

EP8EOa

Using the required empirical outcomes (EO) presentation format, provide one example of an improved outcome associated with an interprofessional quality initiative led or co-led by a nurse (exclusive of the CNO).

Example a: Interprofessional Communicative Approach Improves Patient Falls with Injury

Problem

Sharee McCray, DNP, APRN, AGCNS-BC, CRRN, Clinical Nurse Specialist, WakeMed Rehabilitation reviewed annual falls with injury data from the Rehabilitation hospital noting a rise in patient falls with injury during toileting-related activity.

Pre-Intervention

Content expert McCray reviewed patient falls with injury data for the Rehabilitation Hospital with Diane Gilewicz, MSN, RN, CRRN, Director, Rehabilitation Nursing Services. The toileting-related patient falls with injury rate was 0.79 in January 2021. The Rehab Hospital toileting-related patient falls with injury rate is calculated as follows: The number of toileting-related falls with injury in the Rehab Hospital multiplied by 1000, divided by the number of toileting-related falls in the Rehab Hospital multiplied by 1000.

McCray and Gilewicz determined the consistently high toileting-related falls with injury rate posed a risk to patient safety.

Goal Statement

Reduce the rate of toileting-related patient falls with injury in the WakeMed Rehabilitation Hospital.

Participants

| Rehabilitation Hospital Interdisciplinary Team | | | |
|--|------------------|---|------------------------|
| Name/Credentials | Discipline | Title/Role | Department |
| Sharee McCray, DNP, APRN, AGCNS-BC, CRRN | Nursing | Clinical Nurse Specialist | WakeMed Rehabilitation |
| Diane Gilewicz, MSN, RN, CRRN | Nursing | Director, Rehabilitation Nursing Services | WakeMed Rehabilitation |
| Beth Villena, MHA, LCSW, CCM | Nursing | Director, Rehabilitation Hospital | WakeMed Rehabilitation |
| Alisa Dunn, MHA, PT | Physical Therapy | Manager, Rehabilitation Clinical Administration | WakeMed Rehabilitation |

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| Renee Patton, MSN, RN, CNRN, SCRN | Nursing | Nurse Manager | 3C Rehabilitation |
| Linda Bogumil, MSN, RN, CRRN | Nursing | Nurse Manager | 2D Rehabilitation |
| Christine Fernandini, BSN, RN-BC | Nursing | Nurse Manager | 2C Rehabilitation |
| June Propes, PT | Physical Therapy | Supervisor, Rehabilitation Therapy | WakeMed Rehabilitation |
| Amy Aycock, OTR/L | Occupational Therapist | Supervisor, Rehabilitation Therapy | WakeMed Rehabilitation |
| Brittany Parnell, BSN, RN, CRRN | Nursing | Clinical Educator/ Supervisor | 2D Rehabilitation |
| Lisa August, PT | Information Services | System Analyst III | IT Applications |
| Becky Scolio | Marketing and Communications | Marketing and Communications Specialist, Sr. | Marketing and Communications |

Description of the Intervention

February 2021

- The Rehabilitation Hospital Interprofessional Team (RHIT), led by McCray, was created to implement a patient fall reduction quality initiative focusing on standard communication with patients about toileting supervision level (TSL).
- McCray reviewed the current literature on patient falls related to toileting in the rehabilitation setting, communication about toileting supervision levels and mobility assistance, and she disseminated articles to the RHIT via email. The team used the Plan Do Study Act (PDSA) quality improvement model to implement and assess the changes and determine the next steps of the project.
- The RHIT met to discuss and review the literature, annual patient fall data, never-event debriefs, in-room recommendations, and Careboard examples. The RHIT discussed concerns about misinterpretation of toileting supervision levels for patients and communication of opportunities among the interprofessional team. During the RHIT meeting, Renee Patton, MSN, RN, CNRN, SCRN, Nurse Manager, 3C Rehabilitation, voiced concerns about inconsistencies in a post-fall debrief related to toileting supervision recommendations and the systemwide fall education. The RHIT finalized the language for the in-room recommendations and clarified the definitions after receiving feedback from staff members.
- Lisa August, PT, Systems Analyst III, Information Services, met with the RHIT to discuss the current in-room recommendations in Epic and made suggestions regarding the layout and functionality of rehabilitation therapy documentation and communication for all disciplines in Epic.

