Guam Memorial Hospital Authority
Tamuning, Guam
Bed size: 150

**SETTING THE STAGE**

Why did you select this project and what methods were used to identify the need?

> The GMH Quality Improvement team identified the need to increase awareness and focus on preventing patient falls across all areas of the hospital after it became apparent through data monitoring and case reviews that preventing falls needed to become everyone’s job. The reports and data collected in 2015 state that there were 101 Fall Incidents. That prompted the creation of a Fall Team which included the revision of the previous policy and a hospital-wide training which started in November 2015 up to January 2016. After revision and training efforts in the first year, Fall Incidents in 2016 decreased to 64. In 2017, Fall Incidents slightly increased to 79. This finding prompted the team to reassess the need for retraining and policy revision.

**PROJECT DESIGN**

Who was involved in the improvement effort?

> Roseann Apuron, RN Staff Nurse Training Officer and Jasmin Tanglao, RN Employee Health Nurse were designated to be the Chair persons for the Fall Prevention Program. They were both delegated by Ms. Zennia Pecina to revamp the Fall Prevention Program. Both have developed the policy and a hospital-wide training on Fall Prevention including nurses, medical staff, house-keeping, security, maintenance, etc. Included in the policy is an Interdisciplinary Team approach. The team actively meets to ensure there is an ongoing process to assess, monitor, identify outcomes, plan, implement and evaluate the fall prevention process. The falls team is comprised of nursing services, rehabilitation services, dietetic services, pharmacy department, social services, and physicians.

How long did the development, design, and implementation of this initiative/intervention take?

> The effort began in January 2018 with the creation of a specific team to focus on falls who then developed a hospital-wide mandatory fall prevention education program to be completed by all staff and providers. Patient Safety week was extended to an entire month, in which the fall team held a friendly competition encouraging all departments to make posters about preventing falls and what could be done in their area.
What tools, costs, and resources were used to drive change?

> One of the interventions that the Fall Team selected was the change of the Fall Indicator Signage that is placed outside the patient’s door. The previous picture was a falling coconut from a tree and now changed to a universal “Caution: Fall Risk” sign.

> In addition, there is a poster placed in every patient room that states, “For your safety: Call, don’t fall. Don’t get up without us.”

> A new tool in the electronic medical record called Fall Medication Assessment in Optimum iMed Electronic Health Record was added. A plan of care and specific nursing interventions are to be implemented, as per policy, if a patient is found to be at “High Risk” for patient falls due to medication assessment findings.
RESULTS

Describe the data collected and results demonstrated from the start to end of the project.

> It is apparent from the data below that there was significant improvement in patient falls at GMH from the activities in 1st quarter 2018.

![Graph showing fall rates over time]

LESSONS LEARNED

Describe goals that were met and goals that were not achieved (especially as they relate to the CMS Quality Strategy Goals and Objectives):

1. Make Care Safer by Reducing Harm Caused in Delivery of Care;
2. Strengthen Patient and Family Engagement;
3. Promote Effective Communication and Coordination of Care;
4. Promote Effective Prevention and Treatment of Chronic Disease;
5. Work with Communities to Promote Best Practices for Healthy Living;
6. Make Care Affordable, and the reasons for these outcomes.

SPREAD AND SUSTAINABILITY

> The Fall Prevention Team continues to spread the fall prevention education through all staff and recently engaged a physician champion to assist in getting Medical Staff to participate more actively. They are moving forward with spreading the interventions to additional inpatient units throughout the facility and continuously looking for ways to keep this important care delivery improvement new and fresh to staff.

> The Fall Team meets regularly to discuss fall incidents and any plans for improvement are considered. With the new Safety Learning System, the Fall Team received notifications via email regarding a fall incident. The particular case is screened by several interdisciplinary persons of the hospital and recommendations are inputted.