

# Falling for Our Patients at Pella Regional Health Center

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Falls Committee: MedSurg Leadership and Staff, Case Management, Nurse Educators, Therapy Services, Environmental Services, Pharmacy, Chief and Associate Chief Nursing Officers

## Objective:

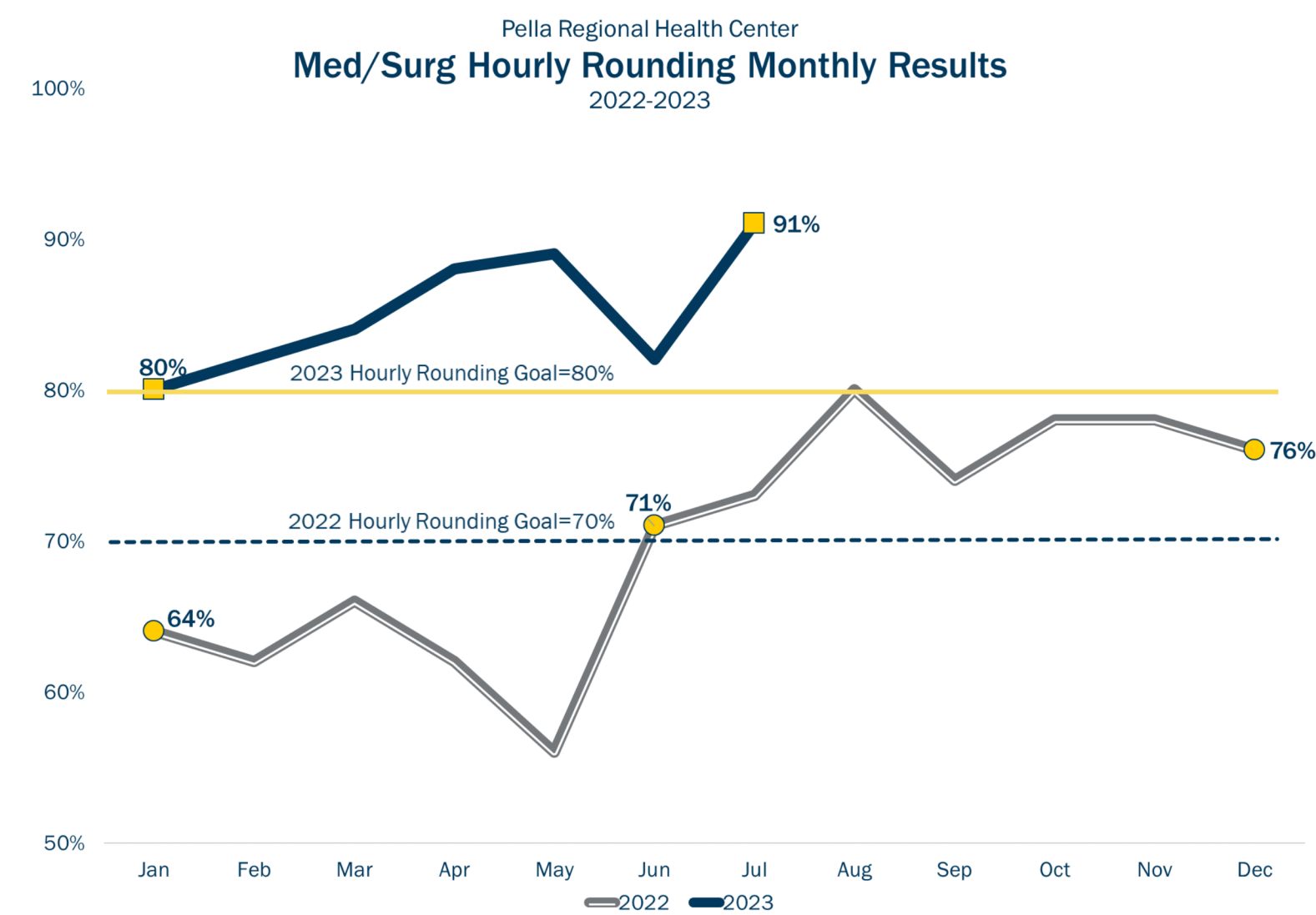
To improve patient safety by utilizing standard practice tools to reduce our patient falls on our Med/Surg and ICU floors.

## Background:

According to the CDC, falls are the leading cause of injury-related death for people 65 and older. They are also the most common cause of non-fatal injuries and hospital admissions for trauma for the same age group. In acute and rehabilitation hospitals, falls resulting in injury occur in 30% to 51% of patients. Falls are associated with increased lengths-of-stay, increased utilization of health care resources, and poorer health outcomes. Soft tissue injuries or minor fractures can cause significant functional impairment, pain, and distress. Even "minor" falls can trigger a fear of falling in older persons, leading them to limit their activity and lose their strength and independence.

