

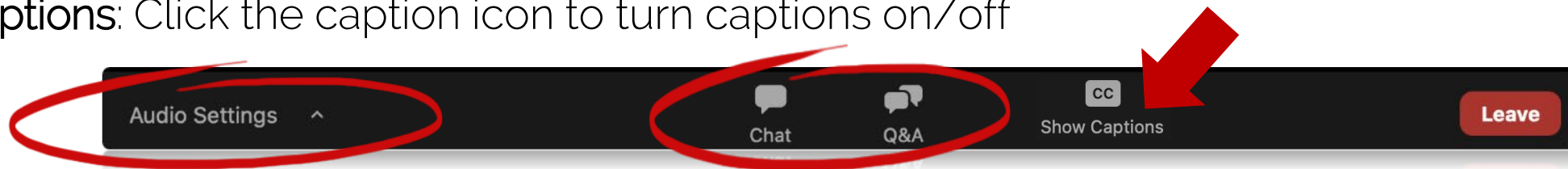
Connecting Volunteers to Hospital Goals: An Inpatient Fall Prevention Program

November 5, 2024



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Speakers



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Director of Volunteer Services,
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Volunteer Coordinator
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Connecting Volunteers to Hospital Goals: An Inpatient Fall Prevention Program

Amy Bush, MLA
Director of Volunteer Services,
Language Services and Employee Wellness
Mount Sinai Morningside, New York
November 5, 2024



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Learning Objectives

- Linking the Volunteer Program to Hospital Goals
- Outline the key components and interventions of the Fall Prevention Program
- Recognize relevant tools and resources available to support our goal
- Review data from the pilot program
- Current state of the program

Hospital Goals, 2023

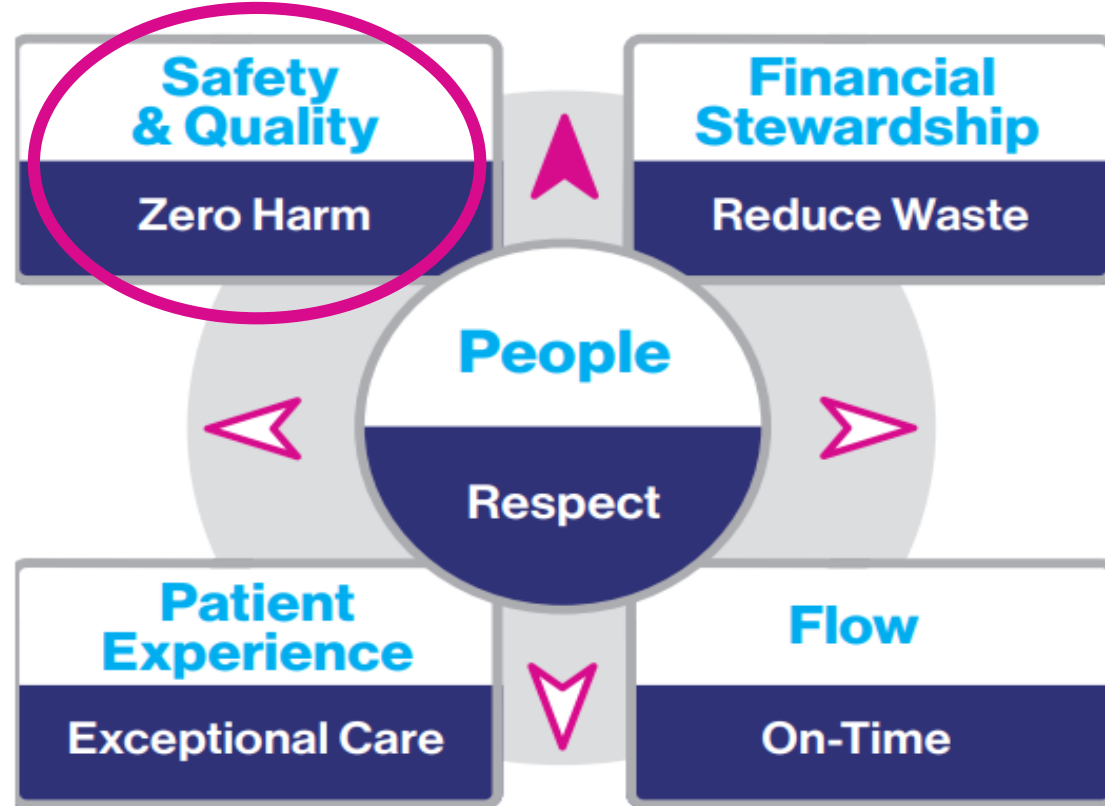
In 2023, Morningside established an organizational vision and developed goals to help prioritize efforts to deliver the safest care possible.

