Contestant E

Trillium Health Centre: Promoting Patient Safety through Falls Prevention and Least Restraint

Aim: To achieve measurable improvements in patient safety, clinical outcomes, and resource utilization through the implementation of an organization-wide falls prevention and least restraint program.

Measures:

1. Percentage of interprofessional team members receiving program education.
2. Percentage of new clinical staff receiving program education during hospital orientation.
3. Number of reported falls.
4. Number of injurious falls.
5. Restraint usage in general inpatient population.
6. Restraint usage in psychiatric inpatient population.
7. Annualized cost savings.

Changes:

Risk Assessment Tool: Development and implementation of risk assessment tool and individualized care plan.

Bullet Rounds: Discussions regarding patient risk are now embedded in unit interprofessional team rounds.

Guidelines for Referrals to Team Members: As a direct outcome of scope of practice discussions, criteria were developed for each discipline's involvement with patients at risk for falls.

Patient Education Brochures: Patient education brochures were developed and are distributed to patients and families on admission which highlight the importance of falls prevention while in hospital. The brochure has been translated into other languages to begin to meet the diverse needs of patients admitted to Trillium Health Centre.

Logo Sticker: Development and utilization of a logo sticker quickly alerts health care providers that a patient is at high risk for falls. 

Principle & Protocol Development: Development of a system-wide falls prevention and least restraint principle and protocol which includes decision trees and flow diagrams to aid clinicians in decision-making.

Documentation Tool: Development of a one-page documentation form which encompasses physician's order, consent, stop date, rationale for restraint, alternatives trialed, frequent monitoring, and nursing care provided.

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Changes (continued):

Intranet Website Development: Development of an intranet website facilitates dissemination of the evidence-based program to support practice change.

Beds: Specialized low beds with exit alarms were purchased to maximize a safe environment for all patients.

In House Product Management: Partnership with materials and facilities management created significant process improvements for laundry, inventory management, and least restraint product selection.

Results:

- Physical restraint products are now standardized and selection of non-approved products is prohibited through system improvements with materials management. This has resulted in annualized cost savings of $50,000.
- System processes have been implemented within health records to enable accurate and reliable coding for all patients requiring physical restraint use.
- A decrease in injurious falls (6 injurious falls in 2006 and 1 in 2007 as of September 18)
- 1000 health professionals at Trillium Health Centre (80% of full time clinical staff) have attended educational sessions regarding falls prevention and least restraint over a 6 month period resulting in:
    - rapid identification of patients at high risk for falls
    - increased quality of documentation
    - increased incident reporting through Risk Monitor Pro®
    - appropriate selection and use of least restraint products
    - Increased referrals to Seniors' Health Internal Consult Team for complex patient care issues
    - program alignment with provincial legislation[1] and professional standards[2]

[1]Patient Restraints Minimization Act (2001). [on-line]. Available at: http://www.gov.on.ca/MBS/english/publications/statregs/index.html

[2] College of Nurses (2005). Restraint Practice Standard. Toronto, Ontario.

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Results (continued):

- 100% of newly hired health professionals receive education regarding the Safe Step & Least Restraint program during hospital-wide orientation.
- The intranet website is fully operational and provides health professionals at Trillium Health Centre with timely access to current information regarding best practice resources in the care of patients at risk for falls and physical restraint use.

