Can We Standardize:

System Wide Measures to Decrease Falls with Injury

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March 13, 2019
Abstract

• This presentation will review the journey of decreasing adult, inpatient falls with injury across a large eight hospital system to achieve excellence at a system level. Tools and techniques used can be applied to other performance improvement activities to achieve excellence on a system level.

• Decreasing falls with injury remains an elusive problem across all health care facilities regardless of size. Using the Institute for Healthcare Improvement (HI) Collaborative Approach, an unique systems approach was implemented at MaineHealth (MH) to standardize practice across the health system to decrease falls with injury. Using standardized lean methodology and performance improvement tools, the inter-professional team including nursing, providers and rehabilitation services, comprised of members from across the system developed a system wide plan to standardize practice to decrease falls with injury.

• The eight hospitals identified their key concerns and the team used multi-voting to select the top areas of concern and set priorities. This allowed the team to determine best practice and key drivers so a systematic plan could be developed and implemented. Determination of what best practice should be across the system, with hospital consensus was the key first step. Terminology was standardized to determine not only level of risk, but to focus on individual patient risk factors, risk for injury factors, and individualized interventions. Updates to the electronic medical record were made to give more clarity to the risk factors, and lastly, educational tool kit that could be modified based on unit type was developed by nurse educators from multiple hospitals and disseminated.

• The monitoring of the key performance indicators kept all hospitals on target. This included not only an aggregate outcome measure for the system, but also an outcome measure for each individual hospital based on peer group, and process measures for both the system and each hospital. As a result, MH was able to successfully decrease falls with injury below national benchmarks and sustain these excellent results.
Objectives

- Describe strategies to successfully lead a system wide reducing falls with injury team

- Describe implementation tools to decrease falls with injury (Adult patients) across the MaineHealth (MH) system

- Describe strategies for sustainability

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Maine Health

The MaineHealth System

- System of 8 member hospitals and 4 affiliates
- Critical Access Hospitals to 637 bed teaching medical center
- Not all hospitals were on the electronic medical record or using the same safety reporting system
- Not all hospitals report to the same national data base
- MH locations across the state
- Practice Variability
The Challenge: System Goal

- FY 2018 System wide goal to decrease inpatient Falls with Injury by 5% (stretch goal 10%)
- Build a Team (a lot of work had been done previously that could be built upon)
  - New focus on decreasing inpatient falls across the entire system
  - Leadership at system level and local level
  - Interprofessional team members
- Leadership and Accountabilities
  - Clinical Leadership Council (CMO, CNO, Medical Staff President)
  - Core Support Team - system level (clinical champion as expert, clinical quality improvement specialist, program / project manager)
  - Hospital Leads – local level leadership as liaisons to the system-level work: accountable for reporting, participating, sharing best practices and communication with home falls team and leadership
Using the IHI Collaborative Model/Lean Process Tools

Institute for Healthcare Improvement (IHI) Collaborative Model
- Monthly conference calls
- Collaborative Learning Sessions (4/year)
- Core Support Team
- Expertise from across the system
- Central repository

- Lean QI Processes/Data
  - System-level Dashboard
  - Monthly sharing of real time data
  - Sharing PDSA’s, best practices and lessons learned

- Operational Excellence:
  - Key Performance Indicators (KPI)
Understand What You are Measuring

• Defining Terms
  - What is a Fall with Injury
  - National benchmarks based upon size and type of hospital
• What does the data mean?
• How is it being collected? What are patient days? Who is included?
• No System comparison tool with looking at variables?

Fall: A patient fall is a sudden, unintentional descent, with or without injury to the patient that results in the patient coming to rest on the floor, on or against some other surface, on another person, or an object.

Planned intervention preventing a fall: Patient with assigned staff member lowers patient due to weakness, dizziness or debilitation. Patient is not in the act of falling but staff lowers patient to safer position. If patient is injured in this process this is considered an unplanned fall.

Assist to floor: A fall in which any staff member was with the patient and attempted to minimize the impact of the fall by slowing the patient’s descent. Example: Patient beginning to fall with or without prior warning and staff intervenes to help break fall and assists patient to floor.

Intentional Fall/Behavioral Fall: Occurs when a patient over the age of 5 falls on purpose or falsely claims to have fallen. Example: when a patient acts out and intentionally throws themselves to the floor (can be witnessed or un-witnessed).

