A Multidisciplinary Approach to Reducing Falls
Sharp Grossmont Hospital, California

Aim Statement

• Currently: Q2 of FY 13, SGH reported 2.61 falls/1000pt days, 50th Percentile.
• Short Term Aim: By the end of FY 2014, amid all units reporting to CALNOC, SGH will be among the top 25th percentile for All Hospital Falls/1000 Pt. Days.
• Long Term Aim: By the end of FY 2015, amid all units reporting to CALNOC, SGH will be among the top 5th percentile for All Hospital Falls/1000 Pt. Days.

Changes Being Tested (T), Implemented (I) or Spread (S)

• Standardization of Fall Toolkits (I)
• Multidisciplinary education (S)
• Unit Specific Reward and Recognition (I)
• Staggering of CNA and RN shifts to reduce falls at change of shift (T)
• Data driven decisions to support implementation of action items (I)
• Development of quarterly unit-based SMART goals (I)
• Standardization of Activity Communication Tool (S)

Results

CalNOC Unassisted Falls (Per 1000 Patient Days)
Sharp Grossmont Hospital

CalNOC Falls w/ Injury (Injury Falls #/1000 Pt Days)
Sharp Grossmont Hospital

Lessons Learned

• Managers and Fall Liaisons needed additional support and education in learning to create attainable, unit-based action plans in SMART goal format.
• A gap in nursing knowledge was identified regarding education, skill level and competency of Physical Therapists. Educational information was provided to improve confidence and partnership.

Recommendations and Next Steps

• Collaborating with Physical Therapy has improved nursing confidence in specialty and overall collaboration.
• Individual meetings with Nurse Managers and Fall Liaisons to develop SMART goals has helped Fall Prevention Committee members grow professionally.
• Sponsor assisting with the accountability of Nurse Manager/Fall Liaison monthly report outs helps keep focus on fall prevention efforts.

Team Members

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• Stephanie Brooks, Senior Specialist
• Lindsey Ryan, Clinical Nurse Specialist
• Tracy Plume, Taskforce Co-Chair
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