

# Falls Improvement Action Network

CHECK-IN CALL  
JUNE 6, 2018



**GREAT LAKES**  
PARTNERS FOR PATIENTS

**Illinois | Michigan | Wisconsin**  
**Powered by the MHA Keystone Center**

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*Accelerating Improvement at the Point of Care*

# Agenda

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- Falls IAN Pulse Check
- Aim Statements and Small Tests of Change Review
- Falls Round Robin
- Next Steps

# HIIN Programming



# Improvement Action Network (IAN) – Falls

Week 1

- 60 minute kick-off **Webinar (April 24)**
- Preview of gap analysis/process evaluation tools

Week 2-4

- Data collection

Week 5

- Submission of gap analysis/process evaluation summary report to IHA

Week 6

- In-person, half-day, regional **workshop** with IAN participants. **(May 17)**
- Facilitated by IHA staff, subject matter experts, and mentor facilities

Week 9

- Check-in call **(June 6)**

Week 12

- Final **Webinar (June 20)**
- Review lessons learned and plan for sustainability

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# Quick Review: Aim Statements and Small Tests of Change



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# Developing an Aim Statement & Change Ideas

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
<b>Reduce Injuries from Falls by 20% by end of FY 2018</b>	Address Modifiable Risk Factors	Implement a screening tool that triggers assessment, interdisciplinary input to address risks	
		Avoid hypnotics/sedatives, anticholinergics	
		Screen for Injury Risk	
	Implement a safe mobility plan	Assess mobility upon admission	
		Staff access to mobility equip 24/7	
		Maintain a safe environment and path to toilet	
		Mobilize patient at their highest level three times a day from day 1	
		Communicate mobility plan to the team and the patient	
		Document and track mobility activities	
	Engage the patient and family	Provide structured fall education using teach back	
		Conduct bedside handoffs with the patient and address mobility	
		Conduct post fall huddles at the bedside with the patient	
	Protect the patient from injury	Provide optimal post fall care – special care for blood thinners	
		Provide appropriate level of supervision in toilet room for high injury risk patients	
		Implement floor mats for high injury risk patients	

# Developing an Aim Statement

- Essential components of an aim statement:
  - **Population**
  - **Goal**
  - **Time Expectation**
  - **Where**
  - **Guidance**



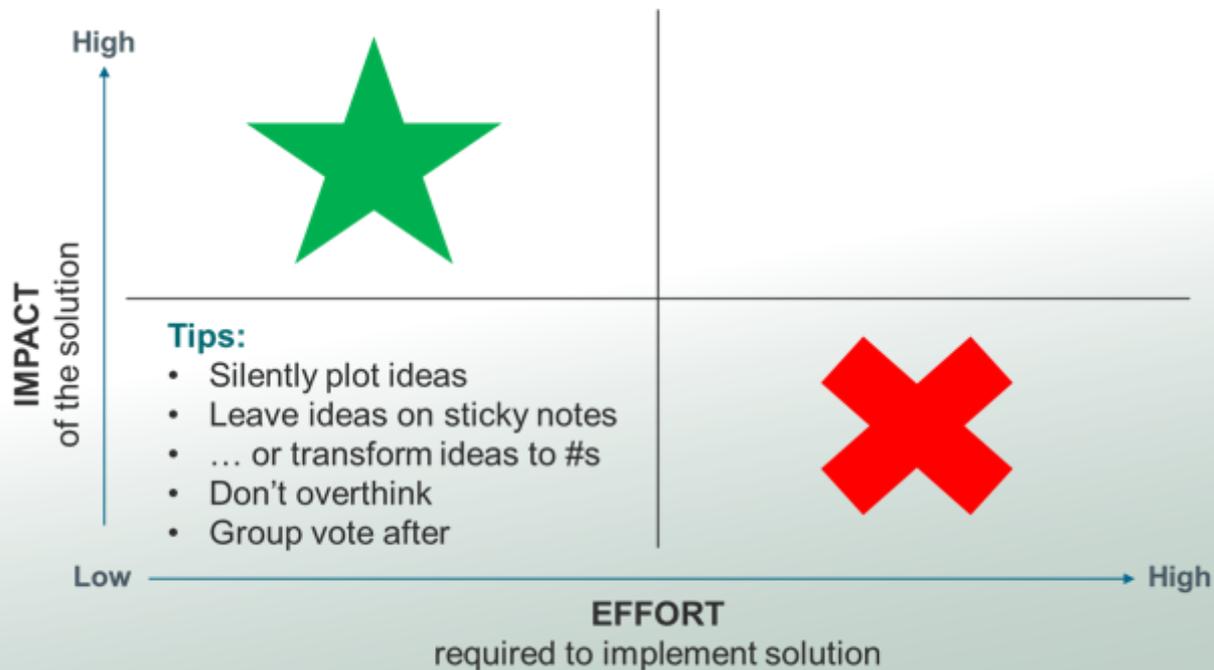
*We will reduce our total monthly **adult med surg** falls with injury from the FY 2007 average of **6 per month to 3 per month** by the end of FY2018 under the **guidance of our unit managers with accountability to our CNO, Linda Lee.***