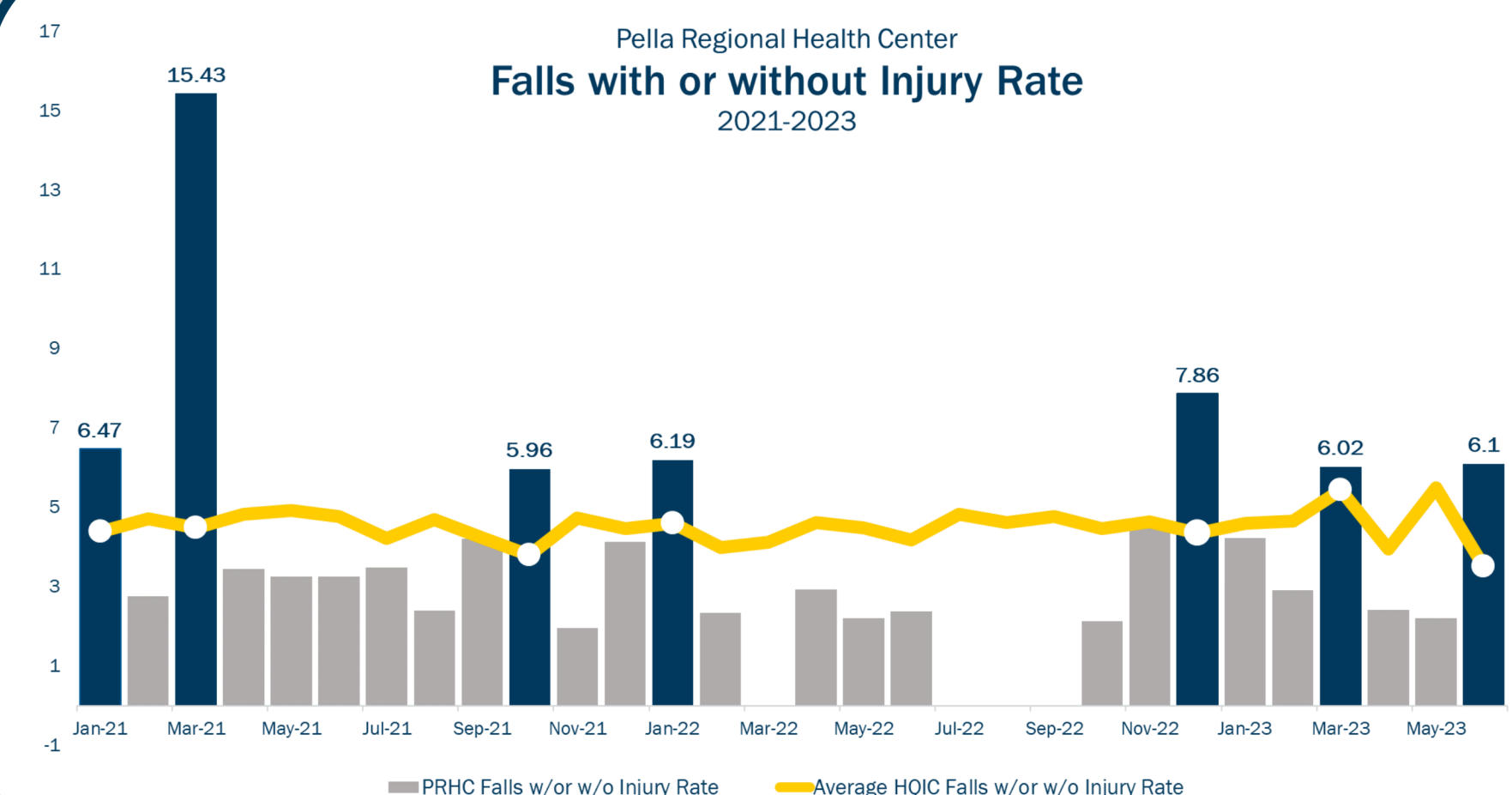
## Analysis:

- In late 2021 we found that patients who had a higher risk for falls only had one small identifier on their patient ID band. This presented an opportunity for the team to brainstorm additional visual cues for staff to more easily identify patients at high risk for falls. These changes were implemented in 2022 along with a targeted goal of increasing hourly rounding compliance to 70%.
- Building on that progress, in 2023 our Falls Prevention Committee began reviewing our patient falls and analyzed how our current Fall Risk Assessment functioned with our patient population. It was determined that not all possible factors or changes in patients' status were being included, leaving opportunity for continued education.



## Metrics:

Over the past year, Med/Surg staff have worked diligently to increase the hourly rounding compliance rate, which has a positive impact on falls. The overall fall rate for 2022 dropped to 2.5% and the falls with injury rate dropped to 1.05%. By increasing our threshold from 70% to 80%, our goal in 2023 seeks to further improve the rounding compliance rate in order to keep our patients safe from falls.



Improve Visualization of High Risk Fall Patients

Increase Hourly Rounding Compliance

Expand Risk Factors on Fall Risk Assessment

## Actions Taken:

The goal of the actions taken in 2022 were to increase visibility and the easy identification of patients with high fall risk so that all staff in Med/Surg/ICU could help quickly identify a patient that needs additional care and support to prevent falls.

- New door magnets were implemented for a program called "Walk with Me" which was created for this patient population
- Yellow patient gowns along with yellow non-slip socks were implemented to help staff easily identify all high fall-risk patients on the unit.

In 2023, we ramped up our Falls Prevention Committee. Using best practice guidelines provided by our HQIC Advisor from IHC, the committee continues to evaluate all falls in our facility to look for additional opportunities for improvement in processes.

- This committee has updated our Fall Prevention Policy and drafted new standard work to help ensure that staff are taking all potential factors into consideration when completing the Morse Fall scale assessment.
- The team is working to create a more robust post-fall huddle assessment so that further opportunities for improvement can be identified.
- In an effort to create more awareness and include non-clinical staff in identifying our high fall risk patients, a new education step was taken to ensure that all staff could identify a high fall-risk patient and know the proper steps to get those patients the help that they need to stay safe.

## Next Steps:

- Evaluating the possibility of a Train the Trainer class for "Matter of Balance" instructors from our Therapy Services Department
- Multidisciplinary Rounding - incorporating Therapy Services and Respiratory Care into the hourly rounding process.
- Continue using our Falls Committee to look for more opportunities for improvement