Unplanned Fall Accidental: Unplanned/unassisted descent to the floor, witnessed or unwitnessed. Example: low risk patients trip over an IV pole, fall out of bed when they reach to get something or encounter another environmental hazard. Also includes, child rolling off bed, crib, chair, table etc.

Unplanned Physiological: Falls that occur in patients who have a low risk of falls in general but suffer an event that results in a fall that could not have been predicted. Examples: stroke, hypotension, fainting, dysrhythmias, delirium, dementia, gait instability, visual impairment, etc.

Developmental: (Pediatric only) A fall in which an infant, toddler, or preschooler who is learning to stand, walk, run or pivot falls as part of the developmental process of acquiring these skills. Developmental falls are only reported when injury occurs.

Baby/ Child drop: (Pediatric only) A fall in which a newborn, infant or child being held or carried by a health care professional, parent, family member or visitor falls or slips from that persons’ hands, arms, lap etc.
## Baseline and Target

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH System Baseline</td>
<td>0.59*</td>
<td>0.73</td>
</tr>
<tr>
<td>MH System Target</td>
<td>0.53 (10% improvement)</td>
<td>0.7 (5% improvement)</td>
</tr>
</tbody>
</table>

* The FY19 baseline was obtained from July 2017- March 2018 (3 quarters of data)

- Above is the aggregate (all hospitals) new baseline and target.
- For individual hospitals, the goal should be to meet or fall below your respective national data base peer group 8 quarter mean.
- If each hospital meets or falls below their national data base peer group mean, we will exceed our system goal which translates to reducing harm to patients and improving the safety in patient care.
- Ultimate Goal is to get to Zero patient harm for falls
### National Benchmark Targets

<table>
<thead>
<tr>
<th>NDNQI Peer Group</th>
<th>Hospitals</th>
<th>FY19 NDNQI 8-Q Peer Group Mean</th>
<th>FY18 NDNQI 8-Q Peer Group Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching Facility</td>
<td>MMC</td>
<td>0.53</td>
<td>0.55</td>
</tr>
<tr>
<td>Bed Size 100-199</td>
<td>SMHC</td>
<td>0.55</td>
<td>0.57</td>
</tr>
<tr>
<td>&lt;100 Beds</td>
<td>Pen Bay</td>
<td>0.70</td>
<td>0.71</td>
</tr>
<tr>
<td>Critical Access</td>
<td>Franklin</td>
<td>0.95</td>
<td>0.98</td>
</tr>
<tr>
<td>Critical Access</td>
<td>Western</td>
<td>0.95</td>
<td>0.98</td>
</tr>
<tr>
<td>Critical Access</td>
<td>Waldo</td>
<td>0.95</td>
<td>0.98</td>
</tr>
<tr>
<td>Critical Access</td>
<td>LH</td>
<td>0.95</td>
<td>0.98</td>
</tr>
<tr>
<td>Critical Access</td>
<td>Memorial</td>
<td>0.95</td>
<td>0.98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FY19</th>
<th>FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>MH System Target</td>
<td>0.53</td>
<td>0.7</td>
</tr>
</tbody>
</table>

---

*MaineHealth*
How can you proactively monitor your data this next year?

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U |
| Hospital Name Goes here | | | | | | | | | | | | | | | | | | |
| Your NDNQI Mean | | | | | | | | | | | | | | | | | | |

**Instructions for Use:**
1. Insert data into table above (your quarterly falls with injury rate and the NDNQI mean).
2. Click in graph (top right) to highlight table. ➜
3. Hover mouse in bottom right hand corner of table.
4. Drag highlighted table to next column (data will automatically update in graph).
5. Contact Natalie if having any trouble. 😊

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**Chart Title**

![Chart Title](chart.png)

- Baseline Falls with Injury Rate July 2017 - June 2018
- Falls with Injury Rate July - Sept 2018

- Hospital Name Goes Here
- Your NDNQI Mean

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Brainstorming Key Drivers

- Engagement of all stakeholders
- Multi voting to come up with initial priorities
- Simultaneous Scrutiny of the Literature to see if we were missing anything
- Evidence Based
- Group consensus
Key Priorities

