Patient Centered Falls Prevention at St. Joseph’s Health Centre

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St. Joseph’s Health Centre

Aim
SJHC has shown a trend of increase in both total reported falls and % of reported Falls with Serious Injury since 2011. The Transitional Care Unit (6G) has 43-45 patients of which 80-100% are identified high risk for fall.

Change Ideas
- No Direct cost for implementation of change ideas. Staff numbers were consistent.
- Average cost of fall per senior requiring hospital admission in Canada is $29,363
- If reduction of 7 falls with injury all required hospitalization potential cost savings of $205,541.

Results/ Economic Impact
- Sustained improvements in falls reduction. No significant variation, only random fluctuation.
- Implementation of new evidence based falls screening tool with action/falls care plan.

Organizational Enablers
RESOURCES: No additional staff, equipment, or changes to the physical environment. Large amounts of time were required by project leads and unit manager for all steps of the QI Model. No additional time was required by staff to perform change implementation, but a change in the way their time was used.

LESSONS LEARNED:
- Team needs to be ready for change; strong managerial participation; strong leaders within the team.
- SYSTEM FACTORS: Results were not dependent on system factors, but environmental factors (i.e. equipment) and patient population can have some influence on results. Equipment issues were addressed early on in the QI process.

Sustainability
Sustainability has been addressed through:
1) performance board system and K-Card audits for timely falls assessment upon admission to unit.
2) Performance Rounds
3) Team Huddles/ Post fall Huddles and care planning for high risk patients
4) New Falls assessment tool (Stratify) with falls action/ care plan.

Spread
- Stratify falls risk assessment tool with falls action plan is being spread across all medical and surgical units.
- Involvement in meetings with new corporate accreditation falls lead regarding project successes, failures and lessons learned.
- Academic Achievement Day poster presentation.

Costs
- Change in 100% of equipment, patient care and increased work load. 30% somewhat, 40% no.

Measure & Results

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<thead>
<tr>
<th>Measure</th>
<th>Results</th>
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<tbody>
<tr>
<td>Number of Falls</td>
<td>Significant reduction in mean falls per week from 1.8% to 0.9% from May 2015 to June 2015</td>
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<tr>
<td>Number of falls with injury</td>
<td>No significant change in any between average mean low with injury within</td>
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<tr>
<td>Falls Risk Assessment Tool (FRAT) Compliance within 3 hours on admission (80%)</td>
<td>Significant improvement at FRAT compliance with 80% compliance rate from 20% in 2013, 28% in 2014 to 80% in 2015</td>
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<td>Care Rounds (Frequency)</td>
<td>Care Rounds increased to implementation (99%) and monthly 3 rounds of care rounds were completed (100%), 96%</td>
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<td>Organizational Risk Tool Compliance (60%)</td>
<td>Organizational Risk Tool (60%) - a tool used for risk assessment for potential fallers, 90%</td>
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<td>Staff satisfaction increased among patients at risk for fall and implementing falls precautions. 80% identified as being happy</td>
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Control Charts

- Staff Satisfaction Plan
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Lessons Learned
- Multi factorial falls prevention program can reduce incidence of falls on a TCU at SJHC.
- Elements of the falls prevention include; timely falls risk assessment, implementation of falls prevention equipment, frequent rounding of high risk patients, timely post fall huddles, and individualized care plans.

Implementation
- If something doesn’t work; try, try again (multiple PDSA cycles).

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