# Developing Change Ideas

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
Your Aim Statement Here!	1	1a	!!
		1b	
	2	2a	!!
		2b	
	3	3a	!!
		3b	!!
		3c	
	4	4a	!!

# Selecting Change Ideas

Idea	Can be accomplished in 90 days?	There's will to fix this problem?	Is within our control?	Is a sponsor for this work?
Idea 1	2	4	3	4
Idea 2	5	4	4	5
Idea X	4	2	1	3



# Let's chat

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- What was your small test of change?
- What idea did you test?
- Who was involved?
- What did you think was going to happen?
- What actually happened?



# AMITA Adventist Medical Center – LaGrange/Hinsdale

<b>Aim Statement</b>	We will increase the percentage of patients who are safely mobilized on a medical unit at AMITA Health, La Grange from 0 to 75% by December 2018 under the guidance of unit leadership and fall champion, Diana Pearce.
<b>First Test of Change</b>	Trial get up and go assessment with four nursing personnel over 2 weeks.
<b>Is this test of change planned or did you execute it already?</b>	Planned.



# Presence Resurrection Medical Center– Chicago

<b>Aim Statement</b>	Reduce falls with injury by 20% by end of FY 2018 on all nursing units under the guidance of VP of nursing, Roxanne Wicklund, and the Fall Committee leadership.
<b>First Test of Change</b>	Assure availability of appropriate number of walkers (4 or more) on nursing units for staff to utilize with patients. Will audit number of devices on 4 nursing units.
<b>Is this test of change planned or did you execute it already?</b>	Audit performed 5/23 and 5/29/18 : 2 south=3 rolling walkers and 1 PUW; 4 South=6 rolling walkers and 3 canes; 3 Northwest= 4 rolling walkers and 1 PUW; 4 Northwest= 8 rolling walkers



# Palos Community Hospital

<b>Aim Statement</b>	To increase Leadership attendance from 0 to 100% on HP4 & HP5 within 1 week (5/9-5/16/18) with the guidance of Mary White, Patient Flow Coordinator.
<b>First Test of Change</b>	<p>Leadership to attend all falls of HP4 &amp; HP5 during the week of (5/9-5/16/18)</p> <ul style="list-style-type: none"> <li>• Clinic Nurse Leader during Day Shift (M-F)</li> <li>• House Supervisor Night Shift &amp; Weekends</li> <li>• Leadership to fill out the Post Fall Huddle Tool</li> <li>• Provide Feedback on the tool</li> <li>• CNL to take tool to Falls Multidisciplinary Team for trending purposes and RCA</li> <li>• Tool to be shredded</li> <li>• Staff RN to fill in Midas Report and Document Fall in the EMR</li> </ul>
<b>Is this test of change planned or did you execute it already?</b>	<p>2 Falls during that time period</p> <p>Leadership attended</p> <p>Tool Filled out and Midas Report Entered</p> <p>Process was reported back to the team no issues, tool needs to be updated and streamlined</p> <p>NEXT STEP...updating the tool based off of recommendations, implementing house-wide, including ancillary departments</p>



