Falls/ Injuries From Falls Peer-to-Peer Learning Session

Ginger Schelp, MHA, RRT
Project Manager
Missouri Center for Patient Safety

Overview of Session

- Welcome and overview
- MO HEN Falls data submission
- Progress Reports
- Hospital sharing
  - Samaritan Hospital – Anna Blackford, Med/Surg Supervisor, Skilled Nursing Coordinator
MO HEN Falls data

- 68 Hospitals participating
- 85% baseline
- 90% outcome
- 71% process
- 30 hospitals entered monitoring data for July

Aim?: (Including your How Good and By When statement)

Why is this project important?:

Changes Being Tested, Implemented

For each listed change, indicate whether it is being Tested (T), Implemented (I) or Spread (S)

Run Charts

Make fonts large and use simple text, labels, dates and notes. Prior to shrinking graphs. Should be able to fit 6-8 readable graphs here. If no data are available for a particular measure, please create an "empty" run list that includes the name of the measure to be collected.

Lessons Learned

- Enter summary here

Recommendations and Next Steps

- Enter summary here (What do you need from Executive Project Champion, Sponsor at this time to move project?)
- Recommendations
- Next steps for testing

Team Members

- Name of Project Champion, Senior Leader Sponsor & all other names and roles

Self Assessment Score: 

1=Planning; 2=Some Activity; 3=Some Improvement; 4=Significant Improvement; 5=Outstanding Results; See AHA/ HRET Assessment Scale

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Aim Statement
Long term: Reduce preventable (accidental, anticipated physiological) falls by 50% by December 2012
Short term: Reduce preventable falls by 20% by October 2012

Changes being Tested, Implemented or Spread
T – Post fall huddle revision (7/4/2012)
T – Data posted on all inpatient units
T – Pharmacy consult and review

Lessons Learned
Education for physicians regarding pharmacy review

Falls No More!
Waterbury Hospital, Waterbury , CT

Self Assessment Score (3-5) = 2

Recommendations and Next Steps
Assistance from IT for Pharmacy data.
Identify areas for data posting on units and who will do it.
Posting data on Intranet

Team Members
Sandi Iadarola – Exec, CNO
Cecily Byron-Iyamah – Champion, Nsg
Laura Sosor – Data Analyst, Risk Mgmt
Sue Ashworth, RN Med/Surg
Deb Burns, RN Title
Carol Rakowski, RN ICU
Dale Menglow, PT
Kendie Schmeler, RN Ortho P7
Jennifer Lawder, Education
Linda Eckman, RN
Maeve Napolitano, RN ER
Mindy Dehaven, Group, Safety
Pati Salato, RN Med/Surg
Karen Sikman, Dir, Psych
Chris Strelen, EdD, ER
Michelle Valentine, PT
Patty Volovski, Quality

Falls / 1000 pt days FY2011 = 3.61
Falls / 1000 pt days FY2012 = 3.11
Reduction of 14.1%

Samaritan Hospital
Samaritan Hospital

- Established in 1929
- 25 bed CAH in rural NE Missouri
- New construction of all patient care units, complete March 2012
- Final remodel of support services to be complete Fall 2012
- 155 Employees and 9 active medical staff members
- Annually: 800 discharges; 60,000 OP visits; 5,500 ED visits

2nd Floor—Med/Surg-Swingbed
2nd Floor—Med/Surg-Swingbed

- 2012 average monthly acute admits: 44
- 2012 average monthly swingbed admits: 15
  - 29% are unique visits to facility (referrals from outside source)
- Average daily census: 12
- Licensed staff to patient ratio: Less than 1:6, all shifts; Generally no more than 1:4
- Support staff: UAP 1-2 per day shift, 1 per evening shift; 1 WC each day and evening

Facts on Falls

- Leading cause of fatal and nonfatal injuries to older people in the US
  - Each year, more than 11 million people age 65+ fall
    - One in three senior citizens
  - Approx 3 to 20 percent of hospital inpatients fall at least once during their stay
    - These falls are considered “preventable” by the CMS
    - Healthcare facilities are held accountable for the costs of treating any resulting injuries.

American Academy of Orthopedic Surgeons (AAOS, 2011)
What do we do to prevent falls?

Fall Prevention—The early days
The “falling star” © 2004...we fell a little short
Fall Prevention—The early days

“Banding Together for Patient Safety”
MOCPS © 2007

New Design with Safety in Mind

- Spring 2010—New facility planning
  - Racetrack patient room layout
  - More patient rooms closer to the centralized nurses’ station
  - Rooms across from nurses’ station have windows placed in corridor wall for patient viewing
Fall Prevention Documentation

October 17, 2010—Go Live

- Fall Risk Assessment complete on 100% of all admissions within 24 hours of admission to floor
  - Morse Falls Scale
    - Score 0-24: Low Risk
    - Score 25-50: Moderate Risk
    - Score 51+: High Risk
  - Based on risk score, a care plan is generated electronically
Fall Prevention Interventions cont'd

More “Small Tests of Change”

