

PREDICTION EQUALS PREVENTION

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ABSTRACT

- As a health system, we had tried multiple interventions and were at an impasse when it came to lowering our fall and injury rate. After looking at what other health systems were doing, several of us became very interested in the Hester Davis scale that had been developed by nurses for nurses. This had shown very positive results for the University of Arkansas and made sense to those of us involved in direct patient care. As the manager of the Senior Specialty Unit, fall prevention is very important for our older adult population.

INTRODUCTION

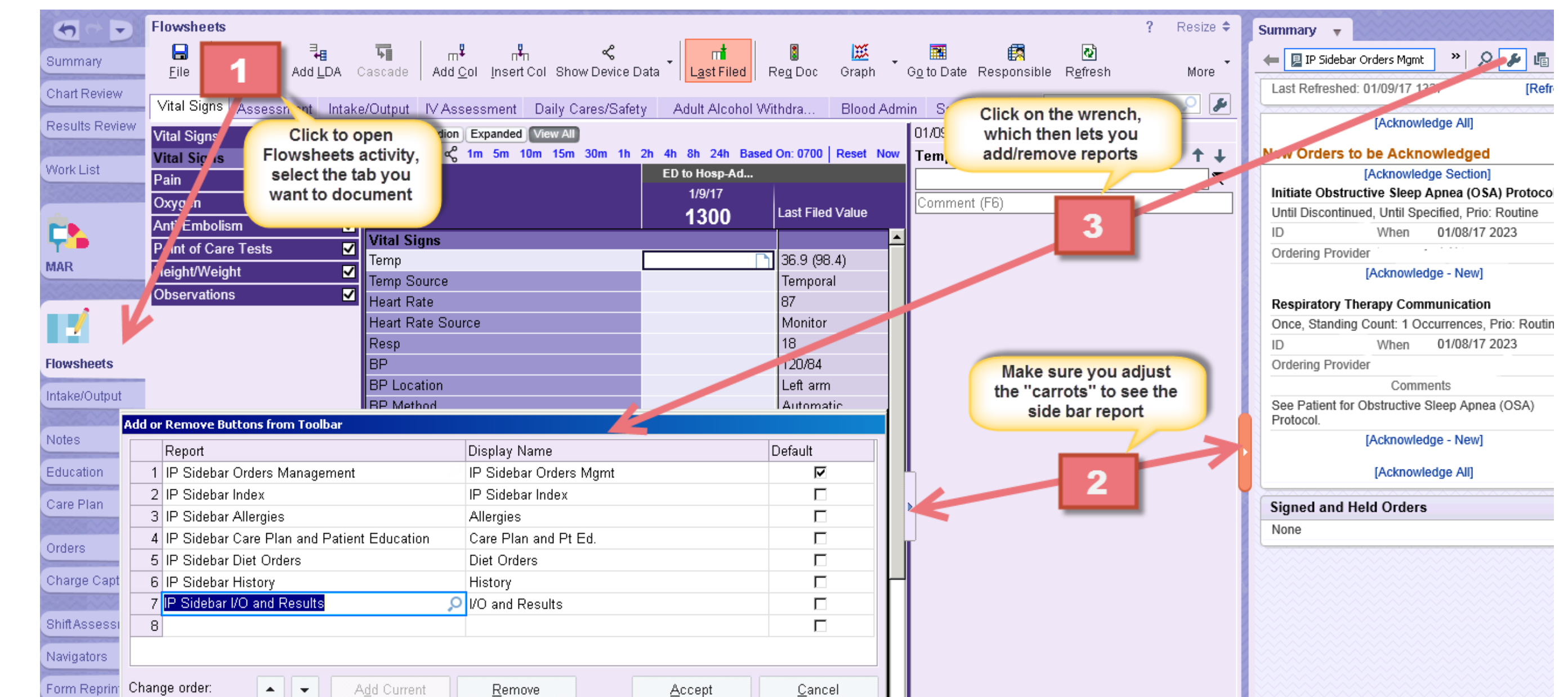
- Falls are the most common and costly adverse event reported in hospitals. The inpatient fall rate for the last six years for Saint Francis has remained slightly above our goal of less than 3.5%. We had used the Morse scale for several years. Saint Francis had invested in equipment such as low beds, mats, enclosure beds – developed protocols for dealing with high fall risk patients but these interventions were not individualized and did not use the nurses’ critical thinking skills to deal with each patient’s risk factors for falls. We seemed to be at an impasse and needed to branch out and find other effective interventions.

METHODS

- Leadership met with Amy Hester and her group and a site visit was arranged with University of Arkansas Medical Center (UAMS). Super users were chosen and both super user training and end user training was provided before go-live. Our first go-live was in May at the smaller south campus and this allowed us to work out some of the kinks before going live on our larger campus. In September, we met as a group and looked at our results. Fall rates continued at the same rate – some nurses were still struggling with scoring issues – we met with Hester Davis and discussed concerns, decided to focus on auditing throughout the hospital to discover specific issues and would meet again in November to discuss results.

