9-24-2018

MMC Fall with Injury Prevention Project

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Project: MMC Fall with Injury Prevention Project

Last Updated: 9/24/18

Maine Medical Center MaineHealth
centered around you

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MaineHealth Center for Performance Improvement

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Plan

Problem/Impact Statement:

Patients falls with injury remains an elusive problem at MMC. Over the past 8 quarter, (2016 and 2017) MMC has outperformed 3 of the last 8 Quarters of data. The average rate for the past 8 quarters is .57/1000 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.

Scope:

Decreasing falls with injury on inpatient units will focus on pilot projects on the inpatient units, excluding P6 (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. ED is out of scope since this is an outpatient area.
MMC will focus on strategies and pilots to address assessment of falls, inter-professional education on fall reduction strategies, patient education and implementation of test of changes of evidence based interventions to prevent falls and falls with injury. Because the work on EPIC must be done at a MH level, collaboration with MH Nursing Practice Committee and Fall Reduction committee will occur. R2 , medical unit was identified as having the most falls with having highest fall with injury rate have been chosen to implement the test of change. Focus is prior to the Fall. Test of change will be focused on:

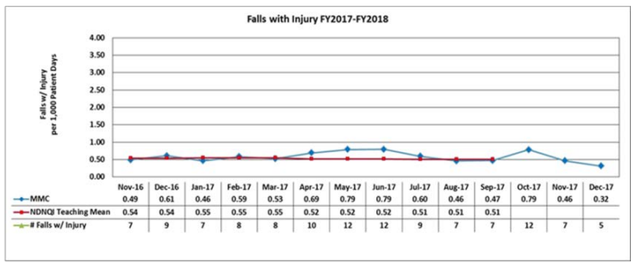
- Improvement in communication of fall risk assessment risk factors
- Ability to use the tool to implement evidence base interventions
- Patient Education on evidence based interventions

Goal/Objective:

Decrease the fall with injury rate below the NDNQI means by out 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.

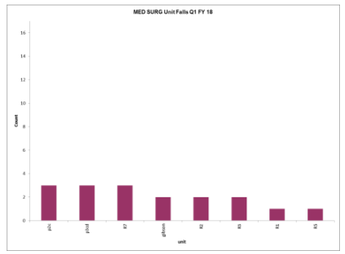
- Improve patient education to 95% per chart audit on every fall with injury and EPIC report when completed
- Improve fall risk tool utilization with accurate injury and risk reported to include fall risk and key interventions so that falls with injury will decrease on the unit.
- Improve inter-professional handoff – rehab, nursing, pharmacy related to falls
- Education of all staff on use of updated tool in epic and accompanying education.

Baseline Metrics/Current State:

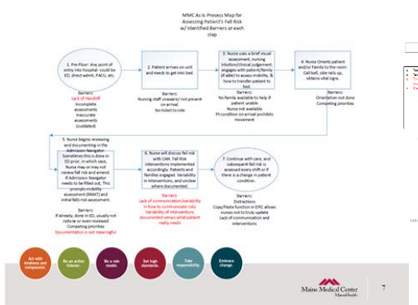


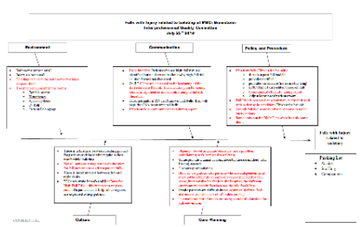
	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
MMC	0.49	0.61	0.46	0.59	0.53	0.69	0.79	0.79	0.60	0.46	0.47	0.79	0.46	0.32
NDNQI Teaching Mean	0.54	0.54	0.55	0.55	0.55	0.52	0.52	0.52	0.51	0.51	0.51			
# Falls w/ Injury	7	9	7	8	8	10	12	12	9	7	7	12	7	5

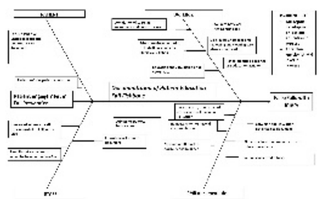
Concerns:
Tool definitions,
Lack of Patient Education
Inter-professional plan
Post fall huddle
Unit communication
Dcoumetnation



Root Cause Analysis:







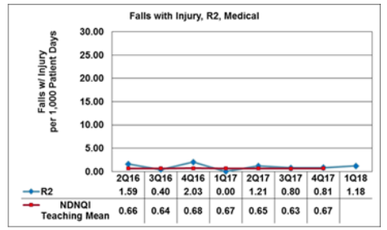
Do

Interventions

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

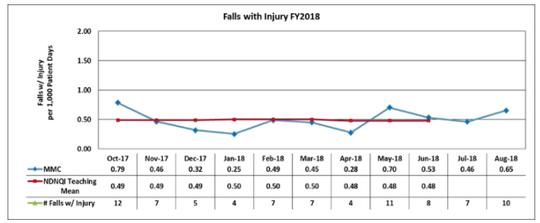
Study

Outcomes

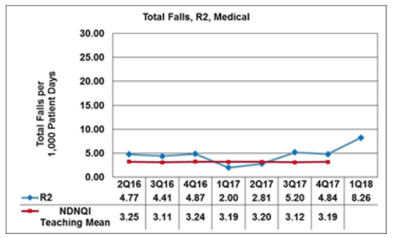


	2Q16	3Q16	4Q16	1Q17	2Q17	3Q17	4Q17	1Q18
R2	1.59	0.40	2.03	0.00	1.21	0.80	0.81	1.18
NDNQI Teaching Mean	0.66	0.64	0.68	0.67	0.65	0.63	0.67	

Fall Patient Education R2	
Feb	32%
March	26%
April	22%
May	45%
June	60%
July	80%
August	70%



	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
MMC	0.79	0.46	0.32	0.25	0.49	0.45	0.28	0.70	0.53	0.46	0.65
NDNQI Teaching Mean	0.49	0.49	0.49	0.50	0.50	0.50	0.48	0.48	0.48		
# Falls w/ Injury	12	7	5	4	7	7	4	11	8	7	10



	2Q16	3Q16	4Q16	1Q17	2Q17	3Q17	4Q17	1Q18
R2	4.77	4.41	4.87	2.00	2.81	5.20	4.84	8.26
NDNQI Teaching Mean	3.25	3.11	3.24	3.19	3.20	3.12	3.19	

Overall MMC Patient Education			
	June	July	August
percentage	74%	76%	78%

Overall decrease in Falls with injury, trending increase last 2 months of quarter

Act

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