

ENSURING QUALITY THRIVES DURING A PANDEMIC

Shanna Choate, BSN, RN
Noami Cavett, MSN, BBA, RN
Sarah Gartner, BSN, RN, CPHRM



Background

The pandemic forced changes in every aspect of care in the hospital setting. Strict isolation requirements made it difficult to enter the room and assist the patients quickly. Staffing shortages and furloughs made the staff/patient ratios higher. Lack of family presence due to visitor restrictions made it challenging to keep patients safe with their extra set of eyes and being the patient's historian and advocate. Many quality initiatives suffered nation-wide due to the various increased demands on staff. As a large safety net hospital, we proved that despite the challenges, our quality of care around patient falls actually improved during the pandemic. With the use of consistent methodology, the core team was able to maintain their vigilance and produce results to keep patients safe.

Objective

To decrease the organization's fall rate and meet the NDNQI benchmark for all teaching hospitals by bringing awareness and continued focus of falls during this crisis.

Methods

We maintained an interdisciplinary core group consisting of a Patient Safety Risk Manager, Fall Coordinators, PT/OT, Pharmacy and the Enterprise Fall Reduction Committee (EFRC) to review and investigate all falls that occurred throughout the system, and to drive focused education and shared learning opportunities house-wide. These collaborations were done in the following meeting formats despite the challenges in staffing, moving units to accommodate the influx of covid patients, doubling up single patient rooms, etc.:

- Weekly fall leadership meetings, weekly falls champion meetings for information dissemination, monthly root cause analysis (RCA) meetings, weekly core group fall reviews and bi-monthly EFRC meetings

Examples of initiatives accomplished by core team:

