

QUALITY IMPROVEMENT PROJECT UPDATE DOCUMENT

IF POSSIBLE, ATTACH TO THIS UPDATE THE INITIAL PROJECT CHARTER CREATED FOR THIS PROJECT

UPDATES ON SCOPE, TIMELINES OR DELIVERABLES

Provide any updates, as necessary, on the initial Project Charter regarding any relevant information.

- Screening tool developed
- Staff education done
- Tool was trialed
- Evaluation done 1 month post-trial

MEASUREMENTS TO DATE

What were the baseline measurements that were collected for this project (quantitative or qualitative)? Have there been repeated measurements since? How are those going to affect the project going forward?

- 3 month chart audits indicate screening increased then decreased
- Staff assign bundle strategies to patients who they deem risk for falls even when screening tool is not completed
- Falls have not decreased; all falls are minor and moderate. i.e. no severe or critical

OPTIONS AND IDEAS CONSIDERED

What were the different options and ideas that the team discussed, and briefly why were they not pursued?

- Staff commented tool is too sensitive, need to improve specificity
- Choose to continue with tool as standard assessment of falls in ED; will re-evaluate as the literature grows in this area of work
- Enhance documentation by seeking to have falls screen embedded into electronic documentation
- Re-evaluate: staff survey, chart review
- Re-education to staff re falls prevention, screening for risk, and strategies for management of risks
- New daily report to track the number of falls per day

CHANGES ATTEMPTED AND IMPLEMENTED

What are the actions that the team decided to focus on to improve quality?

- Group and 1 to 1 discussion re falls screening to engage or re-energized staff participation

PDSA CYCLES

Up to this point, what are the things (if any) that have been tried and implemented, and what have been the results or measurements done?

- **Plan:** Roll-out of the new checklist with education on January 11, 2016 with real-time feedback and evaluation
- **Do:** Lucy to lead the education huddles for nurses, PCA's, and ward clerks. Julie to provide one-on-one education to nurses, PCA's, and ward clerks on the use of the checklist.
- **Study:** Evaluate outcome from staff feedback, chart audits post-huddles and education
- **Act:** Evaluate via chart audits q3months and sustain

LESSONS OR MAJOR ISSUES

What are the take-home points that you learned from your experience and that could help others in their QI projects?

- Need for consistency in membership in the QI team, so all members are informed of project activities and are able to modulate or make adjustment in processes as needed to steer towards outcome, in this case fall prevention

Date of Update: December 10, 2015

SUSTAINING AND SPREADING THIS PROJECT

How will you ensure that this project continues to be successful going forward? If you believe that others would benefit from this knowledge or who could implement a similar intervention elsewhere, how do you plan on spreading your idea?

- This project has many leads over the past year and the transitions points have been weak; lending significant sway in momentum
- Need to have oversight to build momentum on the unit for fall prevention
- Capacity build staff on quarterly basis: falls debrief
- Ensure ED have falls prevention aids available at all times (prevention bundles, slippers, wrist band, signage, gait aids etc.)
- Discuss with other ambulatory areas in hospital, other ED to share information
- Dissemination of work to all ED staff in a Patient Safety column via Friday File