

8-21-2017

Patient Fall Prevention

R9 West Cardiovascular

Cathy Palleschi
Maine Medical Center

Suneela Nayak
Maine Medical Center

Ruth Hanselman
Maine Medical Center

Stephen Tyzik
Maine Medical Center

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/mmc>

 Part of the [Nursing Commons](#)

Recommended Citation

R9 West Cardiovascular; Palleschi, Cathy; Nayak, Suneela; Hanselman, Ruth; and Tyzik, Stephen, "Patient Fall Prevention" (2017).
Maine Medical Center. 8.

<https://knowledgeconnection.mainehealth.org/mmc/8>

This Article is brought to you for free and open access by the All MaineHealth at MaineHealth Knowledge Connection. It has been accepted for inclusion in Maine Medical Center by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.

Project: R9W Patient Fall Prevention in a Cardiology Unit

Last Updated: 2/5/2018

Executive Sponsor: Mark Parker

Facilitator: Cathy Palleschi



Team Members: R9W Quality Council & Staff, Diana Verrill, Cecilia Inman, Erica Weightman, Suneela Nayak, Stephen Tyzik, Ruth Hanselman

Problem/Impact Statement:

Every year in the United States, hundreds of thousands of patients fall in hospitals, with 30-50% resulting in injury. Injured patients require additional treatments and sometimes prolonged hospital stays. In one study, a fall with injury added 6.3 days to the hospital stay. The average costs for a fall with injury is about \$14,000.

Scope:

In scope: Clinical Staff on R-9 will reduce the amount of patients who fall in their unit.

Goal/Objective:

Overall Goal: Reduce the prevalence and severity of falls in patients hospitalized on R-9 West.

KPI 1: Educate 100% of the staff on falls

KPI 2: Reduce R-9's fall rate from an average of 2.3 falls per 1,000 patient days to 0 within two quarters.

Baseline Metrics/Current State:

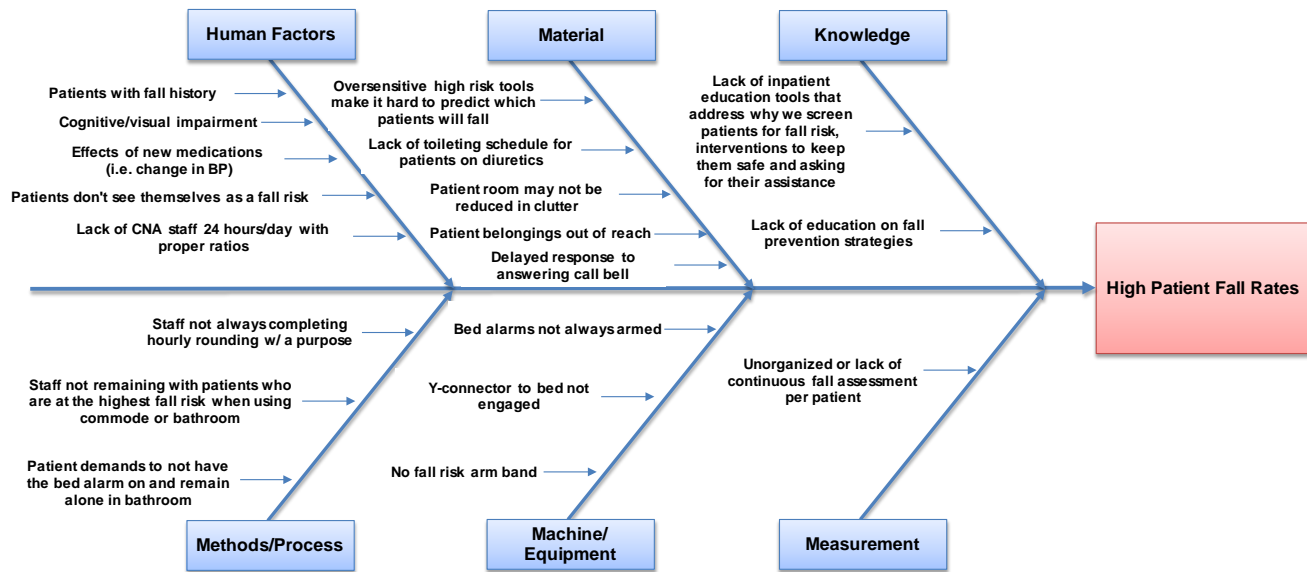
Current state:

- Due to the R-9 patient population and their procedures, all patients were considered high fall risk
- Current tool did not predict which patients could fall
- There was not an educational tool designed for high fall risk patients that explained the mitigation strategy that would be deployed to prevent falls
- There was not any identifiable marker that visibly demonstrated that the patients was at high fall risk other than a sign on the door.

