

FOCUSING ON PATIENTS TO REDUCE FALLS

GUNDERSEN LUTHERAN HEALTH SYSTEM

- ◆ La Crosse, WI
- ◆ 325 beds
- ◆ www.gundluth.org

A physician-led health system, Gundersen Lutheran is comprised of a hospital, a multi-specialty group medical practices, 42 regional community clinics, four nursing homes, home care, behavioral health services, vision centers, pharmacies and air and ground ambulances. As a tertiary referral center, Level II trauma and emergency center and teaching hospital, Gundersen Lutheran cares for patients in 19 counties throughout western Wisconsin, northeastern Iowa and southeastern Minnesota.

STEEEP

Safe

New processes, from hourly rounding to new safety signage in every room and bathroom, as well as staff training and patient education, are driving down the incidence of falls.

Timely

Staff-initiated safety huddles address immediate issues to prevent falls or pinpoint what led to a patient fall, leading to an individualized care plan that will reduce the potential for a fall or second incidence.

Effective

To keep momentum and remove any barriers, the falls team met with senior management team twice monthly to report on progress and ask for help or changes.

THE PROBLEM

After examining hospital data to pinpoint opportunities to improve, Gundersen Lutheran focused on patient falls. Patient falls made up the second-largest category of reported incidents for Gundersen Lutheran, after medication events. “It was clear everyone was trying hard, but there was no systemic or organization-wide approach to falls,” says Kathy Klock, senior vice president of operations.

THE SOLUTION

Gundersen Lutheran launched a formal program in 2008 to lower the number of patient falls, with an initial focus on achieving no falls with harm, says Jeffrey Thompson, MD, Gundersen Lutheran’s president and CEO. For the first year, it set a stretch goal of 30 percent reduction in the actual number of falls, including assists to the floor, which Gundersen Lutheran categorizes as falls.

RESULTS

- » In less than one year, Gundersen Lutheran was approaching its goal of 30 percent fewer patient falls, from a mean of 4.2 per 1,000 patient days to 3 per 1,000 patient days.
- » Falls reporting has increased, demonstrating Gundersen Lutheran’s culture of safety and no blame.
- » Compliance on hourly rounding, a key 2008 initiative to avert falls, rose from 39 percent in May to 88 to 90 percent by October in the medical/surgical units that piloted the initiative.

BACKGROUND

Patient falls are among the most significant adverse events in hospitals, negatively affecting length of stay, function, physical and emotional health, independence and quality of life. Without changes to improve prevention, the incidence of patient falls in hospitals is poised to increase as the U.S. population ages. To reduce this likelihood, in 2008, Medicare began denying reimbursements for treating falls.

In 2007, a team of Gundersen Lutheran physicians, nurses, pharmacists, quality professionals, a patient falls expert and other hospital disciplines set out to build a systematic approach to preventing inpatient falls. Drawing on best practices from other organizations and research, it focused on five major areas that could affect the incidence of falls:

- » Medication—Pharmacy made recommendations for specific conditions, when possible, to minimize dizziness, confusion and other symptoms associated with falls
- » Patient and family education—A patient education sheet about the risks of falls and preventative measures was developed. A registered nurse reviews the sheet with patients and families on admission and reinforces the information each shift
- » Safe room setup—Includes an environment that is free of obstacles and clutter and a patient’s call light and personal items are within reach.
- » Safety signage—Caution posters that encourage patients to call for help are displayed in all patient rooms and bathrooms.
- » Rounding—Created a log that nursing staff fills out each hour with time and initials that confirms staff checks for pain, bathroom needs and positioning and room order.

Gundersen Lutheran initiated the falls project in one medical/surgical unit that treats a large number of elderly and other patients who are at high risk for falls. Inpatient falls were trending upward on the unit. It had recently added a nurse educator and a quality nurse. The addition of these roles provided support in the initiation of this project. To roll out the new approach, the hospital held training at the medical/surgical unit’s monthly staff meetings. Training is also built into the new-hire education. To track progress, the unit’s quality nurse keeps a record of each fall and measures compliance to each of the implemented changes. This information is shared at monthly staff meetings.

