AHRQ Fall Prevention Program
Implementation Sharing Webinars
Webinar #2

September 16, 2015

Sponsored by:
Agency for Healthcare Research and Quality (AHRQ)

Hosted by:
The AFYA Team
(AFYA, Inc., ECRI Institute, and Stratis Health)
Fall Prevention Experts

Pat Quigley
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Today’s Topics

• Updates from the AFYA Team
• Ellen Felkel-Brennan, DNP, RN
  – Hourly Rounding: A Unit-Based Approach to Improve Quality, Safety and Patient Satisfaction
• VA Hudson Valley Healthcare System
  – Intentional Rounding Protocol
• Discussion and sharing
• Wrap-up
Webinar Tools for Interaction

- Raise your “hand” to contribute to the discussion or ask a question.

OR

- Use the CHAT panel.
Webinar Tools - Muting

• Mute your audio to minimize background noise.

OR

• Mute your phone.
Evidence-based practices for preventing falls and injuries...

Management strategies for common fall risk factors

Use of bed alarms and bed rails

Observation/surveillance (e.g., intentional rounding,...

Delirium

Dementia

Process measurement to support prevention

Care planning

Risk assessment

Staff education

Involving patients and their caregivers

Behavioral risk factors for falls (i.e., a patient throws...
Upcoming Webinars

• Webinars that revolve around specific themes
  – You decide the topics of interest
    • Post-Webinar evaluation and poll
    • Let your QI Specialists know what you are interested in
  – Hospitals present on the given topic
  – Experts provide brief educational sessions

• Update Webinars
  – Two to three hospitals to present on what they are working on
    • Successes, challenges, questions you have for the group
Connecting Outside of the Webinars

• LinkedIn Group for the hospitals participating Fall Prevention Program
  – Closed group
  – Opportunity to submit questions and share information with other hospitals

• Other communication mechanism?

Would you be interested in participating?
Answer the poll at the end of the Webinar.
Hourly Rounding: A Unit-Based Approach to Improve Quality, Safety and Patient Satisfaction

Ellen Felkel-Brennan, DNP, RN
AHRQ Webinar
September 16, 2015
South 2 Unit-Based Implementation Team

UB members: Erin Nascimento eve RN, Amanda Scully eve RN, Juliana Artiso eve PCA, Janet Ngoma perdiem RN, Stephanie Costello (Manager) Michelle Russo night RN, Yvette Bryan-Picard day RN Not Pictured: Ewa Kozaczka day PCA & Alexis Paquin:day RN
Project Aims

Evaluate the impact of an evidence-based hourly rounding protocol on:

1. Nurse communication and staff responsiveness as measured by HCAHPS
2. Number of patient falls
3. Number of call lights
The Alliance for Health Care Research - Studer Group (2006)

- 14-hospital study/Model for Structured Hourly Rounding
- Evidence Based Quality and Patient Safety Practices

1. Align improvement with the organizational priorities
2. Leadership support
3. Implementation of evidence-based practice
4. Use standardize measures
5. Unit Champions
6. Feedback and multiple evaluation cycles

Bourgault et al. (2008), Blakeley (2011), Deitrick et al., (2012); Meade et al. (2006)
Culley (2008); Kessler et al. 2012; Tea et al. (2008)
Setting: 27-bed Telemetry Unit in academic medical center
Staff: Registered Nurses (RN’s) and Patient Care Assistants (PCA’s)

Key Components:

1. Organizational Readiness
2. Leadership Support (CNO)
3. Established Unit Manager
4. Engaged Unit-Based Council

EB Hourly Rounding
Structured Elements

- Unit-based council meetings focused on implementing hourly rounding protocol.
- Used support tools and visual aids (patient brochure and room posters, idea boards, manager rounding tool, etc.)
- Timely feedback to staff, including review and presentation and posting of data
- Mandatory 1-hour training sessions for unit-based nursing staff and float pool/per diem staff
- Monitored simulation sessions to practice skills and behaviors.
- Ongoing communication systems, including shift unit champions, manager memos/staff meetings, posting of data and Idea System (Board)
Implementation of Hourly Rounding Protocol

It is rounding with a **distinct purpose**. Each round has a beginning, middle, and end.

