

No One Walks Alone

Reducing Falls at Kaiser Sunnyside Medical Center

PURPOSE

Describe the No One Walks Alone program at KSMC and how falls were decreased with keeping the “why” in focus and using robust data reporting to all staff in the organization



BACKGROUND

Most nurses are aware of the types of falls and risk indicators for a fall in an acute care setting. Even with knowledge and education our fall rates kept rising.

We instituted debriefs with every fall and reminders on fall prevention interventions with no significant change in rates. We then tried the concept of “Within Arms Reach” to test if that would decrease the falls in the bathrooms. That program helped and so we had some energy to continue testing some ideas.

A hospital in San Diego had started a program where no one walks alone and reported success in reducing falls. We decided to pilot this concept along with our “Within In Arms Reach”.

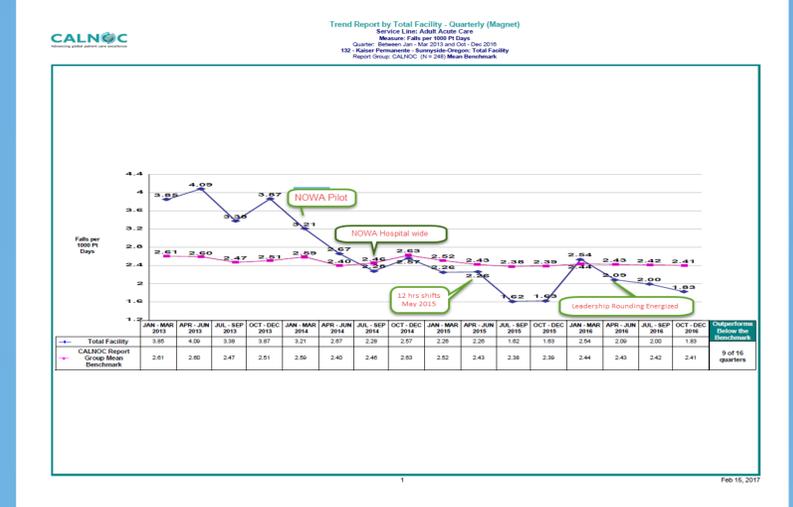
METHODS

Program Improvements

- Within Arms Reach for any patient up to the bathroom
- All patients deemed a fall risk and Schmid score reveals risk for harm
- Formal debriefs within 1 hour of fall on the unit with team
- Pilot on 2 units of the “No One Walks Alone” program
- All patients have bed alarm activated during hospital stay, unless opt out of NOWA
- Letter given to patients and families on the NOWA program and large signs placed around organization and on the units
- Created a CCTV video for patients to watch about falls and NOWA
- Developed Smart Phrases for the EMR documentation
- Falls champions identified on many of the units, which attended the Falls Committee

DATA REVIEW

- Audits done on the outcome of falls; assisted and non-assisted
- Data collected on the process steps and compliance with the program
- Falls and the learnings shared at daily safety huddles with Charge Nurses
- Falls Friday messages went into our Daily Operation Briefs
- Centralized education and on-line learnings organized for RN and C.NA’s
- Developed Improvement projects on every unit with the UBT
- Support departments included in the improvement projects



RESULTS

Within 6 months the fall rates decreased. We reviewed the four main elements of our fall prevention program to determine if we had followed our plan

1. Identify the risk factors
2. Plan our interventions
3. Modify and re-assess our interventions
4. Assess results and share outcomes

We determined our program was decreasing falls and to date our fall rates per CAL NOC data have decreased from 3.21 to 2.0 and we are currently below CAL NOC benchmark

CONCLUSION

Showcasing data and keeping the importance of the work in view of the front line staff and senior leadership, has aided this organization to improve a serious safety issue for patients. A strong unit engagement and interdisciplinary team support has helped refine the program and define the interventions.