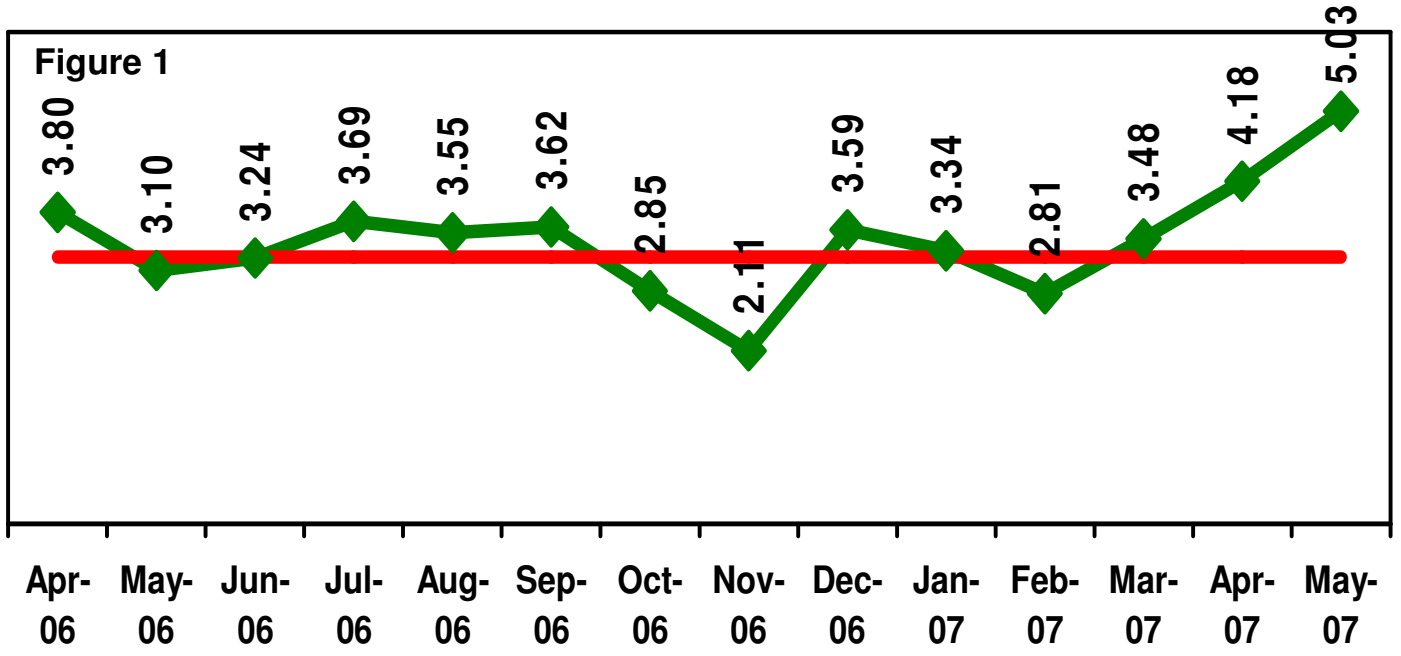
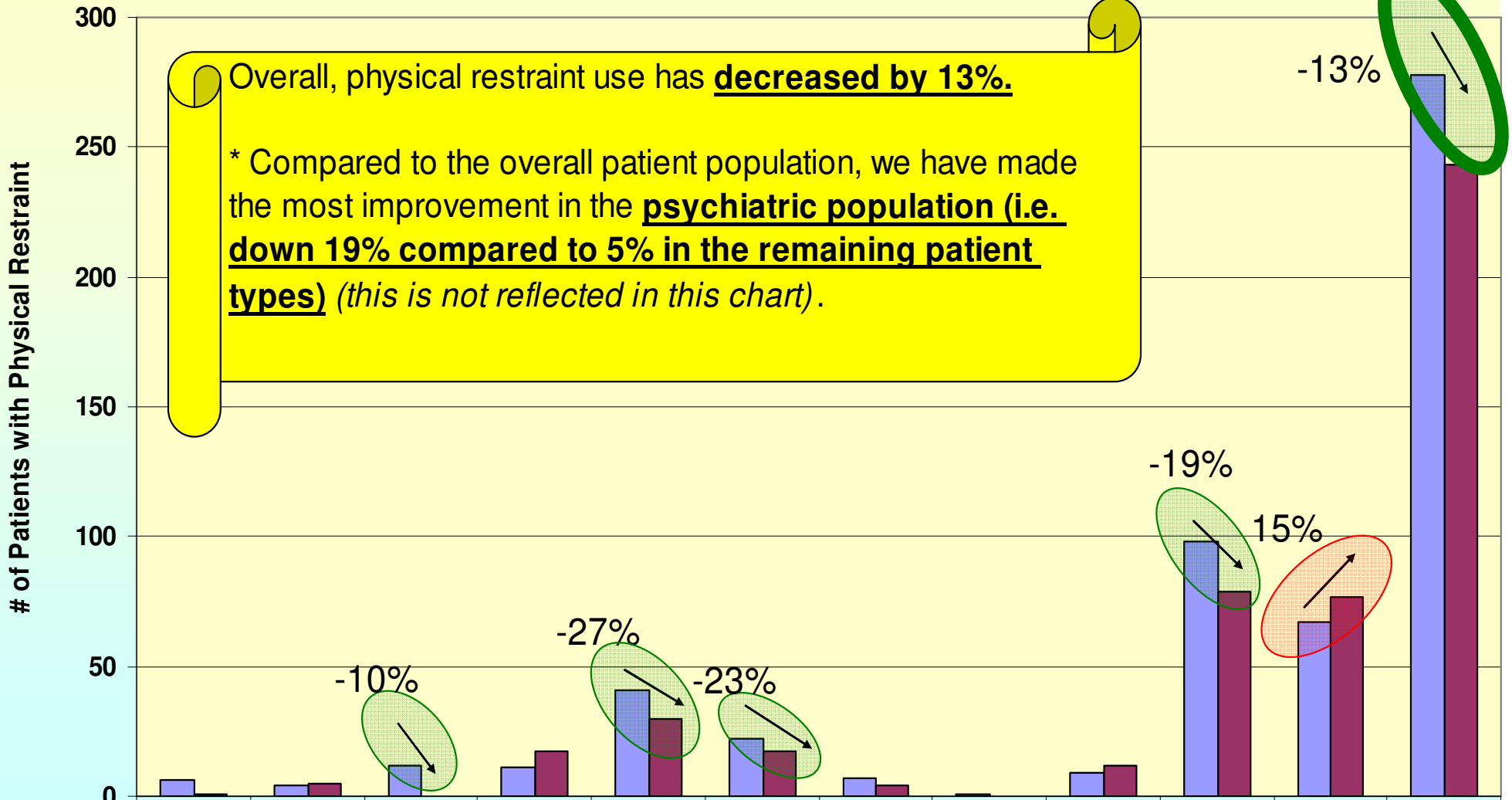


Figure 1: Falls per 1000 patient days at Trillium - During April 2006 to March 2007 the falls rate was 3.26. Implementation of the Safe Step program (April 2007 and May 2007) resulted in a significant increase in the reporting of fall incidents from the same time last year. This increase was expected[3] and achieved a program goal of encouraging the reporting of adverse patient events within a culture of patient safety.