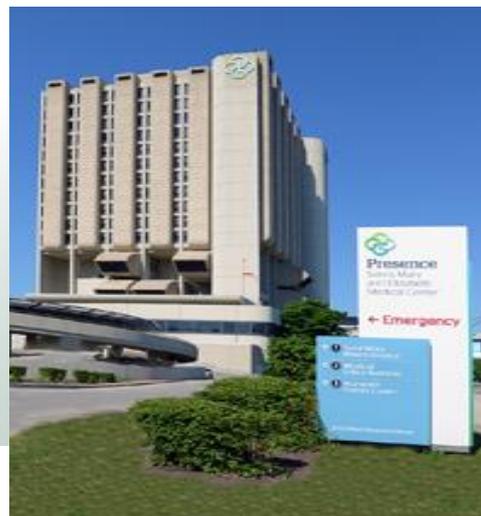
# Rush Copley Medical Center – Aurora

<b>Aim Statement</b>	We will reduce the number of falls by 50% on each unit by the end of FY19 with the guidance and support of our Fall Prevention Team and our Chief Medical Informatics Officer and to continue on the journey to reach the strategic goal to eliminate harm by 2020.
<b>First Test of Change</b>	Develop and trial a standardized Post-Fall Huddle house-wide.
<b>Is this test of change planned or did you execute it already?</b>	In progress. One standard form was developed and went live Monday 5/21 and is now in a trial period. Any fall event will be brought back to the Fall Prevention Team for analysis and further recommendation(s).



# Presence Saint Mary and Elizabeth Medical Center – Chicago

<b>Aim Statement</b>	PSMEMC will reduce all inpatient falls with injury by 50% from Calendar Year 2017 incidence of 4 to 2 by Fiscal Year 2019 under the guidance of our unit nurse managers with accountability to our CNO Dana Clark.
<b>First Test of Change</b>	Use of Fall Safety Tips poster to engage patients and family in the Fall Prevention campaign.
<b>Is this test of change planned or did you execute it already?</b>	A mandatory in service was conducted this May 22-24 for all nurses and ancillary nursing staff to facilitate effective implementation of the use of the Fall Safety Tips to engage patients and their family.



# Katherine Shaw Bethea Hospital– Dixon

<b>Aim Statement</b>	Increase compliance of post fall huddle at bedside within 1 hour of event on our Med/Surg/ICU departments to 90% by the end of 2018 under the guidance of our unit director with accountability of our CNO, Linda Clemen.
<b>First Test of Change</b>	Compliance to increase on Med/Surg and ICU Departments in 2Q (Apr-Jun).
<b>Is this test of change planned or did you execute it already?</b>	Test of change is planned.



# Swedish American Hospital– Rockford

<b>Aim Statement</b>	All inpatients units will implement individualized strategies for identifying patient ambulatory needs in an attempt to reduce patient falls with injuries by 50% while reducing harm by inactivity during hospitalization by January, 2019 under the guidance of leadership with accountability to our CNO, Ann Gantzer.
<b>First Test of Change</b>	Currently we have not implemented any new small tests of change.
<b>Is this test of change planned or did you execute it already?</b>	Currently we have not implemented any new small tests of change.



# Presence Saint Mary Hospital– Kankakee

<b>Aim Statement</b>	We will initiate scheduled ambulation times for our adult population between the ages of 55 and 75 on our 3West med/surg/ tele unit by the end of 3 <sup>rd</sup> quarter 2018. This will be under the guidance of our unit manager and Physical Therapy, with accountability to our CNO Karen Gallagher.
<b>First Test of Change</b>	One schedule walk per day for adult population between the ages of 55 and 75 on our 3 West med/surg/tele unit.
<b>Is this test of change planned or did you execute it already?</b>	Planned initiation following Mandatory Ambulation Education scheduled for June 2018.