The goals aligned with the hospital True Norths.

Goals included metrics that:
Hadn't moved significantly
3 – 5 year improvement required; transformational for the hospital

Everyone can directly or indirectly contribute

True North



| WE FIND A WAY



Safety and Quality

Background	Problem Statement	Scope
<p>Total falls at Morningside had NOT seen a significant reduction between 2021-2022.</p> <p>Falls can lead to serious injuries, decreased ability to function, reduced quality of life, increased fear of falling, and increased health care use.</p>	<p>Each year somewhere between 700,000 – 1,000,000 people in the US fall in the hospital.</p> <p>MSM total falls count was 289 YTD October 2022.</p> <p>The goal: Reduce total number of falls by 15% year/year for the next 5 years for a 2027 goal of 156 falls.</p>	<p>All inpatient units and the ED</p>
True North	Measure	Target
<p>Safety and Quality</p>	<p>Total falls reduction</p>	<p>15% reduction year/year</p>

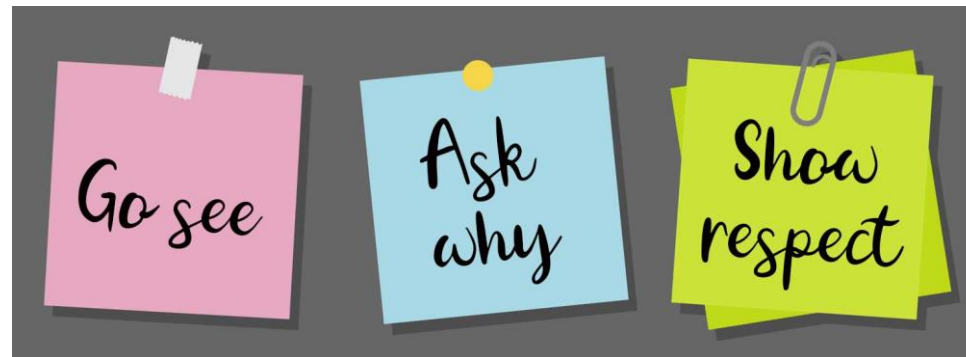
Connecting Volunteer Services to Fall Prevention

❑ Utilized Lean Methodology

- SWOT Analysis
- Identifying Gaps
- Go to the Gemba!
- Creating Standard Work
- Plan-Do-Check-Act (PDCA)

❑ **Respect for people:** Value and utilize the knowledge and skills of everyone involved

❑ **Continuous improvement:** Always strive for small, incremental improvements in all processes



SWOT Analysis

❑ Strengths

- Volunteers on the units could potentially impact the goal of reducing falls
- Volunteers are already going room to room, checking in on patients
- Volunteers offer distraction through conversation, puzzles, reading materials, games, etc., which is a patient and staff satisfier
- Supported by CNO and other nursing leaders

❑ Weaknesses

- Inconsistency of volunteers
- Varied shifts of volunteers
- Difficult to measure volunteer direct impact on fall reduction
- Training and supervision: Volunteers require thorough training on fall prevention protocols and hospital safety procedures
- Ongoing supervision is necessary to ensure effectiveness

SWOT Analysis

□ Opportunities

- A focus for volunteers and an outcome to their work
- An opportunity to quantify the work we do
- Utilize technology by implementing tools to improve volunteer efficiency and data collection
- Target high-risk areas and focus volunteer deployment on units with historically high fall rates

□ Threats

- Lack of staff buy-in or resistance to the program
- Staff turnover
- Volunteer attrition
- Competing priorities on the units

Falls Prevention Program

In line with the hospital **Safety and Quality** True North, the **falls reduction program** is meant to reduce patient falls. The belief is that our Volunteers play an important role on the units with regards to patient satisfaction, wellbeing, and safety.

