Safety Auditing as a Nursing Accountability Measure for Hospital Fall Prevention

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Disclosure/Objectives

☑ No disclosures or conflicts of interest to report

➢ Describe how auditing fall interventions serve as a key piece to fall prevention
➢ Illustrate the steps involved in safety auditing
➢ Show outcomes seen with the implementation of auditing fall interventions
➢ Describe implications for practice
Background and Significance

- An estimated 700,000 to 1,000,000 patients fall in hospitals every year\(^1\).
- Inpatient falls increase length of stay\(^2\) and increase odds of patient mortality\(^3\).
- Standardized fall prevention programs have been shown to decrease patient falls with injury and have significant cost avoidance\(^4\).
Background and Significance

After years of quality improvement work UCH was determined to embrace a culture of safety and meet national benchmarks for Fall Prevention. Safety Auditing was implemented to directly measure fall prevention practice.
Decreased patient falls

Culture Change to Focus on Fall Prevention

Regular Fall Summits to Identify Gaps in Practice and Highlight Best Practices

Regular Safety Auditing for Education and Compliance with Fall Prevention Interventions
Intervention

- A Safety Audit Form guides Nurse Fall Prevention Champion’s observations of fall prevention interventions connected to a patient’s Fall Risk Assessment Score.
- Safety Audits are completed by Fall Prevention Champions in every inpatient hospital area.
- The Safety Audits affords for direct practice remediation and corrective action by the unit expert, increasing compliance and awareness of all staff.
### Safety Audit Form

#### SAFETY AUDITS
(For Fall Champions)

**DATE:**

**TIME:**

**NAME OF PERSON/S ROUNDING:**

**UNIT:**

**Directions:** Complete every row/column, include patient name if necessary.

<table>
<thead>
<tr>
<th>Staff/Patient Identifiers</th>
<th>EPIC Charting Review</th>
<th>REQUIRED of Every Room</th>
<th>Yellow Stickers/High Fall Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room/Bed</td>
<td>RN/CNA Name</td>
<td>Fall Rank / RASS (if ICU)</td>
<td>Are safety checks done every hour?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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**Comments:**

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**Comments:**
Intervention

- Quarterly Audits are compiled then returned to the unit Fall Champion and manager in chart format for sharing with unit staff.
  - Development of action plans to correct issues and knowledge gaps in real time.
- Audit results are shared at Fall Champions meetings, Risk and Quality Committee meetings, and Shared Leadership meetings to demonstrate intervention compliance.
Outcomes

There are 8 fall prevention interventions routinely audited. From baseline to the July 2014 audit each area showed an increase in compliance.

<table>
<thead>
<tr>
<th>Staff/Patient Identifiers:</th>
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<th>REQUIRED of Every Room:</th>
<th>Yellow Stickers/High Fall Risk:</th>
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</thead>
<tbody>
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<td>RN/CNA Name</td>
<td>Fall Rank / RASS (if ICU)</td>
<td>Are safety checks done every hour?</td>
</tr>
<tr>
<td>Floor Areas May 2012</td>
<td></td>
<td></td>
<td>46%</td>
</tr>
<tr>
<td>Floor Areas July 2014</td>
<td></td>
<td></td>
<td>69%</td>
</tr>
<tr>
<td>Percent Increase</td>
<td></td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>

| Critical Care Areas May 2012 |                       |                         | 48%                           | 67%    | 77%                      | 83%       | 86%                           | 72%                           | 89%       | 24%                           |
| Critical Care Areas July 2014 |                       |                         | 87%                           | 99%    | 93%                      | 99%       | 95%                           | 79%                           | 94%       | 65%                           |
| Percent Increase          |                       |                         | 81%                           | 48%    | 21%                      | 19%       | 11%                           | 10%                           | 6%        | 171%                          |

Comments: Areas highlighted in yellow are at 50% or greater compliance gain and any compliance measure >90%
# Updated Outcomes

From baseline to most recent audit, we found very similar compliance in all areas.

<table>
<thead>
<tr>
<th>Staff/Patient Identifiers:</th>
<th>EPIC Charting Review:</th>
<th>REQUIRED of Every Room:</th>
<th>Yellow Stickers/High Fall Risk:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room/Bed</td>
<td>FN/HC Name</td>
<td>Fall Rank/RASS (if ICU)</td>
<td>Are safety checks done every hour?</td>
</tr>
<tr>
<td>Floor Areas May 2012</td>
<td></td>
<td>46%</td>
<td>85%</td>
</tr>
<tr>
<td>Floor Areas August 2015</td>
<td></td>
<td>66%</td>
<td>95%</td>
</tr>
<tr>
<td>Percent Increase</td>
<td></td>
<td>43%</td>
<td>12%</td>
</tr>
<tr>
<td>Critical Care Areas May 2012</td>
<td></td>
<td>48%</td>
<td>67%</td>
</tr>
<tr>
<td>Critical Care Areas August 2015</td>
<td></td>
<td>84%</td>
<td>97%</td>
</tr>
<tr>
<td>Percent Increase</td>
<td></td>
<td>75%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Comments: Areas highlighted in yellow are at 50% or greater compliance gain and any compliance measure >90%
Outcomes

➢ Within the first three months of Safety Audit initiation falls decreased from 3.41 to 3.05 falls/1000 patient days. The overall annual benchmark goal of 3.17 falls/1000 patient days was achieved.

➢ Fall rates continued to decrease; post fall safety audit implementation the rate was 2.76 falls/1000 patient days. Two years after audit implementation, UCH had its lowest rate ever at 1.59 falls/1000 patient days.
Outcomes

UCH Fall Rates and Interventions

- First Safety Audits: 3.9
- SA: 3.13, 3.15, 2.98, 2.88, 2.6, 2.68, 2.35, 1.89, 2.12, 1.59
- Rate: Blue
- Goal: Red
- Linear (Rate): Gray

- Fall Rate is per 1000 patient days. Current Goal is 2.79
- Stay within arm's reach of patient while toileting for all high fall risk patients implemented
- 3rd Annual UCH Fall Summit
- Fall Champion's Presentation at hospital orientation begins
- Chair Pad alarms for every room roll-out begins
- Reflective Practice Post-Fall Piloting

May-12 Jun-12 Sep-12 Dec-12 Mar-13 Jun-13 Sep-13 Dec-13 Mar-14 May-14 Sep-14 Oct-14
Implications for Practice

- Regular Safety Auditing provides an opportunity for one-on-one education on fall prevention interventions with all staff.
- Safety Audits provide an effective mechanism to reinforce expected fall prevention interventions.
- Safety Audits continue to cultivate a culture of safety around fall prevention.
- Audit Evaluations are returned in “real time” to be reflective of recent care provided.
Acknowledgements

We would like to thank every Fall Prevention Champion who has participated in the Safety Audits. Our Fall Prevention Champions Committee is an integral part of this endeavor and our overall culture of safety at University of Colorado Hospital.
References:

   http://www.ahrq.gov/professionals/systems/hospital/fallpxtool kit/index.html


   Nursing Economic$, 32(3). Pp. 135-141.