

A3: Title of Problem/Program/Project

A3 Project Leader: Haimanot Mulat
Rev. Date: July 16, 2018
Scope: Rehabilitation

I. Define:		VI. Analyze (select appropriate method):
Background/Problem: Increased falls rate in the inpatient rehab unit. <ul style="list-style-type: none"> Average falls rate for 2015 and 2016 was 6.12/1000 patient days (NDNQI report, JHBMC n.d). Falls rate for 2nd Quarter and 3rd Quarter in 2017 was 17.84/1000 patient days, and 14.68 /1000 patient days respectively (NDNQI report, JHBMC n.d.). Falls are the most reported adverse events in hospitals. Falls rank at the top of hospital acquired injuries (HAI). Falls are the leading cause of death and injury for Americans older than 65 years. Approximately 30% of hospital patient falls result in physical injury, with 4-6% resulting in serious injury. Average hospital cost for a fall injury is over \$30,000. In 2015, Medicare costs for falls totaled over 31 billion (CDC, 2016). 		The analysis of the HERO reports: <ul style="list-style-type: none"> Toileting was the main reason cited for falls followed by transfers. Most falls occurred during peak hours of rehab (8am – 1pm). Patients in age group 60-70 identified as the largest group of patients with falls. More falls for women than men . Inconsistent application of falls prevention strategies and measures. Bright spots: <ul style="list-style-type: none"> Interdisciplinary staff training on fall interventions was well received. Nursing staff fully engaged in the process. Unit management’s ongoing support. Initiatives such as hourly rounds and bedside report implemented. The availability of tele video cameras, and sitters.
II. Objective/Goal:	III. Team Members:	VII. Improve – High-level Timeline with Action Steps:
<ul style="list-style-type: none"> The goal is to reduce falls by 10% from current levels (14.68/1000 patient days) by the end of 2018). Increase staff awareness, accountability, and responsiveness to act on falls prevention measures. Promote patient and family accountability /responsibility. Increased Interdisciplinary collaboration nursing, PT/OT, physical medicine and rehabilitation. . 	PCM, Unit based Interdisciplinary team DON Unit based ACE nurse Unit falls champion(s) Armstrong institute	Action Plan <ul style="list-style-type: none"> Complete cognitive/ Impulsivity screening on admission and 72 hours- Nursing, PT/OT/SLP Falls contract/ patients/families- nurses on admission Implement appropriate interventions- yellow identifiers, fall mats, wheelchair identifiers, video cameras, bed alarms, chair alarms, sitters- nurses, techs, interdisciplinary team- as needed Fall audits- charge nurses once a shift Falls champions & interdisciplinary meetings- monthly Project evaluation after 6 months- Armstrong Institute and team- done Anril
IV. Key Metrics:		
<ul style="list-style-type: none"> NDNQI and Hero Reports 		

A3: Rehab Falls Project

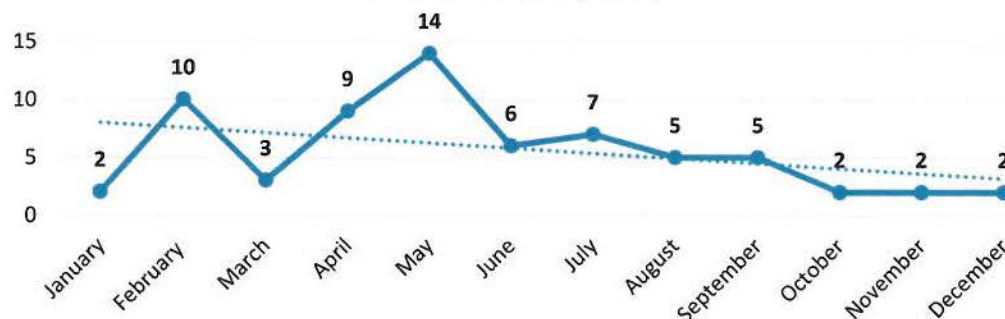
A3 Project Leader: Haimanot Mulat

Rev. Date: 7/16/18

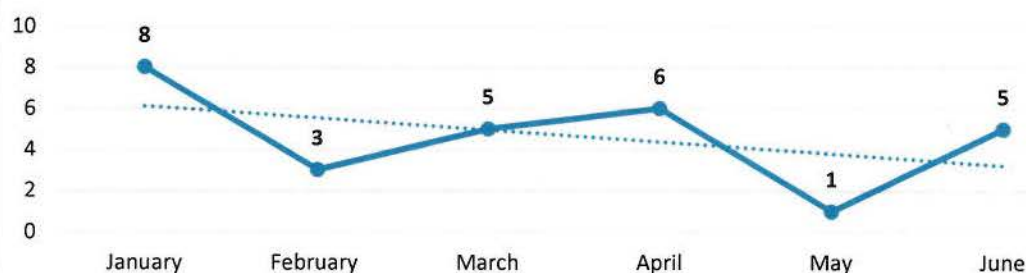
Scope: Rehabilitation Unit

Measure

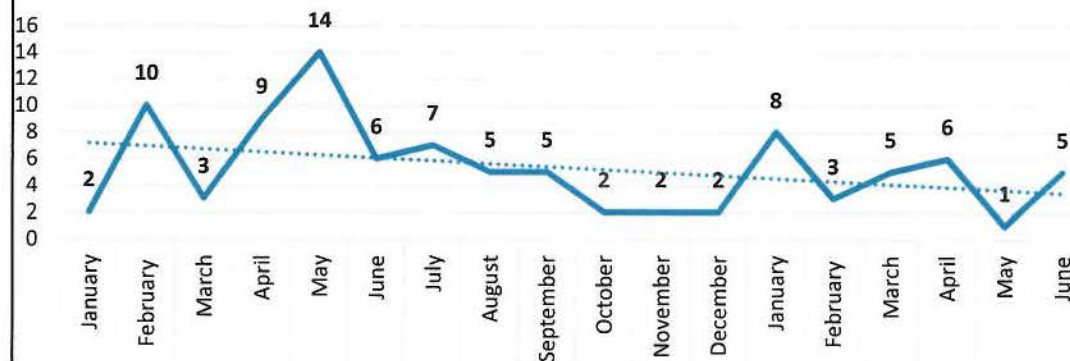
Number of falls (2017)



Number of falls (2018)



Number of Falls (2017-2018)



Control

Barriers identified

- Availability of cameras (rare) and chair alarms (ongoing).
- Inconsistency in utilization of impulsivity and cognition screening by staff not part of the rehab unit team.
- Securing commitment from members of falls champions proved to be challenging due to time constraints.
- Interdisciplinary collaboration not translating into tangible actions.

Results achieved

- Successfully rolled out falls prevention implementation strategies to interdisciplinary team.
- Falls contract rolled out unit wide with approximately 100% of patients volunteering to sign the contract.
- Increased utilization of tele video cameras.
- The number of falls have decreased over previous months.
- Staff held accountable by coaching or disciplining as appropriate for non-compliance with protocol.
- Falls audit template redesigned for ease of staff documenting and tracking.
- Falls contract moved to patient's room for ease of re-educating as needed.
- Staff continues to have a much more heightened awareness of falls prevention.
- Decrease in NDNQI last two quarters for falls and falls with injuries in comparison to two previous quarters.