What we are trying to accomplish?

Global Aim:
• 25% reduction of overall Fall events per 1000 patient days

Project Aim:
• 30-day increase – lengthen the days between Fall events from an average of 12 days by July 2018

Background:
• Falls affect 700,000 to 1,000,000 people resulting in serious injury that leads to increased health care utilization (Ganz, Huang, & Saliba, 2013)
• Falls affect ALL patients (The Joint Commission, 2013)
• Falls with injury and death are among the top 10 reportable sentinel events in the hospital (The Joint Commission, 2013)

Setting:
• Medical Surgical Telemetry (MST) unit in a Northern California Hospital.

Quality Gap:
• Increased fall events in 2017
• 2017 > 2016 Fall events
• 2016: 2 Major injuries from falls
• 2017: 1 Sentinel event from fall
• > 60% Ambulation rate

Evidence:
• Hourly Rounding meets patient’s needs (Hicks, 2105)
• Utilizing 4 P’s (positioning, personal needs, pain, and placement) are the fundamental care needs (Forde- Johnstone, 2014)
• Caring around the Clock Model and Leadership insights enhance patient care experience and improve communication among staff (Hutchings, Ward, & Bloodworth, 2013)
• Staff led customizable intentional rounding decrease patient falls (Morgan, et al., 2016)
• Nursing rounds decrease use of call lights (Meade, Bursell & Ketelson, 2016)
• sHARP (standardized hourly rounding process) educational process is not effective in reducing patient falls and patient satisfaction (Krepper, et al., 2012)

How we will know there is Improvement?

<table>
<thead>
<tr>
<th>Measures</th>
<th>Type</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>% fall events per 1000 patient days</td>
<td>Global Outcome</td>
<td>Quality Data; State Reports; ERIF</td>
</tr>
<tr>
<td>8 Days between Falls</td>
<td>Specific Outcome</td>
<td>MEDIS report</td>
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</tbody>
</table>

What changes can we make?

Intervention:
• Establish urgency of the problem
• Form an Interdisciplinary Team
• Assess problem and define goals
• Develop proactive assessment and contingency plan
• Engage team for test of change
• Evaluate plan and recognize barriers
• Communicate results and outcomes
• Recognize staff and team

Plan-Do-Study-Act (PDSA) Cycles

Cost Avoidance Measure

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost Avoidance Measure</th>
<th>Assume Reduction in 2018</th>
<th>Cost savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Average cost added per admission $300,000</td>
<td>$300,000</td>
<td></td>
</tr>
<tr>
<td>27 Totals in 2017</td>
<td>25% (27 x 0.25)</td>
<td>6.75 or 7 tails $300,000</td>
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Results

Analysis:
• In the last six months of 2017, there were 12 patient falls. In the next six months of 2018, the number of falls is reduced to 4 past intervention

Sustainability Plan:
• Hospital Falls prevention is an interdisciplinary duty. Implementing change requires a leader to engage front line team to find solutions

References:
- Joseph C. Mojares, RN BSN
- John C. Johnston, 2014