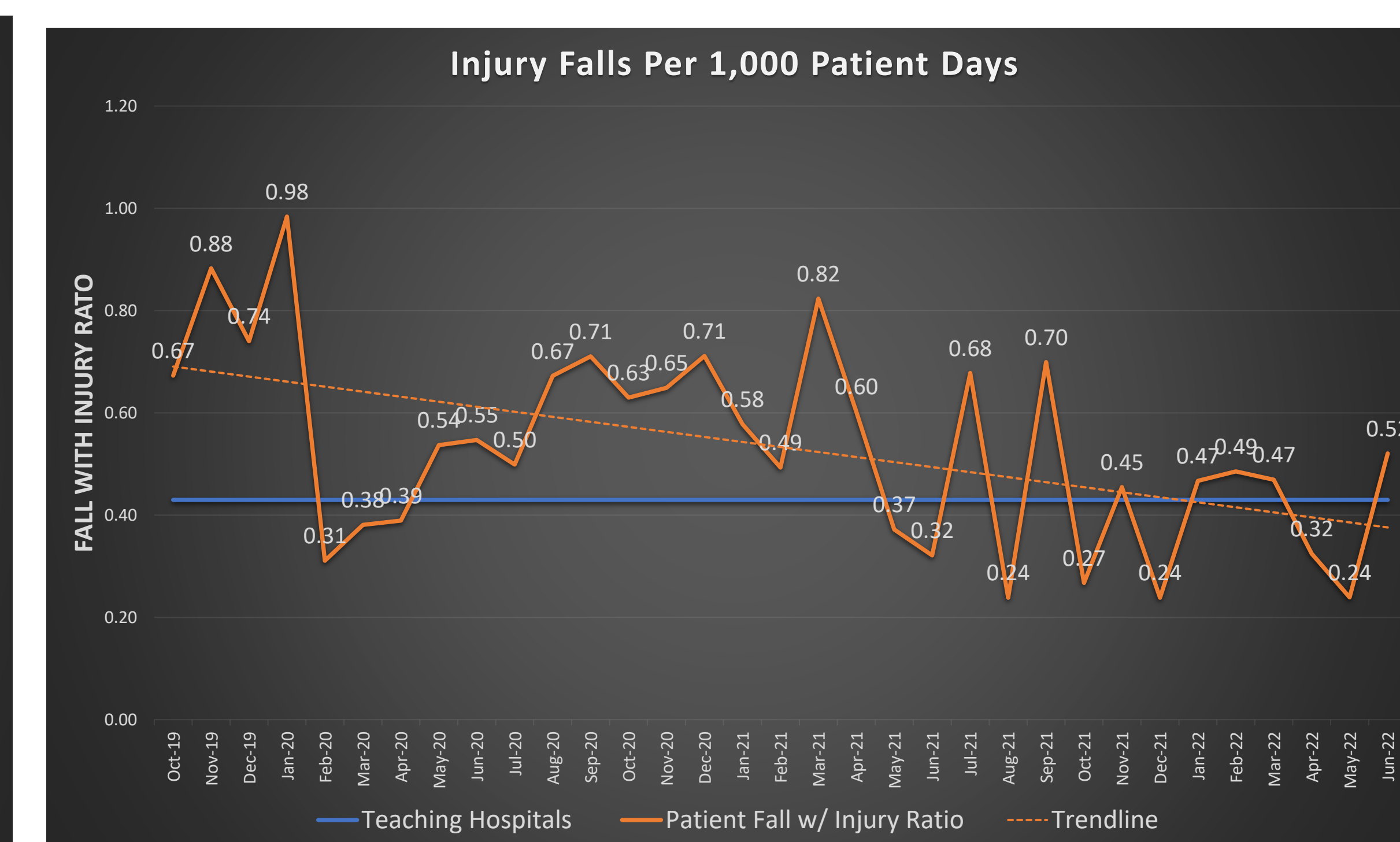
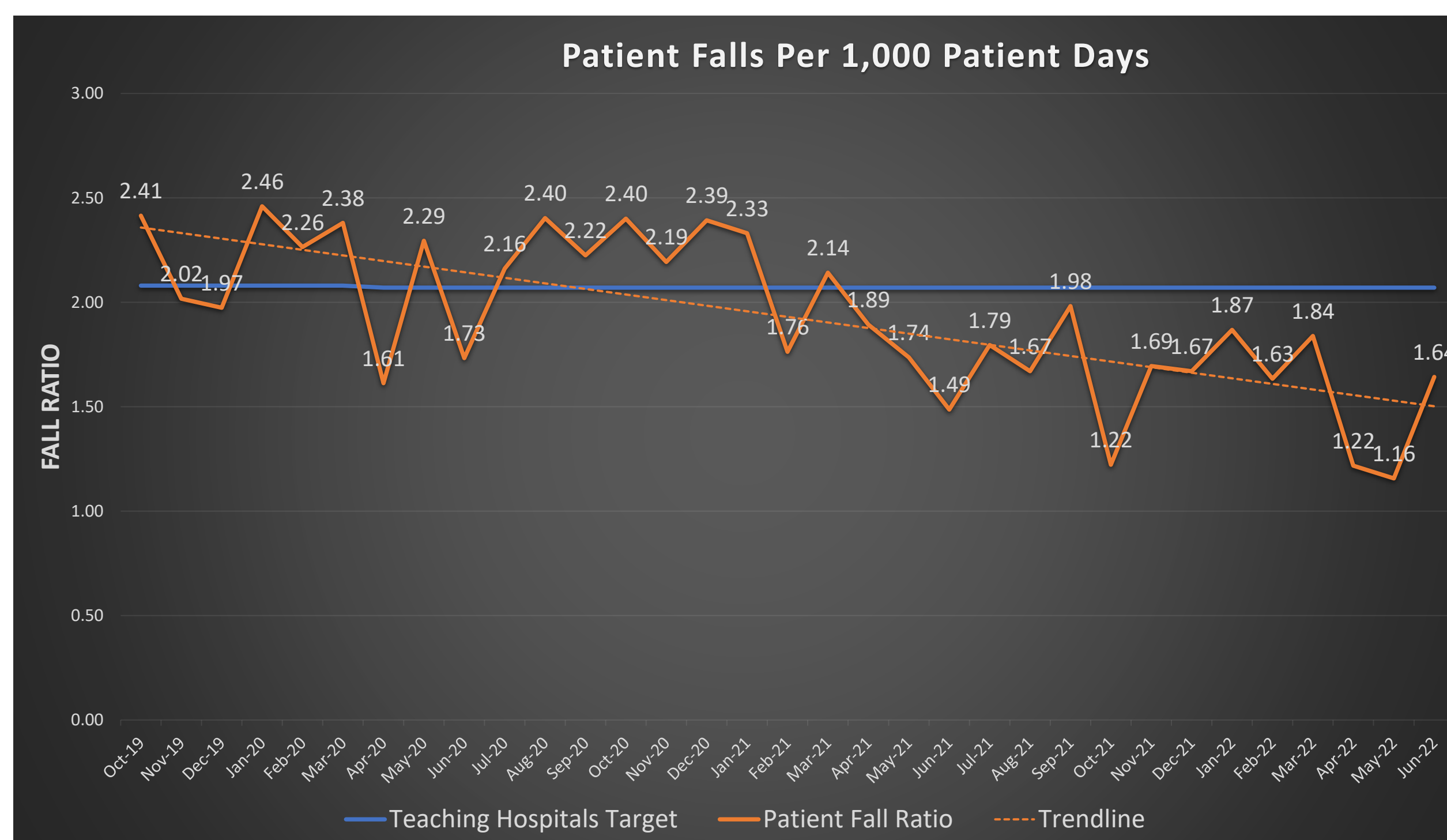
- Offered educational webinar from Hester Davis (HD) Nursing: "Considerations for Managing Falls with Covid-19"
- Care Tech specific training on toileting
- Organized bed vendor demos for education and roaming audits for correct use of bed exit alarms
- Collaborated with Supply Chain and Bio Med departments to formulate a process to report broken/malfunctioning bed equipment more efficiently
- Developed, initiated and guided first cohort of three 'Falls Focus' units with subsequent reduction in falls
- Created enterprise-wide falls data dashboard to view trends and deep dives into unit specific fall data - giving all unit leadership access and education to navigate the dashboard it's use
- Disseminated toileting education, i.e., bathroom scripting upon admission and when patients refuse assistance in the bathroom, bedside commode tips, and urinal usage