- **Beginning:**
  Nursing staff enter a patient’s room, and introduce themselves and the components of hourly rounding.

- **Middle:**
  Each hour, address the patients’ needs in 4 categories: **The 4 P’s**
  1. Pain
  2. Personal (toileting)
  3. Positioning
  4. Possessions (able to reach important items such as call light, glasses, etc.)

- **End:**
  - Prior to exiting the room, ask the patient, “Is there anything else I can do for you? I have time.”
  - Inform the patient/family that staff will return in about an hour to check on their needs, and then repeat this same process.
Results: Patient Satisfaction (HCAHPS)

- During the hospital stay, did the nursing staff ALWAYS treat you with courtesy and respect?
- During the hospital stay, did the nursing staff ALWAYS explain in a way you could understand?
- During the hospital stay, did the nursing staff ALWAYS listen carefully to your concerns?
- During this hospital stay, after you pressed the call button, did you ALWAYS get help as soon as you wanted it?
- Did you ALWAYS get help in getting to the bathroom/using a bedpan as soon as you wanted?
Results: Nurse Communication Composite by Unit

**Nurse Communication Jan 2012-Oct 2012**

- 6ICU: 92.7
- 3ICU: 87.5
- 3LCSD: 86.3
- West 3: 82.2
- East 4: 81.9
- South 4: 80.8
- South 2: 80.0
- West 1: 79.6
- 3WST: 79.5
- 8BMT: 79.5
- CMS 75%ile: 79.0
- 4ADM: 78.6
- 3ICU: 78.3
- UMMC average score: 76.8
- 4EST: 75.8
- 7th Floor: 75.2
- South 6: 72.6
- South 5: 72.4
- 3EST: 71.6
- South 3: 71.0
- 6WST: 70.5
- 7ICU: 69.7
- 2ICU: 68.8
- 4WST: 68.3
- 6EST: 66.9

**Communication with Nurses Post Implementation Nov 2012-Jan 2013**

- South 2: 87.34
- South 5: 86.58
- 3LCSD: 85.71
- South 4: 84.97
- 6ICU: 83.33
- 3LCSD: 83.1
- West 3: 82.64
- 3WST: 79.89
- 4EST: 79.02
- CMS 75%ile: 79.02
- East 4: 78.63
- UMMC average: 78.63
- 4ADM: 78.46
- 4EST: 76.23
- 6EST: 76.48
- West 1: 75.5
- 2ICU: 75
- 7th Floor: 74.68
- South 3: 73.5
- 6WST: 73.5
- 3EST: 71.68
- South 6: 71.55
- 4WST: 70.59
- 7ICU: 66.67
- 8BMT: 61.11
- 3ICU: 55.56
Results: Call Lights

Call Light Usage

Total # of call lights

Purposeful Hourly Rounding began

<table>
<thead>
<tr>
<th>AD Census</th>
<th>October</th>
<th>November</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD Census</td>
<td>Oct. 21</td>
<td>Nov. 20</td>
<td>Jan. 21</td>
<td></td>
</tr>
<tr>
<td>Series 1</td>
<td>98</td>
<td>74</td>
<td>62</td>
<td>50</td>
</tr>
</tbody>
</table>

Series 1
Results - Falls

South 2
6 Month Goal (Falls)

GOAL
15% Reduction over 6 months

<table>
<thead>
<tr>
<th></th>
<th>FY 2011</th>
<th>FY 2012</th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
<th>Mar-13</th>
<th>Apr-13</th>
<th>6 month Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Falls</td>
<td>35</td>
<td>36</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>15</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Discussion: Lessons Learned
Modify Practice…Test Change

✔ Biggest push back was with the added documentation (double documentation).

✔ It takes some staff longer to incorporate into their daily routine; continue to address inconsistency in completing all components of the rounding protocol.

✔ Float nurses have less experience with the rounding protocol, creating inconsistencies.

✔ Patients didn’t recognize staff performing hourly rounding during management rounds. Discussed with staff and wording was adjusted and implemented.

