Transferring Hospital Practice into the Long Term Care Setting to Decrease Falls



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Purpose

Patient falls are common incidents in the hospital and long term care setting. Research indicates that the total number of falls increases with age. Inadvertent falls may increase morbidity and mortality and cause the families to question the overall quality of care. Our goal was to decrease the rate of falls by implementing the strategies that are utilized in the acute care setting.

Background

Kennedy's Health Care Center (KHCC) is a 130 bed long term care and 60 bed subacute rehabilitation center. The residents/patients are a part of a Hospital System that provides a full continuum of healthcare services. Kennedy serves the residents of Camden, Burlington and Gloucester Counties. The acuity level of the patients in the Long Term Care and Rehab Center has increased and they have the complexity of acute care medical/surgical patients. Because of the acuity of our patients/residents and the close connections we have with our acute care hospital we have taken on the challenge of instituting some of the initiatives that have proven to be successful in the hospital setting. The proposed project will be led by the leadership team in collaboration with the nursing and rehab staff. This collaborative effort will help us achieve our goal to decrease the number of falls in the facility despite the many challenges we face.

Significance

Falls are a problem in the elderly population, especially for older adults living in nursing homes. A common bias of long term care was "that this is their residence and we don't restrain so it is acceptable for a patient to fall." That is not the culture that exists in the acute care setting. The goal of this team was to change the culture in long term care utilizing strategies that were used in the acute care setting to reduce the number of recurrent falls, thereby reducing morbidity and mortality.

Strategy and Implementation

As a result of the number of falls, and with our vision in mind to "transform the healthcare experience for patients/residents and their families through a culture of caring, quality and innovation," we put together our interdisciplinary team and began several initiatives in our long term care setting that had been utilized in the acute care setting. Some of the initiatives we have rolled and will be rolling out are the following:

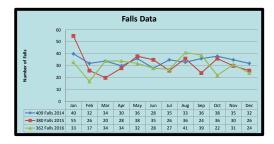
- 1. Created a comprehensive fall policy.
- Implemented a biweekly fall's call increasing situational awareness and staff engagement related to falls and fall prevention. We shared lessons learned with the staff on this call.
- Applied for and received a grant "The Otago Exercise Program Grant," through the NJ Department of Human Services and Division of Aging Services.
- 4. We will be adding staggered shifts for the nursing assistants, changing their worked hours from 7am to 730 pm and 7pm to 730am to 6am to 6:30pm and 6pm to 6:30am. Allowing them to start their shifts earlier and not all be congregating at the desk the same times as the nurses are changing shifts.
- Increased nursing assistant support 4 hour shifts in the morning and evening because these were identified as high risk for falls times.
- 6. Initiate hourly rounds and bedside report.
- 7. Initiated Route Cause Analysis to review the falls with injury.
- We will be adding an additional 11 am to 11:30 pm shift on SAR in 2017.

Conclusion

The goal for our facility was to decrease the number of falls. As we executed these initiatives and focused on involving our front line staff we were able to accomplish our goal. The preventative measures and the implementation of our strategies has allowed us to decrease our incidence of falls and our rate of falls by 11% from 2014 to 2017.

Outcomes Data





The Interdisciplinary Team



Kelli Franzen RN, Candy Hughes BSN, Cassie Aldrich LPN, Jenn Crocker RN, Peggy White MSN, Gary Pizzichillo Administrator, Shannon Spaeth RN, Lauren Goss RN, Matt Ellison MPT



Reference

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