

# Partnership with Patients to Achieve Safety Goals

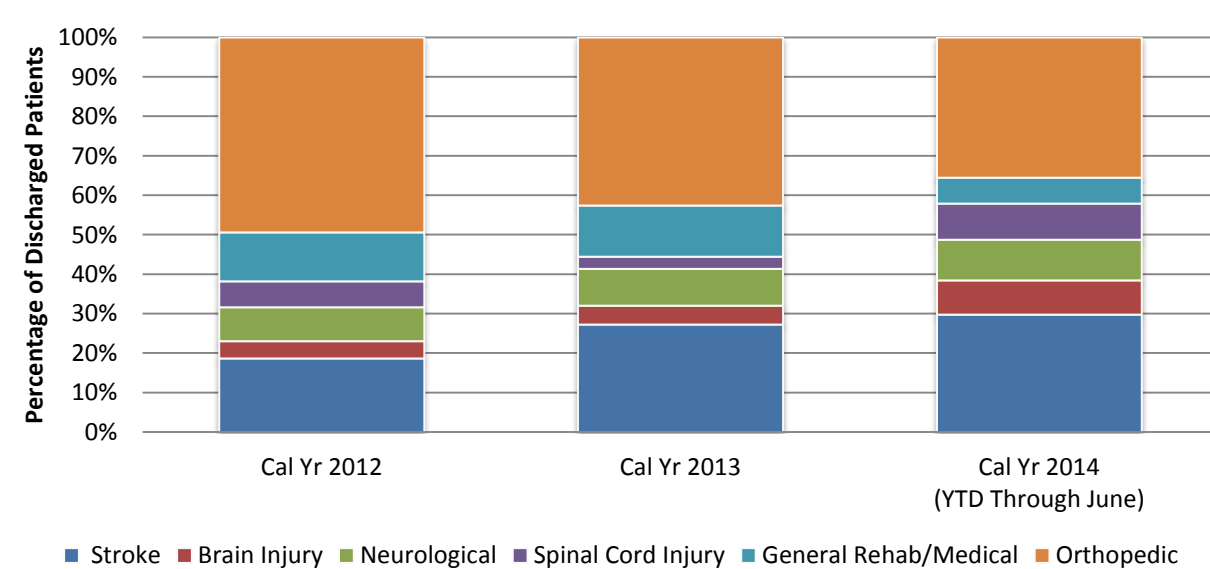
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## Introduction

### Background

- Memorial Hermann Rehabilitation Hospital - Katy
  - ▶ 35 Bed Inpatient Rehabilitation Facility
  - ▶ Case Mix Index 1.3
  - ▶ Average Patient Age: 68.79
  - ▶ Average discharges/month: 20-40
- Falls Committee
  - ▶ Interdisciplinary Committee
    - Nursing
    - Therapy
    - Pharmacist
    - Patient Safety
  - ▶ Monthly Review of Falls
  - ▶ Develop and Implement New Programs
- Traditional Staff Intervention Focus on Fall Prevention
  - ▶ Hourly Rounding
  - ▶ Fall Risk Assessment and Armband
  - ▶ No Pass Zone
  - ▶ Wheelchair and Bed Alarms
  - ▶ Low Beds
  - ▶ Close Observation Patients
  - ▶ Annual Safety Fairs with scenario based learning
  - ▶ Annual clinical staff competencies

Patient Type by RIC Group



## Problem

- Change in patient type
  - ▶ Previous strategies not as effective
- Review of Falls Identified Key Issues around Patients and Caregivers/Family
  - ▶ Family member removed wheelchair alarm
  - ▶ Patient undid wheelchair alarm
  - ▶ Getting up without asking for help "didn't want to bother the staff"
  - ▶ First time family member visited attempted to assist with transfer and patient fell
- Feedback from Patient vs Staff Impression
  - ▶ Does instructions on using call bell for assistance equate to fall prevention education?
  - ▶ Overload of information on day of admission
  - ▶ Staff reported education provided while patient reported not being educated about fall prevention

