

EMPOWERING NURSES TO REDUCE FALLS

SOUTHEASTERN REGIONAL MEDICAL CENTER (SRMC)

- ◆ Lumberton, NC
- ◆ 403 beds
- ◆ srmc.org

SRMC is an acute care hospital southeastern North Carolina, offering cardiac and cancer care, along with hospice and long-term care. It serves as a referral center for a large swath of rural southeastern North Carolina.

STEEEP

Safe

The falls prevention project at Southeastern is a major component of its patient safety efforts.

Timely

With hourly rounding, patients are checked on in a timely manner.

Patient-centered

The falls project increases the attention given to patients to ensure their wellbeing.

THE PROBLEM

The organization was recording more patient falls than its leadership considered acceptable; approximately 25 falls each month. The nursing performance improvement department tracked falls and reported them to the Quality Indicator Project, a project of the Maryland Hospital Association, whose data center helps hospitals maintain, analyze and compare their quality data. SRMC found that its rate of falls was higher than average in the project's database. Falls prevalence was one of the metrics included in the nursing performance improvement dashboard adopted by the hospital in 2004, and that tool indicated that falls was an issue that needed special attention.

THE SOLUTION

The hospital's multidisciplinary patient care council named a falls task force to analyze each incident, examining root causes. The work group consisted of 10 clinical managers and directors, staff representatives from the units and the patient practice and quality councils. As a result, the hospital instituted hourly rounding to check on patients, particularly those identified as fall risks. All staff were taught to be vigilant of these patients, identified with an orange armband and a fall-risk star on the outside of their rooms.

RESULTS

- » Falls have declined from 25 per month to an average of 11.5, and that includes falls assisted by a caregiver (the pre-project count included only non-assisted falls). This places Southeastern below the 25th percentile on falls in the Maryland database.
- » Patient satisfaction has risen from 91 percent to 93 percent overall and by five to 10 points in units that had low satisfaction rates. (Southeastern gauges patient satisfaction using a survey designed by a regional vendor.)

BACKGROUND

Given their hands-on role in patient care, nurses are considered critically important for improving quality at Southeastern Regional and were given a starring role in the hospital's quality improvement effort.

In 2004, the hospital instituted a nursing performance improvement dashboard to track quality indicators, including falls. This dashboard rolls into bigger, organization-wide quality measures that are reported to management and the board of directors. Comparing its performance on those metrics with the Maryland-based Quality Indicator Project, the hospital found that it was above the 50th percentile on falls and sought answers why.

To do so, the organization assembled a task force that included frontline staff, nursing assistants and management. "Every time we had a fall they would drill down and see how the fall occurred retrospectively," recalls Teresa Barnes, vice president of patient care services.

TEAM MEMBERS

- » **Joann Anderson, RN**
President and CEO
- » **Teresa Barnes, RN**
Vice President
of Patient Care Services
- » **Pamela Jackson, RN**
Director, Medical/Surgical Services
- » **Donna Kinlaw**
Assistant Director of Nursing,
Performance Improvement
- » **Ruth McCallister**
Nursing Assistant
- » **Magenta Smith, RN**
Performance Improvement
Coordinator
- » **Beverly Taylor, RN**
- » **Beth Thorsten**
Survey Readiness Coordinator

The task force, meeting regularly for nearly two years, concluded that most of the falls were the result of a patient needing to use the restroom. Sometimes the patient is confused and doesn't seek help before getting out of bed. Even though the hospital was using an automated bed exit system that sent out an electronic alert when the patient got up, that didn't allow enough time to get someone in the room to help.

The first step in resolving the problem was creating a turn team, which consisted of a team leader and two nursing assistants going into the room every two hours to assist the patient in going to the bathroom. "That greatly reduced our number of falls," notes Pamela Jackson, director of medical/surgical services. The number of falls decreased by 45 percent. But the improvement group wanted to do better, so it went to checking on patients every hour. It does not yet have figures on the impact of that change.

The team instituted standardized protocols to prevent falls. Patient risk of falls is assessed every shift, and those with a high risk are given an orange armband and a "falling star" sign outside their rooms. Housekeeping and other ancillary departments are taught what that means so their staff can serve as extra surveillance. Nursing assistants are educated about how to be sure every patient has easy access to a call button and the telephone. Bed rails are kept up except for one side.

In addition to cutting its falls rate by more than half and seeing patient satisfaction increase, managers are getting positive feedback from patients who appreciate being checked on regularly, reports Beth Thorsten, the hospital's survey readiness coordinator. Anecdotal evidence indicates that call light use is down as well, although that is not yet supported by data.

PRINCIPLES OF PERFORMANCE EXCELLENCE

Creation of High-Reliability Culture

The falls project is part of an initiative to empower nurses. The hospital spent two years seeking the American Nurses Association's Magnet Hospital status, which was achieved in February 2008.

This goal filters down through the organization by tracking quality measures at both the top level of the hospital and within the nursing department, where a nursing quality improvement dashboard gets regular attention.

CONTINUAL IMPROVEMENT

Nurses fill out an incident form when there is a fall and report whether someone was there to assist the patient, where the patient was found, the patient's vital signs and what the patient said happened. Review of the form allows the improvement team to find out whether the falls risk assessment score predicted the fall. The incident reports also go to the risk department, where they are quantified.

The rate of falls is and will remain a benchmark on the nursing improvement dashboard, and hourly rounding will remain the standard to keep the number of falls low. "Hourly rounding has been hard wired into our daily nursing practice," Thorsten explains.

The patient care council looks at every case where a fall resulted in an injury and analyzes whether everything had been done to prevent it. The improvement team also analyzes trends to find opportunities for improvement, and presents these as education in each unit. Units are monitored for the number of falls each month and the unit manager uses that information to immediately communicate with staff to shore up support for falls measures.

"Not all falls are going to be prevented," Barnes says. "But we want to be sure we've done everything in our power to keep them from happening."