# **EP34-14 Centura Nursing Practice Council September 13, 2012**

Attendees: Cherie Bilyeu SASMC, Annie Collum PAH, Bobbie Hall SMC, Kryssy Kimminau PAH, Traci Lella LAH, Carrie McDermott SAN, Tiffany Miester PAH, Catherine Riemer AAH, Mike Selvage AAH, Mary Shry MRMC, Karen Wilson PKR, Cindy STM, PSF, Kathy Long term care, Deb Nussdorfer PSFHS

| Content | Discussion | Follow Up / Actions / Status |
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| **10:05-10:40** | Review of falls projects data, discuss recommendations for practice standardization opportunities—all  Includes discussion of Hendrich II pilot project (Kryssy) | Fall plan for each hospitals pilot:  AHH-  PAH-March 2011 bundle approach. Evidence based to prevent falls. Patients that were at risk 10 or higher were on fall bundle. 1 year of data. Found 15% decrease in hospital wide in-patient falls and 60% decrease in falls with injury. The Surgical unit had the most compliance to the fall bundle and showed 35% decrease in total falls and 100% decrease in falls with injury. Fall huddle was trailed for 3 months hospital wide. No reduction in falls, but did help with fall awareness.  Summit- Had 6 falls from January to March.   * Since then they have had none. * Utilized Hendrich * Falls were mainly patients not waiting for assistance (specifically going to the bathroom)   PKR-Falls committee has been getting together on this. Every room has a gate belt, which has been helpful as well as putting stop signs on the doors.  SMC- Went from averaging 4-5 in a month to 9-13 falls a month.   * Have bathroom scheduling and fall alarms * Rounding to make sure alarms are on * Still have sitter project, but after budget cut do not have as many sitters. * RN turnover could have played a factor   PSF-Rehab unit piloted a bundle of fall prevention interventions starting with planned/timed toileting for patients with incontinence and bed alarms at night on everyone. Fall rate dropped 32% with bundle approach. (outperformed Magnet Benchmark both quarters!). Bundle was   * Assess patient, educate patient and family * AM Safety huddles-interdisciplinary with therapists, nursing * Timed toileting for pts with incontinence * All pts on bed alarm for first 72 hours * All pts on bed alarm at night * Gait belt use * Chair alarms * Yellow gowns and yellow risk badge on door * Use low boy beds and mesh beds when needed   October 16th Hendrich II fall assessment pilot will be completed and can report in November.(CVU and PH4)  STM-Implemented bed/chair alarms. Stay with the patient while toileting. 11 high risk falls. 10 falls didn’t happen in bathroom. Fall on Med Surg floor July-Dec 22fall, Jan-June 16 falls  LAH-bundle approach. patient education using get well network and safety video. Red star on door means high risk patient. Toileting rounds every 2 hours. Bed/chair alarms. Post fall huddle is routine. Jan-Jun 2011 71 falls, 2012 51 falls, 29% decrease. Jan-June 2011 18 falls with injury, 6 in 2012. Using gait belts on each patient.  SAH-focus hourly rounding and preshift huddles. Focus on high risk patient locations. 60 falls before pilot. 50 after pilot.  Fall Plan: PSFHS, PAH, LAH had most improvement in falls based on evidence. Recommend: bundle approach, toileting, fall alarms, education and safety (basic safety information incorepated). Group-Would like to learn more from what the Hendrich II fall assessment pilot units have done and what worked. | |