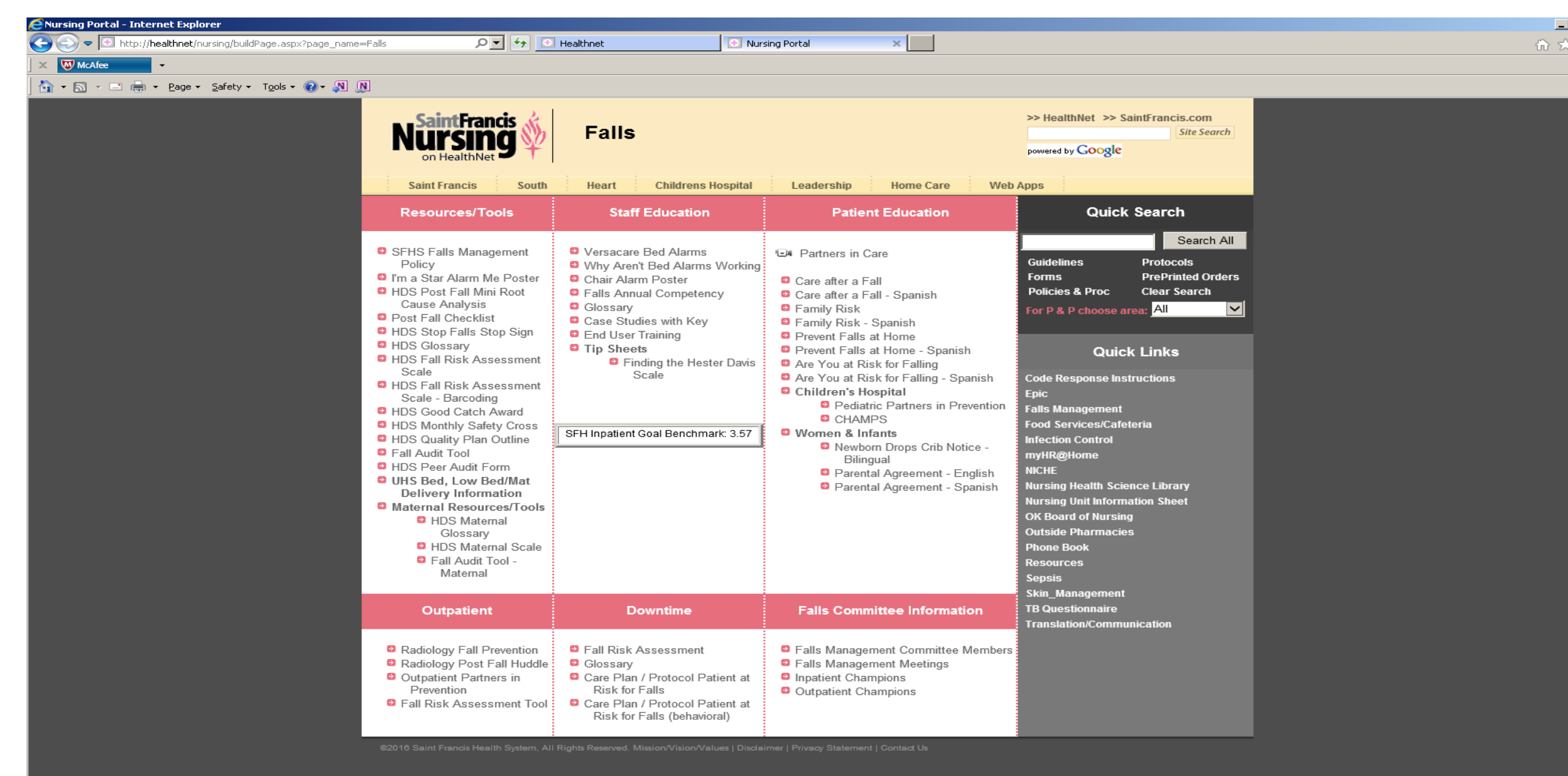
PRELIMINARY RESULTS

At the six month mark, audits showed that while some units were performing at 90% or above some unit staff were still having issues with not choosing multiple areas within the risk factor sections which created artificially low scores. Careplans were not being individualized on a consistent basis and so we brought our leadership groups back together to provided more cohesiveness within the nursing environment. Fall rate has not declined but nurses are showing a higher awareness of what risk factors put their patients are at risk.



FOLLOW UP

- During our meetings, we met with staff and with superusers to gather ideas about ways to go forward. The proposal was to develop a falls fair specifically for superusers. Superusers would be targeted with the information that they needed with case studies and results of audits and would then go back to their units with the expectation that they would be assigned a four to five nurses to teach the process, and would then mentor them through until they were comfortable and adept and scoring and careplanning. Audits would be done by the nursing staff on a monthly basis on a peer to peer basis and this would be discussed during monthly meetings to ensure that everyone was on the same page. Resources were developed for all staff – falls page, sidebar report, low bed criteria, monthly quality bulletins with ask/answer questions about Hester Davis, bed alarm reminder signs, chair alarms available for every room in the ace unit, gait belts given to every patient who needs one in the ace unit



CONCLUSIONS

- In January, we hit our lowest fall rate since 2014, a cause for celebration. Our falls fair is in place and superuser retraining is ongoing. There has been a lot of good discussion and questions as we meet in small groups and go through case studies to discuss how we would score patients.
- We are a large hospital and change takes time – having our superusers as cheerleaders for the units gives the nursing staff someone to turn to when they have questions or concerns – we hope to continue our downward trend of falls.
- The Hester Davis scale is an excellent scale – we have received a lot of support from their group and this has helped us as we grow through this process to improve our patients safety.

