

Background

Can falls be eliminated in the rehabilitation setting? YES Does staff involvement and engagement make a difference in outcomes? YES Review of historical practice revealed no actualized difference in care practices as a result of the Morse Fall Score. Patient falls occurred about every other day. Fall data was not consistently reviewed or analyzed. Frontline staff had little knowledge of fall rates.

Challenge

- Rehabilitation patients will always fall.
- Rehabilitation patients overestimate their abilities.
- Falls "happen."
- Falls are not preventable.

Opportunity

- Use history to build a framework to demonstrate the impact staff engagement has on the prevention of patient falls.
- Set a goal and get staff to help.
- Get administrative and medical staff endorsement.

Review

 Drilldown revealed that the falls occurred with equal distribution over all shifts, all days and all patient populations.

Process Step 1

- Implement the post fall huddle (April 2013).
- Real time review of the antecedent events of a fall by all caregivers involved.

Process Step 2

- Insert CNO into post fall huddles to develop open dialogue with staff to identify opportunities for improvement. • Review the understanding of fall precautions with staff.

- Falls bracelet Falls socks Bed alarms Chair alarms ***No change in care

Takeaways

- Patients who were not high risk according to the Morse Fall Risk Scale were falling, too. Most common place for fallsthe bathroom

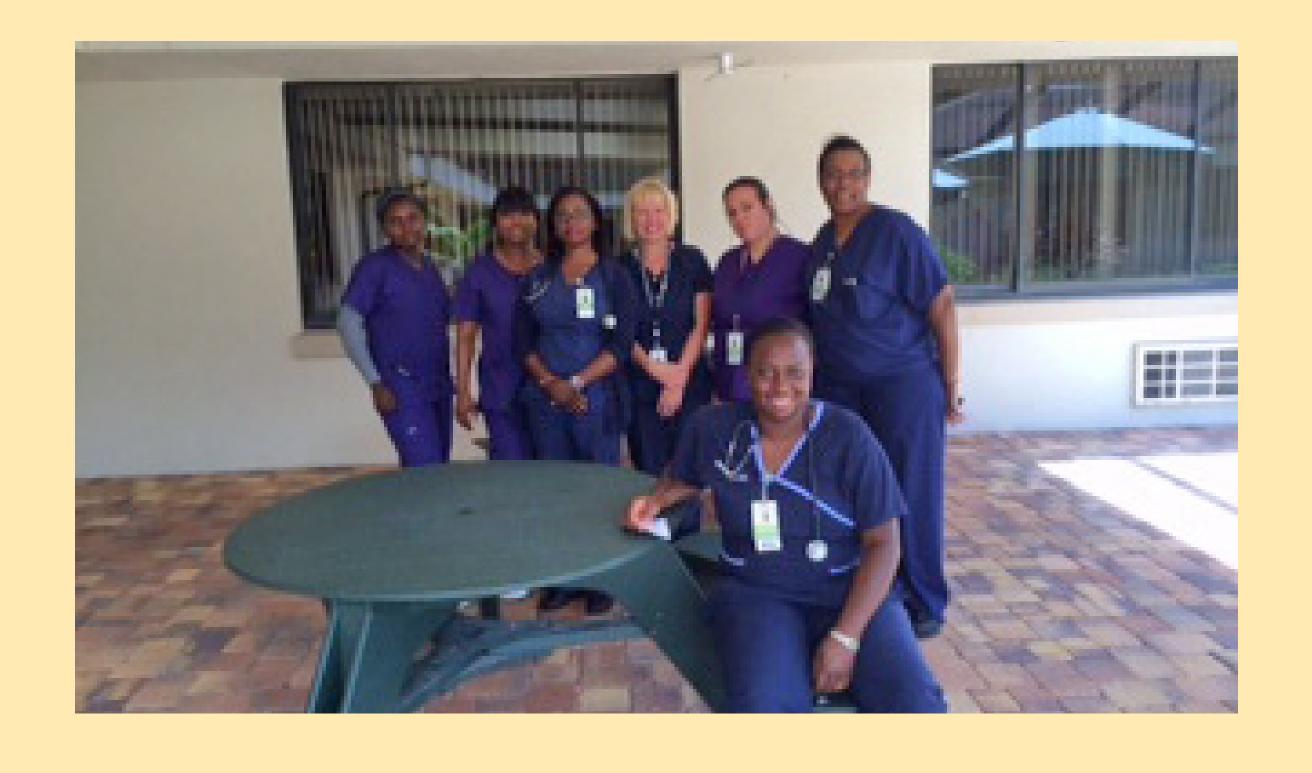
Reduction of Patient Falls in the Acute Rehabilitation Setting: A Case for Staff Engagement HealthSouth Sea Pines Rehabilitation Hospital Corinne Campbell Romano, RN, MSN, CRRN CENP

Enter the Bathroom Buddy

- May 2013
- Department commitment to remain with all patients while they are toileted (at patient request, staff may remain directly outside bathroom door).

