

# HRET HIIN CASE STUDY

## QUEST FOR EXCELLENCE

### FALLS REDUCTION

Lincoln County Medical Center  
Ruidoso, NM



### SETTING THE STAGE

**Describe how this project is consistent with your strategic plan and how leadership guided and sustained performance expectations.**

- > Falls Reduction aligns with LCMC's strategic plan which aims to improve the delivery of healthcare by providing safe quality care and exceptional patient experience.
- > The Hospital's Chief Executive, the Chief Nursing Executive along with Quality have guided and served as resource, champion and cheerleader. Hospital leadership also guided by example by answering call lights themselves during safety rounds and making sure the patient was appropriately identified as a fall risk.
- > Sustainability was accomplished through focused daily huddles with management and staff ensuring that all participants stayed on track and by holding all involved staff members accountable.

**Why did you select this project and what methods were used to identify the need?**

- > We used our fall data from 2017 to acknowledge that we had an increase in falls. Analysis of internal fall reports revealed that our fall rate was 3.59/1000 in 2017 which did not meet Leadership expectations.
- > Per the Agency for Healthcare Research and Quality (AHRQ), Nationwide Falls account for about 700,000

to 1,000,000 falls resulting in fractures, lacerations or internal bleeding. Close to one-third of these falls are preventable by adhering to fall precaution measures, managing the patient's fall risk factors and elevating the culture of safety in the hospital.

### PROJECT DESIGN

**Who was involved in the improvement effort**

- > The team consisted of the Hospital's Chief Executive, Chief Nurse Executive, Quality Manager, Charge Nurses, Clinical Education and front line staff.

**What methodology was used?**

- > The PDSA model was used. Following the PDSA process a goal and objectives were identified. Interventions were assigned to different members of the team. The team flowcharted the ideal process and identified the gaps in our current process.
- > We discovered two major gaps:
  1. Variation in interpreting the fall screening elements, and
  2. Variation in complying with the fall prevention protocol.
- > We reeducated our staff members and provided the "No One Walks Alone" (NOWA) flowchart for guidance.

**How was the data collected and how you used the data to guide your process improvement efforts?**

- > Fall rate data was electronically collected which provided outcome scores. Process data was collected manually and tabulated by the Quality Manager to assess compliance with established process steps.
- > Process steps included full implementation of the NOWA protocol: Staff present when ambulating

patient, Fall Agreement, Bed Alarms, Fall Risk Assessment, Individualized Care Plans, Collaboration with Physical Therapy, Counting Days between Falls and Post Fall Debriefings.

- > Data analyzed weekly. Updates and information were disseminated to staff through a Falls board displayed in the department with the Aim statement, rolling monthly falls data, and assignment of responsibility based on employee role

## RESULTS

**Describe the results including patient outcomes, process changes and service delivery results**

- > Fall data for Jan-July 2017 shows our inpatient fall rate was 4.2/1000 compared to 0.99/1000 same time frame, Jan-July 2018. This is an improvement of 3.21/1000. We are on track to meet our goal for 2018 of 2.64/1000 patient days.
- > Process step adherence has been above 90% as reported to the Clinical Outcome Action Plan Review Team Committee.
- > Working on this initiative has also improved our culture of safety.
- > According to ECRI a fall with injury cost the institution \$14,000 per occurrence. Our data shows 7 falls have been avoided translating to a potential saving of \$98,000 dollars for the organization. inistration, and core measure chart abstraction.

## LESSONS LEARNED AND SUSTAINABILITY

- > Lessons learned from this project include the importance of Leadership involvement and the full participation of the front staff. Persistence and real time response to variances and non-adherence were key to quick correction actions.
- > Our sustainability plan includes continued involvement of leadership through daily safety rounds, being sensitive to negative performance trends and celebrating successes. For example, we celebrated our low fall rate/increased compliance rate with staff by serving pizza to day shift and night shift.
- > We believe with the initiative of the “No Pass Zone” as well as continuing to provide frequent fall data to the staff, we will continue to sustain the success we have already achieved and deliver on our aims of providing safe quality care and exceptional patient experience to every patient.