[3] Leape, L. (2002). Patient safety: Reporting of adverse events. *N Engl J Med*, Vol. 347, No. 20, 1633-1638.

Physical Restraint Use by Clinical Area
Nov. 2005 - Mar. 2006 vs. Nov. 2006 - Mar. 2007
(Includes: Inpatient, Emergency and Complex Continuing Care Patients)



	Cardiac	CCU	Geriatric Mental Health	ICU	Med	Neuro	Ortho	Peds	Surg	Complex Continuing Care	ER (Outpts)	Grand Total
2005/06	6	4	12	11	41	22	7	1	9	98	67	278
2006/07	1	5	0	17	30	17	4	0	12	79	77	243

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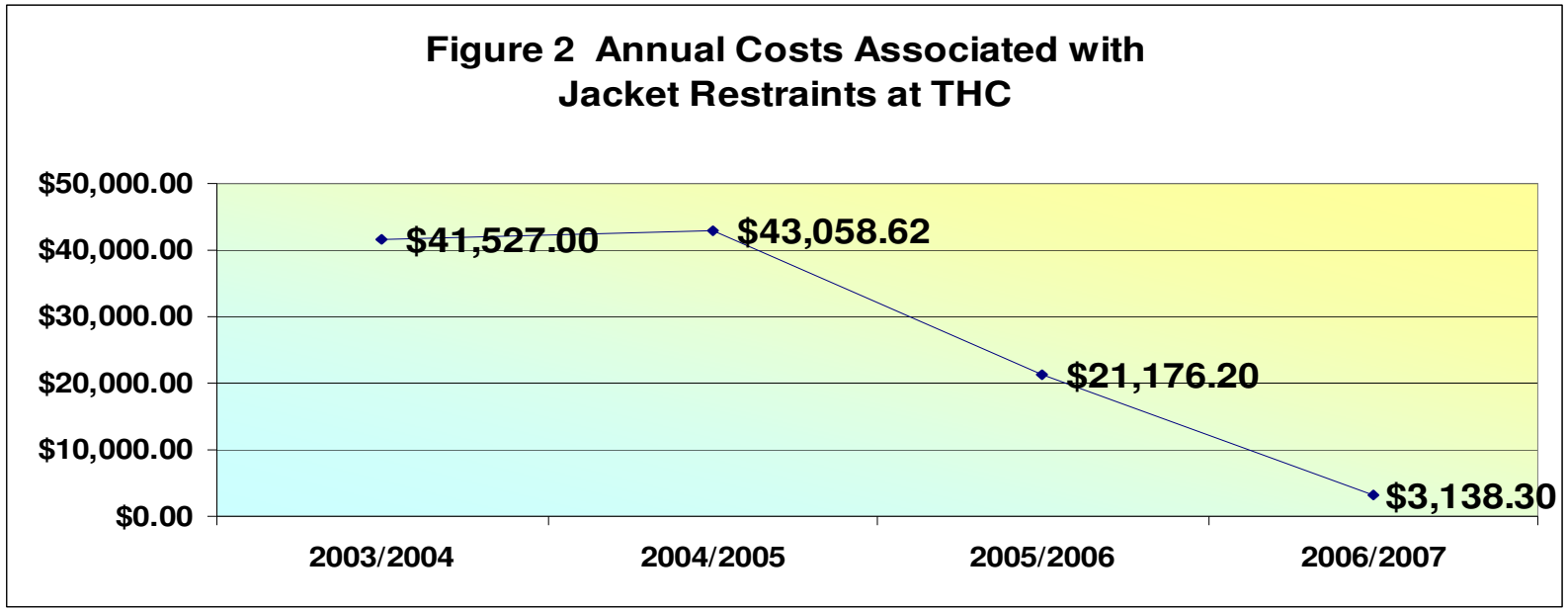

Figure 2: Annual Costs Associated with Jacket Restraints at Trillium - Significant cost savings were realized after process improvements related to jacket restraint usage were implemented in November 2005.

Lessons Learned:

- Strong corporate support enables continued education, staff development, and resources required to successfully implement and sustain best practices.
- Relationships and partnerships are necessary to support and sustain change across the continuum of care. Change agents can enhance these associations by:
  - being visible and available for on-unit support throughout program implementation.
  - involving the entire team, including unit clerks and hospitality associates, in the process.
  - strengthening relationships with clinical leaders and clinical educators on each unit.
  - delivering timely feedback after conducting process and outcome audits.
  - fostering external partnerships with the LHIN, hospital vendors and community groups.

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