

NICHE CONFERENCE



**Innovations in Fall Prevention:  
A Geographical Cure**

ADVANCE HEALTHCARE

APR 21, 2017

PROFESSOR/LECTURER  
Nicole Lincoln MS, RN, CCNS-SC, FNP-BC NICHE Coordinator  
Ann Carey MS, BSN, RN NICHE Coordinator




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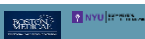
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**Advocate Boston Medical Center**

315,000 MEMBER HEALTH PLAN	MORE THAN 5,000 EMPLOYEES	NETWORK OF 14 COMMUNITY HEALTH CENTERS
482 BED TEACHING HOSPITAL		LARGEST PROVIDER OF TRAUMA AND EMERGENCY SERVICES IN NEW ENGLAND
860,000 OUTPATIENT VISITS PER YEAR	PRIMARY TEACHING HOSPITAL OF BLSI SCHOOL OF MEDICINE	NEW ENGLAND'S LARGEST SURVIVANT HOSPITAL

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**Quality of Care**  
Falls are a leading Cause of Preventable Harm

**BMC pryzs Hospital Dashboard**

<p><b>Q</b>uality</p> <ul style="list-style-type: none"> <li>Preventable harm</li> <li>Outpatient access</li> <li>Medical responsiveness</li> <li>ED Length of stay</li> <li>Discharge</li> </ul>	<p><b>E</b>conomic</p> <ul style="list-style-type: none"> <li>Operating income</li> <li>Member length of stay</li> <li>BMC/DF members using BMC*</li> </ul>	<p><b>S</b>atisfaction</p> <ul style="list-style-type: none"> <li>Patient satisfaction</li> <li>Employee engagement</li> </ul>	<p><b>T</b>ransformation</p> <ul style="list-style-type: none"> <li>Net patient service revenue</li> <li>DSIT supplemental funding</li> <li>Volume</li> </ul>
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**Our focused 2016 priorities**

- Quality of Care**  
Key measure: Preventable harm
- Patient Experience**  
Key measure: IP & OP satisfaction
- Growth**  
Key measure: Volume

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### Objectives

1. To briefly review best practices in fall prevention
2. Discuss the implementation and sustainment of geographic "PODS" in fall prevention on a 36 bed inpatient medical pilot unit
3. To evaluate outcomes for patients and staff on the pilot unit

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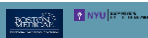


### Best Practices in Fall Prevention Science

1. Educate patient, communicate fall risk to team
2. Bed in low position, lock brakes, side rails (2-3)
3. Call lights and personal objects within reach
4. Orient to environment, optimize lighting, clear pathways
5. Calming or distractive activities, family presence if possible
6. Proper fitting shoes/non-skid slippers
7. Consider converting IV to saline lock
8. Assess vital signs, for orthostatic BP changes
9. Consult OT/PT, pharmacy, for mobility or medication consults



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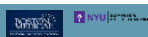


### Medium to High Fall Risk Interventions

1. Institute hourly rounding by staff
2. Bedside handoff at shift change
3. Plan toileting schedule based on patient's voiding habit
4. Initiate chair/bed alarms
5. Do not leave the patient while out of bed ambulating
6. Relocate patient to a more visible location
7. Schedule accompanied walks
8. Ensure all equipment is at correct height
9. No passing zone



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## Quality Improvement (QI) Activities

1. Post-fall huddle
2. Preventability analysis
3. Dedicated interdisciplinary fall team to plan QI, review and trend falls
4. Make changes to policy/procedure based on lessons learned and best-practices
5. Brainstorm solutions with staff (shared governance)
6. Pilot nursing innovations

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## Reason for Action

- Falls are the leading cause of injury in older adults (CDC)
- Costly
  - \$14,000 per fall (AHRQ estimates)
- Preventable by
  - Communicating risk
  - Patient education
  - Compliance to interventions

**BOSTON MEDICAL CENTER FALLS (2013)**

PROFESSORS:  
Nicole Lincoln MS, RN, CCNS-SC, FNP-BC NICHE Coordinator  
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## Local Improvement Plan Do Study Act (PDSA)

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Nicole Lincoln MS, RN, CCNS-SC, FNP-BC NICHE Coordinator  
Ann Carey MS, BSN, RN NICHE Coordinator

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### Individualize Care Create Signage

**Patient Assistance Plan**  
Date: \_\_\_ / \_\_\_ / \_\_\_

☑ RN to check patient needs at start of each shift

Assistance Out of Bed	1 Person	2 People			
Assistive Aids in Room	Walker	Stair	Transfer Chair	Wheelchair	Lift
Toilet Assistance	Commode	Bedpan	Urinal	Diaper	Washcloth
Falls Prevention	Bed Rails on Patient	Bed Rails Not on Patient	Bed Alarm On	Safety Checks	

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### A Geographical Cure "Pod" Map Pilot Unit

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20427 14110  
20500 04110 10110 11010  
04110 11010 11011 11012  
04110 11012 11013  
04110 11014 11015 11016  
04110 11017 11018 11019

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### Clustering Nursing Pod Assignments

What?

