**ORGANIZATION AND TEAM**

**RANSOM MEMORIAL HOSPITAL: OTTAWA, KANSAS**

Small PPS hospital
- 44 licensed beds
- 7-bed emergency room
- 13,000 emergency department visits per year

Services include:
- Surgical—general, orthopedics, ENT, urology, gynecology and pediatrics
- Medical—urology, pathology, internal medicine, cardiology, hematology

**FALLS PREVENTION TEAM (L-R):**
- Tommy Newberry
- David Bowers
- Kelli Bostel
- Angie Welch
- Dorothy Rice
- Stacy Steiner
- Candy Tillow
- Rita Dometer

**MORE IMPROVEMENT STRATEGIES**

**LEADERSHIP ENGAGEMENT:**
- CNO serves as a senior leader quality champion for falls and other HEN topics.
- She has been actively involved with the policy revision, education and resources (including time to devote to patient safety).
- CEO is engaged and speaks about fall prevention program in employee meetings and when rounding.

**OTHER STAFF, DEPARTMENT AND TEAMS:**
- Implemented a “ticket to ride” concept in which imaging and nursing staff have all been involved in the new policy and plans.
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**PATIENT AND FAMILY ADVISORS:**
- We have a newly formed patient and family advisor committee.
- We anticipate asking our patient and family advisors to evaluate the data with us and help us come up with further solutions in the future.

**SUSTAINABILITY AND SPREAD**

- Feedback to staff has helped keep a focus on reduction of falls.
- Staff are engaged in the post-fall huddle and are very disappointed when a fall occurs.
- Daily huddles were used to remind staff of new practices and the “why.”
- Newly adopted processes for fall prevention and fall events are designed and monitored for consistency and sustainability.
- We observe and measure on an ongoing and we don’t assume changes are adopted because staff has been educated.
- Daily huddles reminded staff of new practices and the “why.”
- Fall bundle implemented:
  - Yellow tag on ID bracelet
  - Fall magnet on doorknob
  - “Tips for Full Reduction” discussed with patients and family.

**PROJECT GOALS**

**AIM:**
- By implementing a revised fall program, we hope to further decrease falls by 40% by the end of September 2016.

**FACTORS:**
- Patient safety is a top priority for our hospital as we strive to achieve zero harm across the board.
- Fall prevention is a targeted area of opportunity to improve patient safety.
- Fall prevention efforts have spread to the emergency department and outpatient setting.
- Other priorities within the HEN project include:
  - Reducing SSI by 40% and readmissions by 20%.
  - Continuing to maintain zero CAUTIs and CLABSS.

**IMPROVEMENT STRATEGIES**

**FALL PREVENTION STRATEGIES:**
- Revised fall prevention policy and fall bundle to make it a house-wide approach.
- Implemented a more robust post-fall huddle and bedside shift reporting.
- Utilized proactive hourly rounding with a focus on the 3 Ps: pain, potty and positioning.
- Educated patients and families about how to prevent falls using the “Tips to Reduce Falls.”

**DATA FOR IMPROVEMENT:**
- Monitored HEN outcome and process measures.
- Used falls with and without injury fall risk assessment.
- Reviewed findings from each post-fall huddle to identify opportunities.

**LESSONS LEARNED**

- Use the PDSA model for improvement and research best practices.
- Use HRET-HEN tools and other tools available.
- You don’t have to recreate the wheel; the tool kits available are excellent.
- It takes a consistent focus and a renewal of energy.
- Helping the staff understand the “why” are very important.
- Apply success to next challenge: Achieve zero harm across the board.
- Other challenges for our hospital is surgical site infections and readmissions.

**RANSOM MEMORIAL HOSPITAL**

**FALL PREVENTION PROGRAM**

**FACTORS:**
- Do not use bedside tables for support as they have wheels and could roll away from you.
- Patients frequently attempt to stand up unassisted from a bed or chair.
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**TIPS TO PREVENT FALLS**

We would like your stay at Ransom Memorial Hospital to be as safe as possible. To decrease your chance of experiencing an accidental fall during this hospitalization, please review the following tips:

**Tips for patients:**
- Do not hesitate to call a nurse for assistance when you need to get out of bed if you have been instructed to or if you are feeling weak or dizzy. Some medications may have side effects that make you feel weak or dizzy.
- Sit to the side of the bed for a few minutes before you get up.
- Do not use bedside tables for support as they have wheels and could roll away from you.
- Notify the nurse of any spills or wet areas on the floor so they may be cleaned up quickly.
- A bed alarm may be used to remind you to call for help when getting out of bed.