Meeting Participants

AHRQ
Janine Payne

AFYA
Gloria Stables

Hospital Speakers

- James Yates of Good Samaritan Hospital in San Jose, CA
- Tera Farlan of Madonna Rehabilitation Hospital in Lincoln, NE
- Brandi Morris of Good Shepherd Medical Center in Longview, TX
- Lance Schmidt of Broadlawns Medical Center in Des Moines, IA
- Rose Peterson of Mayo Clinic Healthcare System – Franciscan Healthcare in LaCrosse, WI
- Ashley Frederick of McDonough District Hospital in Macomb, IL
- Connie Lee of Anderson Regional Medical Center in Meridian, MS
- Jean Marie McGlynn and Lucille Dodd of VA Hudson Valley Health Care System
- Lindsay Knight and Donna Guillaume of UMass Memorial Medical Center in Worcester, MA
- Matthew Hesketh and Linda Curtin of Good Samaritan Medical Center in Brockton, MA

Within the following summary, the names of AHRQ and AFYA staff and hospital presenters who made comments will be highlighted in blue boldface type on first reference and black boldface types on second reference within the same section. The names of individuals who are mentioned but did not speak or were not present are highlighted in green boldface type.
Welcome from AHRQ Task Leaders

Gloria Stables of AFYA moderated the Webinar. She welcomed participants before showing a slide of AHRQ’s two task leads: Janine Payne (top right) and Joanne Robinson (bottom right). Janine welcomed the hospital teams and stated this continuing Webinar series will provide colleagues from across the country opportunities to learn from each other and hear what’s working.

Janine thanked the hospitals for their dedication and commitment to continuous quality improvement (QI) and patient safety. She asked the participating hospitals to take advantage of the Webinars and assistance from the QI specialists. She also encouraged hospitals to provide feedback on topics they want to learn more about.

Greetings from AFYA

Gloria Stables showed a slide displaying AFYA’s key staff: Michelle Tregear, project director (second photo to left), and herself, senior curriculum developer (first photo to left). She noted that AFYA is the primary contractor tasked with developing the training, implementation, and evaluation of the project.

QI Specialists

Gloria Stables introduced the QI specialists, stating that each hospital has a two-person team of QI specialists with which to work with. She noted that each team of QI specialists has five hospitals. She thanked the QI specialists for their expertise and passion for quality improvement. Pictured from left: Marilyn Reierson of Stratis Health, Kelly O’Neill of Stratis Health, Barbara Rebold of ECRI Institute, and Patricia Neumann of ECRI Institute.

Fall Prevention Experts

Gloria Stables introduced the subject matter experts, who she added were all engaged in fall prevention research and have a tremendous amount of knowledge in fall prevention efforts and providing evidence for strategic practices. Pictured from left: Pat Quigley, Associate Director, VISN 8 Patient Safety Center, Associate Chief for Nursing Service/Research; Julia Neilly of the Veterans Health
Administration and the National Center for Patient Safety; Patricia Dykes of the Center for Patient Safety and Research and Practice, the Center for Nursing Excellence, and Brigham and Women’s Hospital; and Cait Walsh, Accreditation Manager and Co-Director of Measuring Achieve Patient Safety (MAPS) and Ronald Reagan UCLA Medical Center.

Aim of the Project
Gloria Stables stated the aim of the project is to assist hospitals in implementing AHRQ’s fall prevention toolkit to help overcome the challenges associated with developing, implementing, and sustaining a fall prevention program. She added that the purpose of the monthly Implementation Sharing Webinars is to hear from national experts, collaborate and learn from peers (other participating hospitals), and share successes and lessons learned.

Gloria explained the future topics for these monthly Webinars will be identified by the participating hospitals. She noted there would be a post-Webinar survey for participants to check off his/her hospital’s top three topics they want information on. She stated that the webinars will be grounded in the best available evidence and research, and that fall prevention experts will be participation in various Webinars. The hour-long Webinars will be on the third Wednesday of each month at 3 p.m. ET.

Why Collaborate?
Gloria Stables stated the purpose of collaborating is that the hospitals can learn from one another, and one hospital team’s approach to solving a problem might resonate with another hospital team. She added that it’s a good way to leverage resources, address similar barriers, problem solve together, identify system changes to address jointly, and build relationships.

