Example One: Culture of Safety – Preventing Falls for 2D Rehabilitation Unit Patients

Problem
It can be a challenge to ensure the safety of patients in rehabilitation who are striving to recover and restore function and independence. In addition to having physical mobility issues, most patients on the 2D Rehabilitation Unit have one or more cognitive deficits such as memory, orientation or executive function that greatly increase the risk of falling and pose a challenge to fall prevention strategies. As in other settings, patient falls and falls with injury can negatively affect the rehabilitation experience for patients, families and the clinical staff. Despite monitoring and sharing monthly fall data, providing comprehensive fall prevention policies and providing staff education on hire and annually, 2D Rehabilitation continued to have falls that seemed preventable.

A spike in patient falls was identified in July 2017, with one patient experiencing a major injury as a result of the fall. At every 2D Unit Council meeting, clinical nurses review falls data from the previous month. The team discussed this particular fall and identified areas for improvement. Clinical nurses on the council, in addition to therapists, thought this fall could have been prevented. The council members’ analysis of this fall showed that it could have been prevented if a staff member had remained with the patient while toileting in accord with fall prevention policies.

The 2D Rehabilitation Unit’s July 2017 falls with injury rate in was 2.00 injury falls per 1,000 patient days. This is calculated by dividing the total number of patient falls with injury by 1,000 patient days.

Goal Statement
The goal was to decrease the falls with injury rate for 2D Rehabilitation Unit patients.

Participants

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
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<tbody>
<tr>
<td>Dorothy Shannon, BSN, RN, CRRN</td>
<td>Nursing</td>
<td>Clinical Nurse, Chairperson</td>
<td>2D Rehab</td>
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<tr>
<td>Stella Lindley, BSN, RN, CRRN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
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<tr>
<td>Pamela Wolfgang, BSN, RN, CMSRN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>2D Rehab</td>
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<tr>
<td>Tammy Reed, BSN, RN-BC</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>2D Rehab</td>
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Description of the Intervention
August 2017
At the August 2017 2D Unit Council meeting, Clinical Nurse Dorothy Shannon, BSN, RN, council chairperson, led the review of patient falls data. The council evaluated the information, and council members recommended actions be taken to address the culture of safety.

- The 2D Unit Council conducted an adverse event review at its August meeting and identified practice opportunities related to falls and fall-related injuries. Clinical Nurses Shannon and Pamela Wolfgang, BSN, RN, CMSRN expressed concerns that the Falls Prevention Policy was not being followed, as a line of sight during toileting was not being consistently maintained. Clinical Nurse Helen Voss, BSN, RN, CRRN and Angel Holloway, CNA validated the concern.
- 2D Unit Council members recommended that a staff member stay with each patient during toileting unless a different plan of care is clearly stated on the patient’s whiteboard. Clinical Nurses Mary Lang, BSN, RN, CRRN and Stella Lindley, BSN, RN, CRRN voiced concerns that this practice was not consistently followed.
- 2D Rehabilitation Nurse Manager Diane Gilewicz, BSN, RN, CRRN communicated to the nursing staff through email, staff meetings, council meetings and one-on-one meetings the expectation that no patient be left alone during toileting, transfers or showers. She explained the importance of the patient’s mobility instructions posted on the whiteboard and that the staff would be held accountable for their practice.

September 2017
- Nursing Supervisor/Educator Linda Bogumil, MSN, RN, CRRN conducted audits to ensure each patient’s mobility status was correctly displayed on their whiteboard, and she collaborated with Alisa Dunn, PT, Therapy Manager, on the results.
• 2D Unit Council members were assigned a group of peers with whom they were to reinforce education and safety recommendations. Clinical Nurse council members Stella Lindley, BSN, RN, CRRN and Tammy Reed, BSN, RN-BC suggested that applying limb protectors for amputee patients, increasing the use of the TABS Mobility Monitor and reinforcing the use of the AvaSys Monitor be included along with the safety recommendations.

• Sarah Stuckey, MSPT, PT; Kelly Kucin, OTR/L, CSRS; Amy McDowell, MSW, LCSW; and Karen Sprung, Med, CCC-SLP educated their colleagues on the safety recommendations and on using whiteboards for patient mobility and toileting status.

October 2017

• Occupational Therapist Kucin suggested that occupational therapists list the type of equipment each patient needs for showers on their whiteboard. 2D Unit Council members agreed with this recommendation and decided to communicate it to the staff.

• Gilewicz conducted patient mobility audits to ensure transfer status, supervision level, shower equipment needs and shower recommendations were accurate and up to date on the whiteboard.

November 2017

• Shannon expressed a concern regarding inconsistencies among therapy and nursing staff related to implementing safety recommendations for patients. Dunn communicated these concerns to the therapy staff through emails, the monthly newsletter, staff meetings and one-on-one meetings.

• The 2D Unit Council established a written Culture of Safety agreement for nurses. Attention was given to not using too many interventions, but using ones that could have an impact on preventing patient falls. After discussion at the November 2017 2D Unit Council meeting, skin care safety was added to the agreement per Clinical Nurse Voss’ recommendation.

Outcome

Clinical nurses’ involvement in evaluating patient safety data – the falls with injury rate for the 2D Rehabilitation Unit – resulted in interventions to reduce the patient falls with injury rate.

After the intervention period from August to November 2017, the goal to reduce the 2D Rehabilitation Unit falls with injury rate was met. The falls with injury rate decreased from the baseline of 2.00 injury falls per 1,000 patient days to:

• 0.00 injury falls/1,000 days in December 2017
• 0.00 injury falls/1,000 days in January 2018
• 0.00 injury falls/1,000 days in February 2018