# Norwegian American Hospital– Chicago

<p><b>Aim Statement</b></p>	<p>Our goal is to decrease falls in our patient units by eight percent by the end of 2018 fiscal year. This will be under the guidance of the VP of Quality, Sabrina Hughes, and the Chief Nursing Officer, Robert Nelson.</p>
<p><b>First Test of Change</b></p>	<p>Our two primary drivers to implement the plan are:</p> <ul style="list-style-type: none"> <li>❖ Implement safe mobility</li> <li>❖ Engagement of staff, patient and family.</li> </ul>
<p><b>Is this test of change planned or did you execute it already?</b></p>	<p>Strategy and Plan:</p> <ul style="list-style-type: none"> <li>❖ Falls committee to define champion roles and educate champions on criteria for their role.</li> <li>❖ Inform all staff on the goals of the falls committee beginning 5/29/18.</li> <li>❖ Insure that all staff must be held accountable for using the Azcom lighting system for identifying falls risk patients.</li> <li>❖ Initiate early mobility on all patients. Nurse driven get up and go test.</li> </ul>



# Perry Memorial Hospital – Princeton

<b>Aim Statement</b>	Decrease IP fall measure rates to .36 per 100 patient days from .77 per 100 patient days by end of FY19 with guidance from the safety champion team with oversight from the executive team.
<b>First Test of Change</b>	Gather data on the “No Passing Zone” so we have a starting point.
<b>Is this test of change planned or did you execute it already?</b>	Planned.



# Graham Hospital

<b>Aim Statement</b>	Increase Medical Surgical patient's mobility for all patients with an average of 250-300 feet per 24 hour period by nursing staff.
<b>First Test of Change</b>	Implement the Mobility Assessment in the electronic health record, this assessment will be completed with the eight hour shift assessment, random interviews with patients to verify ambulation.
<b>Is this test of change planned or did you execute it already?</b>	Planned



# HSHS St. Anthony's Memorial Hospital

<b>Aim Statement</b>	We will form an inpatient falls team (Safe Patient Handling and Mobility Team) with the key players including a patient representative by the end of June to review all falls and develop a mobility plan that reduces harm with the guidance of Inpatient Falls Lead Danielle White and Colleague Health Lead (and former Inpatient Falls Lead) Lori Winter.
<b>First Test of Change</b>	Ambulate all walking patients two times between the hours of 0800-1630 with the assistance of transport and CNAs on 5 <sup>th</sup> floor.
<b>Is this test of change planned or did you execute it already?</b>	Test of Change was completed on 5/18/18. No falls or colleague injury reported from 5 <sup>th</sup> floor during this time frame.



# Little Company of Mary

<b>Aim Statement</b>	Little Company of Mary Hospital will reduce inpatient med/surg preventable fall rates to zero and reduce the number of falls by 50% by December 2018 with the implementation of the targeted toileting program under the guidance of our unit manager with accountability to our CNO, Lisa DiMarco
<b>First Test of Change</b>	Piloted targeted toileting for patients identified as high risk for falls on 6W.
<b>Is this test of change planned or did you execute it already?</b>	The targeted toileting pilot was started on April 1st. Data will be collected for 2month. We are in the process of execution and collecting data.



# AMITA Adventist Medical Center - Glenoaks

<b>Aim Statement</b>	We will reduce the Med/Surg fall rate 4.07 per 1000 patient days for CY 2017 to 3.00 per 1000 patient days by the end of CY 2018 with the guidance and input from the Quality and Patient Safety Committee, the Patient Safety Office and the Falls Committee.
<b>First Test of Change</b>	The first test of change will occur on Med/Surg by placing gait belts in each patient room to aid in mobility. This will occur by the end of the FY 2018 (6/30/18).
<b>Is this test of change planned or did you execute it already?</b>	The test of change is planned and may change as we execute this.