Pre-KPI Performance

8 Wastes	# of Falls/Month	Waste Associated Costs (Hard \$)	
		Cost/Missed Goal (\$)	Total Waste (\$)
Defects	1,375	14,000.00	19,250.00

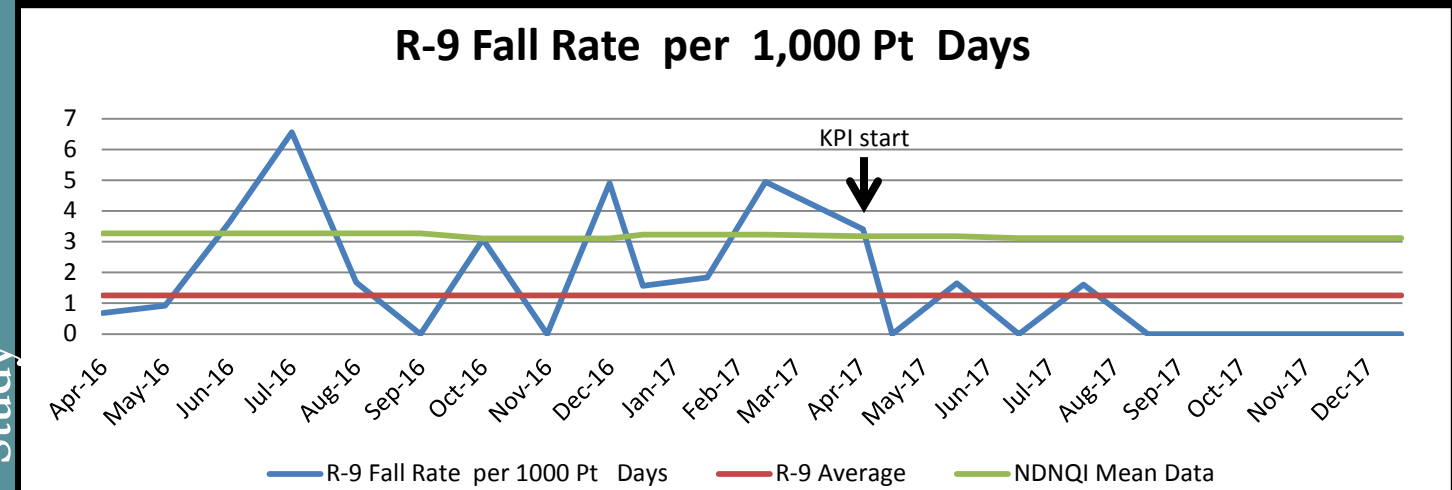
Root Cause Analysis:



Countermeasures

Action	Owner	Due Date	Status
Conduct a root cause analysis	Diana Verrill	4/12/2017	Complete
Review AHRQ Fall tool kit	Quality Committee	4/12/2017	Complete
Develop & educate 100% of the staff on falls	Diana Verrill	5/17/2017	Complete
Start mitigation strategy, monitor the number of falls and post results	Quality Committee	5/17/2017	Complete
Document STRATIFY & post daily in patient room while concurrently completing fall risk tool in Epic	All staff	5/17/2017	Complete
Seek fall risk clip for ID bracelet	Stephen Tyzik & Cathy Palleschi	NOW	Incomplete
Develop a patient educational tool that help pts understand the mitigation strategy R-9 is using to prevent falls.	All staff	6/17/2017	Complete
Share the tool with house-wide fall committee for their feedback	Cathy Palleschi	6/23/2017	Complete

Outcomes



Post-KPI Year-to-Date Sustainment

Month	# Falls/Month	Total Waste (Hard \$)	Savings (Hard \$)
1	2	\$28,000.00	-\$8,750.00
2	0	\$0.00	\$19,250.00
3	1	\$14,000.00	\$5,250.00
4	0	\$0.00	\$19,250.00
5	0	\$0.00	\$19,250.00
6	0	\$0.00	\$19,250.00
7	0	\$0.00	\$19,250.00

Next Steps

Continue concurrent documentation of fall risk tool and STRATIFY tool, deploy the fall risk bracelet & assess patients reaction and deploy the fall risk education toll and assess feedback from patients

Plan

Do

Study

Act