C A P T U R E **Falls**

Collaboration and Proactive Teamwork Used to Reduce

Nebraska Healthcare Quality Forum

May 9, 2013

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Conducting Effective Fall Risk Reduction Team Meetings

CAPTURE Falls Funding Statement

This project is supported by grant number R18HS021429 from the Agency for Healthcare Research and Quality. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality.

Objectives

- Introduce fall risk reduction teams as patient safety coordinating teams
  - Interdisciplinary approach to fall prevention
  - Coordinate fall prevention policies and interventions
- Discuss the characteristics of effective fall risk reduction team meetings
  - Meeting structure
  - Member participation in meeting
  - Discussion content and quality
  - Organizational learning

Fall Risk Reduction Teams

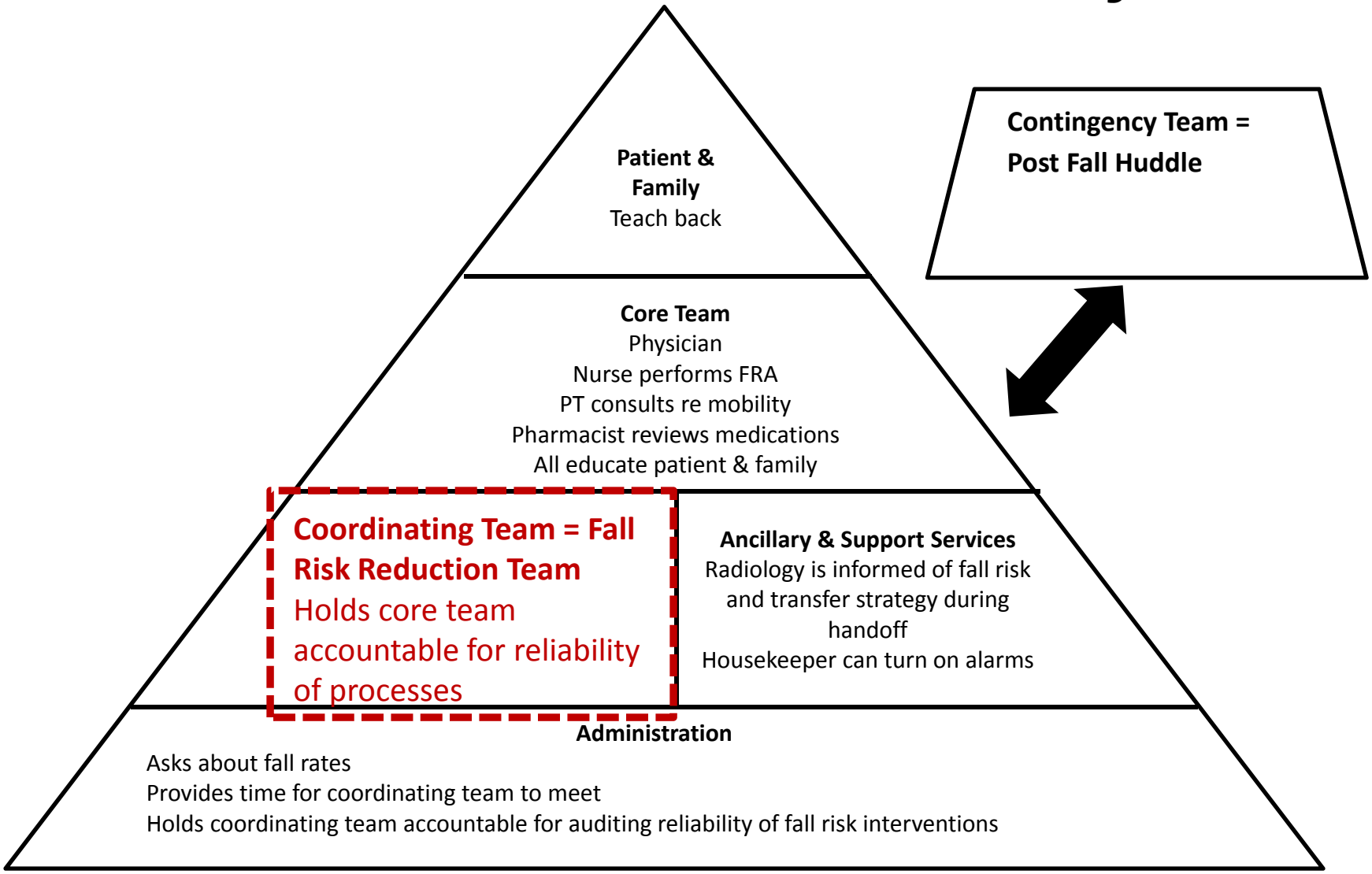
An Interdisciplinary Approach to Patient Safety Coordination

Interdisciplinary Fall Risk Reduction Teams

- Fall risk has been reduced in studies where interprofessional team members were actively engaged in fall risk reduction efforts (Gowdy & Godfrey, 2003; Szumlas, Groszek, Kitt, Payson, & Stack, 2004; von Renteln-Kruse & Krause, 2007)

- An interprofessional team (vs. nursing only strategy) and use of benchmarks are associated with sustained improvement (Sulla & McMyler, 2007; Krauss, Tutlam, Costantinou, Johnson, Jackson, & Fraser, 2008; Murphy, Labonte, Klock, & Houser, 2008)

Fall Risk Reduction Multi-Team System



Fall Risk Reduction Teams and Fall Rates

Reduced injurious and total fall rates when:

- A fall risk reduction team is accountable for the fall risk reduction program and outcomes
- These teams frequently integrate multidisciplinary evidence
- The fall risk reduction team engages in reflexive behaviors

Fall Risk Reduction Team Perspectives on Fall Risk Reduction

Key findings

1. Need for better communication within and across departments
2. More accountability for fall risk reduction processes and outcomes
3. Need for active reflection on fall data and outcomes
4. Not enough time…

Fall Risk Reduction Team Meetings

Best Practices in Meeting Structure and Design

Meetings are an Organizational Tool

What is a meeting?