- Are we using the correct tool?
- Fall Risk Tool and Risk for Injury need clarification
- Not everyone had training on the tool
- Not everyone had the standardized tool
- Evidence based interventions linked to risk factors.
Reducing Inpatient Falls with Injury Driver Diagram (10/1/17-9/30/19)

**AIM**
- Reduce Inpatient Falls with Injury Across the MaineHealth System by 10%
- From 0.59 to 0.53 falls with injury/1,000 patient days
- 10/1/18-9/30/19

**Primary Drivers**
- Targeted Data-Driven Approach
- Accurate Fall Risk Assessment
- Patient and Family Engagement
- Interprofessional Team Work
- Other

**Secondary Drivers**
- Individual hospital performance
- Targeted interventions
- Epic row enhancements
- Education, interprofessional
- Hospital culture
- Patient and family education
- Communication of risks to patient
- Patient understanding of risks
- Patient engaged in care
- Communication: risk factors
- Communication: interventions
- Plan of Care

**Specific Ideas to Test or Change Concepts**
- Data reviewed by each hospital
- Data analyzed and understood
- Data shared with staff/leaders
- Improvement processes used
- Patients assessed per policy
- Nursing education: risk factors
- Interventions per risk factors
- MH Education Toolkit
- Standard education
- Use of Teach Back
- Audit patient understanding
- Push reports
- Bedside Report
- Interdisciplinary Rounds
- Hourly rounding
- Toileting Schedule
- Handoffs
- Post fall huddle process
- Post fall medical order set
Developing a Charter

MaineHealth Falls Workgroup Charter

PURPOSE

The purpose of the MH Falls Workgroup is:

- Foster an environment for continuous learning and networking
- Encourage standardization and sustainability of data collection, monitoring and improvement practices
- Serve as a collaborative forum for developing tools and initiatives based on evidence-based practices that can be shared across the system and communicated with respective committees
- To report out to the Quality Improvement Council and/or Clinical Leadership Council on an as-needed basis

EXECUTIVE SPONSORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Boomsma</td>
<td>MH Chief Medical Officer</td>
<td>Executive Sponsor</td>
</tr>
<tr>
<td>Omar Hassan</td>
<td>MH Chief Quality &amp; Safety Officer</td>
<td>Quality Sponsor</td>
</tr>
<tr>
<td>Marge Wiggins</td>
<td>MH Chief Nursing Officer</td>
<td>Nursing Sponsor</td>
</tr>
</tbody>
</table>

MEASURABLE PROJECT OBJECTIVES

- See FY 18 System Quality Dashboard (Appendix A)

MEMBERSHIP (Appendix B)

The MH Falls Workgroup consists of system-wide clinical and non-clinical inter-professional team members to include but not limited to: Nursing, Physical Therapy, Occupational Therapy, Pharmacy, Providers, Patients and/or Family, Information Services, Quality and Safety, and/or Finance.

ROLES AND RESPONSIBILITIES (Appendix D RACI)

Workgroup Chair

The Workgroup is chaired by a MaineHealth Program Manager. The Chair has the following roles:

- Provides leadership, facilitates communication and open discussion
- Coordinates development of each meeting agenda and communicates meeting schedules
- Facilitates meetings
- Serves as a liaison to other related committees including the Quality Improvement Council and/or Clinical Leadership Council
- Works with Clinical Champion to determine evidence-based strategies that support regional progress towards goals

Clinical Champion: (Appendix E)

- Provides evidence-based strategies and practices
- Clinical resource for individual hospitals
- May be included in monthly conference calls

Quality/Safety Lead:

- Quality improvement advisory role
- Provide evidence-based quality improvement strategies and practices
- May be included in monthly conference calls

Hospital Lead:

- Serves as representative and liaison for each MaineHealth hospital
- Actively participates in meetings and conference calls and communicates recommendations to key stakeholders
- Prepares in advance for meetings by reviewing materials to be discussed and contributing to discussion
- Shares new concepts/ideas and evidence-based practices with Workgroup
Determine Outcome and Process Measures

- System level
  - Outcome measure determined by CLC*
  - System level project
    - Collaborative meeting #1
    - Enhance NYP tool risk factors & interventions
    - Shared best practices
    - Group consensus
    - Input from key experts & clinical nurses
    - Drafted and through system-level committees prior to build

- Hospital level
  - Outcome measure based on peer group mean
  - Hospital based QI project
  - Other?