This program would formalize the process of providing interventions to our “*high risk for falls with injury*” patients to keep those patients safe:

- Ensure patients are aware they are considered to be *high fall risk*
- Provide distraction and intervention activities to patients
- Frequently check in with *high fall risk* patients
- Provide fall prevention education to patients and caregivers
- Complete an end-of-shift survey documenting the number of patients visited and the fall reduction intervention provided

Goals, Actions, and Gaps

Pilot Program Goal:

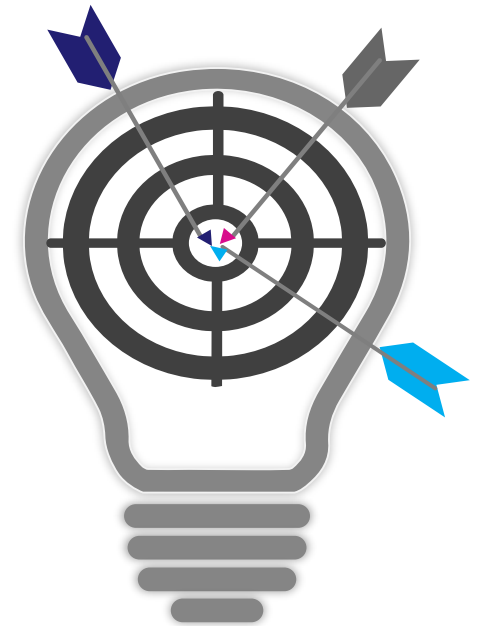
During each 3-hour volunteer shift, engage with and assess at least 5 patients identified as high risk for falls, and systematically record the relevant data associated with each interaction.

Actions:

- To align the work of unit support volunteers, create standard work for checking on patients at high risk for falls.
- Collaborate with staff: nursing, quality improvement, volunteers
- Educate volunteers on this new initiative.
- Create a survey to capture data.
- Plan-Do-Check-Act (PDCA)

Gaps:

- Dependence on nursing for the correct list of patients
- Limited to a small number of volunteers
- Use of technology and the comfort level of volunteers
- LEP patients



