## Interprofessional Collaboration and Rapid Safety Rounds Result in Improved Clinical Culture of Safety and Decreased Fall Rates

Mariah Hayes, RN, MN, ONC

### BACKGROUND

Inpatient falls are considered adverse events and are associated with increased morbidity, mortality, and excess costs.\(^1\) Falls are associated with increased patient fear, decreased quality of life, and risk of repeat falls.\(^2\) Effective fall prevention requires an ongoing and evidence-based approach to patient safety that affects multiple areas across the patient care continuum as well as clinical culture.\(^1\,^3\)

Our clinical team recognized the need for additional fall prevention efforts, particularly for patients with delirium, and implemented a continuous quality improvement initiative. As a result, falls have decreased significantly, and interprofessional collaboration has resulted in an enhanced patient safety culture and a strong, evidence-based, individualized patient focus.

### CLINICAL SETTING

30-bed medical and surgical oncology unit at Oregon Health and Science University (OHSU) in Portland, Oregon.

### TIMELINE

- **December 2012:** Initiated rapid safety rounds.
- **December 2012:** Conducted training on fall monitoring and appropriate use of beds.
- **June 2013:** Education provided by Stryker on fall prevention and bed technology*.
- **June 2013:** Audits initiated for appropriate use of fall monitoring and bed technology.
- **November 2013:** Mandatory fall prevention workshops initiated by Stryker and OHSU staff.
- **December 2013:** Initiation of the daily management system.

### INTERVENTIONS

**Rapid Safety Rounds:** Interprofessional holistic rounds that take place twice per week at a regularly scheduled time with the nursing manager, professional practice leader, floor pharmacist, occupational therapist, behavioral health professional practice leader, and direct care nurse for each patient receiving rounds. It is important to note that the occupational therapist is critical to this team because they have an in-depth knowledge of cognitive behaviors and can help to ensure an individualized approach to patient management, particularly for patients with delirium.

* Stryker S3 Med/Surg Bed configured to include Chaperone® Bed Exit with Zone Control® and iBed® Awareness Smart Bed Monitoring Systems (Stryker Corporation, Kalamazoo, MI)
Objectives of Interprofessional Rapid Safety Rounds:

- Increased patient and family participation in decision making.
- Direct care nurse presents current assessment and plan of care for the patient for the day. The direct care nurse communicates with off-going shift, noting any key points that were mentioned during rounds; the nurse communicates with the patient about their risks.
- Pharmacy reviews medications that could be contributing to the patient’s risks for falls and delirium and suggests alternatives.
- Therapy helps the direct care nurse understand what he/she could be doing to help increase this patient’s balance/gait and help set up the patient’s environment.
- Nurse leadership leads the discussion on each patient to help foster a decrease in falls and an increase in peer-to-peer communication, accountability, and transfer of knowledge. The professional practice leader is responsible for documentation in the chart regarding rounds and for helping with logistics.

Patient and Family Input: During rapid safety rounds, a discussion is had with the patient and family members regarding their goals for the day and what their normal routine is at home. An assessment of the patient’s cognitive status is conducted.

Adopting an Evidence-Based Holistic Focus: The overall focus of the rapid safety rounds is to view the patient holistically and to adopt an evidence-based, individualized approach for advancing the plan of care effectively and appropriately.

COMMUNICATIONS

Fall Rates: Fall rates are communicated visually on a board in the staff education room, showing days since falls. In addition, a monthly safety cross is updated every day and marked green or red, depending on whether the unit has experienced a fall.

Bedside Report: Two of the three parts of bedside reporting are conducted at the patient’s bedside. Safety checks are carried out within the patient’s room and discussions held with the patient and family regarding toileting plans and requesting assistance.

Evidence-Based Reminders: Color-coded cards are placed outside patient rooms as part of the daily management system. Each card describes the evidence-based, individualized approach for the patient and what is being monitored. The off-going and on-coming nurses review these cards to ensure that all items are communicated and double-checked. The card is left red until all items are checked off. When all items are checked off, the card is flipped to the green color. If not, the card stays on the color red until items are completed.

Leadership Guidance: Nursing leaders instruct direct care nurses on fall-related communications with patients via role modeling and situational coaching.

ROOT CAUSE ANALYSIS

If a fall occurs, an online fall reflection is required, which inquires about the patient’s care plan, whether gaps in practice were identified, what reflection the nurse has experienced after the fall, and how information is disseminated to peers. In addition, the manager and professional practice leader reviews every fall, and the 3 people meet together to identify where there were gaps in practice, what was done well, and what could have been done differently. After fall analysis, this information is disseminated to ensure that the clinical team learns from the root cause analysis.
LEAN METHODOLOGY
Lean methodology was adopted by the hospital system, and the quality nursing team helped customize a Kaizen approach to their daily management system. This validated methodology has helped to reinforce evidence-based best practices at the patient’s bedside, and ensure caregiver accountability within the clinical culture.

FALL MONITORING AND BED TECHNOLOGY
The unit utilizes a 3-zone bed* with bed exit technology for fall monitoring. The use of iBed Awareness is encouraged on all patients, and incorporated into daily patient management audits. If a patient is considered high risk for a fall, the bed alarm in zone 2 are the preferred bed settings. The nurses find the iBed Awareness useful because it is a visual tool to help ensure appropriate bed settings are engaged.

RESULTS
Patient falls have been decreasing, and these reductions are being sustained. Most recently, the team experienced 80 consecutive days without a fall. Figure 1 demonstrates the improvement in fall rates.

Figure 1. Decrease in Fall Rates by Month

\*Stryker S3® Med/Surg Bed configured to include Chaperone® Bed Exit with Zone Control® and iBed® Awareness Smart Bed Monitoring Systems (Stryker Corporation, Kalamazoo, MI)
CLINICAL IMPLICATIONS

- Evidence-based fall prevention efforts must be continuous and ongoing, with use of fall monitoring technology, an educated and engaged team, and a strong clinical culture of patient safety.
- Rapid patient safety rounding is a holistic and effective method for tailoring evidence-based and individualized care plans for patients.
- Ongoing audits are useful for ensuring that the clinical team is adhering to evidence-based best practices for all fall monitoring and prevention.
- Lean methodology is useful in hardwiring a culture of evidence-based patient safety and continuous quality improvement.

ACKNOWLEDGMENTS

The author would like to acknowledge the invaluable efforts and contributions of the following team members: Dianne Whelling, Sabine Kaul-Connolly, Anne Larkin, Bonnie Cox, and all direct-care staff involved in this evidence-based initiative.

REFERENCES

