

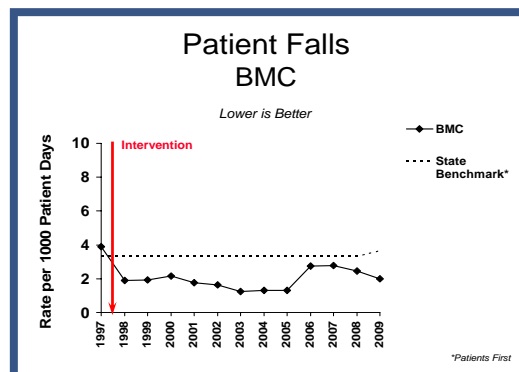
FALL PREVENTION PROGRAM

Where we've been...

Injury related to patient falls is a significant quality-of-care and patient safety concern for hospitals and a useful indicator in the assessment of overall quality of nursing care. In response to a notable increase in the incidence of falls and fall-related injuries, Baystate Medical Center's Patient Care Services initiated the Fall Prevention Program. The goals of the program are to reliably use an evidence-based assessment tool, provide effective prevention strategies, deliver a comprehensive educational program to the staff, and develop an ongoing monitoring system with a systematic feedback loop to each nursing unit. The program was fully implemented by 1998 on all inpatient units. Grant funding supported the initial development phases of the project. The program had sustained success in preventing patient injury since its implementation. Review and revision were prompted after several patients developed serious injuries after falls.

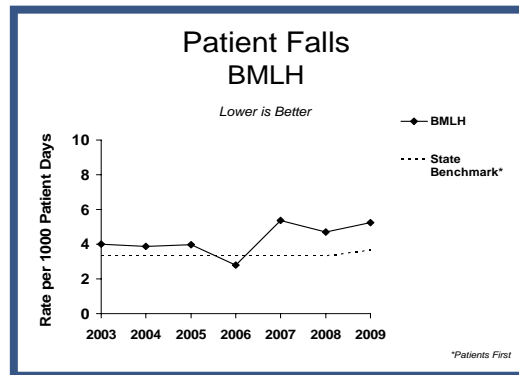
Where we are now...

BAYSTATE MEDICAL CENTER A significant decline in the fall rate was noted after initial implementation of the Fall Prevention Program. The baseline fall rate was 3.9 falls per 1000 patient days. After a small increase in 2006 and 2007, the fall rate began to decline, and the current BMC fall rate is 2.0 falls per 1000 patient days, compared with the Patients First rate of 3.7. The BMC fall with injury rate is 0.1 per 1000 patient days, compared with the Patients First rate of 1.0. All patients are assessed for risk at the time of admission, knowing that certain populations (e.g., elderly, post-operative patients, and patients receiving selected medications) are at higher risk. The risk score prompts the team to provide appropriate interventions to help prevent falls based on risk factors. Several interventions have been put in place, including the use of new bed alarms, the Intermittent Observer Program (allows a dedicated person to make frequent, intermittent observations on several patients who have been identified as being at high-risk for a fall), and the Hourly Rounds program (staff members check on patient every hour to ensure they have basic needs met). The programs provide constant reorienting and frequent visualization, and meet the patient's needs in a timely fashion. They have resulted in reductions in falls on several nursing units. Additionally, BMC has implemented post-fall huddles to learn from each event, and BMC is developing a multidisciplinary fall assessment tool that will capitalize on input from all disciplines to identify fall risk. The BMC Fall Committee representative for each unit reviews the summarized fall data for their respective unit to identify trends, and reports the findings quarterly to the Fall Committee. All falls with injuries are reviewed by the Nursing Peer Review Committee. A multidisciplinary Fall Group has been established and includes representatives from pharmacy, physical therapy, environmental services, physicians, nurses, engineering, clinical engineering, patient care technicians, and performance improvement.

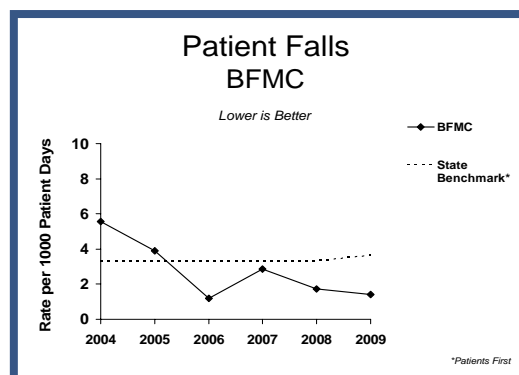


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BAYSTATE MARY LANE HOSPITAL A slight increase in the fall rate at BMLH prompted a review of the Fall Prevention Program. In an effort to reduce the number of falls, several interventions have been put in place. BMLH added a visual fall alarm system to the existing audible alarm system, and has evaluated the purchase of other safety items, including hip protectors. BMLH has developed a fall prevention patient education tool for discharged patients, and a Fall Assessment Form which outlines the in-depth analysis of each fall on a concurrent basis. The current BMLH fall rate is 5.2 per 1000 patient days compared to the Patients First rate of 3.7, and the fall with injury rate is 1.7 per 1000 patient days compared to the Patients First rate of 1.0. In response to the increase in falls, BMLH is also investigating the possibility of using a sitter program to reduce falls.



BAYSTATE FRANKLIN MEDICAL CENTER In an ongoing effort to reduce falls in all areas, BFMC has continued to review its Fall Prevention Program. New system fall alarms were implemented in the Emergency Department. Staff remain current in fall prevention strategies through an annual competency which is required in both the Medical/Surgical areas and in the Emergency Department. New initiatives focusing on hourly rounding to provide basic needs in a timely manner, and assuring that every patient is out of bed at least once a day (increased patient mobility) have contributed to reducing falls. The current BFMC fall rate is 1.4 per 1000 patient days compared with the Patients First rate or 3.7; the fall with injury rate is 0.1 per 1000 patient days compared to the Patients First rate of 1.0. BFMC also participates in the Health System Fall Prevention Committee and is represented on the Massachusetts Fall Prevention Coalition.



Where we are going...

The Fall Prevention Program is fully integrated into the daily practice of the nursing staff at BH, with ongoing assessment of patients at-risk and documentation of interventions. Since implementation of the program, our system-wide fall rates have decreased overall. Ongoing participation in state (Patients First) and national (NDNQI) databases provides comparative data by type of unit to help identify additional opportunities for keeping patients safe.