HRET HIIN
PFE SNAP
Patient and Family Engagement
Safety Network To Accelerate Performance

WEBINAR #2
MARCH 1, 2018
1:00 PM CT/2:00 PM ET
<table>
<thead>
<tr>
<th>Time</th>
<th>Objectives</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>1:00-1:10 pm</td>
<td><strong>Welcome and Coaching Call Synopsis</strong> &lt;br&gt;-Review participants’ key learnings, barriers, strategies and goals from their coaching calls with the PFE SNAP coaches &lt;br&gt;-Review process for signing up for a coaching call and its significance to the project</td>
<td>Sue Collier, MSN, RN, FABC &lt;br&gt;Tom Workman, PhD &lt;br&gt;Martha Hayward</td>
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<td>1:10-1:25 pm</td>
<td><strong>Fall Prevention through PFE</strong> &lt;br&gt;-Describe how fall prevention planning can be integrated into pre-admission discussions to create a partnership with the patient for safe mobility (PFE Metric 1) &lt;br&gt;-Discuss the benefits of patient and family inclusion on a Fall or Mobility Teams and at the leadership level (PFE Metric 4 &amp; 5)</td>
<td>Jackie Conrad, RN, BS, MBA, RCC</td>
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<td>1:25-1:40 pm</td>
<td><strong>Put It Into Action!</strong> &lt;br&gt;-List specific examples of fall improvement strategies and activities that would benefit from patient and family advisor involvement &lt;br&gt;-Review HRET HIIN Falls Resources that support patient family engagement in fall prevention</td>
<td>Jackie Conrad, RN, BS, MBA, RCC</td>
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<td>1:40-1:55 pm</td>
<td><strong>Open Forum</strong> &lt;br&gt;-Call and chat in with your thoughts, plans, questions and concerns – we want to hear from you!</td>
<td>All!</td>
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<td>1:55-2:00 pm</td>
<td><strong>Bring it Home</strong></td>
<td>Mallory Bender, MA, LCSW</td>
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Sue Collier, MSN, RN, FABC
Interim Vice President, Clinical Quality
Clinical Content Development Lead
HRET
PFE SNAP Coach

Martha Hayward
Patient and Family Engagement Subject Matter Expert
PFE SNAP Coach

Tom Workman, PhD
Principal Researcher, AIR
PFE SNAP Coach

Mallory Bender, MA, LCSW
Program Manager
HRET

Tanya Lord, PhD, MPH
Patient and Family Engagement Subject Matter Expert
PFE SNAP Coach
PFE SNAP: Purpose & Benefits

• Purpose: To provide targeted hospitals the opportunity to participate in a rapid cycle improvement team focusing on PFE, falls and readmissions

• Benefits of Participation:
  – Opportunity to work with peers to improve performance on PFE metrics
  – Access to PFE experts who will provide tailored, focused guidance
  – Additional coaching calls from PFE experts
  – No additional cost to participate in collaborative work group to enhance performance in falls, readmissions, and patient engagement
The Five PfP PFE Metrics

- **Point of Care**
  - Planning checklist for scheduled admissions (Metric 1)
  - Shift change huddles / bedside reporting with patients and families (Metric 2)

- **Policy & Protocol**
  - PFE leader or function area exists in the hospital (Metric 3)
  - PFEC or Representative on hospital committee (Metric 4)

- **Governance**
  - Patient and family on hospital governing and/or leadership board (Metric 5)
Falls Prevention through Patient Family Engagement

March 1, 2018

Jackie Conrad RN, MBA
Improvement Advisor, Cynosure Health
jconrad@cynosurehealth.org
Anatomy of a Fall in the Hospital

1. Patient choice
   a. Use the call light and wait
   b. Use the call bell but can’t wait, get up and go
   c. Don’t use the call light and get up and go

2. Medications on board

3. Unfamiliar environment

4. Mobilization, toileting need

5. Hard surfaces
Why is it so tricky?
• Each patient brings unique capabilities and limitations

• The key factor associated with falls is movement
  – Movement is important for the patient
  – Movement is restricted by the organization
Patients may be

• be overwhelmed, distracted, unreceptive due to illness
• misunderstand and deny risk for fall
• unable to wait for assistance

Patients must mobilize to go to the toilet

Patients want

• independence
• privacy
• freedom of movement
The organization side

Prevent injury through risk mitigation

– Limit independence
– Limit mobilization
A peek at the evidence

• Patients understand that fall prevention is important, but 50-88% believe it does not apply to them. Twibell et al 2015, Sonnad et al 2014

• When structured falls education is provided to cognitively intact patients, falls can be reduced significantly.

