FALLS IMPROVEMENTS
HOSPITAL WIDE GOALS

Clarke County Hospital

An Affiliate of **UnityPoint Health**

OBJECTIVE

All departments that work directly and indirectly with inpatients will conduct a Quality Improvement Audit on how their department can help prevent falls.

BACKGROUND

In FY22, we had an increase in falls and did not meet goal. Falls continued to increase in Quarters 1 and 2 of FY23, with Quarter 2 ending with an overall fall rate of 7.02%. We decided this needed to be a hospital-wide goal and would require efforts from ALL departments in order to improve.

ACTIONS TAKEN

CCH developed a "Falls Team" that included all departments that work directly and indirectly with inpatients.
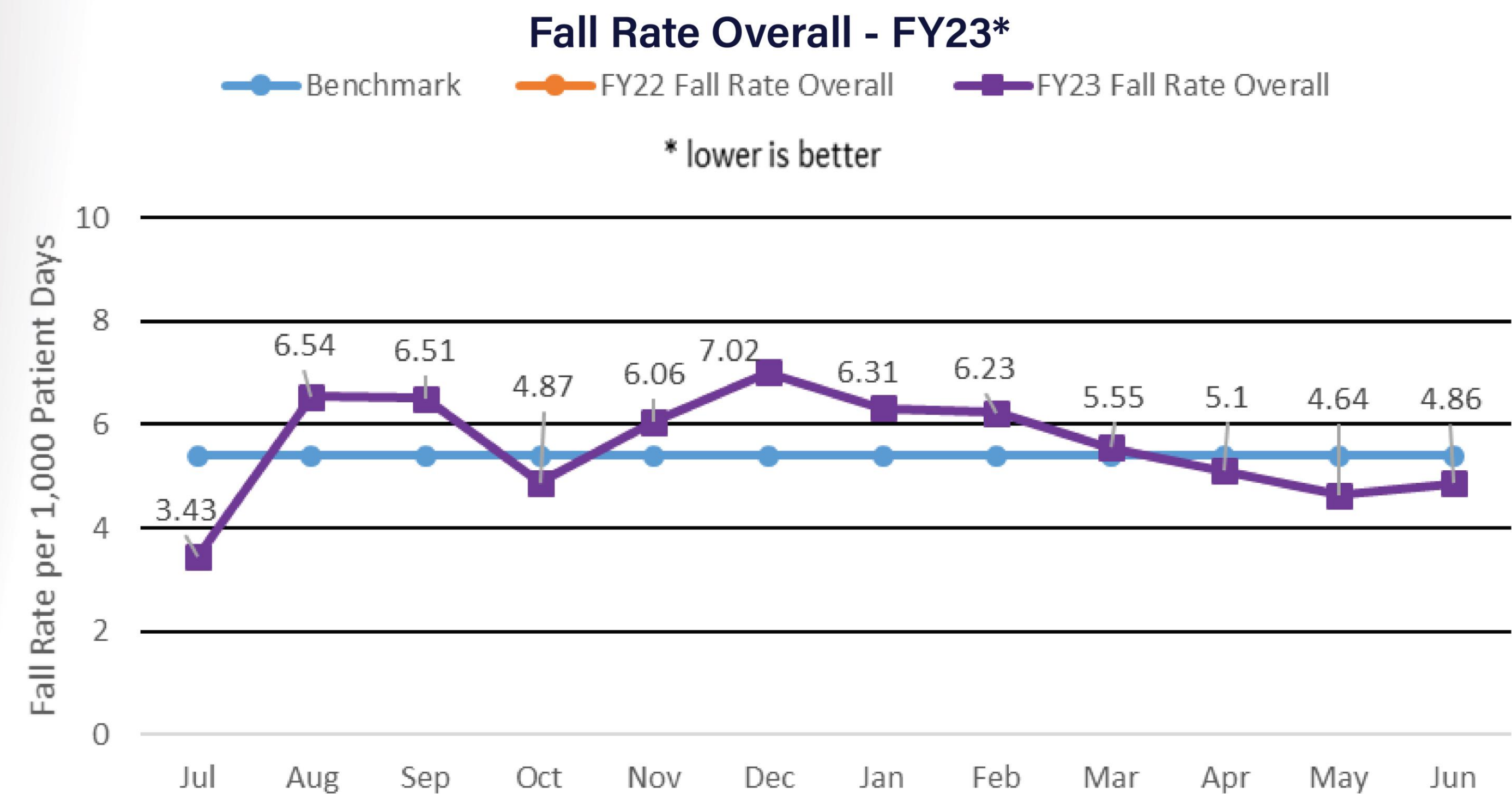
The team included:

- Administration Leader
- Diagnostic Imaging
- Dietary
- Environmental Services
- Inpatient Nurse Manager
- Laboratory
- Patient Experience Coordinator
- Pharmacy
- Quality Improvement
- Therapy Services
- Utilization Review

METRICS

Decrease the percent of inpatient falls per 1,000 patient days to below 5.40

"Inpatient" refers to acute, observation, skilled and extended swing patients.
Assist to floor does not count as a fall.

Fall Rate Overall - FY23*

— Benchmark — FY22 Fall Rate Overall — FY23 Fall Rate Overall

* lower is better

Fall Rate per 1,000 Patient Days

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY23	3.43	6.54	6.51	4.87	6.06	7.02	6.31	6.23	5.55	5.1	4.64	4.86

ANALYSIS

Each department on the "Falls Team" audited one area to improve patient safety in order to help prevent falls. In the following 6 months, we were able to reduce our fall rate from **7.02%** to **4.86%,** surpassing our goal.

Quarters 1 and 2: 14 total falls
Quarters 3 and 4: 3 total falls

NEXT STEPS

Continued awareness from all departments was key for our success. We continue to monitor the audits we started, which greatly improved.

The areas we audited are shown below:

- **Diagnostic Imaging:** Overnight and weekend staff were trained as one-on-one sitters and then measured the # of opportunities they were able to sit with patients one-on-one.

- **Dietary:** Audited that all items were within each patient's reach and signed off on this with each meal.

- **EVS:** Audited whether the patient had their call light or not. If not, they made sure the call light was within reach.

- **Falls Team Leader:** Arranged post-fall huddles with all team members and included the patient and their family.

- **Lab:** Audited whether or not patient bed rails were in place and that there was a clear path to the bathroom.

- **Med/Surg Nursing Staff:** Audited whether or not a "Fall Care Plan" was completed for all patients with a Hester Davis score of >11.

- **Patient Experience:** Audited compliance of hourly rounding and that the 5 p's were being used.

- **Pharmacy:** Audited direct patient notes in EPIC to ensure medications were being reviewed and documented for each fall.