✔ Admission process sometimes is done by “Stat Nurse,” causing inconsistencies with distribution of patient rounding brochure.
Celebrate Successes

Acknowledging Staff for Accomplishments

Staff Recognized the following individuals for their Contributions to Successful PHR

- Juliana (evening)
- Jackie (nights)
- Renee (evening)
- Sue (evening)
- Bonnie (days)

If you note someone consistently doing a great job with PHR-please submit their name to a member of the UBC or Stephanie

Thank You
Conclusion

During the study, period hourly rounding positively impacted:

- **Patient satisfaction**
  - Nurse communication *(9.5-point increase in rating)*
  - Staff Responsiveness *(24-point increase in rating)*
- **Patients falls** *(21% decrease)*
- **Falls with injury** *(69% decrease)*
- **Call light usage** *(37% decrease)*

**Factors for Success**

- Leadership support
- Staff engagement
- Alignment
- Clear, structured protocol
- Multiple tests of change
References

• The Studer Group (2007). Hourly Rounding. Fire Starter Publishing
Intentional Rounding

VA Hudson Valley Healthcare System
AHRQ Core Team
## Reduce Omissions of Required Elements for Intentional Rounding Process on E2

### Business Case
- Intentional rounding is not completed consistently
- Front line staff are not able to speak to intentional rounding
- Research shows intentional rounding reduces falls
- Baseline data shows an average of 46.3% omissions in the required elements for intentional rounding

### Opportunity Statement
If successful this project may:
- Reduce omissions of required elements for intentional rounding
- Improve the quality of intentional rounding completed on E2
- Reduce falls on E2
- Improve patient safety
- Improve quality of patient experience while on E2

### Goal Statement
**Metric:** Reduce Omissions of Required Elements for Intentional Rounding Process on E2
- number of omitted process measures observed in an intentional rounding observation
- number of expected process measures for an intentional rounding observation
- How success will be measured: improvement in the baseline data

### Scope
- **In Scope –** E2 day shift
- **Out of Scope –** all other units and other shifts on E2

### Project Plan / Timeline

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define</td>
<td>July 2015</td>
</tr>
<tr>
<td>Measure</td>
<td>August 2015</td>
</tr>
<tr>
<td>Analyze</td>
<td>September 2015</td>
</tr>
<tr>
<td>Improve</td>
<td>September 2015</td>
</tr>
<tr>
<td>Control</td>
<td>October 2015</td>
</tr>
<tr>
<td>End Date</td>
<td>October 31, 2015</td>
</tr>
</tbody>
</table>

### Team Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maura Timm</td>
<td>PM&amp;R</td>
<td>Team Lead</td>
</tr>
<tr>
<td>John Kenny</td>
<td>QM</td>
<td>Coach</td>
</tr>
<tr>
<td>Maurene Schneider</td>
<td>Nursing</td>
<td>Champion</td>
</tr>
<tr>
<td>Lucille Donovan</td>
<td>QM</td>
<td>Team Member</td>
</tr>
<tr>
<td>JeanMarie McGlynn</td>
<td>Nursing</td>
<td>Team Member</td>
</tr>
</tbody>
</table>
## Observation Sheet

<table>
<thead>
<tr>
<th>Task</th>
<th>Observed</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knocks on door and asks permission to enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies themselves by name and title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies reason for being in the room is to check on the patient’s needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks to assist patient with toileting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks patient about pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks about/provides assistance with positioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensures plan of care is implemented (i.e. fall precautions are in place)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Observed</td>
<td>Not Observed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>Makes sure personal belongings are within reach (call bell, telephone, TV, tissues, overbed tray table, water)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asks if there is anything else they can do before they leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explains that they will be back in another hour to do another set of rounds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any additional comments:

Title of employee completing rounding:

Time to complete rounding:
Baseline Data

- Knocks on door and asks permission to enter
- Identifies by name
- Identifies themselves by title
- Identifies reason for being in the room is to check on
- Asks to assist patient with toileting
- Asks patient about pain
- Ensures plan of care is implemented (i.e. fall...)
- Makes sure personal belongings are within reach (...)
- Asks if there is anything else they can do before they...
- Explains that they will be back in another hour to do...

- 46.67%
- 46.67%
- 46.67%
- 46.67%
- 26.67%
- 33.33%
- 53.33%
- 33.33%
- 33.33%
- 13.33%
- 100.00%
Questions/Discussion
Next Session:
October 21, 2015

Please complete the Webinar evaluation survey.
Thank you!