

Partnering with the Patient

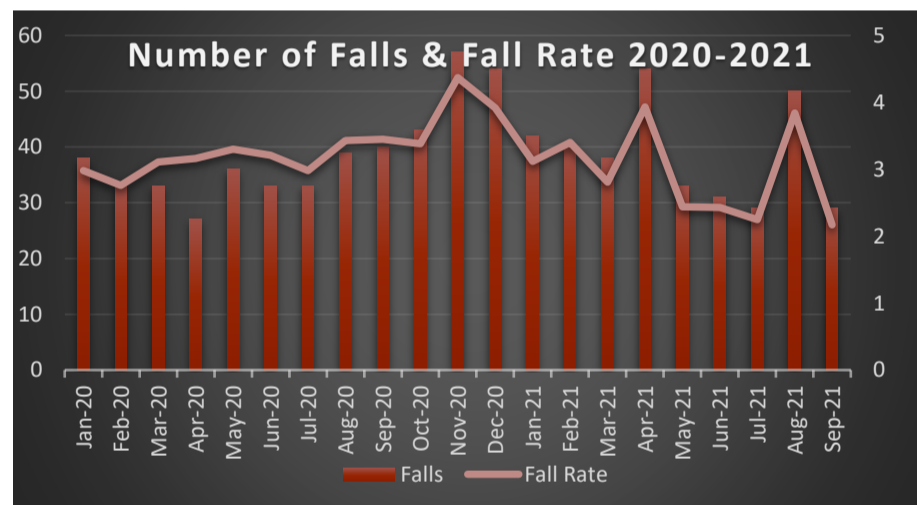


Barbara Cottrell MBA, BSN, RN, NEA-BC, Samantha Heffron MSN, RN-BC, Jessica McKnight MPH, CIC, Teresa Yankanich MSN, RN, BS, NPD-BC, CCRN

Introduction

Problem: Historically, at TUHMC, the number of falls and falls with injury has been above NDNQI benchmark.

Background: Total number of falls for Fiscal year 2021 was 504 with a fall rate of 3.31. Starting in FY2021, the goal was a 10 percent decrease in the total number (rate) of falls by implementing an evidence based fall bundle.



Goals:

1. Identify and implement an evidence-based fall risk stratification tool
2. Conduct post fall huddle debriefs on all patient falls
3. Critically appraise the evidence for fall prevention strategies
4. Standardize fall prevention interventions across the system

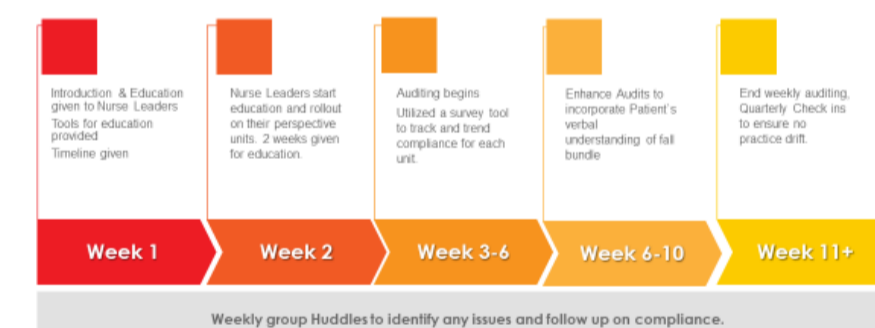
Purpose

The primary purpose of the Fall Prevention Committee is to reduce patient falls and falls with injury by ten percent annually and to improve the patient safety culture on hospital units in accordance with evidence-based practice recommendations.

Methods

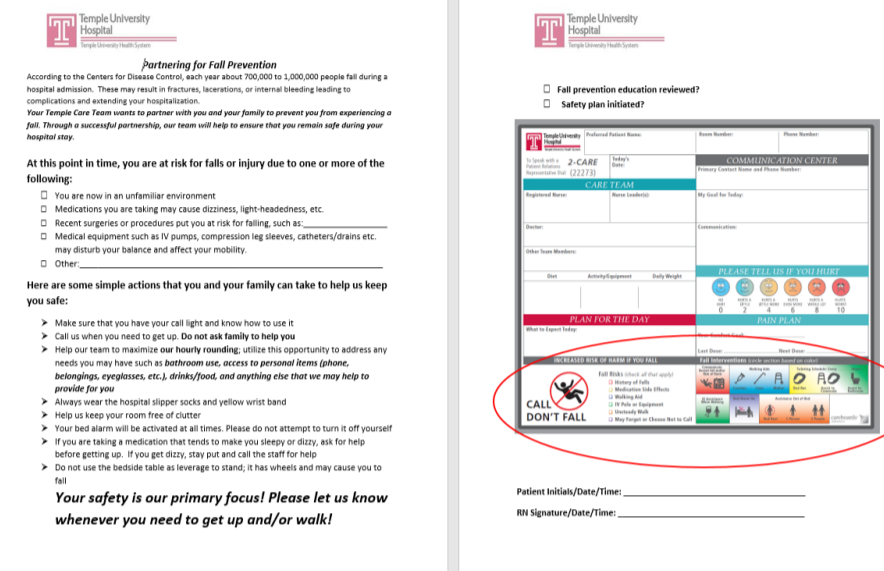
- o "Partnering with the Patient" evidence based falls prevention bundle, using the John Hopkins Fall Risk Assessment Tool (JHFRAT).
- o Critically appraised the literature and implemented the patient education, which was found to be highly effective in preventing patient falls.
- o The Falls Prevention Committee used a stepped wedge approach to implement the Partnering with the Patient bundle.
- o Implementation of fall huddle Debriefings led by Nurse leaders- We utilize teams form in order to track & trend where our focus should be around fall prevention

Partnering with Patient Bundle Timeline



To meet our goals we implemented a Partnering with the Patient Fall Bundle. This included:

- o Post fall huddles-Creating a Post Fall Huddle Debrief tool for all leaders to utilize when a fall occurs to find the root cause.
- o JHFRAT- Implemented the John Hopkins Fall Risk Assessment Tool
- o Standardized Interventions- We implemented a three fall risk category for fall prevention interventions.
- o Implemented the Partnering with the Patient Agreement to every patient.
- o De-implementation of fall signage



Limitations

- o Specialty departments such as the ED and Behavioral health units were identified as units that would not implement the Patient education, but those areas did implement the other parts of the bundle.
- o Procedural areas were identified as needing a modified version of the patient education as their workflow is different from the inpatient units.

Implications for Practice

- o Initial outcomes presented to organizational leaders and key stakeholders to ascertain support for full implementation of this evidence based practice change.
- o Incremental implementation outcomes align with current evidence. Based on the outcomes achieved sustainability plans are being developed and implemented.
- o Providing patient knowledge and competence in fall prevention is central to the success of this initiative.
- o Providing easy access to essential evidence based fall prevention tools has increased staff engagement and prioritization in fall prevention strategies.

Results

In FY22 Temple University Hospital had 391 falls with a fall rate of 2.39. This was a 23% reduction in the number of falls. However, our fall with Injury rate did not decrease.

