

Health Care System

Temple University Health System

Hospital Name

Temple University Hospital

Title of Initiative

Partnering with the Patient - An Evidenced Based Fall Prevention Bundle

Abstract

Background: Historically, the number of inpatient falls has been above the organization's goals and the National Database of Nursing Quality Indicators (NDNQI) benchmark for academic medical centers. In fiscal year (FY) 2021 (July 1, 2020 – June 30, 2021), the organization had a total of 504 inpatient falls with a fall rate of 3.31 falls per 1,000 patient days. Purpose: Starting in FY2021, the goal was a 10 percent decrease in the total number and rate of falls. Evidenced based interventions implemented included: implementation of an Evidenced Based Clinical Decision Support fall risk assessment tool, engaging patients and families, and standardized fall prevention interventions depending of level of risk. Implementation: A stepped-wedge approach was used to apply the Partnering with the Patient fall bundle. Interventions stratified to the patient's risk score were implemented. Nurse Leaders audited their bundle, patient agreement, whiteboard compliance and falls for eight weeks. Audit results were graphed and provided to the unit leader and staff. All units showed an inverse relationship as the partnering with the patient bundle compliance increased, the total number of falls decreased. Outcomes: In FY22 first three quarters, the organization had 317 falls with a fall rate of 2.54 falls per 1,000 patient days. This was a 19 percent reduction in the rate of patient falls. Currently through the third quarter for FY23 there was a total of 237 falls with a rate of 2.06 falls per 1,000 patient days.

What were the goals of your initiative?

Historically, the number of falls has been above the organization's goals and the National Database of Nursing Quality Indicators (NDNQI) benchmark for academic medical centers. Through the conception of a multidisciplinary Falls Prevention Committee, the following goals were developed:

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

What was the baseline assessment and/or data that indicated there was an opportunity for improvement?

In fiscal year (FY) 2021 (July 1, 2020 – June 30, 2021), the organization had a total of 504 inpatient falls with a fall rate of 3.31 falls per 1,000 patient days.

Describe the interventions that were instrumental in achieving the results for your initiative.

The Fall Prevention Committee Senior Sponsor appraised the literature using with the following question: In hospitalized patients how do best practices or strategies compared to current practices affect patient falls? Critical appraisal of the evidence overwhelmingly supports the implementation of engaging patients and families in their education using safety agreements, the use of white boards, and the use of an Evidenced Based Clinical Decision Support fall risk assessment tool to decrease falls and falls with injury, while increasing patient and staff engagement and the effectiveness of patient centered interventions for fall prevention. Successful implementation of a fall prevention bundle could reduce patient falls by thirty percent.

A stepped-wedge approach was used to apply the Partnering with the Patient fall bundle. Each group of units educated the staff for two weeks to the elements of the fall bundle via a case scenario and group discussion. Interventions stratified to the patient's risk score were implemented. Nurse Leaders audited their bundle, patient agreement, whiteboard compliance and falls for eight weeks. Audit results were graphed and provided to the unit leader and staff. All units showed an inverse relationship as the partnering with the patient bundle compliance increased, the total number of falls decreased.

What were the results of your initiative that demonstrate a notable level of improvement?

In FY22 first three quarters, the organization had 317 falls with a fall rate of 2.54 falls per 1,000 patient days. This was a 19 percent reduction in the rate of patient falls. Currently through the third quarter for FY23 there was a total of 237 falls with a rate of 2.06 falls per 1,000 patient days.

Explain how the initiative demonstrates innovation.

The organizational culture was one of casual acceptance that falls happen. To counter this mindset, we implemented post fall huddle debriefs on all inpatient falls and incorporated the 5 Whys to help in identifying the root cause of the fall. From those root causes we were able develop an interdisciplinary approach to fall prevention partnering with pharmacy for medication management, physical therapy for mobility scoring, transport for safe patient handling and providers for a team-based approach for patient education.

How was health equity embedded into your initiative to improve health outcomes in marginalized communities?