- McCray created examples of TSL cards that would be used in patient rooms to communicate the appropriate supervision level based on the team's literature-based recommendations. The RHIT shared, revised, and approved the examples and sent them to Marketing and Communication for publishing.

March 2021

- Becky Scolio, Marketing and Communications Specialist, Sr., Marketing and Communications, created patient-friendly samples of TSL cards.
- McCray provided a pretest survey to disseminate to all rehabilitation staff members to assess their knowledge and understanding of the in-room toileting recommendations.
- Gilewicz presented the TSL card quality improvement project to rehabilitation leadership at the Quality Assurance and Performance Improvement (QAPI) meeting.

April 2021

- Gilewicz presented examples of the TSL cards to Rehabilitation Operations leaders and patients during leadership rounds for feedback to ensure the language was clear and easy to understand.
- RHIT discussed the rollout plan and audit schedule for nursing and therapy to assess the accuracy of the cards and compliance with documentation.
- McCray presented to the RHIT the TSL education, in-room recommendations, fall prevention best practices based on fall debriefs, staff input, and pretest survey results. Team members then educated their respective teams via staff meetings, email, and huddles.
- McCray created an audit tool to assess the accuracy of the TSL cards and compliance with documentation by comparing Careboards and in-room recommendations for activities of daily living (ADL).
- Patton; Linda Bogumil, MSN, RN, CRRN, Nurse Manager, 2D Rehabilitation; and Christine Fernandini, BSN, RN-BC, Nurse Manager, 2C Rehabilitation, performed a baseline audit comparing the accuracy of in-room ADL recommendations and Careboards related to the TSL cards for all rehabilitation patients.

May 2021

- McCray implemented the TSL cards. Bogumil, Fernandini, and Patton provided additional education at essential partners' huddles, posted flyers, and reinforced the education.

June 2021

- Bogumil, Fernandini, and Patton performed Careboard and TSL audits on all rehabilitation patients. McCray and managers used huddles to provide additional education on a new TSL card, "Not Applicable," based on feedback from the Rehabilitation Hospital leadership team.
- Following the steps of the PDSA model, McCray and the nurse managers implemented the additional TSL "Not Applicable" card on all units.

July 2021

- Amy Aycock, OTR/L, Supervisor, Rehabilitation Therapy, and June Propes, PT, Supervisor, Rehabilitation Therapy, performed Careboard and TSL card audits on all rehabilitation patients nine weeks after implementation.

August 2021

- McCray, Bogumil, Fernandini, and Patton provided open communication, guidance, ongoing education, reinforcement, and feedback on staff performance with using the TSL cards during daily shift huddles and leadership meetings.

September 2021

- Bogumil, Fernandini, and Patton performed Gemba rounds to ensure compliance with and the accuracy of Careboards and TSL cards.
- Gilewicz shared survey results during the Rehabilitation Operations meeting.

October 2021

- Bogumil, Fernandini, and Patton conducted Careboard and TSL audits.

