

# Nursing Quality Team Approach to Prevent Falls from Inpatient to Ambulatory Settings

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## Problem

- Quality indicators for falls in our inpatient and ambulatory areas needed improvement.
- Trends worsened for inpatient during the second year of the pandemic during fiscal year 2022. Constraints on time, staffing, increased patient acuity and burnout may have contributed to these outcomes.
- Patient safety is important as falls can result in severe injuries. Being proactive to prevent falls can improve patient outcomes.
- This aligns to the quality and safety pillar in the Annual Operating Plan.
- Data from February 2022 in comparison from baseline in July 2021:
  - Inpatient total falls were 1.78 with a baseline of 1.55.
  - Inpatient falls with injury were 0.42 with a baseline of 0.28
  - Ambulatory total falls were 0.12 with a baseline of 0.19
  - Ambulatory falls with injury were 0.02 with a baseline of 0.04

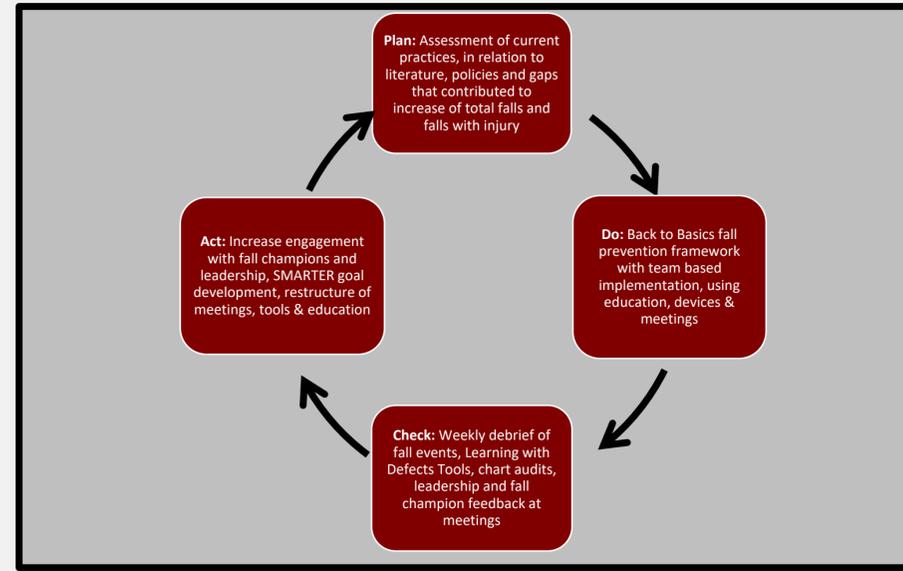
## Goal

- Our goal was to improve fall metrics by monitoring weekly fall data and implementing education, communication and evidence based practices to improve quality and safety related to fall prevention by the end of fiscal year 2022.

## Strategy

- A quality committee was redeveloped in February in 2022 and a quality structure was created within nursing.
- The Falls Committee chairs from inpatient and ambulatory leadership and a clinical nurse specialist lead. This team facilitated various initiatives to improve quality fall metrics and increase participation with ancillary departments to decrease falls.
- Fall Committee Chairs convened to refresh the meeting structure, lead fall debriefs, provided inservices, and promoted fall prevention methods at meetings with Nursing Quality Council, Nursing Grand Rounds, Nursing Practice Council, Ambulatory Local Practice Council and Patient Care Services Leadership.
- Outcomes were measured monthly by analyzing the total fall rate and falls with injury for inpatient and ambulatory areas.

## Plan-Do-Check-Act from February 2022 to Present



- Our interprofessional team includes nursing, risk, quality, regulatory and ancillary departments. This project includes ambulatory, emergency departments, inpatient units and perioperative services among adult & pediatric populations.

## Impact

- A downward trend in total fall rate occurred from December 2021 through end of FY22. Falls with injury rates continue to fluctuate.



## Impact

- Our project showed an impact by evidence of Increased staff engagement and collaboration in fall prevention using a methodical approach for interventions.
- Our team evaluated system practices and identified gaps by using a multifaceted approach. The work our team implemented includes:
  - Utilization of new stretcher and chair alarms
  - Gait belt inservices, trained 706 inpatient in adult and pediatric staff. Created gait belt video to review on-demand.
  - Weekly fall debrief meetings with leadership
  - AHRQ inspired survey, called the “Learning from Defects Tool” to guide fall debriefs for leadership
  - Updated a REDCap fall audit performed by Fall Champions
  - New patient transfer device and chair seat belt pilots

## Lessons Learned and Next Steps

- Although the downward trend in overall falls can still be improved, we learned there is much more we need to do as a UCM team to improve our quality outcomes and are headed in the right direction.
- Some of our current projects are as follows:
  - Escape room video for falls education- pre & post data for staff participating in training,
  - Revamp project mobility
  - Focused support with units that have higher fall rates using SMARTER goal methodology
  - Creating breakout groups by service line for engagement and discussion.
  - Rewards program for FY 23 among areas that have met their goals by 30 days, 90 days, 120 days and 1 year.

## Acknowledgements

- We would like to acknowledge Fall Champions Committee members, supply chain partners, risk management, frontline nurses, leadership and others that worked diligently to prevent patient falls.
- This project received a formal Determination of Quality Improvement status according to University of Chicago Medicine institutional policy. As such, this initiative was deemed not human subjects research and was therefore not reviewed by the Institutional Review Board.