- Registered Nurse (RN) and nursing assistant assignments are based on patient room location and acuity
- Charge RN completes assignments to optimize clustering and patient care on the unit
- Admissions in a pod will be assigned to you or your pod partner (maximum of 2 per shift)
- You will not always have the same patients as the previous shift you worked
- Assignments will be reset each day to be as effectively clustered as possible

Why?

- Efficiency- less steps in your workflow process
- Teamwork- better able to communicate risk, proximity
- Patients more accessible
- Increased time at the bedside
- It is easier to cover for another RN or nursing assistant

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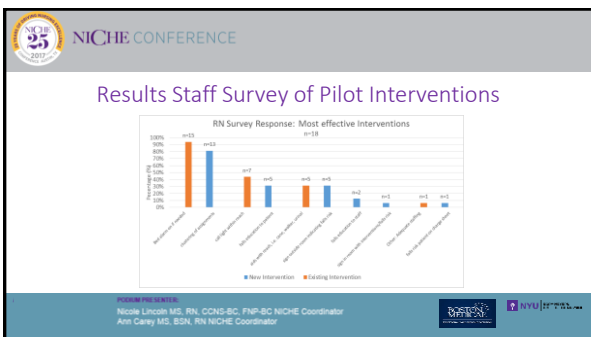
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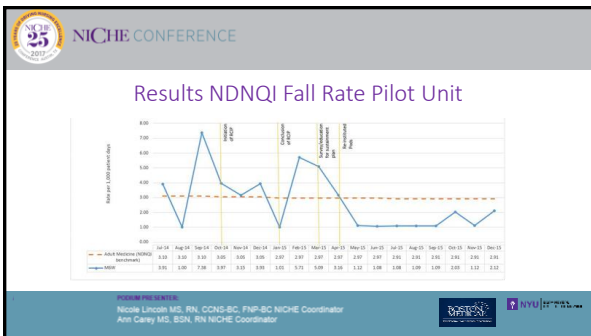
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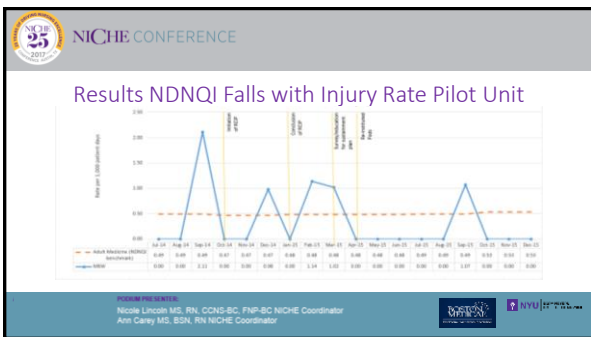
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### Next Steps

1. Spread of "Pods" to additional units
2. I-PASS with Safety nursing bedside handoff
3. Create Nursing Dashboard
4. Educate staff
5. Fall prevention teach back
6. Post-fall huddles -documentation with incident reporting system
7. Standardize delirium screening, including CIWA patients
8. Implement distractive activities nature, music, guided imagery

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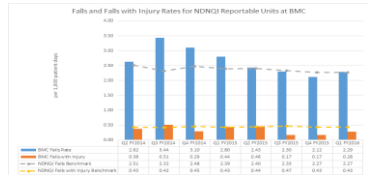
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### Results Hospital -Wide



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### Lessons Learned Fall Prevention

- Clustering staff assignments into "Pods" created a safer environment for patients and resulted in less falls and fall with injury
- Staff sustained the "pod" intervention for 2 years on the pilot unit and successful spread has resulted in similar results on other units
- Fall prevention is an area where there is a need for continuous QI and re-assessment of best practices requiring a dedicated team to optimize results
- Nursing Innovation and engagement from the front-line are key components of implementation and sustainment of QI projects

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## Lessons Learned Nurse Engagement

1. Shared governance
2. Nurse practice councils
  - Fall Prevention team
  - Unit Based Council development
3. Support the development of QI local improvement projects
4. Promote nurse resilience
5. Stimulate nursing innovations from the front-line

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## Nursing Innovation



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## Thank you



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