needed.
- Continue to make changes in response to our data.
- Take proactive steps to prevent a fall.

Other Examples of Change

- Changed order sets
- Changed formulary interchanges
- Changed to how we communicate fall risk
- Changed how we use specialty beds
- Refined when to use certain pieces of equipment to reduce the risk of falls.

Value in Post-Fall Huddles

- Allows for gathering of real-time information that can't always be obtained in the medical record.
- Visualization of the environment
- Reduced repeat falls
- Focus on falls
- Reinforces importance of fall prevention

Barriers we Encountered

- Ensuring everyone educated on processes
- Uncomfortable at first for peers to hold one another accountable and ask difficult questions.
- Keeping the focus on falls with so many patient safety initiatives.

Overcoming our Barriers

- Focused training with nurse leaders.
- Transparency
 - Data shared with leaders, nursing councils and staff department meetings.
 - Opportunities highlighted
- Small core team to continue to drive the efforts.

Results

Organization: Parkview Hospital

QI Initiative: Hospital Engagement Network (HEN) Initiative

Reporting Entity: IN - Parkview Hospital

Topic: Injuries from Falls and Immobility

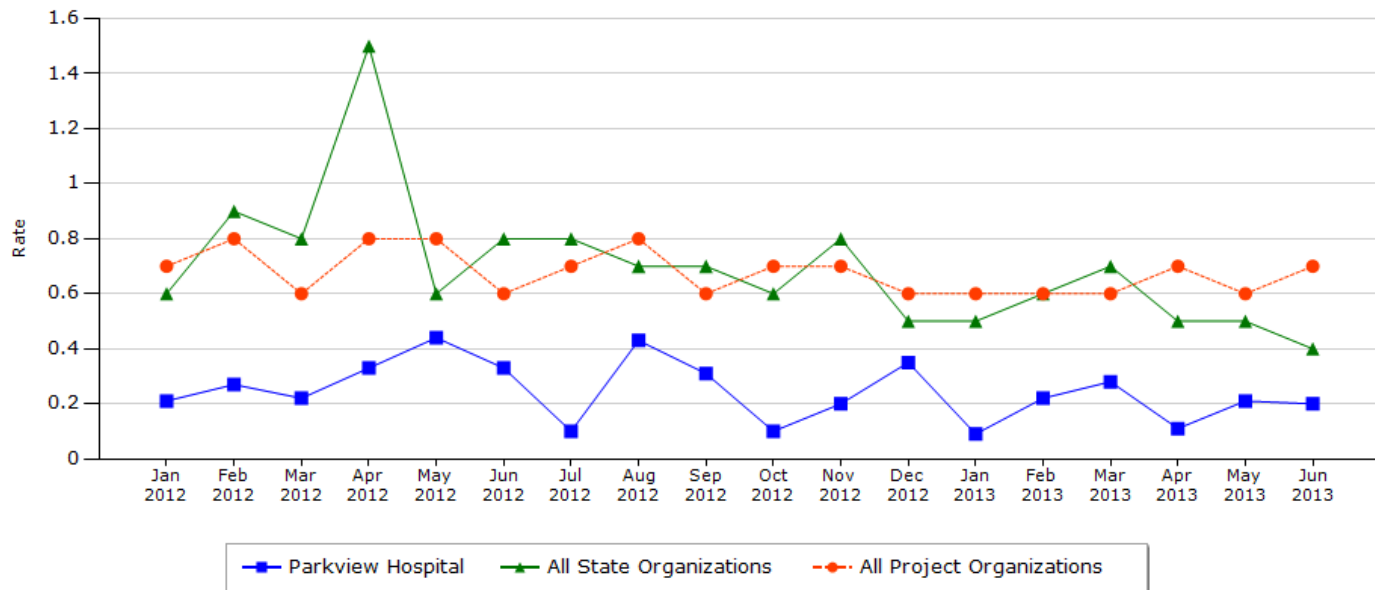
Project: Falls

Measure: Falls With Injury (minor or greater) (NSC-5)