Gloria stated that to support collaboration, it’s important to listen to others, be respectful of things you hear, be open to learning new things, contribute and share, and ask questions.

Before letting the hospital presenters introduce themselves, Gloria presented a map showing where participating hospitals are located and the size of each hospital. She noted that there are 10 hospitals of varying sizes and in different parts of the country, from the West to the East. She stated the presentation would start with California and move eastward. She noted that each hospital would have 3 to 5 minutes to present, which should entail introducing the hospital team, providing a quick description of the hospital’s accomplishments, and, if time allows, a comment on what the hospital hopes to gain from the sharing Webinars. As the moderator, she asked that individuals not get upset if she needs to warn them that their time is almost up. She noted she wants to ensure every hospital presenter has time to speak.
**Good Samaritan Hospital**

San Jose, CA

James “Jim” Yates stated that Good Samaritan is a 474-bed hospital. In 2008, hospital staff identified that falls were a problem. Jim explained the hospital had a process in place, but it wasn’t solidified into the culture of the hospital. At that point, Lynn Garrett was asked to chair the hospital’s fall prevention committee. With her, the committee developed a comprehensive falls policy that reviewed the latest standard practices. Shortly after, the policy was implemented including the use of the tools and parts of the toolkit. Additionally, a falls assessment was developed with Meditech, a database the hospital used for documentation and assessments.

Jim stated that once the new policy was rolled out, the hospital experienced a slight decrease in falls, but it plateaued quickly. He stated the committee went back to review what it was doing. The hospital then started a new effort, pulling in its volunteers to assess what was happening. A pilot study was conducted on a particular unit in which volunteers talked with and educated patients, made sure fall precautions were in place, and talked with nurses if they weren’t. Jim stated a dramatic decrease in falls were seen, but the problem is volunteers come and go; so it was not solidified into the culture, he stated.

Jim stated the hospital is most proud of its current comprehensive falls prevention policy, “Code Star” paging system for when a patient falls, and post-fall huddles. Those tools have helped us decrease the incident of falls, but we want to get further down, he stated. He noted that inpatient rehab unit and a third medical unit will be pilots for this project.
MOST PROUD OF
- Longtime interdisciplinary approach at hospital, overall
- Falls Committee is taking interdisciplinary approach that now includes physical therapy, occupational therapy, neuropsychology, nursing and multiple representations of all levels of care.

Madonna Rehabilitation Hospital
Lincoln, NE

Teresa Farlan, a senior nurse therapist, stated that she and Jackie Krason (who was on the call) lead the hospital’s Fall Prevention Team for the AHRQ project. She stated that Madonna is a 300-bed post-acute care facility with multiple levels of care. The pilot is the hospital’s Acute Rehab unit. She stated that one of the things hospital staff have been proud of throughout years is the interdisciplinary approach it takes. This, however, did not apply to the hospital’s Falls Prevention Committee, which was nursing focused. She stated this is changing, and the following disciplines now help prevent falls: physical therapy, occupational therapy, neuropsychology, nursing, and multiple representations of all levels of care.

Gloria Stables noted that Madonna’s core team has many members. Teresa agreed, stating the team is very engaged. Gloria stated that is great to hear.
Good Shepherd Medical Center
Longview, TX

Brandi Morris introduced herself as the co-chair of the hospital’s AHRQ Fall Prevention Team and the director of orthopedic and inpatient rehab units. She stated that the inpatient rehab unit would be one of three pilots; the other two are medical and Cardiac IMC. She stated that Good Shepherd has had a fall team for a while, but it has been very “nursing heavy” in the past. The hospital is working to make it interdisciplinary. She stated there are 30 to 35 people on the team from all disciplines, such as dietary, pharmacy, plan ops, environmental services, etc. It’s been a great experience so far, she stated.