TEAM MEMBERS

- » **Sarah Archer, RN**
Nurse Educator,
Nursing Staff Development
- » **Tracey Benedict, RN**
Clinical Manager,
Medical Oncology
- » **Kari Hamson-Kalis, RN**
Advance Practice Nurse,
Medical Oncology
- » **Kathy Klock**
Senior Vice President
of Operations
- » **Kathy Koehne, RN**
Nursing System Specialist
and Patient Falls Expert
- » **Jean Krause**
Chief Quality Officer
- » **Michelle La Fleur, RN**
Director of Quality Improvement
and Patient Safety
- » **Sandra Seibel, RN**
Medical Oncology Quality Nurse
- » **Jeffrey Thompson, MD**
CEO
- » **Cheryl Uffelman, RN**
Director of Patient Safety

PRINCIPLES OF PERFORMANCE EXCELLENCE

The Patient Experience

Commitment to improving patient care starts right at the top at Gundersen Lutheran. To keep up momentum and remove barriers, the falls team met with senior management twice a month to report on its progress and discuss issues. “We believe we can distinguish ourselves through great patient care and lower the cost of care and improve the health of our communities,” says Thompson.

The health system involved its patients directly in the project to prevent falls. The patient advisory group was consulted and provided detailed feedback in the development of the falls reduction initiative. The medical/surgical unit also requested feedback on its safety signs to make necessary changes. For example, patients told them the signs were too wordy and they didn’t like the stick-figure illustrations. So the unit went back to the drawing board to revise the posters, resulting in a sign with less clutter and more clarity.

Creation of High-Reliability Culture

To encourage behavior and process changes, Gundersen Lutheran developed training and explained the research that supported these best practices. “Our nursing staff had a mindset that fall occurrences are realistic when a patient is at risk to fall,” notes Kathy Koehne, RN, a nursing system specialist and patient safety falls expert. “We had to change the mentality from patient falls being acceptable to falls are preventable and must be prevented.”

As the changes took hold and falls declined, the nursing staff became increasingly committed to lowering falls even more. A registered nurse and certified nursing assistant, for example, suggested making signs of patient aids, such as walkers and gait belts, backed with Velcro that could be affixed to each patient’s wall as appropriate. With these helpful guides in each room, “whoever answers a call light, without knowing the patient, can assist the patient,” says Sarah Archer, RN, nurse educator. “Patients get whatever they need more quickly.”

In an effort to further empower staff, in 2008, Gundersen Lutheran began encouraging the use of safety huddles for falls and other events. Now, some units huddle after every fall to see if there was anything that could have been done to prevent the fall. If an event or near-miss happens, anyone from a pharmacist, nurse, respiratory therapist, nurse assistant or resident can call a safety huddle with the care-giving team to discuss what happened, why and how it can be prevented in the future.

“One of the critical levers to quality improvement is staff engagement,” says Klock. “One of our key strategies for improving the workplace is to move beyond staff satisfaction to staff engagement.”

The medical/surgical unit began holding a huddle every time a fall that caused harm occurred. The staff identified a pattern: Some patients with confusion or developmental disabilities who had been asked if they needed to go the bathroom declined but then fell when they attempted to go on their own. So the staff changed its approach with rounding with these patients; staff would assist patients to the bathroom instead of simply inquiring about their bathroom needs.

Managing Organizational Variability

After making numerous changes during the pilot phase in the single medical/surgical unit, Gundersen Lutheran began implementing the refined approach to its other medical/surgical units in 2008. These best practices are being standardized across the organization and there has been a reduction of patient falls on these units as well.

Success begets more success. From May to October 2008, the compliance rate with hourly rounding rose from 39 to 88 percent. Additionally, there was one low-bed request in February 2008. By July, that number had climbed to 182. These measures show that not only is staff working to reduce falls, but also prevent them from occurring in the first place.

CONTINUAL IMPROVEMENT

The implementation of hourly rounding, patient education and the use of caution signs has been successful in eliminating some patient falls. Gundersen Lutheran continues to study other factors that contribute to falls and refine and expand its approach. It recently instituted continuous observation, accompanied by a behavioral log that results in the creation of an individualized plan of patient care with patient-specific fall reduction interventions. “Hourly rounding is great for patients who can talk and respond, but there are lots that can’t,” notes Kari Hamson-Kalis, RN, advance practice nurse, medical oncology.

The health system also plans to hold more education for its nursing staff on bedside assessments of patient handling needs. It wants to encourage its staff to implement a plan of care that reflects an individualized patient and family-centered approach.