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## GRN Drives Down Fall Rate Using New Protocol to Obtain Orthostatic Vital Signs on Admission

CLEVELAND CLINIC  
HILLCREST HOSPITAL  
OHIO

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APRIL 21, 2017

FORM PRESENTER:  
Lynn Szoka, MSN, RN, NICHE Coordinator  
Kathleen Brobst, BSN, RN




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**Katie Brobst, RN, BSN**  
 Bachelors in Nursing – Ursuline College  
 Geriatric Resource Nurse – 2015-16  
 Co-chair - Shared Governance Council  
 Magnet Champion 2015-16

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**Lynn Szoka MSN, RN, G-CNS**  
 MSN – University of Akron  
 NICHE Coordinator  
 GRN Coordinator since 2014  
 Nurse Manager  
 Magnet Steering Committee

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### Cleveland Clinic Hillcrest Hospital

- 500 Bed Hospital
- Level II Trauma Center
- Stroke Center
- Chest Pain Center
- NICHE Certified since 2015



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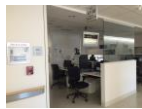
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### 3 Seidman – Hillcrest Hospital

- 24 Beds
- Oncology/Med-Surg
- Palliative/ Hospice Care
- Inpatient Chemotherapy administered on unit – Certified RNS



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### Falls in Hospitals

Longer hospital stays and additional treatment after contribute to a 61% increase in patient care costs.

(Journal of Nursing Care Quality, 2014)



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Hospital-wide Falls Committee reviewed factors contributing to falls

Example:

- Improper fall risk assessment
- Unassisted ambulation
- Medication
- Bathroom related
- Chair alarms
- Environment
- Hand off communication

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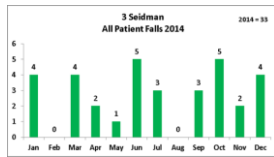
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Methods to Effect Change

Taken to Shared Governance on the unit

Statistics shared on unit of previous poor success with fall reduction.




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Collaborative Effort

First conducted in 7 U.S. hospitals joined with Joint Commission for transforming healthcare to reduce fall rates.

Robust Process Improvement process that incorporates tools and concepts from Lean Six Sigma and change management methodologies

(Journal of Nursing Care Quality, 2014)

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Cleveland Clinic Culture of Improvement

Culture where every caregiver is capable, empowered and expected to make improvements every day

A3 class on site to learn problem solving skills to address present condition

Resources and coaches dedicated to support staff with process improvement



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What Is the Target Condition?

- A significant in decrease in fall occurrences
- Greater staff awareness
- Improved assessment of risk
- Implementation of interventions

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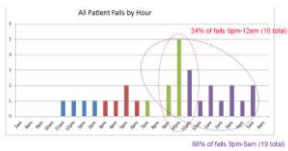
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What Is the Actual Condition?





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Focus

- Oncology patients
- Fall Prevention and Reduction
- Intervention implementation

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Shared Governance Project

- o Fall Statistics prior to project start – many months highest number of falls in hospital
- o Motivation to change current practice
- o Collaboration with nurse manager/NICHE coordinator

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What Are the Obstacles? Which Ones Are We Addressing Now?

"No one checks orthostatic vital signs"

Why Is This Important?

- Staff needs to know fall risk on admission
- Educational opportunity for patients and families
- Everyone is responsible for keeping patients safe

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What Are the Next Steps (Countermeasures)?

1. Orthostatic BP taken with all Admissions
2. Positive results triggered high fall risk protocol
3. Patient and family fall education made a high focus of patient care

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1. Orthostatic BP taken with all Admissions

- Staff education and implementation
- Push back
- Collaboration of positive results

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2. Positive results triggered high fall risk protocol



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3. Patient and family fall education made a high focus of patient care



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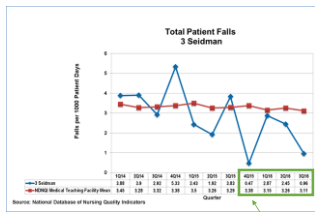
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Questions?

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