  • 20 minute formal fall education with medical oncology patients led to ZERO falls with patients receiving education while those not educated continued to fall at a rate of 18% (Li-Chi Huang, 2015)

  • 45 minute formal fall education with rehab patients resulted in a 45% reduction in falls in cognitively intact patients (Haines, 2011)
Where are you?

• Do you label patients as non-compliant?
• Do you blame family members?
• Is “did not call for help” a reason for a fall?

• Chat where your organization is on a 1-10 scale

1 Patients are the problem
10 Partnership is established
Share your thoughts

Use the chat box to talk with your peers and the HRET team.

• *What is holding back your movement towards a partnership with patients in safe mobility?*

• *What strategies have you tried to create a partnership with the patient?*
PFE 1 - Pre admission checklist

So many implications for setting the stage for safe mobility!
PFE 1 – Preadmission Checklist

• **Who** – Elective Pre-operative patients
  – Hip and Knee replacement
  – Recruit peers as coaches, trainers

• **What** – Pre-Op Mobility and Fall Education
  – First visit with surgeon: review fall and injury risk, provide literature, set early mobility expectations
  – Group Classes: Prehab or Joint Camp
    • Fall risk factors
    • Safe, early mobility
  – PAT Calls: Review fall & injury risk, bring shoes for walking
Share your pearls & thoughts

Use the chat box to talk with your peers and the HRET team.

• *What are you doing to educate patients about safe mobility prior to surgery?* Do you see opportunities to amplify PFE?

• *What opportunities do you see for including a peer coach or trainer into your current education activities?*
The patient’s unique perspective is so valuable.

- “You a think a patient who is just being admitted will want to listen to a 20 minute lecture about how to not fall?”

- “Please don’t make me look at an annoying stop sign over my bed”

Consider a patient who sustained an injury from a fall to fulfill PFE 5 – Patient on the Board
Share your thoughts

Use the chat box to talk with your peers and the HRET team.

• *Share an ah-ha moment you have experienced by soliciting patient / advisor feedback.*
Flip the Classroom

Use the chat box to talk with your peers and the HRET team.

• *What do you see as a benefit to including a patient on your falls or mobility team?*
Benefits of Patient on the Team

- Patient’s perspective provide fresh insights – detect blind spots?
- Keeps the team focused on patient centeredness and away from blaming.
- Provides feedback on how a patient will understand the message, materials etc.
Share your thoughts

Use the chat box to talk with your peers and the HRET team.

• *What would be your first step to test the water?*
• Share your thoughts with your peers and the HRET team
  – *What improvement activities would benefit from having a peer / patient involved?*
PFA Rounding

• Observational Rounding
  – Environmental scan
  – Bedside handoffs
  – Purposeful rounding
  – Discharge teaching

• Patient Education
  – Tips for preventing falls
  – Reinforce teach back tool
  – Environmental scan

• Gathering Feedback
  – Open honest feedback
  – Perceptions of care with emphasis on quality of communication, responsiveness

• PFA Rounding Case Study
Bedside Tools

**Fall Tips Article**
Register to receive the Fall TIPS tool
Fall TIPS Webinar: How to Implement on your unit

**Fall Prevention Tips for Hospital Patients and Families**

**Fall Teach Back Tool**

**Cox Patient Agreement**
Other Activities

• Present in new employee orientation and inservices to share stories about their experiences related to falls.
• Actors for simulation based training – purposeful rounding, bedside report, post fall bedside huddle
• Review of patient education materials
• Room design / set up
• Participation in improvement team meetings to provide the patient’s perspective
Share your thoughts

Use the chat box to talk with your peers and the HRET team.

• *What activities could you start including a patient family advisor in to address falls / safe mobility?*

• *Do you have an individual in mind? Who is it?*
PFE SNAP: Next Steps

- **Sign up**/prepare for personalized coaching calls
  - Decide which metric you’d like to discuss
  - Identify team who will participate in calls
  - Identify day/time to talk with HRET faculty
  - Review the PfP Roadmap content for PFE Metric 1, 4, and 5
  - Update performance score as needed for each PFE Metric

Put next PFE SNAP webinar on calendar and invite team members to participate

  - March 15, 2018 @ 1-2 CT
• PfP Strategic Vision Roadmap for PFE* (PFEC)

*Available at the PfP Resource Center: https://www.healthcarecommunities.org/ResourceCenter/PartnershipforPatientsLibrary.aspx
THANK YOU!