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| Pillars-masthead-H_0107 | **Agenda/Minutes – Centura Nursing Practice Council**  Thursday, September 13, 9-11am, 2012  720-528-0408 or 866-382-0408 Access Code 5280567#  Or In Person, Regional Float Pool Conference Room  109 Inverness Drive East, Suite B |

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 | Responsible |
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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:  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 |  |