*Clinical leadership council
MaineHealth System Hospital Process Measures Examples


Process:

Part 1: Patient and Family Engagement:
- Epic Reports: Patient Education documentation. Goal: 95%
- Patient engaged and assess understanding of fall risk and fall prevention interventions: 10 Audits per month from each organization.
  » KPI: 100% of audits (10/10) will be completed by each member organization by a designated champion using teach back and audit tool.

Part 2: Staff Education and Engagement:
- Staff Education:
  » KPI: 100% of nurses at our hospital will be educated on the fall risk factor enhancements in EPIC and associated interventions utilizing fall prevention education toolkit.
Strategic Work Are we using the Right Tool

<table>
<thead>
<tr>
<th>Item</th>
<th>MMC</th>
<th>NY</th>
<th>MFS</th>
<th>HFRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Secondary Dg</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dizziness/vertigo</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Mental status/cognition</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Symptomatic depression</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>History of falls</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confined to bed/chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired mob./gait</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get up and Go Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications*</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iv heparin lock</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elimination</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day# of Hospital stay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* MMC/Meds: time, type and number; NY/Meds: type/sedatives; HFRS/Meds: type/antiepileptics and benzodiazepines.

Added to Row information
Strategic work to address drivers: The Tool

- Tool needed more explanation – more specific non ambiguous row information
- Interventions needed to be targeted fall risk factor and injury risk factor

NY Presbyterian Tool in EPIC

You will note six steps in completing the Fall Risk Assessment and Injury Risk in EPIC

- Fall Risk Assessment Step 1: Score Fall Risk Items
  - Medications - Taking one or more Sedatives
  - Fall(s) in past 7 days
  - Impaired Mobility and does not use Assistive Device
  - Gender = Male
  - Impaired Cognition
- TOTAL FALL RISK SCORE
- Step 2: Indicate Fall Risk Level Based on Total Score
  - FALL RISK LEVEL
- Step 3: Indicate Injury Risk Factors
  - Is Age Over 85?
  - Bone Disorders
  - Coagulation Disorders
  - Specific Surgery this Encounter?
  - INJURY RISK SCORE
- Step 4: Identify Fall-Injury Risk Level
  - FALL-INJURY RISK LEVEL
- Step 5: Standard Interventions
  - Standard Interventions implemented
- Step 6: Additional Interventions Based on Risk Factors
  - Medication Interventions
  - Fall(s) in Past 7 Days Interventions
  - Mobility Interventions
  - Impaired Cognition Interventions
EPIC Enhancements to guide nurses documentation and critical thinking:

Moved to the fall risk flow sheet

<table>
<thead>
<tr>
<th>Bedside Mobility Assessment Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Screen: is patient on strict bedrest, non-weight</td>
</tr>
<tr>
<td>BMIAT Mobility Level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAM (Confusion Assessment Method)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Onset (different from prior to admit)</td>
</tr>
<tr>
<td>Fluctuating</td>
</tr>
<tr>
<td>Inattention</td>
</tr>
<tr>
<td>Section One Total</td>
</tr>
<tr>
<td>Disorganized Thinking</td>
</tr>
<tr>
<td>How would you rate Patient’s Level of Consciousness</td>
</tr>
<tr>
<td>Is There an Altered Level of Consciousness?</td>
</tr>
<tr>
<td>Section Two Total</td>
</tr>
<tr>
<td>CAM Score Evaluation</td>
</tr>
</tbody>
</table>

**Fall Risk Assessment Step 1: Score Fall Risk Items**

- Medications - Taking one or more sedatives
- Fall(s) in past 7 days
- Impaired Mobility and Does Not Use Assistive Device
- Gender = Male
- Impaired Cognition
- TOTAL FALL RISK SCORE

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# Row Descriptors Enhancement

## Fall Risk Assessment Step 1: Score Fall Risk Items

<table>
<thead>
<tr>
<th>Medications - Taking one or more sedatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall(s) in past 7 days</td>
</tr>
<tr>
<td>Impaired Mobility and Does Not Use Assistive Device</td>
</tr>
<tr>
<td>Gender = Male</td>
</tr>
<tr>
<td>Impaired Cognition</td>
</tr>
<tr>
<td><strong>TOTAL FALL RISK SCORE</strong></td>
</tr>
</tbody>
</table>

