

Project: A System-wide Approach to Reducing Inpatient Falls with Injury Last Updated: September 2018

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Problem/Impact Statement:

MaineHealth System Falls with Injury per 1000 patient days was 0.73 January through December 2016. Four of eight MaineHealth member hospitals were above their NDNQI peer group mean. Falls with injury have major ramifications for the health care system and the patient. 30-35% of patients who fall in the hospital sustain an injury. Patients may experience increased health care costs, increased length of stay, increased nursing home placement loss of independence and decreased quality of life.

Scope:

In scope: Hospital inpatient units that collect data utilizing “patient days”; evidence-based, clinical practices that demonstrate measurable decrease in falls and / or falls with injury; data collection and reporting methods that support accuracy in fall with injury measurement.
Out of Scope: Ambulatory and post-acute care including: hospital ambulatory units, emergency departments, clinics and surgery centers, nursing facilities, home health, practices and the community

Goal/Objective:

The MaineHealth System aim was to improve inpatient falls with injury per 1000 patient days by 5% from the MaineHealth baseline aggregate falls with injury rate from CY 2016 of 0.73 to 0.70 by September 30, 2018. A 10% stretch goal of 0.66 was set.
Each hospital will meet or fall below their 8 quarter NDNQI peer group mean from the time period of Q2 2015 to Q1 2017 for each quarter of MaineHealth FY 18.

Baseline Metrics/Current State:

Baseline 0.73 falls with injury per 1000 patient days. Current state areas of improvement included: accurate nursing assessment of fall risk through Epic enhancements. Education and engagement of patients, family and nursing staff.

Root Cause Analysis:

MaineHealth Hospitals system-wide convened to develop a consensus plan 11/2/17 to reduce falls with injury. Priorities were determined through search of literature for best practices and affinity diagramming with the system-wide team. Strategies agreed upon for system –wide work included: Improvement in the Epic Fall Risk Assessment so that two major areas of assessment – Mobility and Cognition – were conducted prior to / for consideration in the fall risk assessment. A MaineHealth Fall Risk Assessment Education Toolkit was created by all System Members to educate nursing staff. Patients and families were educated using a standard education tool across the System, and patient engagement was determined through the use of audit using Teach Back.

Gap	Score
Hand off for Falls	11
Mobility Assessment	7
Fall tools education & subsequent interventions	6
Delirium Assessment	5
Cumbersome reporting	5
Post fall huddles	4
Optimize Epic (Tally)	3
Lack of patient and family education	3

Interventions

Hospital Deliverables

Deliverables	Start Date	End Date	
1 As is Process Maps (Admission to Discharge)	11/2/17	12/19/17	
2 Hospital Fall Team Charters	1/30/18	2/20/18	
3 Hospital identifies at least one fall prevention project to implement using PDSA process	11/2/17	2/20/18	
4 Monthly report number of falls with injury and mini RCA	12/19/17	9/18/18	
5 Monthly report on fall prevention project status	3/20/18	9/18/18	
6 Develop process on using and documenting MH Fall Prevention Education for Patient & Family (2017); include patient & family in process	2/20/18	4/17/18	
6b Develop process to measure compliance – e.g., KPI	2/20/18	4/17/18	
7 Staff education implemented on NYP Tool: risk factors, risk for injury, interventions & communication	6/1/18	8/31/18	
7b Develop process to audit effect of staff education	5/1/18	6/1/18	

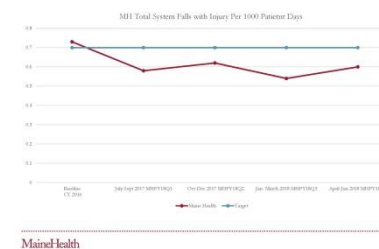
MaineHealth Deliverables

Deliverables	Start Date	End Date	
1 Recommend evidence based updates to EPIC Descriptors to enhance NYP Fall Risk Assessment	1/30/18	2/28/18	
1a Risk factor descriptors (5)	1/30/18	2/28/18	
1b Risk for injury descriptors (ABCS)(4)	1/30/18	2/28/18	
1c Interventions related to each risk factor (9)	1/30/18	2/28/18	
2 Facilitate change process in SeHR to ensure accurate built based upon group recommendations	2/28/18	6/1/18	
2a Champion descriptors at MH Nursing Practice Committee	3/1/18	5/1/18	
2b Champion descriptors at SeHR Nurse Leaders Council	3/1/18	5/1/18	
3 Staff education, development: NYP Tool, risk factors, risk for injury, interventions and communication	3/1/18	5/1/18	
4 Facilitate Build EPIC Push Report on patient education compliance	2/1/18	4/1/17	
5 Identify and compile a list of current EPIC reports available to MH Hospitals on falls and identify any gaps	2/1/18?	6/1/17	
6 MH Corporate KPI conducted (Neault) on Engagement	1/16/18	5/31/18	
7 Organize, conduct and support monthly conference calls	12/19/17	9/18/18	
8 Organize and conduct Collaborative Learning Sessions (4)	11/2/17	9/24/18	
9 Evaluation and Documentation on Project Results	7/1/18	9/30/18	

Outcomes

0.59 falls with injury per 1000 patient days.
Goal (0.70) and stretch goal (0.66) were met.

Falls with Injury Per 1000 Patient Days FY18:



Lessons Learned & Next Steps

- 1.Improving falls with injury is culture change, which requires time. Providing time for consensus building.
- 2.Sustainability: MaineHealth System leaders commitment to Year 2 Reducing Falls with Injury as a System Measure.
- 3.Next steps include continued measurement of Year 1 activities: patient education through quarterly report; and patient engagement through audits using Teach Back.
- 4.In FY 19, standardize post fall management, including a post fall note and medical order sets.
- 5.Improve fall with injury rate by an additional 10%

Plan

Do

Study

Act