Aligning to Values

Safety

Agility

Creativity



Empathy

Teamwork

Optimism

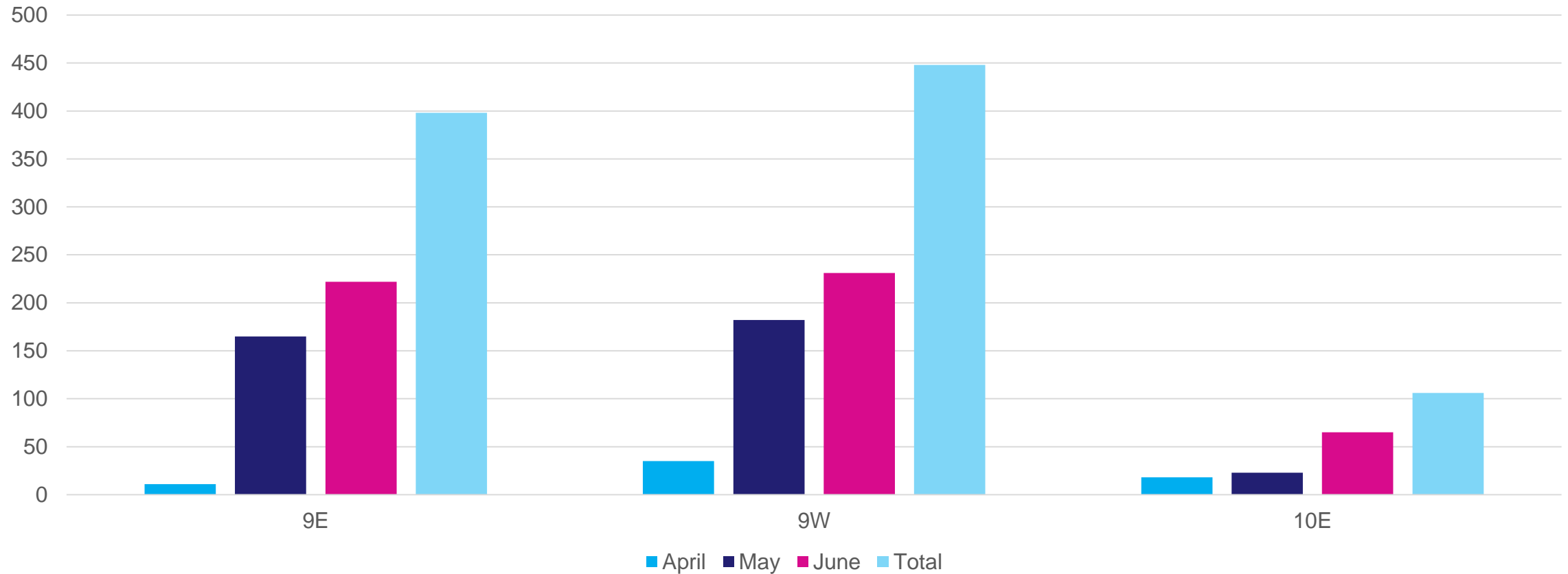
Transparency

Standard Work

		<h2>STANDARD WORK</h2>		
Process Name: Falls Reduction Program, 9E/9W/10E				
Date		8-Feb-23		
Authors: Amy Bush, Omar Camba, Michelle Dunn, Chelsea Brown, Maxiana Louis				
Step	Process Step Description	Person Responsible		
1	Volunteer checks in with Nurse Manager and asks for a list of patients recommended for fall reduction intervention (please see the Charge Nurse if NM is unavailable)	Nurse Manager/Charge Nurse		
2	Nurse Manager confirms all provided patients are appropriate for fall prevention intervention	Nurse Manager/Charge Nurse		
4	Volunteer retrieves "Fall Prevention Health Guide" handouts from the unit/volunteer services	Unit Secretary/Charge Nurse		
5	Volunteer to prioritize patients who are identified as " At High Risk for Falls with Injury " and checks in with these patients first	Volunteer		
6	Volunteer checks in on each patient -- identify yourself, provide fall prevention knowledge and intervention: <i>"Hi, I'm Chelsea and I'm a volunteer on the unit. I'm checking in on patients who are at risk for falls. Did you know you were identified as a falls risk?"</i> Point out the yellow wristband if the patient indicates they did not know, and provide the "fall prevention health guide" handout.	Volunteer		
7	If the patient's yellow " At High Risk for Falls with Injury " door tag/wristband is missing, inform the RN, who will place the missing item	Volunteer/RN/Unit Secretary		
8	Fall interventions to provide include: ensuring call bell is in a reachable position, pulling any necessary items within reach of the patient, offering to sit and talk, or providing a safe activity (cards, coloring, puzzles, etc)	Volunteer		
9	Practice hand hygiene before and after assisting a patient	Volunteer		
10	Check in with "High Fall Risk" patients frequently throughout your shift	Volunteer		
11	Conduct one last "round" on patients prior to shift completion to ensure call bell and all necessary items are within reach, and place patient information list in appropriate shredder box	Volunteer		
12	Complete end of shift survey documenting # of patients visited and the fall reduction interventions performed	Volunteer		

