Safe & Sound: Fall Reduction Initiative for the Comprehensive Transplant Unit (CTU), Zayed 9W

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Background
The Comprehensive Transplant Unit (CTU) is an inpatient medical-surgical unit specializing in the care of abdominal organ transplant recipients and reconstructive transplant recipients.

The CTU has recently experienced a high incidence of patient falls. Between January 2013 and December 2013, the unit reported 39 incidence of falls, 13 of which were with injury.

Methods
• Literature Review, UHC Webinar, & Telephone Interviews:
  • Comfort and patient safety rounds are consistently recognized as a best practice in fall prevention.
  • Achieving zero falls is unrealistic; focus on over all reduction and injury management.
  • Appoint a fall champion for consistent messaging.
  • Assess for consistency among staff.
  • Audit for any variations between interventions and documentation. (UHC, 2013)

Analysis of Patient Safety Network (PSN) data, in comparison with the patient’s chart:

Survey of CTU nurses (Key Findings):
Most respondents felt they had enough time to implement fall interventions, unless materials could not be found or were broken.

Patient Education on Fall Risk

Observation of CTU Nurses/Attendance at Unit CUSP Meetings:
• Unit population requires heavy medication administration + multiple co-morbidities/complications -> contribute to time constraints and workflow overburden.
• Nursing staff presence & participation at CUSP meetings -> indicate a strong commitment to patient safety & quality improvement projects.

Results

Conclusion

To reach our goal of a 90% reduction in falls by the first quarter of FY 15, nursing and support staff education included:
• Development of a nurse education checklist
• Re-education on fall risk assessment and protocol
• Nurse re-education on documentation
• Education on the incorporation of evidence-based best practices.

The unit will incorporate evidence-based best practices by:
• Co-locating fall risk supplies and education materials
• Designating a Fall Champion to maintain communication among staff
• Conduct purposeful rounds for fall Prevention:
  ➢ High Risk: Q1 hour during the day; Q2 hours at night
  ➢ Moderate Risk: Q2 hours during the day; Q4 hours at night.

Future Directions
• Continuous assessment of Safe & Sound throughout FY15.
• Encourage staff feedback and modify process as needed.
• Explore opportunities to integrate information technology systems (such as Epic) to enhance the program.

References

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