- February 2011: Hill-Rom Advanta-II beds purchased
  - Built in audible bed exit alarms
    - Position change
    - Sitting
    - Standing
Patient Rooms
March 12, 2012—Completion of 2nd floor unit

Integration

• March 12, 2012
  ➢ Hill-Rom Advanta-II beds integrate with Hill-Rom Navi-Care Nurse Call
    – Audible alarms in room
    – Audible nurse call alarm
    – Flashing zone and corridor lights
      • Alarms and lights specific to bed exit
HRET/ HEN QI Data

• MO - Samaritan Memorial Hospital - Project: Falls Measure: Injuries from Falls and Trauma (MCR FFS) (CMS HAC) - Outcome (Alternate)
  ➢ Includes all Medicare acute and skilled discharges

Outcome

• 0.3% per 1000 patient discharges
More to come....

• Internal reporting and
  ▶ All “near” falls (lowered to ground with assist)
  ▶ All falls without injury
  ▶ All falls resulting in any injury
  ▶ All falls resulting in serious trauma
• Outpatient visits
  ▶ Assessment and banding during registration

Bibliography

• American Academy of Orthopedic Surgeons, 2011
Questions?

Prevention of Hospital Acquired Pressure Ulcers
Peer-to-Peer Learning Session

12:45 p.m. Friday, September 7, 2012
Jeanne Naeger
Vice President of Quality Improvement
Missouri Hospital Association

The Missouri HEIN is a Missouri Hospital Association initiative in collaboration with the Missouri Center for Patient Safety.
Overview of Session

- Welcome and overview of session activities
- Hospital sharing and peer-to-peer learning
  - Barton County Memorial Hospital – Shelly Horst, Director of Infection Control
  - Howard A. Rusk Rehabilitation Center — Shannon Keeton, Manager, Education and Wound Care
- Facilitated discussion to support participants in the planning of immediate next steps and tests of change

Pressure Ulcer Data Submission

- 80% baseline data
- 80% outcome data
- 67% process data
- 53% outcome and process data
- Required to submit monthly data on one process and one outcome measure
- Everyone should have submitted baseline data from 2011
Pressure Ulcer LISTSERV®

- Send an email request to: www.hret-hen.org
- Or go to http://ahals.aha.org/SCRIPTS/WA-AHALS.EXE?SUBED1=HRET-HEN-FALLS-PRESSURE-ULCERS— This screen allows you to subscribe to the pressure ulcer list serve. You can choose to receive emails as they are posted to the list serve or a once a week digest.

Aim?: (Including your How Good and By When statement)

Why is this project important?:

Changes Being Tested, Implemented or Spread

Recommendations and Next Steps

Lessons Learned

Team Members

Self Assessment Score = ___ (1=Planning; 2=Some Activity; 3=Some Improvement; 4=Significant Improvement; 5=Outstanding Results; See AHA/HRET Assessment Scale document for more detail)
To reduce number of Hospital Acquired Pressure Ulcers to < 0.5 per 1000 patient days by January 1, 2014.

Why is this project important?: Patients in the acute medical rehabilitation setting are at risk for pressure ulcers that can be painful, and cause complications as well as increase cost and burden of care.

Aim Statement

Changes Being Tested, Implemented or Spread

- Interdisciplinary Wound Team focusing on prevention.
- Project “Wipe Out” Barrier wipe to the heels of patients with Braden Scale of ≤18 BID.
- Educational video and posters
- Signs in rooms identifying patients as part of Project “Wipe Out”.

Recommendations and Next Steps

- Staff confusion regarding where/how to document heel protection with Barrier Wipe.
- Education needs to be more concise and ongoing.
- Barrier Wipe should be easily accessible in patient care areas to increase compliance.

Lessons Learned

¬ Education at staff meetings.
¬ Chart audits to focus on one coaching.
¬ Scheduling patient centered interdisciplinary wound team rounds at bedside to establish a prevention plan and provide patient education.

Team Members

- Shannon Keeton, RN, BSN, CRRN, WCC
- Anita Campbell, PT, ATP
- Lindsay Holland, PT
- Brian Garrett, OTR, ATP
- Suzanne DeChazal, OTR
- Regina Abrams, RD
- Darlene Grombka-Woodard, CCC-SLP
- Ann Stoll, CCC-SLP
- Mike Auff, MD

Self Assessment Score = 2

- Education at staff meetings.
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- Scheduling patient centered interdisciplinary wound team rounds at bedside to establish a prevention plan and provide patient education.

Project Title: Wipe Out Date: July
Hospital Name: Rusk Rehabilitation Center State: Missouri

Run Charts

- HAPU per 1000 patient days

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Shelley Horst, BSE, RN, CIC
Nurse Educator/ Infection Prevention
Barton County Memorial Hospital
Lamar, Missouri
About Us
Barton County Memorial Hospital

• Lamar, Missouri
  Birthplace of Harry Truman
  Population – 4,000
  Rural, Mid-Western community
  October 1949, hospital dedicated to 61 soldiers from Lamar who died in WWII

• December 2005
  Twenty-five bed Critical Access Hospital (CAH)

• Population We Serve

What Did We Test?
Evidenced – based practices! Maintain the integrity of the skin.

