

Featured project from the Essential Hospitals Engagement Network (EHEN)

San Mateo Medical Center (SMMC) *Stumble Stoppers Achieve No Patient Falls with Injury for 12 Months*

Problem Identified

Falls can have physical, social, and psychological consequences. Decreasing incidence of falls with injury aligns with the SMMC Quality and Safety Goal. The purpose of the Stumble Stoppers project was to achieve no patient falls with injury per 1,000 patient days for six consecutive months.

Interventions

- Got-A-Minute campaign to share stories and foster a commitment to fall prevention
- fall rounds
- shift-to-shift bedside report
- huddles
- white boards
- Morse Fall Scale Assessment
- Age, Bones, Coagulation, and Surgery (ABC's) fall injury assessment tool
- fall transparency poster
- room signage and color-coded patient identifiers
- patient brochures
- hourly rounding (Potty/personal care, positioning, possessions/proximity, and pain [Four P's])
- buddy system for staff to help each other manage patients

Leadership and Patient Engagement

The team included the chief nursing officer, nurse managers, clinical nurses, and staff nurses. The fall prevention strategies were brought to the attention of the team by all members, from the frontline nurses to the chief nursing officer. Members of the team participate in implementing best practices and incorporating the work into their day-to-day responsibilities.

Outcomes

The goal of eliminating falls with injury for six consecutive months was exceeded. No patient falls with injury occurred for an entire year after the intervention.



Lessons Learned

SMMC continues to implement small tests of change to improve our fall prevention practices. Some of the challenges encountered by the improvement team included:

- reluctant staff buy-in, especially with the numerous changes implemented;
- limited resources;
- communication barriers;
- sustaining the change; and
- competing priorities.

Strategies for Successful Replication

Strategies for successfully implementing a falls reduction program include the following:

- Involve staff from other departments in the fall prevention meetings to spread successful interventions implemented in the medical/surgical unit and intensive care unit.
- Celebrate successes.
- Keep the department informed at regular meetings and daily huddles by sharing data.
- Be transparent in reporting of patient falls.
- Have a no-blame policy.
- Review case studies of patient falls with nursing and ancillary staff.