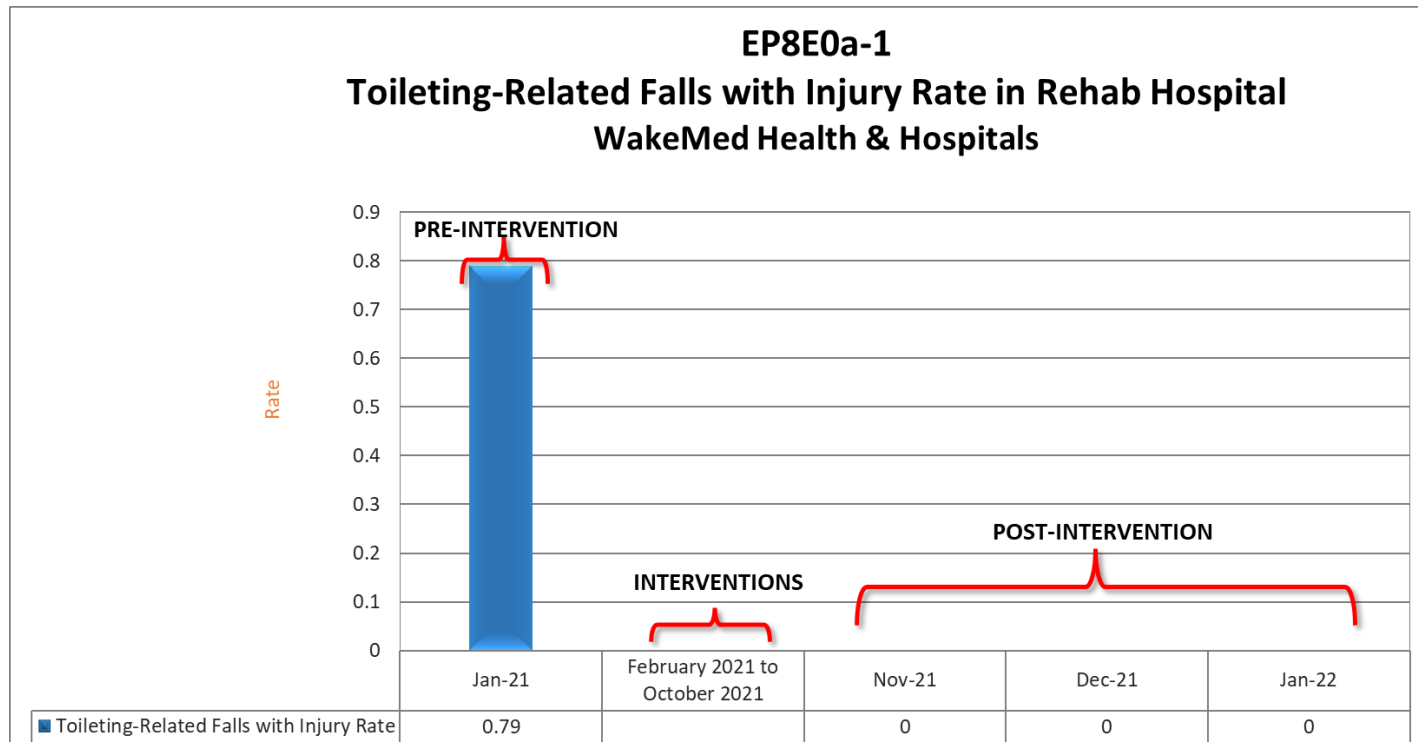
McCray, Bogumil, Fernandini, Patton, and Gilewicz's participation in an interprofessional quality initiative for Rehabilitation Hospital patients led to the implementation of a focused, standardized approach to communicating toileting supervision levels to reduce the rate of toileting-related patient falls with injury.

The interventions were fully implemented by the end of October 2021.

References:

- Agency for Healthcare Research and Quality. (2020). Approach to improving patient safety: Communication. *PSNet*. <https://psnet.ahrq.gov/perspective/approach-improving-patient-safety-communication>
- Costantinou, E. & Spencer, J. (2020). Analysis of inpatient hospital falls with serious injury. *Clinical Nursing Research*, 30(4). 482-493. <https://doi.org/10.1177/1054773820973406>.
- Lipsett, A.; & White, E. (2021). Decreasing patient falls and increasing communication through use of patient mobility cards. *International Journal of Safe Patient Handling*. 9(1). 37-41.
- Schnipper, J., Fitall, E., Gale, B., & Hall, K. (2021). Approach to improving patient safety: Communication. Agency for Healthcare Research and Quality. <https://psnet.ahrq.gov/perspective/approach-improving-patient-safety-communication>

Outcome



(Evidence EP8EOa-1, Toileting-Related Falls with Injury Rate in Rehab Hospital, WakeMed Health and Hospitals)