# Advocate Good Shepherd

<b>Aim Statement</b>	We will reduce our falls rate from 1.79 in 2017 to 0.90 by 12/31/18 at Good Shepherd Hospital with the guidance of our site falls team.
<b>First Test of Change</b>	Units with 3 or more falls in a 3 month period will be required to fill out a CAPA ( corrective action plan) and review information with falls team.
<b>Is this test of change planned or did you execute it already?</b>	We have identified 3 units in the 1 <sup>st</sup> quarter that met this criteria and 2 have reviewed their CAPA's with the team. The 3 <sup>rd</sup> will do so in June.



# Mercy Health Hospital Rockton – Rockford

<b>Aim Statement</b>	We will reduce falls on the Cardiac Telemetry unit at Mercyhealth Hospital Rockton Ave in half from 16 falls, 3 with injury in Quarter 3 to 8 falls, 1 with injury in Quarter 4 with the guidance of the Nurse Manager, Andrea Klosinski.
<b>First Test of Change</b>	Post meal bathroom rounding.
<b>Is this test of change planned or did you execute it already?</b>	We have already begun this test of change



# CGH Medical Center – Sterling

<b>Aim Statement</b>	We will reduce our medical unit patient falls to meet at goal of 63 days without a fall within 3 months under the guidance of unit managers and quality improvement staff by implementing a fall prevention safety huddle checklist.
<b>First Test of Change</b>	Fall Prevention safety huddle checklist is a form that any staff can pull whenever they have a concern that a patient is at a higher risk of falling. The form lists other interventions that can be placed including more frequent rounding or implementing tele-sitter among others.
<b>Is this test of change planned or did you execute it already?</b>	The form went live May 22 <sup>nd</sup> educated to all charge nurses on medical floor by their assistant manager, and then brought up at the units Safety huddle during shift change for the entire week. Form is to be turned into assistant manager to track when used.



# McDonough District Hospital

<b>Aim Statement</b>	We will implement fall risk signage for all inpatient rooms from 0% to 100% on acute care by September 3, 2018 with the guidance of Maggie Dubil, Administrative leader in Quality and Innovation and Wanda Foster Chief Nursing Officer.
<b>First Test of Change</b>	Review signage used on senior behavior health with acute care director Connie Elting and staff to determine what modifications may be needed on signs for acute care use.
<b>Is this test of change planned or did you execute it already?</b>	Planned



# Morris Hospital and Healthcare - Morris

<p><b>Aim Statement</b></p>	<p>We will reduce our fall rate for inpatients (regardless of level of injury) on units 2E, 2S, and ICU/IMC from the 2017 rate of 0.65% to 0.5% by December 31, 2018. This will be done under the guidance of the Safe Patient Handling Committee, Nursing Quality Committee, Department Managers, and the CNE, Kim Landers.</p>
<p><b>First Test of Change</b></p>	<p>2E trial of TIPS (tailoring interventions for patient safety) tool.</p>
<p><b>Is this test of change planned or did you execute it already?</b></p>	<p>Executed. Learned that our process of updating white boards on a consistent basis needs to be hard wired. Planned: White boards ordered that will include activity and lift equipment section. 2E staff being reeducated on Studer principles and importance of updating board and including discussion in bedside shift report. Process being monitored for compliance as well.</p>



# Anyone else??

THIS IS YOUR TIME TO RECEIVE  
PERSONAL FEEDBACK!



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# Next Steps

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## *Review Resources from Workshop*

[Slide Deck](#) – [Driver Diagram](#) – [Improvement Calculator](#)

- Over the next few weeks, continue to refine your aim statements, add more STOC cycles and move your team forward
- Final Webinar (June 20; 10-11a)

# Thank you!

## CONTACT US:

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