

LEADING THE TRANSFORMATION OF CARE AT THE BEDSIDE TO REDUCE FALLS

Any patient admitted into the hospital is already in a vulnerable state. Add a falls-related injury into the mix, and the results can be catastrophic.

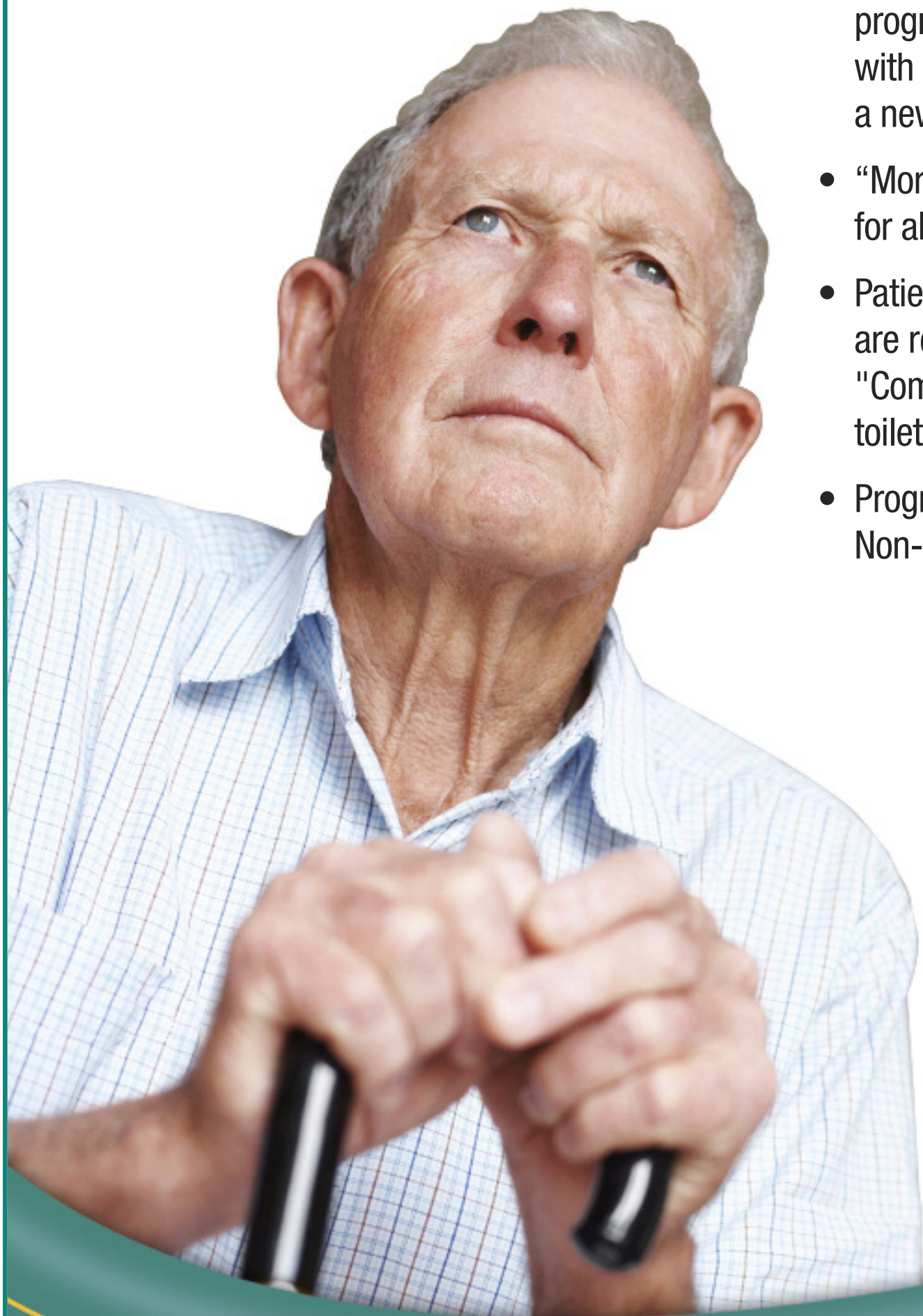
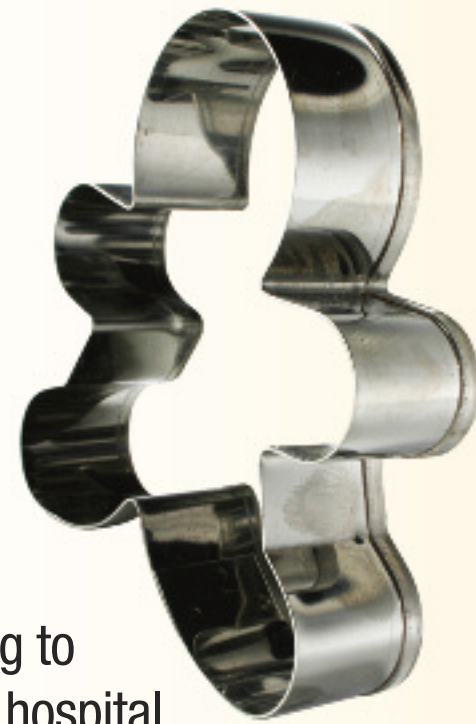
A Standard Approach to Falls Prevention

