Creating a Bridge Between Patient Safety and Clinical Practice

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Objectives

At the conclusion of this presentation the participant will:

✓ Be able to identify and describe elements of patient safety rounding and how they improve staff accountability

✓ Be able to discuss the importance and impact of auditing and verifying patient safety practices through rounding

✓ Be able to implement techniques and interventions to increase awareness and transparency in their own organization.
Background

• The average hospital rate for falls is 3-5 falls per 1000 patient days and one-third of those falls result in injury to our patients (AHRQ, 2019).
• Prior to project implementation the fall policy intervention compliance rates averaged at 70%.
• The organization was struggling with fall rates consistently higher than the national average and multiple patient injuries.
• Studies have identified that most falls can be placed into six categories including:

✓ fall risk assessment issues
✓ hand-off communication problems
✓ toileting issues
✓ educational and organizational problems
✓ medications
✓ call light issues

(Health Research & Educational Trust, 2016)
Strategy for Change

1. Increase Awareness and Transparency
2. Increase Accountability
3. Celebrate Wins
Baseline Problem Identification

1. Data was trended through the event reporting system for baseline fall rates.

2. Identification of Fall policy interventions for auditing:
   • Yellow fall socks
   • Yellow identifier outside of room
   • Fall risk patient arm band
   • Chair/Bed Alarm use
   • Clinician fall risk assessment review
Increase Awareness and Transparency

- Real time feedback was provided to front line staff members.
- Increased transparency and awareness through monthly unit announcements on fall rates, patient safety alerts, and patient safety newsletters.
- Brought falls to the forefront of everyone’s mind by developing a patient safety dashboard that automatically counts days since last fall.
Increasing Awareness and Transparency

Patient safety newsletters

Safety alerts

Executive Patient Safety Rounds

Fall Prevention Plan Policy Changes

- With the implementation of deep phenotyping we will no longer use the Intracranial
  Neuromonitoring tool.
- There will be no longer be low, medium, and high risk tools. There will only be
  "red" and "green" tools.
- The patients at risk fall will receive the same interventions on the high risk category on the
  previous policy.
- A "red" colored patient prior to the fall event and "green" no risk tools applied to aim at reducing
  inappropriate measures for the entire healthcare unit and reduction in fall rate.
- The patient should not be left unattended after being placed on the bathroom, the
  wheelchair, or in the chair.
- No signage noting the risk will be placed at the patient's desk.
- Aspirin and other anti-coagulant medications should be used with caution.
- Daily with bed activity is recommended at all times while the patient is in the bathroom.
- The absence of the high risk for falls have priority for assignment to a more equipped
  with sites.

Please review the new policy either through the intranet site or the attached version.
Patient Safety Rounding - Accountability

1. Rounding to observe patient safety behaviors.
2. Immediate follow up and coaching with the clinician.
3. Occurs in all inpatient areas weekly, is unannounced, unscheduled, and on both shifts to monitor compliance.
4. Weekly reports sent to unit leadership and posted on units.
5. Coaching opportunities empower staff to identify barriers.
Opportunities for improvement in rounding

• Paper is bulky, messy, and a waste of resources.
• Manual calculations are labor intensive.
• It is difficult and time consuming to aggregate data or determine trends.
Process improvement

- Utilized existing technological resources to improve rounding process.
- Created online survey for each of the rounding tools.
- Utilized existing vendors for rounding applications when applicable.
- Placed surveys and rounding apps on tablet for ease of use.
Results - Patient Safety Rounding

• Survey data is quantitative requiring minimal manual calculations
• Provides for clear and concise graphing of data which is exportable for sharing.
Celebrate Wins

• Improve culture by celebration of success.
• Encourage healthy competition between nursing units.
Results
Event rates year over year using a standardized calculation displaying total number of categorized events and patient days.
Percentage of Fall Interventions Compliance
Fall Rate by Month

Project Start
Fall Rate by Quarter

Project Start
Falls with Injury

- Total Fall Rate
- Fall Injury Rate

Year | Total Fall Rate | Fall Injury Rate
--- | --- | ---
2017 | 3.594 | 1.22
2018 | 2.9 | 0.81
2019 | 2.49 | 0.74
Lessons Learned

• Must establish an efficient process for rounding.
• Ensure P&P is clear with no room for subjective interpretation.
• Staff participation in the post round coaching.
COVID – NEW LESSONS LEARNED

- Increase in falls due to time delays r/t donning of PPE
- Clustering care to avoid excessive exposure and PPE usage decreases number of times staff are with the patient in the room
Looking Forward

• Working with front line staff to develop strategies to “plan the activity” (more falls are now in the category of assisted to floor).

• Rolling the plan out at a bigger facility 1 unit at a time.

• Finding a solution to response delays due to donning of COVID PPE
A Summary Playbook for Other Organizations

1. Identify a patient safety concern using organizational baseline data
2. Evaluate the problem with staff input.
   - Look at current policies vs evidence
   - Evaluate barriers to practice
3. Increase awareness of the problem.
   - Share data often and in multiple formats
   - Talk about the problem, talk about it every time it happens – BE TRANSPARENT
4. Regularly round and audit clinical practice
   - Random audits at all different times ensure that consistency is achieved
5. Coach staff when opportunities are found
   - Listen for barriers
   - Focus on improvement not punishment
6. Celebrate wins
Benefits of Utilizing this Process

• This process can be used for a multitude of clinical performance problems.

• It has also been successful in the following clinical practices:
  - Hand hygiene compliance
  - SCD usage (mechanical VTE prophylaxis)
  - IV/CVC nursing care
  - Patient identification

• Each time this plan is utilized it has demonstrated increased compliance with evidence based practices/facility policies and improvement in the associated clinical indicators.
Questions?