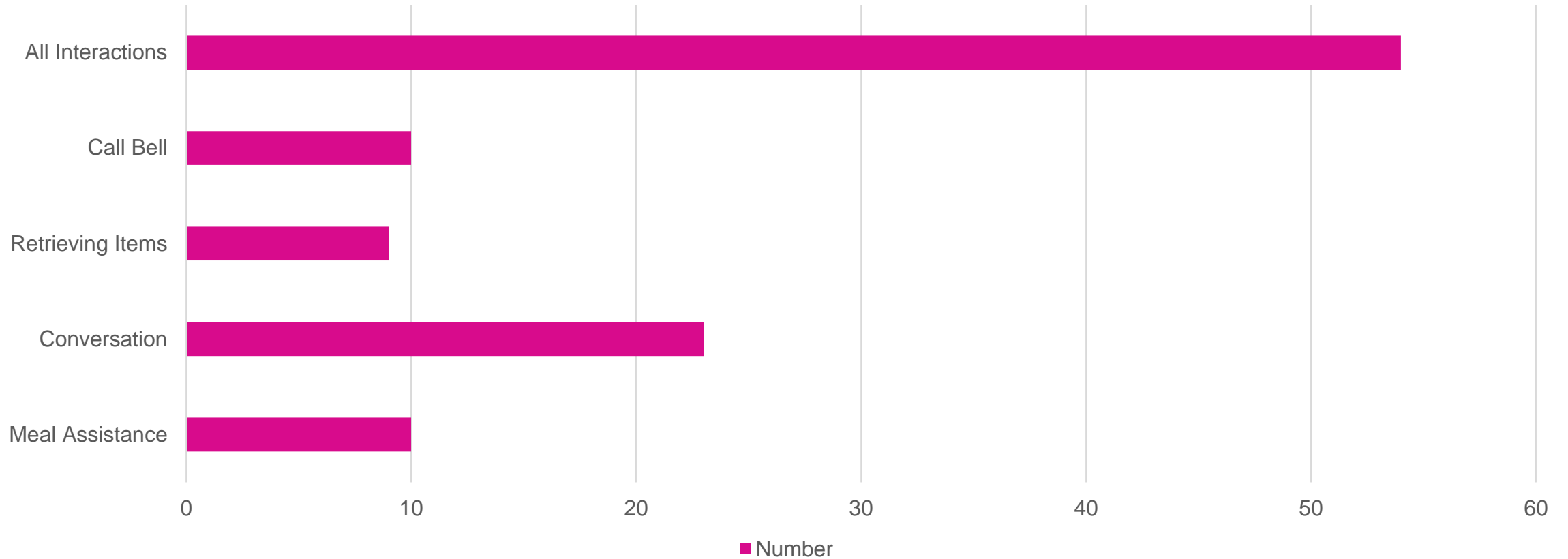
Pilot Program Data: April 2023 – June 2023

Volunteer Interactions with Patients: Monthly & Total Count



Pilot Program Outcomes, April 2023 – June 2023

Interactions Provided by Volunteers



Hospital Outcomes: Patient Falls

2022	April	May	June	Total
9E	5	6	5	16
9W	3	3	7	13
10E	0	2	2	4

2023	April	May	June	Total
9E	2	1	4	7
9W	0	1	0	1
10E	4	0	1	5

April – June 2022 and 2023

Pilot Program Outcomes

Comparing patient falls from April to December 2022 to April to December 2023:

9E: 56% decrease

9W: 92% decrease

10E: 25% increase

- We have a larger volunteer team on 9E/9W
- More consistency on 9E/9W
- Several 9E/9W volunteers are our fall champions (helping to train new volunteers, assisting with planning and revamping the program, etc.)

Pilot Outcome, April 2023 – June 2023

☐ Achievement

- **Exceeded goal:** Averaged 10 patients per volunteer per shift
- **Improved workflow:** Utilizing the electronic patient board for consistent list access
- **Added interactions:** Providing puzzles, playing music, lowering the bed, removing clutter from around the bed, playing board games, contacting a staff member for the patient (primarily the nursing staff)

☐ Challenges

- **Data Accuracy:** Need a more accurate data recording system.
- **Patient Scope:** Nursing leaders request that ALL at-risk fall patients be included, not just high-risk ones.
- **Educational Handout Implementation:**
 - Limited reach (only 19 patients received).
 - Accessibility issues (unclear location, volunteer discomfort, verbal summaries instead of handout distribution).
 - Difficulty seeing the materials due to font size.

Feedback from Volunteers

I talked to one patient about how important it was for her to stay in bed as not to trigger the alarm and keep her safe.

Some patients were asking for books or magazines they could read instead of watching TV.

One patient kept trying to get up to find her purse in a cabinet. We spent about 30 minutes trying to stop her from getting up. The nurse eventually gave her medication. Even after educating her about falls she refused to stay in bed.

