**Aim Statement**
To reduce falls with injury from 1 a month on M9 to 0 month by Mar 2019

*Why is this project important?*
We have not significantly impacted delirium at MCNH, but are in the process of rolling out protocols, plans of care, and order sets from our interdisciplinary Delirium Prevention Committee. 1/3 of our patients who fall are impulsive and/or confused and would greatly benefit by a structured delirium-reduction/prevention program. We wanted to implement changes on a pilot unit with interdisciplinary rounds, then spread our learning to other units with higher fall/injury rates.

**Falls with Injury Data on Target Unit- no injuries since intervention 11.18**
M9 fall rate Jan 2018-Dec 2018

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**How this Impacted our Patients**
7% of cognitively impaired patients improved delirium scores through the use of nursing interventions.

**Lessons Learned**
- Leadership engagement matters
- Clear role identification needed
- Avoid Holiday roll out
- Embed champions
- Keep the Tests of Change SMALL
- More structured family, physician involvement

**Next Steps**
- Finalize development of protocols, plans of care
- Determine spread action plan- all pts M9, Champions on other higher-fall rate units?
- Modify tool to be more inclusive
- Positive feedback, recognition
- Focus on “wins,” case studies

**Delirium Changes Tested, Implemented or Spread**
- Testing tool and interventions on small sample size, then spread
- (I) implement delirium screening tool- 4AT
- (I) selected and implemented nursing interventions:
  - Frequent orientation- aids, lighting
  - Meal completion
  - Mobility
  - Sleep protocol
  - Diversional props
  - Family involvement

**Patient Family Engagement Changes Tested, Implemented or Spread**
- (I) involvement in ADL’s
- (I) Assist with mobility
- (I) presence at bedside to keep patient oriented and focused, provide diversion, re-inforce reality
- (I) involvement in interdisciplinary rounds
- (S) whiteboards include place for family/patient questions and goals

*Adapted from the Institute for Healthcare Improvement, 2012*
Aim Statement
To reduce falls with or without injury from 3.6 falls per 1000 pt. days to 1.8 falls per 1000 pt. days by Mar 2019 (a reduction of 6 total falls or 1 less fall per month)

Why is this project important?
To reduce potential injury and other complications for our patients. Additionally, to reduce cost for our patients and the hospital.

Delirium Changes Tested, Implemented or Spread
• Disciplined testing of BCAM and ICU CAM with plan to spread to all patients. Discussed adding the BCAM tool electronically.
• Testing some interventions for a positive BCAM such as mobility 3 times per day, up in chair for meals, opening curtains, music, pain control with the least sedating method when possible, and quiet time 2-4pm.
• Pharmacy review of meds and using medstopper.com to assist in approaching providers to decrease meds when >3CNS meds.

Lessons Learned
• You cannot predict who will have delirium, it requires a screening of all patients.
• The sicker &/or sedated patients have been scoring positive.
• Simple interventions can help reduce delirium in our patients.

Next Steps
• Continue our work to get patients up and moving to increase strength.
• Advance our BCAM and ICU CAM to electronic for all pts including interventions.

Patient Family Engagement Changes Tested, Implemented or Spread
Leadership rounding, as well as staff hourly rounding, to determine patient and family understanding of fall risk/prevention.

Working on implementing the Delirium tool and replacing our current fall teaching tool with the Preventing Falls in the Hospital Tool. PFAC reviewing/giving input on these tools.

Team: Stacy, Linda, Dave, Kelli, Laura, Bill & Dorothy

Adapted from the Institute for Healthcare Improvement, 2012
Aim Statement
To reduce falls with injury from 3.968% to ZERO by March 2019. Assess patients on NW7 for delirium and implement interventions to prevent falls based on score.

Why is this project important?
• Fall prevention continues to be a focus for hospital quality programs.
• There is research to support that delirium increases fall risks in the acute care setting.
• Early recognition and intervention in the critical care areas to prevent delirium will decrease falls, decrease length of stay, and hospital costs.

Total patient falls for November 2018 to January 2019: zero patient falls with injury!

Lessons Learned
• Need for re-education on the CAM-ICU tool
• Need for tools to educate prevention of delirium for family and staff
• Start with a “small test of change” to win champions!

Next Steps
• Re-education for staff on CAM-ICU: NNICU educator to develop plan
• Tool/guide development for family on delirium prevention
• Nurse on NNICU to “Champion” for process change
• Audit CAM-ICU scores/charting and use of interventions.
• Delirium Committee to collaborate with other hospital efforts (i.e. ABCDEF Bundle)

Delirium Changes Tested, Implemented or Spread
• Identified one patient in the NNICU who would transfer out to the NW7 Neuro Acute Care Unit with a Positive CAM-ICU to focus on interventions post ICU. (I)
• Assess use of CAM-ICU in the NNICU (Neurosurgical/Neuromedical ICU) by nursing (T)
• Assess use of interventions to prevent delirium based on score (I)

Patient Family Engagement Changes Tested, Implemented or Spread
• Review of brochure about delirium (T)
• Communication and education of CAM-ICU score and interventions related to scoring and how patient family involvement can do to help the patient (T)

Adapted from the Institute for Healthcare Improvement, 2012
Aim Statement
To reduce falls with injury from 1 in 4th qtr. 2017 to 0 for 4th quarter 2018 in target population. >60yo, Medical/Surgical floor.