The organization is centered within an underserved, urban community. Post fall huddle debriefs were often centered around the patient as the root cause of the fall. Facilitators of the debriefs had to be trained on the 5 Whys process to accurately be able to determine the root cause of the fall without blaming the patient. Patients needed individualized fall risk education delivered in a way that they could understand. This partnership between the patient and healthcare team increased patient engagement and compliance with their care.

How did your initiative engage patients and families?

Additional interventions in the bundle included a safety agreement, named the Patient Partnership, to engage patients and families in their fall prevention strategies. This patient partnership is reviewed with the patient and/or family once a shift by the registered nurse and signed off by both parties.

How does this initiative demonstrate collaboration across care settings within your health system?

We were able to develop an interdisciplinary approach to fall prevention partnering with pharmacy for medication management, physical therapy for mobility scoring, transport for safe patient handling and providers for a team-based approach for patient education.

Explain ways in which senior leadership exhibited commitment to the initiative.

The C-suite Executive Sponsor, through the direct participation and leadership of a Senior Sponsor, supported the Nursing Leadership and Falls Prevention Committee structure for measuring falls outcomes, but also incorporating it into Nursing Leadership performance goals.

Describe the key steps required to successfully replicate this initiative throughout the region.

Using the Stepped Wedge Approach proved most effective in implementing in a large health system. This gave Fall Prevention Chairs the ability to educate, implement, and monitor closely each group of units. To maintain this initiative, falls and falls with injury are monitored daily. If a unit saw an increase in the number of falls (greater than three falls in the previous month), the Fall Prevention Committee and the nurse leaders of that unit met to develop an action plan for course correction to ensure the bundle elements were being followed, including refresh education and targeted reminders.

Cumulative Inpatient Number of Falls and Rates 7/1/2021 - 3/31/2023

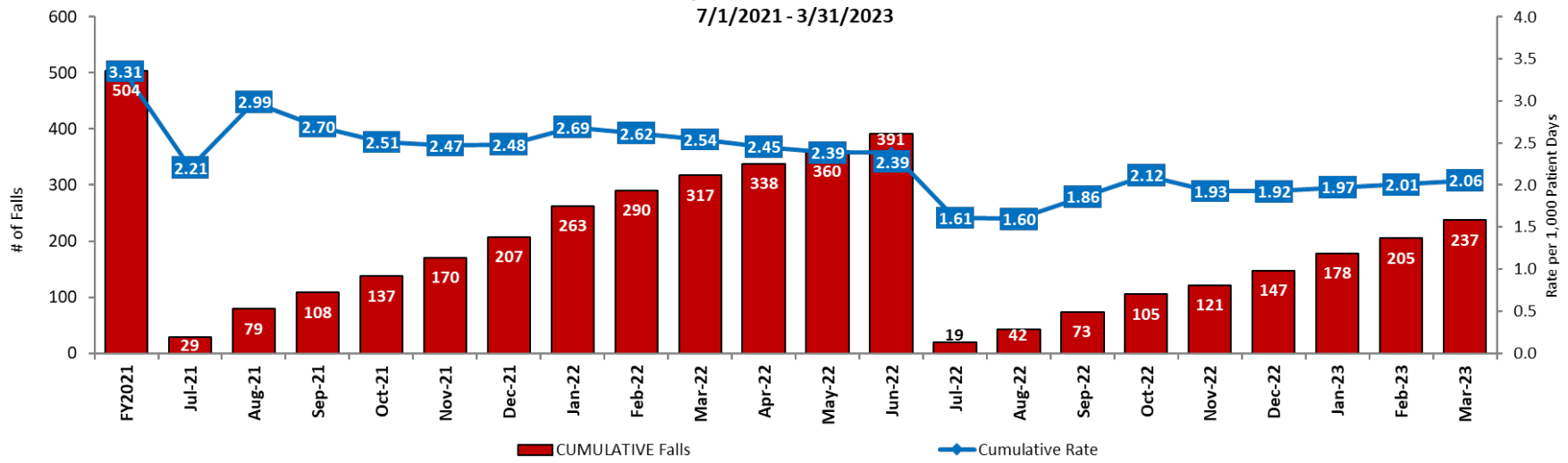


Figure 1 represents the cumulative number of actual Falls, and the inpatient cumulative rate per 1,000 Patient Days. Data Source: Nursing