

**Solution: An Interdisciplinary Approach to Better Patient Safety,
Fall Huddles**

Organization: Shore Health System

Type: Acute Care

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IDENTIFICATION:

The problem to be solved on our 30-bed unit was that we were experiencing too frequent falls. We as a system and as a unit identified this as an issue that directly impacted our patients. We trend monthly falls and data is shared with the staff.

PROCESS:

The staff had meetings just to discuss what they could do to directly impact outcomes in this area. Ideas were collected by all shifts and the decision was made to do q1 hour alternate hour rounding. This was after a 4-month period where falls had trended upwards to 6 in one month. To ensure that this was completely staff driven, the project was started on a Friday. As the manager, I have worked with this staff to let them lead themselves and have fostered a high degree of autonomy and accountability. It was a pleasure to see that the rounding was occurring that Monday when I returned and during the first week minor changes were made to the tool we had developed for the sole purpose of keeping our patients safe and meeting their personal needs. Another concept was brewing at the same time we were working on the above initiative a Fall Committee with multidisciplinary team members had been meeting to discuss this system wide issue. The Director of Rehab and the Manager of the Pharmacy came to me and asked if they could do some sort of pilot on our unit to help decrease falls. We had a couple of meetings and time seemed to play a severe factor in our progress it just seemed to be a daunting task to look at every patient and every pharmacy profile. We came up with the idea of a Fall Huddle that meets everyday Monday – Friday at 1pm.

SOLUTION:

We started the q1 hour rounding and this helped get staff really thinking about all the different fall interventions and ensuring as many interventions were in place for our patients. It was established that the highest fall risk patients were captured on our daily unit census sheet and an F was placed beside that patient's name. This sheet is used during shift-to-shift hand off between Charge Nurse's and in the morning is faxed down to Pharmacy where the pharmacist reviews those high-risk profiles before attending the daily fall huddle. At 1pm the pharmacist, physical therapist and primary nurse of the patients with high risk for falls review and discuss all options regarding fall risk interventions. From the inception this has become a best practice. The level of detailed review that we can now do for these patients has provided immediate education for the nurses and given us an insight on how many things many factors can contribute to patients falling. With all the disciplines involved we work to create a plan that is communicated shift to shift.

Falls trended 2008



MPSC 2009 Annual Conference Solution Submission

July – 4

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The q1 hour rounding started Nov 14th on Friday and our first Fall Huddle was on Nov 17, 2008.

Results were one fall the month of November. No falls the month of December and two falls the month of Jan both on a Saturday with a very high census and 2/3 of the floor noted as high fall risks. We celebrated this success with the staff and interdisciplinary team!

We continue to monitor our monthly falls and will continue with our q1 hour rounds and Fall Huddle.