Methods Contd.

- Reviewed utilization of virtual monitoring system to assess for enhancements/standardization
- Standardized and began process for implementation of chair alarms house-wide
- Collaborated with PSR department to develop standard internal definitions for medical/intentional/behavioral falls for clarification/classification
- Conducted fall lectures for new nurse orientation
- Collaborated with Clinical Informatics in optimizing EHR, i.e., static banner to display when patient has fallen this hospitalization
- Collaborated with Clinical Alarms Committee and call light vendor for presentation/education regarding potential optimization of alerts and workflows, i.e., measuring response time to bed exit alarms
- Created Fall Education Bundle for Travel and State nurses
- Maintained Fall Rewards and Recognition committee with monthly award celebrations for those units that hit specified metrics

Results

After the October 2019 implementation of the Hester Davis Falls Program, our team's data collection and analysis grew in depth and breadth. At that time, both our Falls and Falls with Injury Ratios exceeded our NDNQI comparison group for Teaching Hospital Targets. Our first major dip in ratio occurred in the first few months of the COVID Pandemic due to the sharp decline in hospital census in the early stages of the lockdowns. Despite record numbers of COVID-19 patients, the team used active falls surveillance, care adjustment and high standards to meet goals. Since April 2021, fall rates continued to decline and have remained below the NDNQI Fall Ratio target. Falls with injury rate goals were met on several occasions and reached an historic low in May 2022. The organization continues to see improved overall falls outcomes including 15 consecutive months of fall rates below the teaching hospital NDNQI benchmark. Maintaining visibility of the quality goals, despite competing priorities and the unknown of living through a pandemic, contributed to the patient safety successes at Parkland. As the organization reflected over the COVID-19 months, unit leadership and the fall champions demonstrated tremendous progress in their ability to acknowledge, discuss, analyze and action plan for fall events.



Conclusions

Fall injury prevention continues to be a challenge across the healthcare continuum. It is our goal to engage all staff to strive to ensure patient safety and to keep this downward trajectory regardless of what the future may hold for healthcare.

Acknowledgements

We acknowledge HD Nursing as our vendor partner (Hester Davis Falls Program) who tirelessly works with us side by side to elevate our practice.

We also acknowledge Nina Kiogothi, senior analyst for Executive Nursing Leadership, who built our Falls dashboard, collects, analyzes and disseminates our data.

References

Citation: Montalvo, I., (September 30, 2007) "The National Database of Nursing Quality Indicators™ (NDNQI®)" OJIN: The Online Journal of Issues in Nursing. Vol. 12 No. 3, Manuscript 2.