PI Project Storyboard

LAGUNA HONDA

Preventing Falls with Major Injury
Laguna Honda Hospital & Rehabilitation Center
Fiscal Year (FY) 17-18

- **Problem:** In 2015, Laguna Honda (LH) Unusual Occurrence (UO) data reflected a 50% increase in falls with major injury (compared to the prior 4 years), resulting in our LH reported CMS Quality Measure data exceeding the California average. Due to the increase in falls with major injury, a performance improvement project was initiated utilizing an A3 approach addressing new ways to impact resident safety and decrease the CASPER percentage of Falls with Major Injury during FY 16-17. Due to the importance and focus on enhancing patient safety, the project was continued during FY 17-18. Preventing Falls with Major Injury continues to be a priority at LH, as every falls with major injury that can be prevented is of utmost importance.

- **Aims:**
  - By the end of (FY) 2017-2018, LH will reduce the number of falls with major injury (per CMS definition/criteria via CASPER Report) to $\leq$ 1.2%.
  - By the end of FY 17-18, LH will achieve 100% compliance in completion of the Root Cause Analysis (RCA) within 5 business days of the fall with major injury event.

- **Intervention(s):**
  - The continuation of weekly mobile falls rounds was maintained throughout FY 17-18, focusing on in-depth CNS assessment of recent frequent fallers, and identifying falls reduction strategies through an interdisciplinary approach, with Clinical Nurse Specialist (CNS) mentoring of falls prevention best practices and geriatric principles of care.
  - The process of a timely Root Cause Analysis (RCA) Review by the CNS, in collaboration with the neighborhood Nursing Director, Nurse Manager, and neighborhood staff was initiated with a goal of completion within 5 business days of a fall with major injury event. The RCA intervention was to engage front-line staff in identifying factors contributing to the resident's fall through the use of a fishbone diagram review and through the use of a drill down strategy utilizing the "5- Whys approach." The collaborative action plan was created among the team, utilizing a standardized CMS falls review template.
  - Recognition of neighborhoods that had not had a fall with major injury event over a year period was continued.
  - A3 project updates and areas of improvement were shared at NQIC meetings.
  - Poster Presentation at the Nurses Improving Care for Healthsystem Elders (NICHE) national annual conference, Atlanta, Georgia, April 2018. Front-line nursing staff

and nursing leadership who attended the NICHE Conference expressed interest in adopting and implementing this model of falls review in their facilities, and provided positive feedback regarding the prioritization of staff involvement in the process.

- **Measures/Indicators:** During the Performance Improvement process of the Falls with Major Injury Project, data was obtained through the use of the CASPER Report, benchmarking the LH percentage to the California percentage of Falls with Major Injury.
- During the end of FY 17-18, the appropriateness of this data point was re-evaluated and it was decided that falls per 1,000 patient days would be a more appropriate measure for FY 17-18. The rationale for this stemmed from the fact that when utilizing the CASPER Falls with Major Injury data, residents remain in the data with a 90-day look back period, plus 275 days, leading to a resident who has had a fall with major injury remaining in the data for more than several quarters, leading to difficulty interpreting progress or areas for improvement in the interventions.

- **Results:**

FY 16-17 Baseline: 1.5% (CMS)	**Q1: FY 17-18: 1.6% (CMS)**	**Q2: FY 17-18: 1.9% (CMS)**	**Q3: FY 17-18: 2.5% (CMS)**	**Q4: FY 17-18: 3.1% (CMS)**
FY 17-18 Target: ≤ 1.2%	**FY 17-18 Target: ≤ 1.2%**	**FY 17-18 Target: ≤ 1.2%**	**FY 17-18 Target: ≤ 1.2%**	**FY 17-18 Target: ≤ 1.2%**

FY 15-16 Baseline: 2.0% (CMS)	**Q1: FY 16-17 1.9% (CMS)**	**Q2: FY 16-17 1.2% (CMS)**	**Q3: FY 16-17 1.3% (CMS)**	**Q4: FY 16-17 1.4% (CMS)**
FY 16-17 Target: ≤ 1.7%	**FY 16-17 Target: ≤ 1.7%**	**FY 16-17 Target: ≤ 1.7%**	**FY 16-17 Target: ≤ 1.7%**	**FY 16-17 Target: ≤ 1.7%**

- **Lessons Learned:** Bringing the problem solving to the most important participants, the front-line staff, continues to be a key factor in identifying interventions to reduce falls risk and falls with major injury. Furthermore, the more timely to the fall with major injury event that the RCA occurs, the more accurate the recollection of events and identification of possible causative factors. Through the timely non-punitive RCA approach, staff engagement occurs and provides a safe opportunity for staff to be heard with their ideas of how environmental factors, operational factors, system factors, communication factors, and/or knowledge factors had an impact on their resident's safety. Standardizing and fine-tuning the workflow of the RCA process further will lead to a more seamless process when a fall with major injury occurs, while providing an opportunity to complete this activity by the end of the shift when the fall occurred. Additionally, staff continue to respond to positive recognition of a job well

done, as the process of "Bright Spots" provided staff this recognition and rewards opportunity, and staff have engaged more with their awareness of falls prevention through participation in the LLD training neighborhood-based performance improvement projects. Lastly, osteoporosis risk and treatment continues to be in the forefront of next steps, providing future opportunities to explore implementation or adherence to evidence-based care for our residents at high risk for fractures. Areas for improvement identified through the RCAs included; streamlining shift-to-shift handoff and including recent (within the past month) history of falls, focus on toileting plans, hydration, great room standardized supervision processes, standardized hand-off communication between neighborhood staff and float staff. Revision of the performance measure from CMS CASPER Report percentage to Fall and Falls with Major Injury per 1,000 patient (resident) days will be consistent with national standard for falls data.

- **Next Steps:**
  - Continue monitoring falls with major injury data on a monthly basis, utilizing a new performance measure of "Falls with Major Injury per 1,000 patient (resident) days," illustrated in the form of a run chart.
  - Add an additional performance measure of "Falls per 1,000 patient (resident) days" to expand focus on all falls, illustrated in the form of a run chart.
  - Finalize a standard work process algorithm for RCA completion by the end of the shift when the fall occurred, involving the Nurse Managers to play a key role in this process, with training of the Nurse Managers to be completed in early September, 2018.
  - Develop a best-practice guideline regarding fracture prevention by December 30, 2018.
  - Collaboration with ZSFG in the utilization of the most appropriate falls risk tool in the EPIC implementation collaborative.

- **Contact Information:** If you have any questions or feedback regarding this information, please contact any of the following project team members;

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