Data

Chart

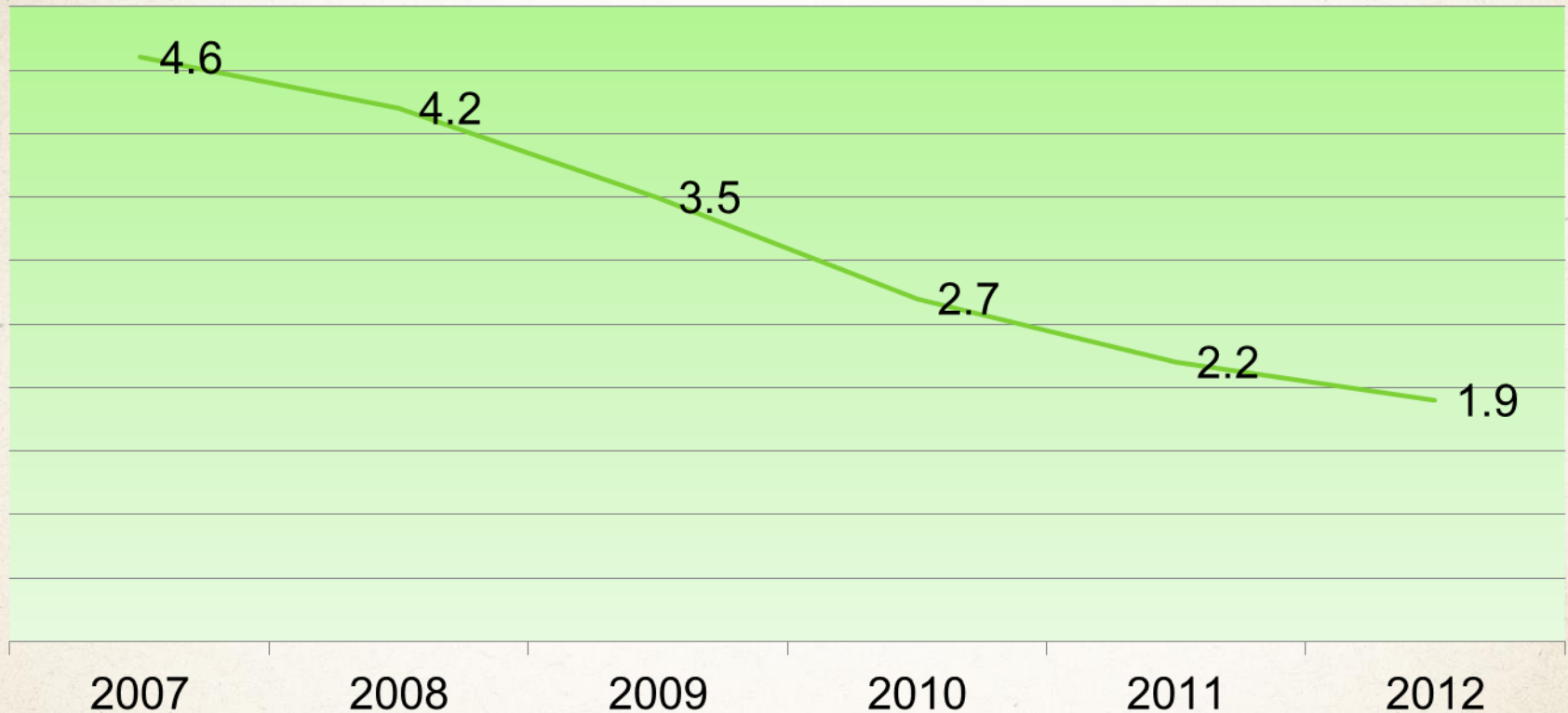
(Falls) Falls With Injury (minor or greater) (NSC-5)



Results

PRMC & Affiliates Fall Rate

Falls per 1000 patient days (includes all inpatient and outpatient)



Keys to Success

- Post-Fall Huddle
- Accountability
- Transparency
- Set Goals
- Focus on our data and responding to the data, not what others are doing.

Questions?

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