## Partnership with Patients

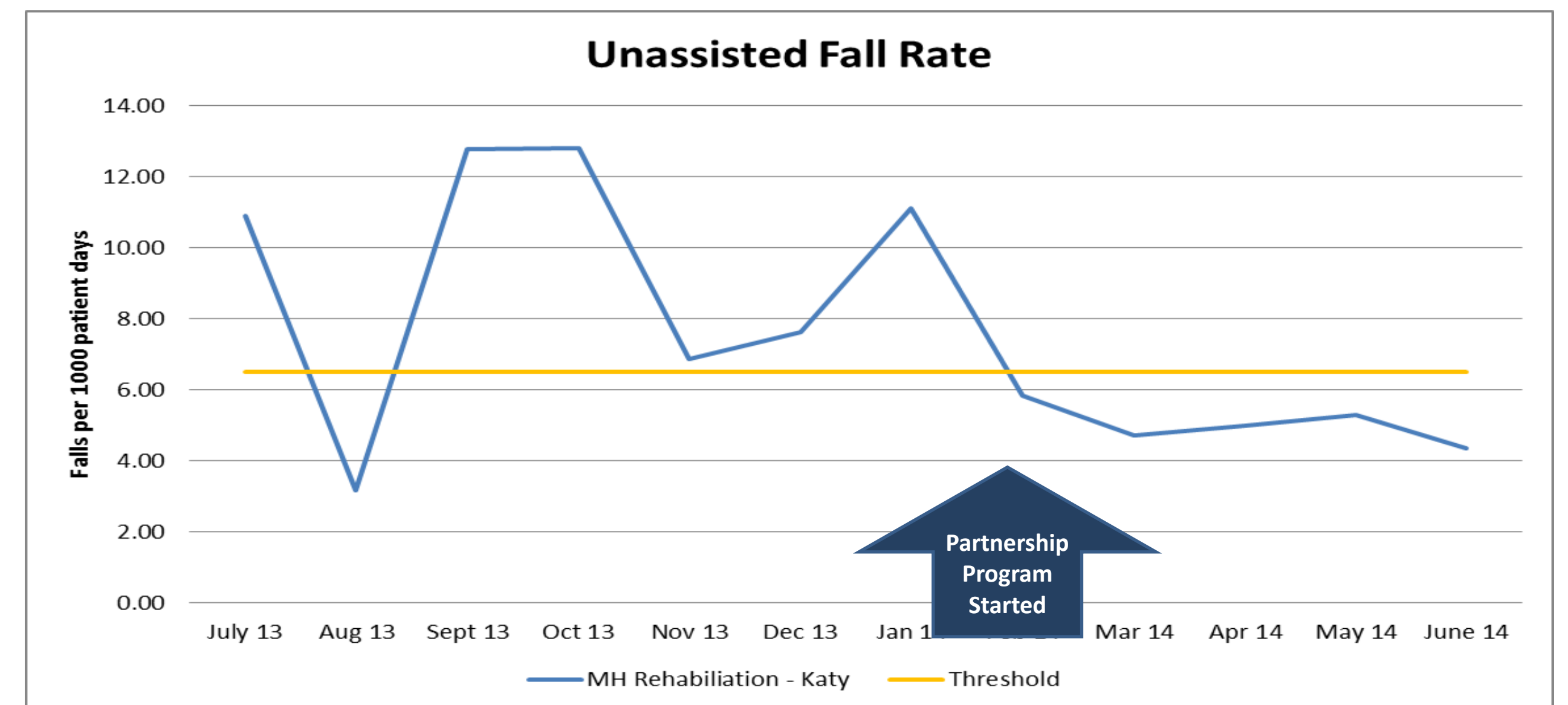
### Goals of the Presentation

- ▶ Regularly scheduled for patient and family to attend within first week of admission
- ▶ Short (30 minutes or less)
- ▶ Focus on individual goals and hospital goals
- ▶ Request patients and caregivers to assist in efforts to prevent injuries and harm

### Topics Addressed

- ▶ **Teamwork/Being Part of the Team**
  - ▶ Why we need patient/caregiver assistance in achieving personal and facility goals
- ▶ **Hand Hygiene**
  - ▶ Reducing Infection
  - ▶ It's Okay to Ask
- ▶ **Fall Prevention**
  - ▶ Why Falls Are Concerning
    - ▶ Statistics of patient outcomes from falls
    - ▶ Fall Cycle
    - ▶ Personal Story -- Our Patient
  - ▶ Hospital Efforts to Reduce Falls
    - ▶ Assessments
    - ▶ Using seatbelts
    - ▶ Using call bells
    - ▶ Asking for Help is not a sign of weakness or a bother to staff
    - ▶ Medication Review
  - ▶ Opportunities at Home to Reduce Falls
    - ▶ Following home exercise program
    - ▶ Environmental Assessments
    - ▶ Regular health screenings (ex: eyes, meds)
    - ▶ Using assistive devices properly
- ▶ **Speak Up Program (The Joint Commission)**

## Results



## Conclusion

- Engaging Patients and Caregivers is an effective way to reduce fall rate
- Presentation created opportunity to cover other topics
  - General facility information and layout
  - Expectations of stay
  - Request to participate in satisfaction survey
- Maintaining a regular schedule is critical not to lose momentum
- Timing of the presentation should consider
  - Therapy schedule
  - Social visitors not directly involved in care
  - Patient Care Staff needs
- Weekend session is important and required initial dedication of primary team to start
- Group presentation style helped enforce importance and allowed for socializing between patients and caregivers
- Though focused at patients, staff who listened or participated in presentation reported it was beneficial to the m as well

## Program Logistics

- Conducted Tuesday, Thursday and Saturday
- 30 minute sessions
- Late afternoon – minimize impact on therapy and care needs
- Speakers scheduled 1 month in advance
  - Speakers include members of falls committee, nursing leadership, and interested staff
- Program held in dining room
  - Opportunity for snack
- Newly admitted patients brought to class by staff
- PCAs and Therapists specifically invite patients and caregivers to the session

## Bibliography

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