



Healthcare Organization Commitment

Contact Details

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Position

Chief Medical Officer

Organization Name

UCI Health

Commitment Details

How many hospitals are represented in this commitment?

Last Report	Current
1	1

Action Plan

We have periodical Assessment of our existing fall prevention program, including tools, interventions, and outcomes. We have been modifying our program based on evidence provided by research and trends from analyzing our own data. Employees have Computer based training as well as selected events are shared with and presented at the unit practice council and the division council. We have been debriefing falls for the last 7-8 years, where the team immediately meet after a fall and use a form to guide staff in the debrief process. Falls data are collected and analyzed by the Falls Prevention PI team every month (ACA). Recommendations are made based on the outcomes and findings of the ACA. Fall Prevention PT team is a multidisciplinary lead by a clinical nurse specialist, and nursing

director. Members are: nurse managers, staff nurses, nursing AIDs, Physical therapy, MD, and Risk management. Each unit has a fall champion whose goal is to monitor fall trends and provide education as needed. One of our champions conducted a survey where she interviewed all patients at risk for falls to know if they knew why they are at risk for falls and what do they need to do to prevent a fall and injury. Based on that survey we modified our education to teach back method. We based our intervention on our analysis of the trends and any specific findings. A nurse, a manager or a designated person will present the falls of their unit to the PI team and a discussion will take place on what was done and how to improve conditions for patients. One of the mandatory interventions is for staff to be within arm reach of the patient who is deemed at risk during the critical times (toileting, ambulation, and transfer). Video monitoring, bed alarms, gait belts, Posey alarms, non-slip cushions, and more tools are available for staff to utilize to protect patients based on their unique situation and plan of care. Post fall algorithms identify post fall assessment, and monitoring required by staff. Falls data are reported to CALNOC and NDNQI and results are shared with staff and managers.

Commitment Update

We continue to practice out the above mentioned activities, in addition we have modified our fall prevention tool based on the most current literature, and we also gave nurses the ability to override the tool if and when they feel the patient is at risk and the tool is not capturing the risk. We also updated our policy and spelled out all the expectations in all different setting, like ED, Psych, outpatient and inpatient to make it easier for staff to find their area of practice guideline. Our Fall Prevention PI team is discussing with infection control, environmental and upper management to change the floor material for the showers in the DH to make it more resistant and less slippery. We will continue to monitor and report findings to make sure our patients remain safe.

Other

Challenge 14 - Falls and Fall Prevention

Please describe any best practices your organization has learned through your commitment and share valuable lessons or challenges that were overcome

We have learned that it takes a village to prevent a fall and will need all discipline to be involved to assure the safety of our patients. We also learned that patients need to be assessed frequently to remove those who are not at risk any more to focus efforts on those who are at risk. We may not know the number of lives we saved but we know that all the efforts we put in place has kept our patients safe.

Impact Details

Initial Commitment	Commitment Update	Project Next Year
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Lives Lost 0	Lives Lost 0	Lives Lost -63
Lives Spared Harm Target 0	Actual Lives Spared Harm in last 12 months 63	Lives Spared Harm Target for following calendar year
Lives Saved Target 0	Actual Lives Saved in last 12 months (might differ from initial target) 63	Projected Target of Lives Saved for following calendar to try to finish commitment
	New Lives Lost (lives lost – actual lives saved) -63	

Acknowledgement

Yes, I acknowledge that this commitment may be used for external communication and publicly announced at the World Patient Safety, Science & Technology Summit. Furthermore, I agree that this commitment may appear on the website of The Patient Safety Movement Foundation or the Masimo Foundation. I also give permission for my commitment to be used in support of the promotion of the World Patient Safety, Science & Technology Summit as well as The Patient Safety Movement initiative.