### Row Information

- Indicate **YES** if administered in the past 24 hours
- **Fall risk sedatives:**
  - Anesthesia (General)
  - Alprazolam (Xanax)
  - Amitriptyline (Elavil)
  - Amoxapine
  - Clomipramine (Anafrani)
  - Clonazepam (Klonopin)
  - Clorazepate (Tranxene)
  - Desipramine (Norpramin)
  - Dexmedetomidine (Precedex)
  - Diazepam (Valium)
  - Diphenhydramine (Benadryl)
  - Imipramine (Tofranil)
  - Ketamine (Ketalar)
  - Lorazepam (Ativan)
  - Midazolam (Versed)
  - Nortriptyline (Pamelor)
  - Oxazepam
  - Pentobarbital (Nembutal)
  - Phenobarbital
  - Promethazine (Phenergan)
  - Quetiapine (Seroquel)
  - Temazepam (Restoril)
  - Trazodone (Desyrel)
  - Zolpidem (Ambien)

### Row Information

- Indicate **NO** if patient has no impaired mobility issues
- Indicate **YES** if any of the following impair mobility for the patient:
  - BMAT 3 or less
  - Tethers (O2 tubing, SCDs, IV pole, etc.)
  - Weakness due to pharmacologic factors (consider drugs to lower blood pressure, dizziness, low vital signs, labs, other medications)
  - Change from baseline mobility due to assistive devices
  - Frequency or urgency of bladder issues
  - Decreased sensation (neuropathy)
  - Sensory/perceptual impairment (vestibular)

### Row Information

- Indicate **NO** if patient has no impaired cognition
- Indicate **YES** if any of the following indications:
  - CAM positive
  - Increase in confusion throughout the day
  - Diagnosis of dementia, Alzheimer’s, Parkinson disease
  - Disoriented or confused
  - Unable to follow commands
  - Impaired attention/impulsive
Nursing Interventions:

**Impaired Mobility Interventions**
- Assist Patient with Mobility per BMAT
- Consider Bedside Commode and Initiate Toileting Schedule
- Discontinue Tethers as Medically Able
- Discuss with Provider the Need for PT/OT Consult
- Stay with Patient in Bathroom/commode

**Medication Interventions**
- Select Single Option: (F5)
  - Assist Patient with Mobility per BMAT
  - Consider Bed/Chair Alarm
  - Consider Pharmacy, Geriatric Consult(s) if appropriate
  - Stay with Patient in Bathroom/commode if applicable

**Impaired Cognition Interventions**
- Select Single Option: (F5)
  - Consider Pharmacy, Geriatric Consult(s) if appropriate
  - Regulate Hydration and Mobility
  - Regulate Use of Sensory Devices if Needed (glasses/hearing aid)
  - Closely for Constipation, Urinary Retention
  - Patient Frequently (may benefit from a window bed)
  - Sleep Enhancement Guidelines
  - Stay with Patient in Bathroom/commode
  - Monitor/Camera if applicable

**Fall(s) in Past 7 Days Interventions**
- Select Single Option: (F5)
  - Assist Patient with Mobility per BMAT
  - Determine Type of Fall
  - Discuss with Provider
  - Stay with Patient in Bathroom/commode

**Standard Interventions Implemented**
- Select Single Option: (F5)
  - Appropriate footwear/no skid socks
  - Appropriate Lighting
  - Bed in Low Position
  - Call Bell and Personal Belongings within Reach
  - Clutter free / No Spills Environment
  - Hourly Rounding (every hour during day/every two at night)
  - Provide Education of Fall Prevention (using teachback)
  - Utilize Baseline Assistive Devices if applicable
  - Utilize Bed Functionality and Ensure Connection to Call Bell System

*Row Information*:
- If frequency or incontinent of bladder or bowel, consider bedside commode and initiate toileting schedule; staff to remain with patient while toileting and daily care
- If physiological factors triggered fall (i.e., Check vital signs...
Implementation and Staff Education & Engagement: MH Educational Toolkit Fall Prevention 2018

- Standardization of education
- Needed to be delivered in multiple ways
- Power point “once and done” is not educationally sound
- Development of real life case studies
- Interactive
- Enhance critical thinking

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Patient Education & Engagement

- Patient Education
  - Integrate into EPIC
  - Standardize across the system
  - Tailored for behavioral health
  - Monitor compliance for documentation

- Patient Engagement!
  - Nurse manager rounding related to fall education
  - Use of teach back

Preventing Falls - Together

If you fall, you could hurt yourself which could mean a longer hospital stay. The good news is that most falls can be prevented. Here are some ways we can work together to keep you safe.