Fall Precautions

Staff Commitment Team Day Shift



Staff Commitment Team Night Shift



Hourly Rounding

 Create job-specific goals around fall prevention on the performance evaluations for all members of the nursing division (monitoring for compliance began in July 2013).

Staff Commitment Team Evening Shift



Communicate Results

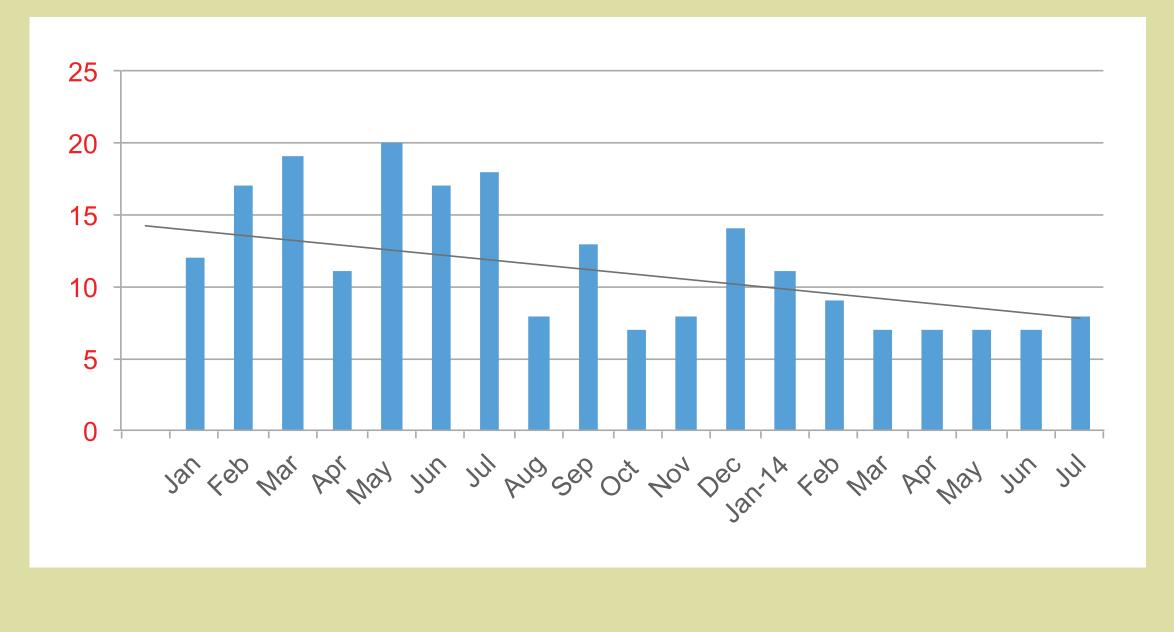
- Weekly emails from CNO with falls program results
- Nursing report card to communicate progress to nursing and all hospital departments

Results

• Fall rates reduced from 18 to 20 per month to eight to ten per month.

Falls January 2013 - July 2014

• Fall rates reduced from 18 to 20 per month to eight to ten per month.



Team Day Shift

Debbie, Pernell, Debi, Cyndi, Shatonya, Eileen, Tami, Trish, Ruth, Stacey, Janet, Lindsey, Chrismath, Nancy, Barbie, Senise, Angelique, Arlene, Vicky, Sheila, Tonia, Marva, Latoya, Michele, Joanna, Heather, Dadline, Kathy S., Becky, Donald, Kelly, Betty, Pandora, Viola, Iris and Brook

Team Night Shift

Debbie, Flo, Yphania, Justin, Shayla, Diane, Arthur, Shawanna, Amber, Marilyn, Carlos, Marichel, Helen, Janet, Connie, Mauleen, Felicia, Benjy, Wallace, Kai and Jaime

Team Evening Shift

Linda, Diane, Mylene, Evelyen, Donna, Ariana, Kathy, Ken, Eric, Naomi, Renee, Amanda, Jenice, Jennifer, Sue, Sylvia, Mary Anne, Carmen, Jackie, Christine., Ti, Marie, Pearl, Junia, Marie, Linda A., Shayna, Kawanda and Michelle C.

Celebrate Success

- Post and discuss outcome reports on units
- Discuss at staff meetings and on weekly CNO emails

Next Steps

- Transition group for high-risk patients was developed
- Now impulsive patients return from therapy to a central location
- Raise the bar by continuing to reduce raw number of falls and measuring percent of controlled falls

References

Morse Fall Scale DuPree, Erin; Fritz-Campiz, Amy; Mushino, Denise; A New Approach to Preventing Falls with Injury AMN Healthcare Education Services Hourly Rounding and Fall Prevention: A Winning Strategy