

## THA Falls Collaborative: Final Results

27 Tennessee hospitals completed a six-month collaborative focused on reducing falls in the inpatient setting. The falls collaborative, originally slated for a mixture of in-person and virtual meetings, was converted to a fully virtual format with the onset of the COVID-19 pandemic. Jackie Conrad, MBA, BS, RN, RCC™, Improvement Advisor, Cynosure Health was selected as national faculty for the falls collaborative due to her extensive background in falls prevention. TCPS staff had previously worked with Cynosure Health and various members of their staff throughout the Hospital Improvement Innovation Network (HIIN) including Jackie Conrad.

The majority of participating hospitals were acute care facilities but also include one long-term acute care, one rehabilitation, and one psychiatric facility. Following an informational webinar in June and recruitment in July, the collaborative kicked off in August 2020 and concluded in January 2021. This virtual collaborative consisted of 6 educational and sharing webinars along with 3 one-on-one coaching sessions with Jackie Conrad. The webinars allowed for overall education related to falls reduction as well as team sharing of implemented strategies, their progress, and future plans for sustainment and spread. These webinars were also a venue to spread innovative ideas such as video monitoring and working with vendors to adapt aids such as safety belts. The coaching sessions focused on assessment and tailored strategies to trial based on individual facility needs.

Key concepts shared and implemented included:

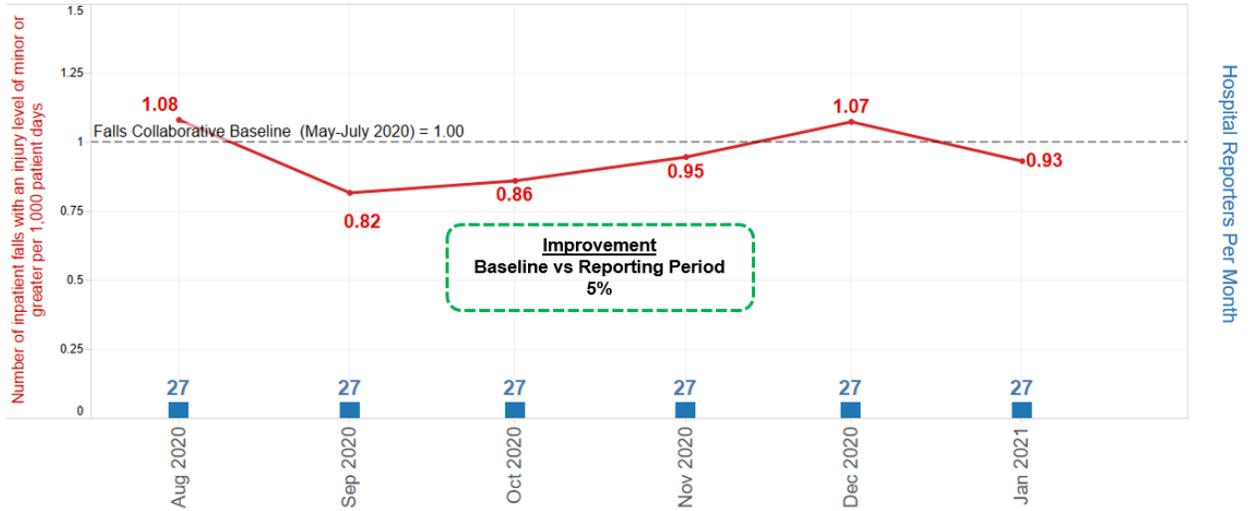
- Improving communication between all levels of staff and patients through rounding (bedside shift reporting, leadership rounding, multidisciplinary rounds).
- Leadership involvement during their rounds to reiterate falls risk based on communications with bedside staff regarding highest risk patients and strategies being implemented to prevent a fall.
- Injury prevention through assessment and segmenting populations at highest risk for a fall.
- Whole house approach to engage all staff members using “No Pass Zones” and enabling non-clinical staff to participate in fall reduction strategies.
- Safe mobility to preserve and/or improve function while focusing on mobilization and not just prevention of falls.
- Appropriate use of resources such as white boards, mobility/transfer equipment, bed/chair alarms, and protective devices (falls mats, hip protectors, helmets) as indicated.

Performance measurement utilized the standardized falls measures, inpatient falls with injury minor or greater, using National Database of Nursing Quality Indicators (NDNQI) and injury level definitions. Teams reported their measure data monthly using THA’s Report Distributor beginning in May 2020. The three-month period of May-July 2020 was used as the baseline. August 2020-January 2021 was the intervention period. Final data analysis demonstrated a 5% aggregate improvement among the collaborative. Of note:

- 13 teams showed individual improvement from their facility baseline.
- The collaborative collected facility level data and not unit-specific performance. Most participating hospitals selected one or two units as their focus for improvement. Teams were allowed the opportunity to share their unit level performance during the final two webinars, through their final report templates, and during their final coaching calls.
- Aggregate improvement was achieved during a worldwide pandemic with rising numbers of COVID-19 inpatients coupled with staffing and resource challenges.

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## Falls Collaborative Falls with Injury Minor or Greater - Event Rate August 2020 - January 2021



Numerator: Number of inpatient falls with injury level minor or greater  
 Denominator: Number of inpatient days in eligible/specific units during measurement period  
 Data Source: Tennessee Hospital Association's Report Distributor collection tool as of May 6, 2021  
 This information is prepared and protected in accordance with the Tennessee Patient Safety and Quality Improvement Act of 2011, T.C.A. 68-11-272.



TENNESSEE  
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PATIENT SAFETY

Participating Facilities = THA Falls Collaborative	
Ascension Saint Thomas Midtown Hospital	Regional One Health
Ascension Saint Thomas Rutherford Hospital	Riverview Regional Medical Center
Ascension Saint Thomas West Hospital	Saint Francis Hospital - Bartlett
Baptist Memorial Hospital Collierville	Saint Francis Hospital – Memphis
Baptist Memorial Hospital Memphis	Siskin Rehabilitation Hospital
Baptist Restorative Care Hospital	Southern Tennessee Regional Health System – Lawrenceburg
Bristol Regional Medical Center	Tennova Healthcare Cleveland
CHI Memorial	TriStar Skyline Medical Center
Franklin Woods Community Hospital	Trousdale Medical Center
Hardin Medical Center	Unity Psychiatric Care Columbia
Henry County Medical Center	University of Tennessee Medical Center
Livingston Medical Center	Vanderbilt University Medical Center
Maury Regional Medical Center	West Tennessee Healthcare Dyersburg
Nashville General Hospital	