

Early Recognition Saves! Identifying Changes and Preventing Falls

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INTRODUCTION

- Effective communication among ancillary staff (PCTs) during change of shift handover is a determinant and critical factor for patient safety.
- Miscommunication among care teams is identified as one of the root causes of sentinel events, especially falls with injury.
- The purpose of this quality improvement (QI) project is to target inconsistent fall risk communication, examine PCT knowledge of fall risk factors, and identify gaps in their practice regarding fall prevention.
- A structured, scenario-based simulation will be used where the PCTs will practice communicating report and recognizing the patient's behavioral cues. It is theorized that Sim training will be a successful education tool for skill development and knowledge learning ultimately resulting in a reduction in the incidence of preventable falls.
- 16 PCTs were audited while they gave report. 27% knew why the patient was admitted, 39% were able to identify fall risk factors and prevention strategies, 36% stated they discussed patient care needs with nurses.

OBJECTIVES

- Strengthen patient safety practices with an emphasis on fall prevention and situational awareness. The PCT will recognize warning signs of deterioration and increased fall risk; and identify patient specific fall risk factors – mobility limitations or altered mental status or medications such as diuretics that increase need to use the bathroom.
- Improve accuracy and consistency of shift change reporting using a standardized framework
- Increase understanding of common admission diagnoses and how they impact patient care priorities including mobility, cognition, and safety.
- Promote teamwork and communication between PCTs and nurses. PCTs and nurses will huddle to provide updates that include fall risk and safety needs.

METHODOLOGY

- Simulation Methodology includes participants understanding the expectations regarding learning in Sim, reviewing objectives, and clarifying the PCT role. This simulation structure involves a patient admitted with a diagnosis of chest pain who will need a STEMI; the patient will display increasing confusion and dizziness; attempting to get out of bed; and increasing difficulty completing ADLs. The patient's environment includes fall risk clues: the call bell is out of reach; the bed alarm is turned off; and 3 side-rails are down.
- The simulation will test the PCT's patient observation skills, ability to anticipate changes in the patient based on diagnosis and demonstrate a willingness to escalate changes to the nurse.
- A structured debrief model will be used, where the PCT's reactions to patient changes will be analyzed and discussed. The focus will be on clinical reasoning and not just actions taken. Questions used to guide the debriefing:
 - What did you notice about the patient?
 - What made you think the patient was a fall risk?
 - Why was the patient admitted and how did that matter for your care?
 - At what point would you decide to act or escalate your concerns?
- Feedback will be obtained from the participants regarding the effectiveness of simulation-based learning and from the standardized patient regarding reactions to his care.



NEXT STEPS

- The participants will leave the Simulation having a clear idea about next steps so that they translate what they practiced into everyday actionable behavior on the unit.
- Immediate practice is to identify and verbalize fall risk factors on assigned patients.
- PCTs will perform a quick room check regarding call bell, bed position, and assistive devices.
- PCTs will continuously check their patient during care and watch for subtle changes that could be a fall risk – mobility, balance concerns, increasing confusion, ability to perform their own care.
- PCTs will collaborate with nurses as soon as they feel something is off describing what they see, why they're concerned and what the patient was like before.
- PCTs will know the diagnosis of the patients in their care and connect the diagnosis to safety risks.

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