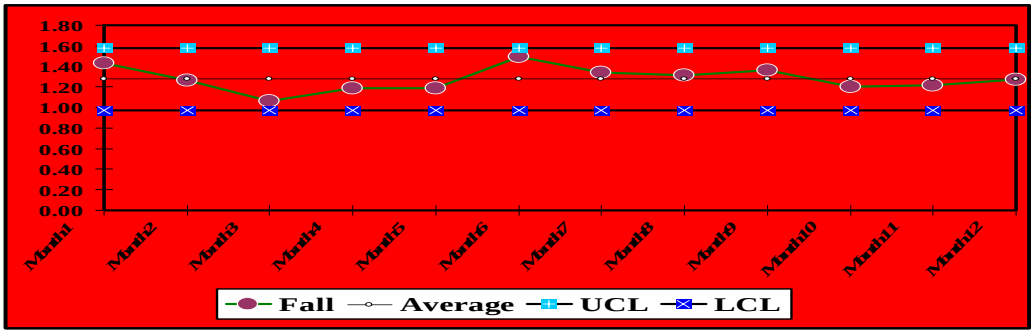
Safety of inpatients increased by reducing incidents of falls

Problem

A hospital had **common cause variation** incidents of patient falls, as shown by the control chart below.



- Falls Rate = Number of Falls Per 1000 Patient Days
- With Tradition CQI, the process is stable within 3 Sigma

The hospital faced

- Increasing liability premium with precarious claims reserve situation
- Nurse managers without a standard protocol to prevent falls, stopped addressing each incident on a case by case basis
- Patient and family complaints about safety

Approach

A Cost of Poor Quality **(COPQ)** assessment was conducted, including direct and indirect costs such as

- Loss in days for reimbursements due to ‘avoidable’ days
- Delay in bed turnover
- Hours worked by personnel to provide additional intervention
- Supplies costs for intervention
- Time to resolve complaints (fire fighting)
- Time spend to record and document (endless paper-work)
- Time to choose action item (mindless meetings)

The injuries were classified as three types: major, moderate and minor. The assessment revealed that per patient day for each incidence of Patient Fall the hospital incurred

$2307.58. A **Six Sigma** project was launched. The **improve** phase implemented solutions that included the following:

- Developed a scoring tool to assess risk daily
- Trained personnel to interpret and respond to the scores
- Piloted in 'most' effected inpatient units
- Simplified the reporting process of a 'fall' for review
- Provided more job ownership to the caregiver so they can act on a fall incident and quickly reduce the scope of injury
- Started an education program with families of patient to prevent falls
- Canceled all meetings to review falls

Results

Currently, per patient day for each incidence of Patient Fall the hospital incurs $420.43; with $3.08 MM in savings achieved in the first year.