• Educational modules

• Skin-risk assessment on all admissions

• Staffing levels

• Care partner program

• Hourly rounds- four Ps (pain, potty, perimeter, position)

• Administrative support

• Environmental controls
  Beds
  skin products
What Have We Learned So Far?

- Education
  Yearly competencies to reinforce learned behaviors in regards to skin care.
  Adequate orientation of new employees to skin care policies.
  Aggressive review of new skin care products
  Networking with colleagues

- Adequate staffing levels
  Improve the quality of care
  Commitment from administration

What Have We Learned So Far?

- Skin risk assessment
  Braden scale
  Initial part of the admission assessment process

- Care partner Program
  Planetree Philosophy - holistic care to patients, families, and care givers.
  Family included in meaningful other's care.
  Introduced in the admission process

- Physician Rapport
What Were Our Barriers?

- Attendance to educational offerings
- Administrative approval to employ additional health care workers
- Competitive salaries
- Documentation of hourly rounds

How Did We Overcome These Barriers?

- Mandatory attendance and completion of skin care educational modules of health care personnel.
  Diverse avenues for educational presentations.
- Administrative and board approval for additional staffing of licensed nurses and CNAs.
- Salaries that conform to the regional wage
- Skin risk assessment must be completed prior to continuing with the admission assessment process.
- Scripting hourly rounds
What Can We Teach From Our Journey?

- Must have administrative buy-in

- Treating the whole patient and including the families (Planetree) ensures better patient outcomes.

- Acknowledging the health care team

- Continuing education and collaboration

- Adequate staffing with a quality skill mix

Feel Free to Contact Us:

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  Education Coordinator/ Infection Prevention
  Barton County Memorial Hospital
  29 NW First Street
  Lamar, MO. 64759
Resources

- To comply with new TJC standards, toss out restrictive visitation policies: Create processes that support participation of families, other partners in care. (2010). *Patient Education Management*, 17(11), 121.

“Interdisciplinary Approach To Wound Care/ Prevention”

Howard A. Rusk Rehabilitation Center
A joint venture of HEALTHSOUTH and the University of Missouri-Columbia
Objective

- Discuss the benefits of an interdisciplinary approach to HAPU prevention

What Did We Learn From This Project?

- Patient outcomes improved.
- Patient satisfaction improved.
- Collaboration among disciplines improved.
- Knowledge base/awareness improved.
- It is worth the struggle to develop and nurture an interdisciplinary wound care/prevention team.
What Were Our Barriers?

- Time, time, time!!!
- Getting members from each discipline interested.
- Educating team members and other staff.
- Buy in from administration.
- Developing documentation.
- Continuity among staff at our facility and between facilities.
- Scheduling patients for assessment.

How Did We Overcome These Barriers?

- Short meeting times with specific agenda to stay “on track”.
- Developing a method of “rounding” at times that was most convenient to team members and patient schedules.
- Sending interested members to wound conferences, webinars, and in-services.
- Power Point Presentation at Chief Medical Officers annual meeting to introduce project.
- Annual wound fair to educate all staff.
- Invited administration to be a part of the team development.
What Can We Teach From Our Journey?

- “It Takes a Team”!
  - An Interdisciplinary approach to managing wounds and developing prevention protocols is worth the time and effort.
- Getting started is the most difficult.
  - It can take 1-2 years to fully establish the team, and then constant diligence to keep it going.
- Having a wound certified clinician is a must.
- Have the big picture in mind, but set small, achievable goals first.
- Administrative support is key, and begins with education.

Our Accomplishments Over the Last Three Years

- Development of a Wound Care Manual.
- Development of protocols for wound treatment.
- Promoted participation in PUP program with testing for nursing staff.
- Development of Annual Wound Fair.
- Participated in Corporate initiative to streamline advance wound care products.
- Participation in Corporate review and upcoming revisions to “Wound Prevention, Care and Documentation Policy”.
- Obtained equipment for prevention and wound care.
Educating Your Administration

- In our facility, average hospital acquired wounds per 1000 patient days decreased from 2.0 to 0.6
- The wound team helps to establish cost effective solutions with positive clinical outcomes. $$$
- Changes in CMS guidelines with respect to reimbursement for hospital acquired wounds. $$$
- Legal issues/ramifications. $$$

Our Goals for the First Year

- Development of documentation guidelines.
- Development of monitoring tools.
- Updating wound protocols.
- Assessment of need for devices to assist with wound care and prevention.
- Education programs for staff, patients, and caregivers.
Our Goals for the Next Year

- Decrease our hospital acquired wound rate to $\leq 0.5$ per 1000 patient days.
- Update wound team recommendations forms to increase physician ease with order writing.
- Evaluation of clinical studies.
- Project “Wipe Out” (HEN Project)
- Encouraging further development of alternative team members.

Our Interdisciplinary Wound Care Team
Including: PT, OT, ST, RD, RN, MD, Administrator
Feel Free to Contact Us:

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Insert Rusk Video