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MMC Fall with Injury Prevention Project

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Project: MMC Fall with Injury Prevention Project  
Last Updated: 9/24/18

Team Members: Members of MMC Fall with injury task force. Joanne Chapman, RN, Laurie Wilson, RN, Rhonda Babine, RN Jennifer Laflamme, Melissa Vanmeter, RN, Erica Weightman, RN, Natalie Talbot, RN, Kristina Hykras, RN, Marie Hodge, Rehab, Angela Smith, RN

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Problem/Impact Statement:
Patients falls with injury remains an elusive problem at MMC. Over the past 8 quarters, (2016 and 2017) MMC has outperformed 3 of the last 8 Quarters of data. The average rate per the past 8 quarters is .37/1000 patient days with the mean benchmark of .54/per 1000 patient days. MH has determined a focus goal for all the MH hospitals to be below .70/MH 100 patient days as a goal for falls with injury. MMC having the largest volume must be below NDNQI mean to drive this change as the .70 is the average of all MH hospitals. A fall with injury costs on Average cost of a fall with injury is $14,000, more importantly the cost to the patient may be an increase in hospital stay, and increase in level of care. Injuries range from lacerations to fractures and head trauma and death. Approximately 50% of all falls incur an injury. Putting interventions in place to decrease total falls will decrease injuries at MMC.

Goal/Objective: 
Reduce the fall with injury rate below the NDNQI means byout performance with the NDNQI metric for the majority of quarters continuing to outperform on the majority of inpatient units. (must sustain this metric). We will do this meeting developing test of change projects on two inpatient units. If successful, test of change will be rolled out to other MMC units.

Scope:
Decreasing falls with injury on inpatient units will focus on pilot projects on the inpatient units, excluding PE (inpatient psychiatric) and BBCH (pediatrics) as they have a separate fall reduction strategies for their specific populations. However, both of these units are included in the MMC inpatient data. 

Baseline Metrics/Current State:

Root Cause Analysis:
Concerns: Tool definitions, Lack of Patient Education Inter-professional plan Post fall huddle Unit documentation

Plan

Interventions

<table>
<thead>
<tr>
<th>Date Implemented</th>
<th>Unit</th>
<th>Interventions</th>
<th>Date around</th>
<th>Assessment of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 2018</td>
<td>R2</td>
<td>Red yellow and green fall risk flag for risk and patient education reminder</td>
<td>June 2018</td>
<td>Do not continue</td>
</tr>
<tr>
<td>June 2018</td>
<td>MMC everywhere that uses NY Presbyterian Fall risk tool</td>
<td>Updated information to define fall risk Updated and injury risk factors</td>
<td>Ongoing</td>
<td>More defined definitions</td>
</tr>
<tr>
<td>July 2018</td>
<td>MMC everywhere that uses NY Presbyterian Fall Risk Tool</td>
<td>Education on changes to Fall Risk tool and intervention</td>
<td>August 2018</td>
<td>Education complete on changes to SeHR</td>
</tr>
<tr>
<td>July 2018</td>
<td>R2, R6</td>
<td>Education developed/ tested Fall Risk Pt. Ed</td>
<td>September 2018</td>
<td>Completed on 2 units to be spread in FY 19</td>
</tr>
<tr>
<td>FY 17</td>
<td>Fall Risk Pt. Ed</td>
<td>Developed reports</td>
<td>Ongoing</td>
<td>Ongoing for 19 goal</td>
</tr>
</tbody>
</table>

Outcomes

Overall MMC Patient Education Percentage
- June: 74%
- July: 76%
- August: 78%

Next Steps
- FY 19 Continue Fall Prevention interactive inter-professional education.
- FY 19 Behavioral Health Patient EDUCATION roll out
- FY 19 Post fall assessment standardization and documentation of huddle
- FY 19 Follow-up on FMEA related to falls in the Bathroom
- FY 19 Develop standardized post fall order set
- FY 19 Continue interactive fall prevention education
- FY 19 Standardize ED assessment with NY Presbyterian assessment

Do

Study

Act