Falls Can Happen to Anyone
Anyone in the hospital could fall, but there are things that put you at risk of falling such as:
- Feeling dizzy, weak or confused.
- Being in a hospital room that is unfamiliar to you.
- Having fallen in the past.

How Staff Will Help Prevent Falls
Keeping you safe is very important to us and we are here to help.
- We will work with you to see what your risk of falling is and talk with you about ways we can help keep you safe from falls.
- We will check in with you during your stay to make sure you have what you need. If you need anything before we can get to you, please use your call bell so we can help.
- Ask for help when you need to go to the bathroom. Don’t wait. Don’t try to get to the bathroom without our help.

How You Can Help Us Keep You Safe
- Use your call bell and wait for our help before you stand up.
- Tell us if you feel dizzy, light headed or weak.
- If we tell you it is safe to get up without help, please take your time. Sit on the edge of your bed for a few minutes before standing up.
- Wear shoes or slippers with rubber soles, or non-skid socks every time you are out of bed.
- Only use items within your reach. Leaning over to grab something can throw off your balance causing a fall.
- Please do not lean on rolling objects like the bedside table or equipment in your room. Use your walker or cane as recommended by your doctor, nurse, or physical therapist.
- Tell us about any spills on the floor, cords, or anything else that may get in your way.

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## Process Measures

### November

- **Patient Education Audits (% positive response)**
  - 100% of audits (10/10) will be completed by each member hospital by a designated champion using Teach Back and audit tool each month.
  - [Numerator: Total patients with positive response (demonstrates understanding of fall prevention)]
  - [Denominator: Total patients audited]
  - **81%** (13/16)
  - **75%** (18/24)

### December

- **Nursing Staff Education on Fall Risk Factors and Interventions (% educated)**
  - 100% of nurses at each hospital will be educated on the fall risk factor enhancements in Epic and associated interventions utilizing the MH Fall Prevention Education Toolkit. [Adult, inpatient units].
  - **79.1%** [Oct-Nov-Dec 2018] [22231/42115]

### Your hospital-specific processes. Describe:

To test elements of the Fall Tool kit, in particular falls that occur while toileting. We utilized case studies and scripting to assist staff in caring for patients.

- **What testing (PDSA ? / KPI?) -** Monitoring safety reports for trends in falls with injury around toileting.

- **Unit(s) selected -**
  - Broadly disseminated at the Interprofessional Quality Council (November), Nurse Residency Program (December), and Patient Care Tech training (2018). Specific unit training included R6 over the summer 2018.

- **What you are finding -**
  - For November and December 2017, we had **38%** (5 out of 13) falls with injury that occurred around toileting. In November and December of 2018, we had **27%** (4 out of 15) falls with injury that occurred around toileting.

- **Next steps –**
  - Roll out Fall Tool kit to R2 within the next month.
MaineHealth Fall with Injury Timeline

- **11/2/17 Learning Collaborative**
- **1/30/18 Learning Collaborative**
- **6/11/18 Learning Collaborative**
- **9/24/18 Learning Collaborative**
- **12/3/18 Learning Collaborative**
- **10/5/18 Dashboard day**

Patient education
- Patient Engagement Audits: teachback

System Level project: epic enhancement of fall risk factors/risk for injury/interventions - roll out 6/1/18

System level project: post fall management began 12/3/18
Celebration and Keep on Moving!

- Sustainability
  - Ongoing monitoring of data
  - Embedded tools in EHR
- Onboarding of new Hospital Leads
- Connecting to resources beyond discharge
- Fall Prevention Awareness Day
  - First day of Fall each year
- Dissemination of lessons learned
- Keep Monitoring. **DO NOT TAKE FINGER OFF THE PULSE OF FALLS**
- Next Steps:
  - Behavioral health group, geriatric case reviews, post huddle, provider order sets, ED tool standardization, Care continuum
Thank You

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