- Typically upon admission, almost all hospitals identify risk factors that contribute to falls, such as:
 - Advanced Age
 - History of Falls in the Previous 3 months
 - Elimination Needs
 - Medications
 - Cognitive Impairment
 - Limited Mobility
- Few continuously adjust the individual patient's falls plan to adapt to the patient's changing condition

A Recipe for Success: Not a Cookie Cutter Approach to Patient Falls

- New nurses participate in the WRH multi-step "recipe" to falls prevention
- Always personalized for the patient
- Included an exhaustive review of best practice literature on falls

- Falls Prevention program is reinforced with nurses transferring to a new team within the hospital
- "Morse Fall Risk Assessment" utilized for all patients at point-of-entry
- Patient fall prevention interventions are reinforced every 2 hours through "Comfort Rounds" (pain/medication, toileting, position and pump)
- Program rolled-out to all Acute then Non-Acute areas



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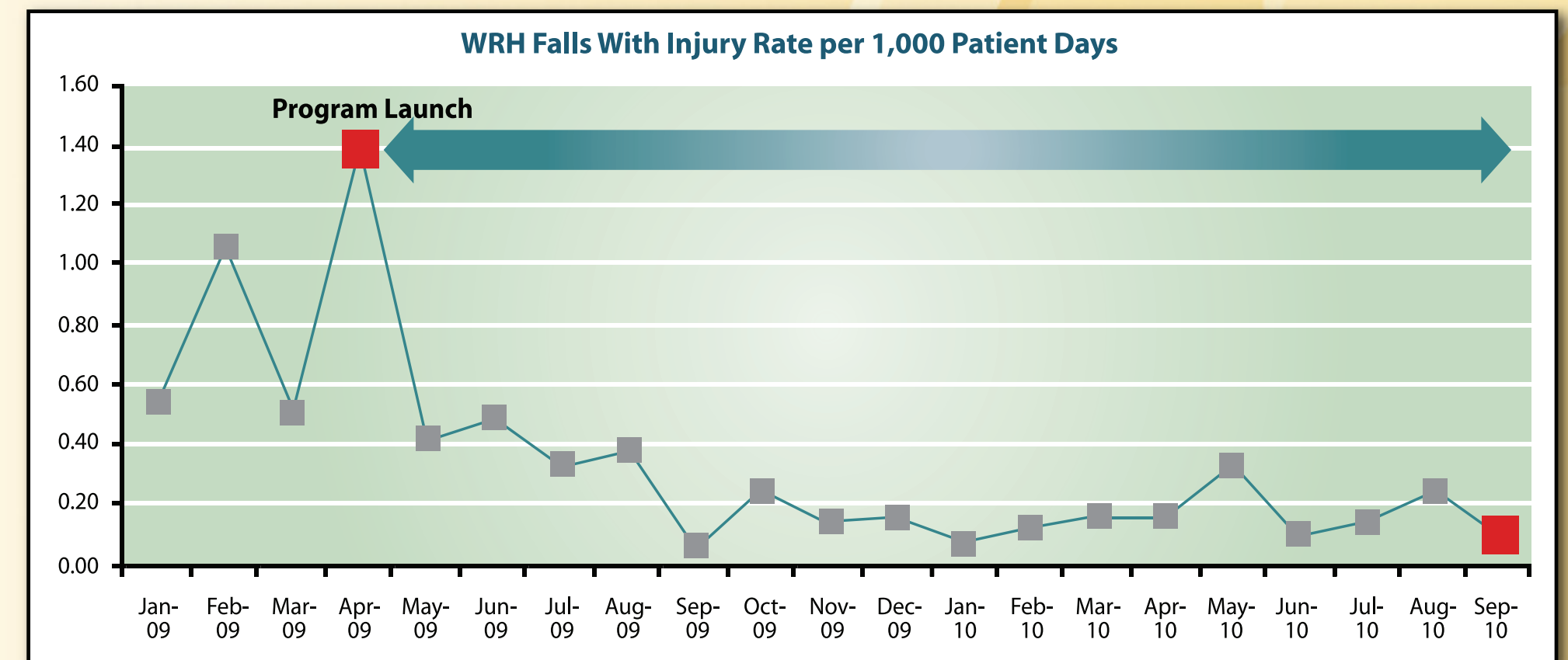
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It Takes a Lot of 'Chefs' (a.k.a. Team Members) to Make This Program Work!

- All staff entering the patient's room do an environmental scan, checking for trip/fall hazards
- Patients and families are educated so they can be on "high alert" for fall hazards
- A Clinical Practice Champion is identified on each nursing unit
- Continuous review of falls data and revision of action plans
- Unit safety huddles, monday morning huddles, inpatient white boards, unit achievement boards
- Management works with frontline staff to evaluate every patient fall with injury using cause analysis tools
- Staff value a patient safety culture, practice improvements and improved outcomes

The "Pièce de Résistance"



94%

decrease in falls with injury hospital wide when April 2009 (1.398) is compared to September 2010 (0.081)

May We Recommend? (Lessons Learned)

- Immediate engagement of new nurses during orientation
- Using a staggered approach when implementing
- Frontline staff buy-in is a must
- Use the whole patient team – falls are not just a nursing issue
- Secure executive sponsorship to push the agenda forward and acknowledge improvements
- Continuously measure and monitor metrics for success and sustained improvement