

PERFORMANCE IMPROVEMENT PRIORITY: 100 DAYS OF NO FALLS

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BACKGROUND

Inpatient falls remain one of the highest reported adverse events in acute care,¹ despite evidence that multidisciplinary fall prevention efforts can significantly reduce fall rates.² The United States health care system has placed a significant focus on increasing patient safety and improving quality of care, which requires a focus on patient-centered care.

A recent report by Tzeng (2011) emphasized the need for fall prevention programs in acute care to incorporate educational programs that help nurses cultivate caring attitudes and a patient-centered, evidence-based approach.³ Compassionate care was defined in 2000 by vonDietze and Orb as “not merely an emotional connection that nurses establish with their patients...but a moral virtue, which gives context and direction to nurses’ decisions and actions, and exhibits excellence in nursing practice.”⁴ Compassion is a nursing quality, which impacts patient quality of care, and is expected by many patients.⁴ Schantz (2007) stated, “Nothing less than compassion can empower nurses to assume major roles in solving or preventing problems...”

The compassionate hospital environment was recently defined (2012) as one with 3 characteristics, which ensures a sense of purpose and well-being among health care professionals:⁵

- “Healing environment”
- “Sense of connection between people”
- “Sense of purpose and identity”

A high-risk stroke unit implemented a continuous quality improvement (QI) project to reduce fall incidence by ensuring best practices in fall prevention were adopted by an educated, committed, and compassionate nursing staff.

METHODS

Clinical setting: The clinical setting was a 24-bed high-risk stroke unit.

Literature review/education: Prior to conducting the QI project, an evidence-based literature review was conducted to assess current best practices for fall prevention. Evidence-based education was provided to all nurses, emphasizing the importance of developing compassionate connections with patient while focusing on the following patient safety topics:

- Fall prevention
- Bedside hand-off
- Hourly rounding to include assessment of pain
- Aggressive toileting
- Patient repositioning
- How to educate patients and family regarding: 1) fall risk; 2) fall prevention; 3) patient safety

Interdisciplinary team: Frontline staff including nurses, physical and occupational therapists, and patient transporters received education on evidence-based fall prevention, use of bed alarms, fall risk assessments, and hourly rounding.

Interventions: Several interventions were trialed to determine their effectiveness on fall prevention (Table 1). Each intervention was implemented in a sequenced manner to determine which intervention was most effective. Periodic compliance monitoring of caregiver adherence to best practices, facility policy, and technology was helpful in ensuring caregiver adherence with fall prevention efforts. Milestones and incentives were defined to reward team success.



TABLE 1. LIST OF INTERVENTIONS/DATES

Month	Intervention
10/31/11	Hourly rounding (called compassionate connections)
11/20/11	Aggressive toileting
12/15/11	Bedside handoff
12/20/11	All beds on unit upgraded with bed alarm technology*

*All patients were considered at-risk and placed on "zone 1" movement detection. High-risk patients were placed on "zone 2" movement detection with 3 side rails up at all times.

Compassionate connections: Nurses were encouraged to develop compassionate connections with patients during hourly rounding activities. Nurse leaders held a pinning ceremony with the nursing staff in support of the "compassionate connections approach" to patient-centeredness. The pinning ceremony emphasized the team approach and commitment that patients would "not fall on their watch."

RESULTS

The fall prevention QI project was started in October of 2011, and by May 2012, the unit had achieved 134 days without a fall (Figure 1).

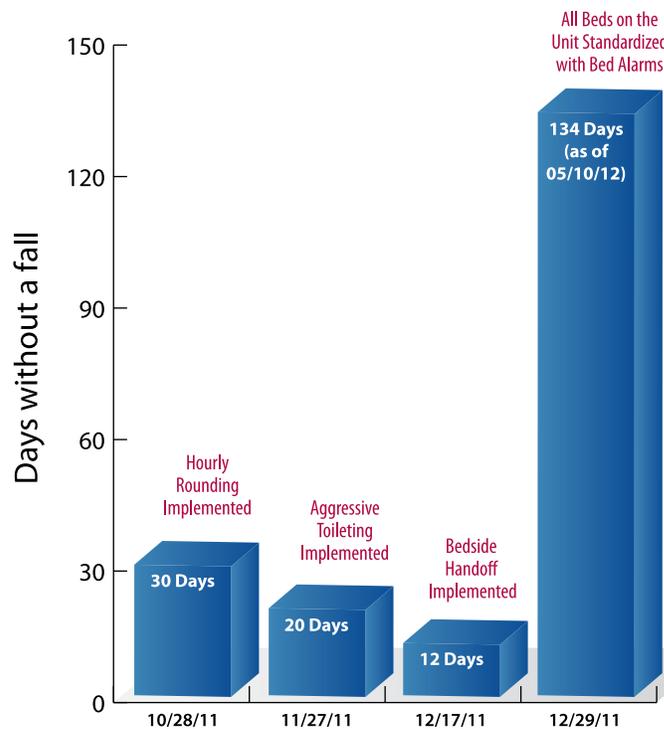


FIGURE 1. INTERVENTIONS AND TOTAL DAYS WITHOUT A FALL

*Secure II Beds (Stryker Medical, Kalamazoo, MI)

CONCLUSIONS

The overall QI project transformed hourly rounding and bedside handoff into a “compassionate connection” during which each patient was key to our fall prevention success. The change in clinical culture, consistent implementation of evidence-based interventions, and combination of all efforts resulted in improved patient safety, enhanced quality of care, and 134 days without falls (as of 05/10/12).

Data update: As of June 11th, 2012, the unit had gone 164 days without a fall.

REFERENCES

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6. Image credits as follows: http://www.123rf.com/photo_9318683_nurse-cares-for-a-elderly-woman-lying-in-bed.html>alexraths / 123RF Stock Photo