2014 Gage Awards

Reference #	7396844
Status	Complete
Name of hospital or health system	Wishard Health Services/Eskenazi Health
Name of project	Evaluation of a Fall Pilot on a Medical-Surgical Unit
CEO name	Dr. Lisa Harris
CEO approval	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
Submitter name (first and last)	Jennifer Kitchens
Submitter title	Clinical Nurse Specialist
Submitter email	jenneufer@comcast.net
Submitter phone	317-570-8698
Project contact person's name (First and Last)	Jennifer Kitchens and Kimberly Howland
Project contact title	Clinical Nurse Specialist and Manager of Quality and Risk Management
Project contact email	jenneufer@comcast.net
Project contact phone	317-570-8698
Within which of the two categories does your application best align?	Quality

1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)	Objective: Falls are a key patient safety measure and can lead to increased injury, length of stay, and cost. Increasing patient and staff awareness is one way to reduce incidence of falls. One way to achieve this is via implementation of a visual reminder. The purpose was to implement and evaluate a fall pilot program on a medical-surgical unit with the ultimate goal of reducing falls. There is little information about the implementation, evaluation and effectiveness of a visual reminder as a clinical strategy to reduce falls in the literature. Study design: The fall intervention was a "Call don't fall" sign placed in the patients' room and bathroom with the rationale of increasing patient and staff awareness via implementation of a visual reminder. The sign included a picture and was written in both English and Spanish. Data sources: Evaluation data included examination of fall rates pre- and post-implementation. Patient and staff surveys were designed and administered to evaluate the fall intervention. The survey was scored using a 4 point Likert scale (1=strongly disagree, 4=strongly agree, higher scores equaling a more positive response). Both patients and staff could only complete one survey. Only patients who were assessed as a fall risk were surveyed. "Call don't fall signs" were placed in all rooms for pilot feasibility whether assessed as a fall risk or not. Staff nurse fall champions were developed to assist with roll out, education, and survey data collection. Staff nurses were educated on proper data collection procedure. Stakeholders were contacted for feedback prior to implementation. Findings: The fall pilot was implemented for 5 months. Fall rates pre-pilot were n=14 and post-pilot n=11. Five of the 11 patients who fell during the pilot were assessed as confused and may not have benefitted from the "Call don't fall sign". There were 35 patient surveys and 18 staff surveys collected (shift worked: days n=7; nights n=11). Both staff and patient survey responses were positive for each item scored. For the survey item "I am satisfied with the call don't fall sign" mean scores were patients (3.3) and staff (3.4). Conclusions: Patient and staff comments will be examined further to make changes to the "Call don't fall sign" and future implementation if indicated. Recommendations were made to make the sign more vibrant. Once changes are made, the "Call don't fall sign" should be implemented on all medical-surgical units at the facility and further evaluated for effectiveness.

2. Describe the methods use in this project. Include where, why, and how the project was accomplished.	The fall pilot was implemeted on a medical-surgical unit. The fall intervention was a “Call don’t fall” sign placed in the patients’ room and bathroom with the rationale of increasing patient and staff awareness via implementation of a visual reminder. The sign included a picture and was written in both English and Spanish. The ultimate goal was to reduce patient falls. Reducing falls at the organization is an ongoing goal. There is little information about the implementation, evaluation and effectiveness of a visual reminder as a clinical strategy to reduce falls in the literature. Therefore, a pilot was chosen as the improvement technique. The pilot was initiated on February 1, 2013 and was completed June 30, 2014. Evaluation data included examination of fall rates pre- and post-implementation. Patient and staff surveys were designed by the Clinical Nurse Specialist and administered to evaluate the fall intervention. Patient survey items included: noticing the sign in room/bathroom; ease of understanding; reminded/encouraged to ask for assistance; perception if received verbal instruction; reinforced what caregiver taught; satisfaction, and perception of effectiveness. Staff survey items included: noticing the sign in room/bathroom; perception of patients noticing and understanding the sign; perception if the sign helped remind/encourage patients to ask for assistance; use of the sign for patient education; satisfaction; perception of effectiveness; and primary shift worked. The survey was scored using a 4 point Likert scale (1=strongly disagree, 4=strongly agree, higher scores equaling a more positive response). Both patients and staff could only complete one survey. Only patients who were assessed as a fall risk were surveyed. “Call don’t fall signs” were placed in all rooms for pilot feasibility whether assessed as a fall risk or not. Resources needed to complete the project were: "Call don't fall signs", patient and staff surveys, and time to collect, evaluate, and disseminate findings. Financial approval was obtained from senior leadership. No external funding was required. Projects leads were the chair of the housewide multidisciplinary falls committee and a Clinical Nurse Specialist. Staff nurse fall champions were developed to assist with roll out, education, and survey data collection and educated on proper data collection procedure. Stakeholders and members of the housewide multidiciplinary falls committee were contacted for feedback prior to implementation.
3. Describe the results of the project. What data was used to support improvement results?	Fall rates pre-pilot were n=14 and post-pilot n=11. There were 35 patient surveys and 18 staff surveys collected (shift worked: days n=7; nights n=11). Both staff and patient survey responses were positive for each item scored. For the survey item “I am satisfied with the call don’t fall sign” mean scores were patients (3.3) and staff (3.4). Please see attachment for complete survey results.
3A. Attachment, if applicable (Only graphically displayed data such as charts will be accepted. Data should include baseline and improvement data)	FallPilotResults.doc (35k)

4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?	There were fewer falls on the identified pilot unit after implementation of the pilot than prior to implementation of the pilot. The improvements were a result of the work. No other organizational factors were identified that may have affected the results. Thus, the ultimate goal of reducing falls was attained. The methods were clearly described. Other essential hospitals could easiy implement the same project. The project was feasible. It was not expensive or time consuming to implement and evaluate. By including both the patients and staff, valuable infomation was gained. Both staff and patient survey responses were positive for each item scored. There were no barriers identified during pilot implementation. However, it was noted that five of the 11 patients who fell during the pilot were assessed as confused and may not have benefitted from the “Call don’t fall sign”. Thus, this data needs further evaluation. Patient and staff comments will also be examined further to make changes to the “Call don’t fall sign” and future implementation if indicated. Recommendations were made to make the sign more vibrant. Once revisions are made, the “Call don’t fall sign” should be implemented on all medical-surgical units at the facility and further evaluated for effectiveness.
5. Describe how patients, families, and if appropriate, community was included in the work.	Patients were engaged in the pilot. Patients were surveyed for their feedback about the pilot and were also given the opportunity to provide additional comments on the survey. Staff were included in the same manner. The only difference was the staff survey items were altered slightly to meet evaluation needs. Staff nurse champions were developed in order to further engage staff. Pilot results were communicated within the organization to senior leadership, the housewide quality council and multidiciplinary falls committee, at the unit level, and to stakeholders including staff nurse champions. The results will be disseminated outside of the organization. The pilot description is included in the following publication: Kitchens, J. (2013). “Implementation and Evaluation of a Falls Reduction Pilot” https://stti.confex.com/stti/bc42/webprogram/Papers57497.html. The pilot outcomes will be presented as follows: Jennifer Kitchens: Accepted poster presenter at 42nd Sigma Theta Tau Biennial Convention November 16-20, 2013 at JW Marriot in Indianapolis, IN for presentation entitled “Implementation and Evaluation of a Falls Reduction Pilot”. The pilot is also cited in the attached document.
5A. Attachment, if applicable (Applicable attachments include documents created for patients, families, or community members or by them as a result of the project)	Wishard_FallsSuccessStory_V4.pdf (77k)
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