Didn't receive a fall list - but I used the fall risk indications on the census located on the monitor

Not a fall risk list, but the charge nurse asked the nurses if they had any high-risk fall patients and I made a list of room numbers

No, I didn't receive a list, I just looked for the wristbands

Success Story

Sadie, a volunteer on 9E/9W, was visiting with a patient that expressed it would be very helpful if Mount Sinai installed bars on the walls of patient bathrooms, particularly on the Geriatric floors, to assist the patient in standing up safely from the toilet.

Sadie immediately escalated the comment to Volunteer Services. We shared the feedback with our falls partners, and the issue prompted an assessment of the bathrooms on Geriatrics by the Director of Injury Prevention, Director of Safety, Director of Nursing QI, Director of Rehabilitation, Occupational Therapy, and a Mobility Aide.

Recommendations included:

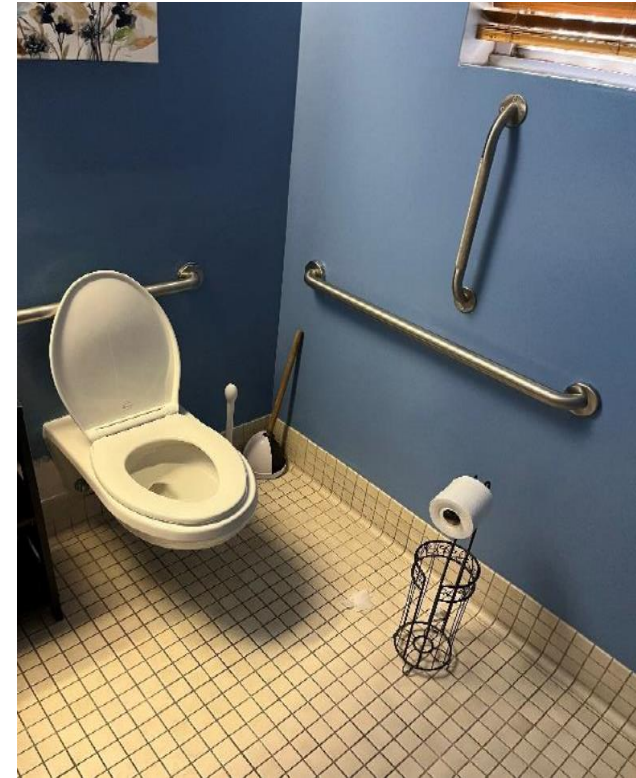
Relocate nurse call bell with pull cord to wall next to toilet with pull cord in reach of patient in sitting and standing positions

Replace toilet - seat height at 17.5 – 18.5”

Replace grab bar with 2 units with textured surface, 1 mounted horizontally, 1 mounted vertically

Success Story

Way to go, Sadie! This is a beautiful example of the power of teamwork in addition to a commitment to safety and quality. Sadie's intentional approach toward patient care and falls prevention provided hospital leadership with important patient feedback they perhaps wouldn't have otherwise received.



Where Are We Now?

