

LEARNING OBJECTIVES

- Identify the methods used to determine if patients are being accurately assessed for fall risk
- Compare and contrast the importance of targeted interventions in reducing falls with injury
- Create a process of continuous assessment and intervention of patient risk for falls

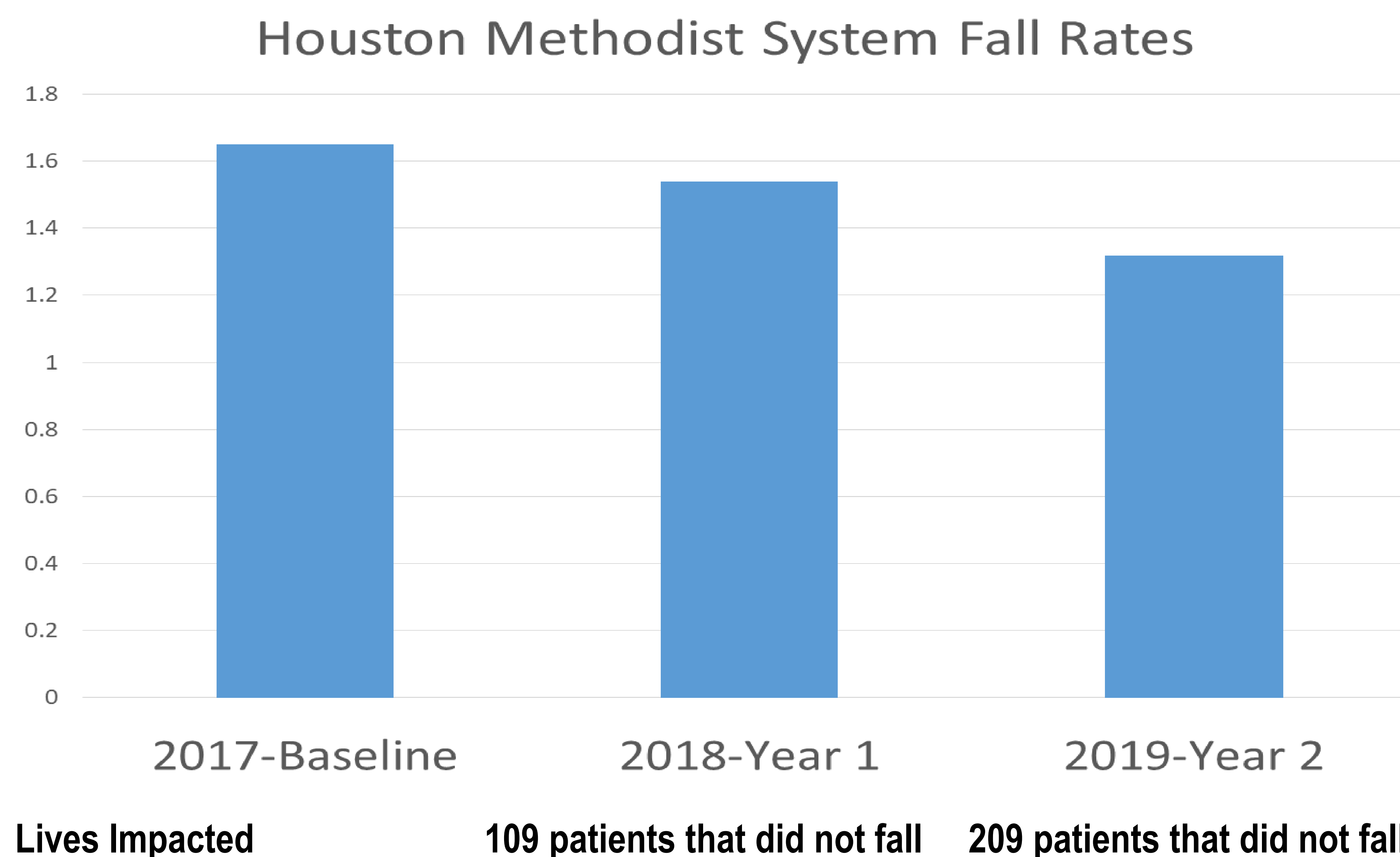
INTRODUCTION

- In late 2017, Houston Methodist implemented a new fall prevention program, using a tool with a clinical decision support system for predicting and preventing falls and injuries.
- The new fall prevention program was chosen for its superior predictive ability.
- The program has a scoring scale that is instrumental in guiding targeted safety interventions to prevent patient injury.
- Like most fall prevention tools, the scale used at Houston Methodist is most effective when accurately used. Accurate assessment of fall risk leads to use of appropriate interventions to prevent falls.
- The Houston Methodist system recognized a decrease in fall rates in 2018, but felt that the program was not being used to its full potential.
- Monthly audits of the accuracy of tool use were conducted at all hospitals. The data showed patients often had incorrect fall risk assessments – the majority of which were under-scored.
- Under-scored patients did not receive the full extent of interventions tailored to their score, which sometimes led to a fall.

METHODS

- Data collected through monthly audits of scoring and interventions, discussion in the Fall Committee and Fall Champion meetings, and investigations into falls indicated that many falls were under-scored. This led to a number of high-risk interventions not being implemented.
- For a better understanding of the challenges regarding accurate scoring, falls were audited for the entire month of December 2018. Inter-rater reliability tests were performed on a total of 89 falls throughout the Houston Methodist system.
- Out of 89 falls, 45 were scored lower than necessary. The top areas that were incorrectly scored included medications and volume/electrolyte status. The scoring inaccuracy in these areas also led to missed interventions to prevent falls.
- Results of the December 2018 fall audits were discussed at the Fall Committee and Fall Champions meetings. Targeted education was developed and implemented at the unit level, with a focus on medications and volume/electrolyte status. The data dictionary in our EMR was updated using the associated fall prevention tool glossary with a focus on these two areas.
- Emphasis was also placed on ensuring appropriate interventions were in place to prevent falls using the associated fall prevention care plan. The focus on accurate scoring, and appropriate associated interventions to prevent falls, allowed us to see a significant decrease in falls in 2019.

OUTCOMES



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- In 2017, the baseline fall rate was 1.65.
- In 2018 the fall rate dropped to 1.54, representing a 7% decrease. This correlates to 109 patients that did not fall.
- In 2019, the fall rate dropped to 1.32, representing a 14% decrease. This correlates to 209 patients that did not fall.
- Overall, the decrease in falls over a two-year period was 20%. The total number of correlated patients who did not fall is 318.

SUMMARY

- Having evidence-based tools and support guiding clinical care was key to our success in improving outcomes across an already high performing healthcare system and providing “unparalleled” service to our patients.
- Providing one on one “Just in Time” training on use of the tools also assisted in setting the stage for accountability expectations for staff without requiring leaders to function in a punitive fashion
- Hospital champions appreciated the coaching training to provide them with different understanding of how to coach a teammate – without impeding their collegial dynamics

DISCLOSURES

The authors have nothing to disclose