Why is this project important?
Advancing measurement and improvement around falls prevention in the hospital is important as falls are a nurse sensitive measure and nurses play a key role in this component of patient care. Recognizing models of care that promote a safe patient culture and implementing them are necessary.

Lessons Learned
• Mobility plays a key role in prevention of delirium.
• Early identification of and prevention strategies to decrease risk of Delirium are directly related to decrease in pt. falls and increase in positive patient outcomes.

Next Steps
• Continue to audit new implementations for compliance and review trends associated with delirium in our patients.
• Continue to research ways to identify and/or prevention measures that can be implemented to decrease hospital delirium.
Implement Delirium awareness and the importance of mobility during new staff training.

Process Measure Data or Patient Story
CAM + patient requiring 1:1 sitter due to impulsiveness and restlessness was offered music therapy. She experienced decreased delirium, allowing us to just closely monitor her. She ultimately even expressed interest in a particular song group and was able to communicate when she wanted the music therapy and when she did not need it. Success!

Delirium Changes Tested, Implemented or Spread
• Create mobility action plan. (I)
• Delegate Mobility Team leaders for accountability. (I)
• Implement electronic charting and intervention for mobility assessments and activity. (I)
• Develop Delirium Assessments on target population. (S)
• Implement electronic charting and interventions for Delirium Assessment and Prevention measures. (S)

Patient Family Engagement Changes Tested, Implemented or Spread
* Educate patient’s family on Delirium signs and prevention, (I)
* Playback.fm available for family to play era specific music (S)

Adapted from the Institute for Healthcare Improvement, 2012
Aim Statement
Reduce falls with injury from 2 to 0 a month by Mar 2019 in patient’s over 70 in Critical Care

Why is this project important?
Each year, somewhere between 700,000 and 1,000,000 people in the United States fall in the hospital. A fall may result in fractures, lacerations, etc. (AHRQ). Although each patient’s fall risk may vary, any patient is subject to falling and injury. It was important for North Alabama Medical Center to continue to research and learn fall prevention strategies, starting with this small sample, that can be applied to the overall fall safety program at our hospital.

Delirium Changes Tested, Implemented or Spread
• ECM/NAMC is introducing a new, non-licensed position to its Cardiac Critical Care unit. It is called a Mobility Technician. The goal is to increase patient’s mobility thus reducing cases of delirium and patient’s falls. (I)
• Identified Critical Care Nurse, to champion this initiative in conjunction with her clinical ladder project. (I)
• Tested delirium screening and prevention activities with one nurse, one patient admit to discharge – then included additional patients and included night shift (T)
• Tested RASS target score to focus on pain management while minimizing sedation (T)

Patient Family Engagement Changes Tested, Implemented or Spread
• Use patient and family interactions to normalize patient routine and schedule while in the unit to reduce instances of dementia and overall improvement of patient’s wellbeing and recovery. (I)
• “Who I Am” tool tested to identify patient preferences. Used a daily call to a patient’s sister as a grounding intervention and patients likes regarding morning coffee to build trust with another patient (T)

Lessons Learned
• Increased mobility has multifaceted effect on patient safety: fall prevention, reduced vent days, and pain management
• Involving patient and family to normalize the patient’s routine as much a possible does impact patient outcome regarding decrease in dementia and patient’s overall wellbeing.
• Success with one test patient at a time built will for adoption and spread

Next Steps
• This process provided many great patient safety, care, and fall prevention tools. We want to pull all of these together and evaluate what we believe would be beneficial to implement on a larger scale.
• Continue with development of mobility as an aspect
Aim Statement

Why is this project important?
Preventing or reducing ICU delirium has many positive outcomes:
• Reduced falls
• Reduced hospital and ICU LOS
• Reduced cost
• Reduced post intensive care syndrome
All of these can have long term negative consequences.

Delirium Changes Tested, Implemented or Spread
• CAM ICU assessment and documentation each shift – support from Intensivists (S)
• Improved Rounds report to include CAM scores and delirium prevention activities, mobility levels, and frequency (T)
• Sleep Protocol development, promotion by Intensivist, integrated into rounds, hand-off and practice (T)
• Other delirium prevention activities- lights, fresh air, balcony use, room changes, music, cognitive exercises (T)
• Mobility – collaboration and communication between RNs and PTs (T)
• Implementation of fall prevention equipment and devices (overhead lights, new chair alarms, and belts with alarms (I)

Patient Story: Post-op patient in ICU on vent for 24hrs extubated and CAM+. Nurses identified delirium, communicated to charge RN and decision made to move patient to room overlooking the mountains rather than the parking garage. Within a day patient was CAM- and transferred out of ICU.

Lessons Learned
• The process of integration is slow
• Frequent reminders and support are needed.
• Hitting critical mass and sustainment are the prize.

Next Steps
• RT/RN collaboration for vent sedation vacation & wake-up-breath trials.
• RT/RN/PT collaboration for ambulation on vent
• Fine tune rounds report on sedation (provide scripting)
• Integrate BMAT scale
• Celebrate small wins
• Transition delirium focus to ABCDEF bundle.

Patient Family Engagement Changes Tested, Implemented or Spread
Increased family engagement by:
• Participation in rounds (I)
• Education around delirium (T)
• Participating in patient mobility activities and education around mobility (T)

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Manager Rehab
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Adapted from the Institute for Healthcare Improvement, 2012