Brandi stated Good Shepherd is proud of its tracking, such as post-fall huddles using Meditech. Staff use a Midas Variant System, an audit of sorts, making sure patients had a fall assessment when admitted, learning what medicines patients take, if staff left patients unintended, etc. She stated the hospital has done well tracking these things, and because of its efforts, the hospital has seen a decrease in falls. Despite this, the hospital would like to improve upon its success. She also noted that Good Shepherd uses the personal and bed alarms, and it would like to know if any other hospitals have protocols on those, and if so, have they had success with them.
Lance Schmidt, the director of surgical and intensive care services, stated that Broadlawns is a 100-bed hospital. Up until recently, the hospital didn’t have a specific falls team. The hospital has had shared governance teams over the years, he explained, but nothing that really pointed to looking at falls. The hospital tried a couple of different things, such as socks and wrist bands, and even had a post-fall huddle, but none of them seemed to be in forefront; they just kind of ran in the background. Then Broadlawns got involved with this project—that’s what the hospital is most proud of—plus taking a closer look at falls and assessing the hospital’s processes, Lance stated. The hospital is on the right path, but it’s learning there are changes that need to be made, he added. The team players are on board, and attendance has been good, but it was slow to start, he stated.

Gloria Stables asked Lance what his team would like to get out of these Webinars. Lance stated the biggest thing is to see and hear what other people are doing. Also, he stated it’s interesting and neat that so many hospitals use Meditech. Some hospitals might want to see how Broadlawns documents, he stated.
Rose Peterson introduced herself and Cammie Jaekel, who also was in attendance, as the co-chairs of the Falls Prevention Program at their hospital. She stated this project comes at the perfect time, because a goal has been set to reduce patient falls by the Nursing Quality Council, which Rose chairs. She stated the 100-bed hospital has some work to do. She stated the Falls Prevention Team for AHRQ is primarily comprised of inpatient staff with a few people from ambulatory, as well as interdisciplinary staff, such as PTO.

Rose stated her hospital covers the Southwest Wisconsin region of the Mayo Clinic Health System (there are 4 regions). She stated the Mayo Clinic is part of the larger Mayo System that is in Rochester, Arizona, Florida, and Waycross, GA. She stated the hospital’s biggest work as an organization is convergence in practice as it prepares for a common EHR in 2016. Just like Broadlawns, Rose noted this project is giving hospital staff an opportunity to be energized in their work and improving the hospital’s Falls Committee. She stated the hospital is proud of reorganizing and broadening its Falls Committee to eventually include a focus on Ambulatory, Hospital Outpatients, and Community Falls Prevention, as well as re-energizing its current primary focus on inpatient fall prevention strategies.

Rose stated staff are becoming clear on what the Falls Committee to-dos are in relation to the pilot unit and whether these should be spread to other units. She stated Mayo left its training session with 117 ideas to consider, due to the dedicated participation of 18 participants. She noted there are weekly meetings to address the ideas the team wants the pilot unit to take on and then they bring it to the Falls Committee for all departments. She also stated the hospital is proud of standardizing its falls documents that are displayed on each department’s performance board, which serves as a visual display of the Lean Management System. Mayo would like to hear what is and what’s not working at other hospitals.
McDonough District Hospital
Macomb, IL

Ashley Frederick introduced herself as the hospital’s clinical quality improvement coordinator and Lora Vogler, who was in attendance, as the team leader and clinical care coordinator of acute care. She stated that McDonough is a small rural community hospital with 48 beds, located in Macomb, home of Western Illinois University, noting there is a diverse population. She stated the hospital is most proud of its control charts and action plan.

In 2012, McDonough hired a QI specialist to revamp its hospital reporting and data collection so there was a better way to track falls and set control limits, as well as to see where the hospital stood, have a specific goal, have a metric goal, and hold teams accountable. The charts can be broken down by day of week, time of day, unit, etc. Ashley stated it’s also good for staff and identify if falls are within or out of range. She stated the action planning has allowed the hospital to identify several areas of opportunity when the QI specialist came for the day training. Those action items have been assigned to certain people and have a date of completion.

Ashley also stated McDonough is converting to a new electronic health record in June 2016. She stated she would like to hear new and innovative, as well as cost-effective, ideas that are beneficial to the teams. She mentioned that she’d like to hear how other hospitals collect data on post-fall huddles and report back to staff.
Connie Lee, director of Quality, stated that Anderson is in the Deep South and also serves Alabama’s Western population. She noted the hospital has about 400 beds, and two units (2 East Telemetry [Med/Surg and Pediatrics] and CCU Stepdown) will serve as their pilot units for the AHRQ project. She stated the units have the highest fall rates in the hospital. Within the last 12 months, there has been on average 4.1 falls per 1,000 patient days. She stated the hospital has a serious problem, even though it has implemented a number of good measures to bring fall rates down. The number, however, doesn’t want to budge, she stated.