□ Key Factors Influencing Our Program

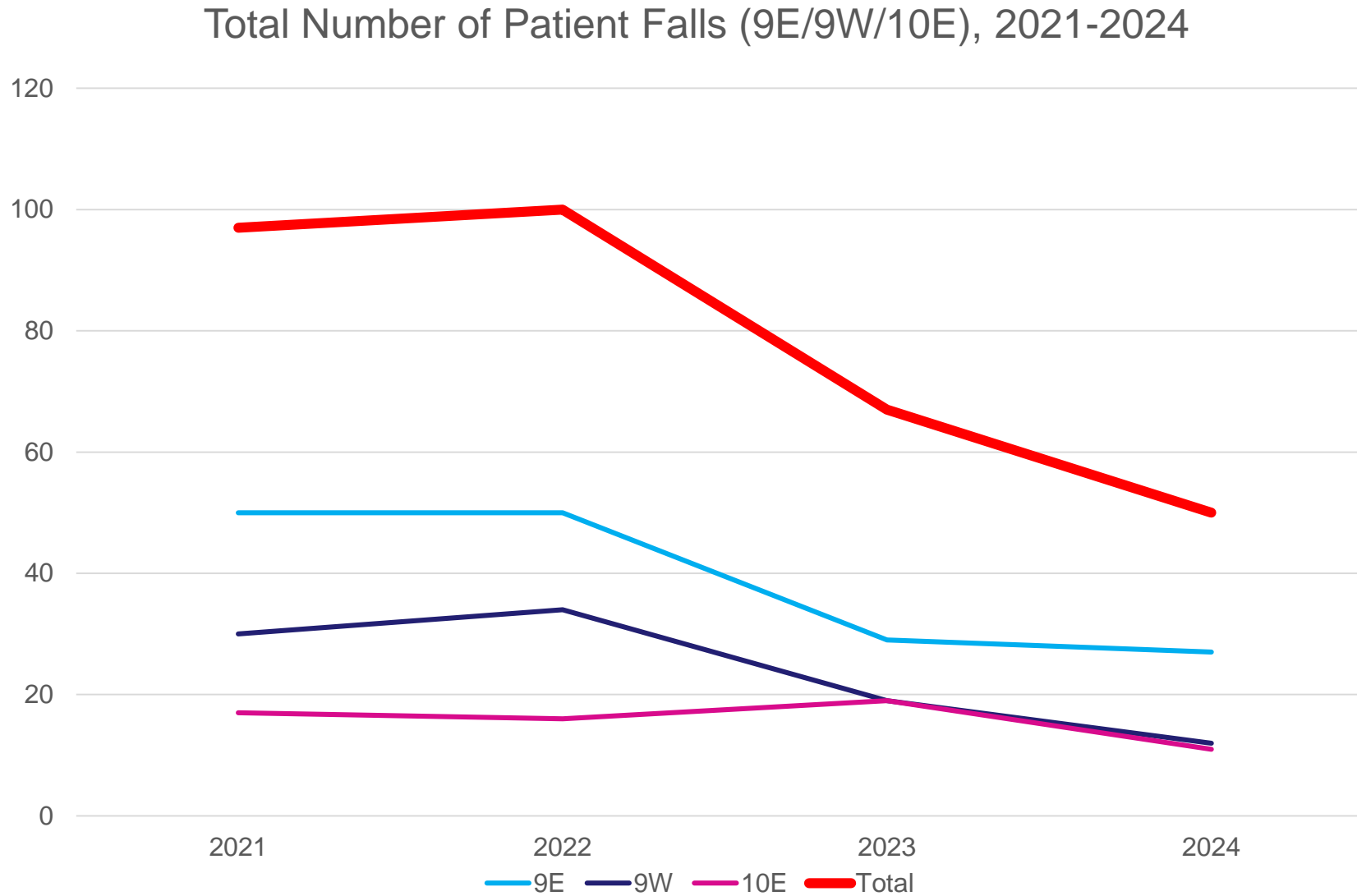
- Significant changes in Leadership in September of 2023
- The original strategic plan isn't currently active, but reducing falls will always be a goal of the hospital
- Staff turnover
- Volunteer turnover
- Still exploring the best way to tell our story to hospital leadership
- Addition of a part-time volunteer coordinator

Where Are We Now?

□ Recent Changes with the Fall Prevention Program

- Developed a new survey to enhance data accuracy and quality for future analysis
- Added units and departments
- Created a training module including presentations by nursing and physician
- Including all patients at risk for falls
- Recruited a volunteer interested in research and data collection
- Targeting recruitment of new volunteers by talking about this program
- Starting to look at data around patients with Limited English Proficiency (LEP) – data collection at the hospital level started in 2024

Patient Falls Data, 2021-2024



Thank You!
Questions?



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WEBINARS

- November 7 | The Evolving US Patient Experience Measurement and Reporting Landscape: What's Next for HCAHPS and Why It Matters
- November 12 | Moving from "Good to Great": Enhancing the Human Experience in Outpatient Care
- November 14 | Shaping a Human-Centered Patient Experience Across Interdisciplinary Teams

CONNECTION CALLS/CHATS

- November 6 | Patient Advocacy Community Connection Call: Effective Practices for Complaint and Grievance Recording and Reporting
- November 15 | PX Chat on PFA/PFACS: Revitalizing/Rebuilding



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