Connie stated Anderson’s Fall Prevention Team is excited to learn from others to see what works and what doesn’t so Anderson staff can gain more perspective in their attempt to reduce falls. She stated the hospital is proud of measures they’ve adopted, such as yellow arm bands for high-risk patients, using non-skid socks, using falling star sign on door, and a using a falls contract with patients to ensure they understand the seriousness of not getting out of bed without calling for help first.

Additionally, Connie stated Anderson is most proud of its post-fall huddles, which is like a mini root call and done immediately after a fall with the team members present on the floor. She stated staff have integrated data from post-fall huddles into electronic incident reporting system and are extrapolating that data to identify and track trends. Anderson is looking forward to using walkers for high-risk patients, implementing meaningful and scripted “potty” rounds, expanding post-fall huddles, etc.
Jean Marie McGlynn, the lead for the AHRQ project, stated she is the co-chair of the hospital’s Integrated Falls Committee. She stated the hospital is in Upper State New York and has two campuses that have seven inpatient units, three CLCs (94 beds), a medical unit (27 beds), and a mental health unit (3 beds). The pilot units for this project are a medical unit and a community center for residents who have cognitive loss, called Home of The Heroes Community Living Center. She stated these units were selected because in FY 2014, they had the highest fall rates, but the hospital has always had fluctuating rates. She stated the hospital is most proud of its systematic approach to evaluating the fall program, developing process map of present practice, and doing gap analyses. The hospital is also proud of taking a collaborative interdisciplinary approach to fall prevention, including patient safety, QM, Nursing, PM&R, Medical provider, Pharmacy, Education, and Engineering. The hospital is proud of its assessment of veterans, using the Morse scale and immediately within 4 hours. One of the things the hospital uses is fall boards to share real-time data on falls with all staff, to have frontline staff collect data on falls for their unit, and to heighten staff awareness of falls for their unit. This alerts staff at all levels, giving them a sense of their progress.

A second presenter from VA Hudson Valley, Lucille Dodd, explained the LEAN Project the hospital has instituted, called: “Improve Quality of Intentional Hourly Rounding Process on E2.” If successful, she stated this project may improve the quality of intentional hourly rounding on E2. The hospital found that only 57 percent of hourly rounding tasks were being completed. Certainly there was an opportunity for improvement, Lucille noted. She added that the hospital is implementing small cycles of change using the PV Essay Process. The hospital is currently piloting a 12-cycle change right now on the acute medical unit with the use of a handoff communication tool that identifies elements of the intentional rounding process. As of last week, the hospital is collecting new data to see if this had made a significant change. She stated the hospital will have additional 12 cycles of change down the road.

Gloria Stables asked if VA Hudson was interested in specific topics. Jean Marie stated yes, summarizing topics such as use of 15-minute rounds, delirium assessments, post-fall huddles, and strategies of other facilities. She noted that the hospital does not use post-fall huddles at this time.
Lindsay Knight introduced herself and another colleague on the six-member Core Team, Donna Guillaume. She stated members are from nurse management, pharmacy, data and risk management, etc., adding it’s a wide collaborative. She noted the hospital is partnered with a medical school, and there are three campuses with a total of 779 beds. She stated there are four pilot units for this project: 4 West, University Campus; Ortho/Trauma; South 2 Memorial Campus; and Medical/Cardiac.

Donna discussed what the hospital has been working on and what it’s proud of, and also introduced Lynn D’Esmond, the director of quality for nursing and who is on the implementation team. She stated that core falls team has been in existence since 2005 and has been very active, but they have had difficulties with sustainability. They get momentum, see fall rates drop, but then there’s a lull. She stated that’s why they applied for this project. She stated the hospital is proud of the core team’s dedication. That team meets monthly. The AHRQ team meets bi-monthly. She stated they’ve been tracking falls since 2007. She stated all of the hospital’s units are competitive about it. She stated they put a fall calendar out every month, and have new white boards incorporating fall awareness. For the AHRQ processes, we’re looking at where we’re going and how we’ll move forward. We looked at the fall knowledge test, ended up adapting many of the questions to meet the hospital policy, and tested the staff for their knowledge of falls.

The two pilot teams were tested, resulting in 143 tests returned: University Campus had a 53% response rate, and Memorial Campus had a 63%. The test included all disciplines. Three things came out of it for the hospital to work on, she stated.

1) A percentage of staff don’t consider assisted falls as a fall (She noted the policy has been changed as a result).

2) Staff didn’t appreciate the impact of medication on falls.

3) Staff didn’t feel that alert and orientated patients were at risk for a fall.

Donna stated the test will be repeated next year to see if there is a learning curve after implementation. She stated the hospital wants to learn how to enhance the culture that staff can prevent falls, know specific actions for ongoing sustainability, what has been successful with other organizations, and early access to evidence based practice regarding fall prevention.
Steward Good Samaritan Medical Center
Brockton, MA

**Matthew “Matt” Hesketh,** director of Quality, stated he was co-chair of the Core and Implementation teams. He stated the Core Team comprises primarily nursing leadership, and the Implementation Team has more disciplines. He stated the hospital has 267 beds, and it is a part of the Steward Healthcare System, which is a nine-hospital for-profit chain. Steward has three pilot units for this project: 3B Cardiac/Telemetry; 4A Medical/Surgical; and 4BH Senior Behavioral Health. He stated there was a substantial increase in serious falls with injury from 2013 to 2014, and this was the driving force to join the AHRQ project. He also stated there has been a dramatic increase in the number of patients who are impulsive, patients who are detoxing, and patients who are delirious or having mental health changes.

**Matt** introduced **Linda Curtin,** who has researched falls literature and was reviewing and using the AHRQ toolkit well before joining the program. He stated the hospital has taken different parts of the toolkit and bundled with different interventions to develop a clinical intervention. Most of what has been done to this point is reviewing how those bundling interventions work and how familiar staff are with the toolkit and best practices, as well as reviewing how the hospital has been doing and what can be done better. **Matt** stated the hospital has implemented parts of the toolkit, but it hasn’t done it to the extent that is effectively preventing falls with injury.

**Matt** stated the hospital is proud of developing a strong policy, having it reviewed it top to bottom, and aligned with medical electronic record Meditech 6.0. The sequence of examining patients for falls and implementing and documenting clinical interventions is very clear and makes sense to hopefully limit how much staff spends on documentation rather than focusing on the assessment and physical environment that is so critical for falls patients. He stated the incident reporting system is fairly reliable, to the point falls are not missed. They get reported immediately. A post-fall report assessment is conducted by the clinical leader of each floor. The report is then submitted to Falls Team Leader, who then submits it to a risk management, which analyzes each report line by line before adding it to the reporting system. He stated the hospital would like to hear more about patients with impulsive behaviors. **Linda,** in brief, reiterated **Matt** by stating the hospital wants to take best practices, use components of the toolkit, and bundle them together so people can have concepts for fall prevention.
Webinar Questions and Comments
With five minutes left in the Webinar, Gloria Stables asked the first three hospitals to state what topics they’d like to see in the Webinars, as they were not asked. Jim Yates of Good Samaritan stated one of the hospital’s major goals is to develop a culture that sustains the tools and assessments that are in place. We find that not all assessments are done when we go back and review cases, or post-fall huddles are done inconsistently between units. We are looking for ways to bolster the culture to embrace this project. Gloria stated that’s a good comment and asked if anyone else had a comment. No one else commented, so she wrapped up the Webinar with the following quote by Mead Margaret:

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

She asked one final time if anyone had questions. There was no response. She thanked everyone for introducing their teams and providing information on what topics they’d like to see. She stated it was heart-warming and exciting to hear what’s already being done and what hospitals are most proud of. Gloria noted the Webinar was recorded, and it will be available in a couple of days. She also stated the participants will be directed to a survey when signing off. If they are not directed to survey, she asked them fill out a hard copy. In closing, she thanked everyone and wished they had a great day.
Results of Poll for Future Topics – Falls Hospital Learning Network

Please select up to THREE (3) topics from the list below that you would be most interested in hearing more about from one of our experts on a future Webinar.

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<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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<td>Observation/surveillance (e.g., intentional rounding, sitters, virtual sitters)</td>
<td>47.1%</td>
<td>8</td>
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<tr>
<td>Evidence based practices for preventing falls and injuries from falls</td>
<td>35.3%</td>
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<td>Use of bed alarms and bed rails</td>
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<td>Delirium</td>
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<td>Process measurement to support prevention</td>
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answered question 17
skipped question 1