Purpose and Desired Outcomes:

1. Communication and information sharing
2. Problem solving
3. Decision making
4. Education and training
5. Action planning
6. Socializing

Reality of Meetings

Over 50% of meeting time is often wasted or misused (Mosvick & Nelson, 1987)

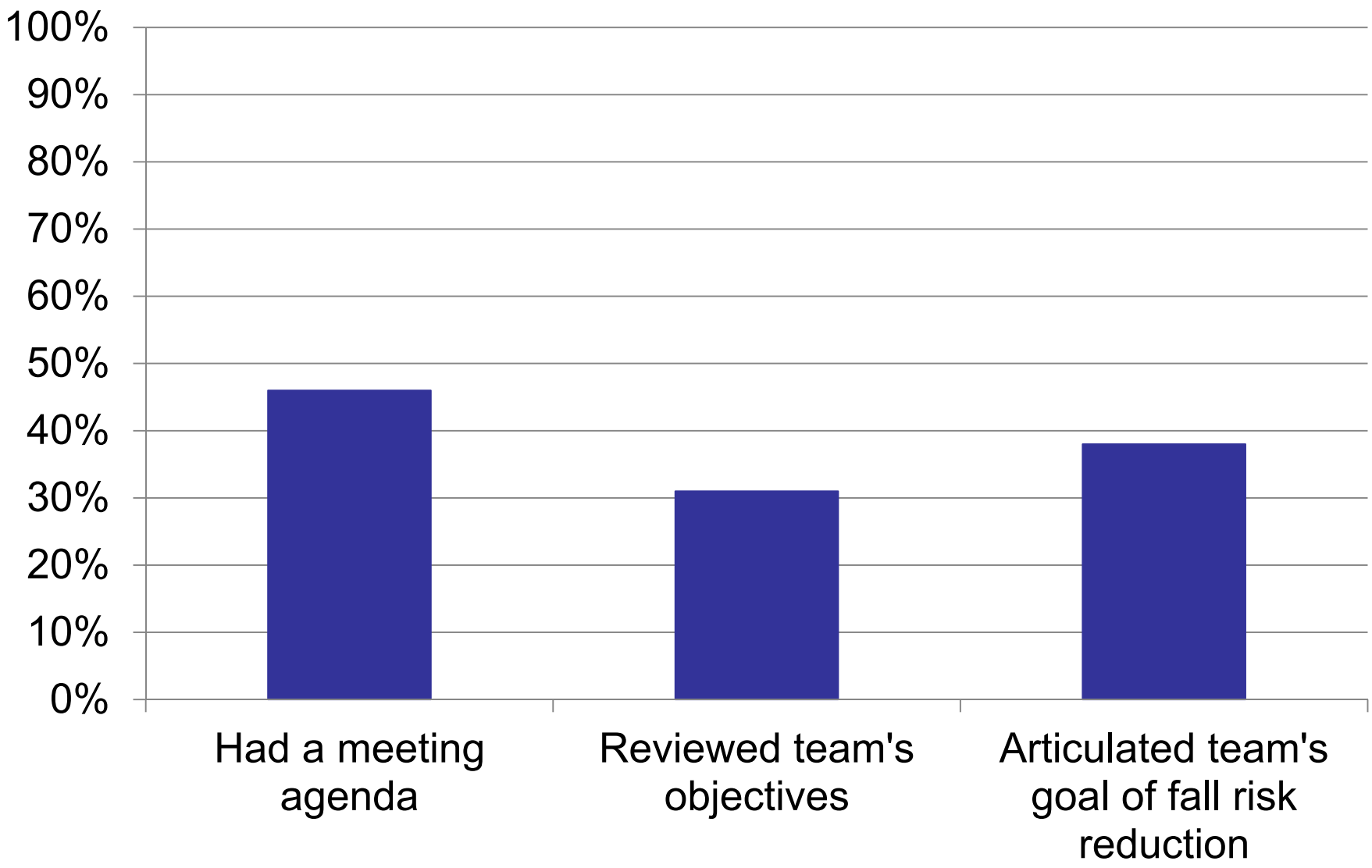
- Lost time, effort, resources (Allen, Rogelberg, & Scott, 2008)
- Perceptions of meeting effectiveness is directly related to how satisfied individuals feel about their job (Rogelberg, Allen, Shanock, Scott, & Shuffler, 2010; Rogelberg, Leach, Warr, & Burnfield, 2006)

Components of Effective Fall Risk Reduction Team Meetings

- Meeting structure
- Team member participation in meeting
- Meeting discussion content and quality
- Organizational learning

MEETING STRUCTURE

- The way in which a meeting is designed is critical to conducting and executing successful meetings (Niederman & Volkema, 1999)
- How do we design and structure our fall risk reduction team meeting?
  - Formal meeting agenda
  - Meeting minutes
  - Starting and ending on time
  - Meeting leader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Had a meeting agenda
Reviewed team's objectives
Articulated team's goal of fall risk reduction

Meeting Agenda

Communicates the meeting purpose and structure

- Where and when is the meeting?
- What are our agenda items?
  - What must we discuss in this meeting? In what sequence?
  - What are the goals and objectives of our team?

Provide agenda before the meeting to maximize efficiency (Rogelberg, Scott, & Kello, 2007)

- Encourages meeting preparation
- Increases attendee meeting satisfaction (Cohen, Rogelberg, Allen, & Luong, 2011)

Capture Agenda
Meeting Date
8:00-9:00
Meeting Room

1. The meeting will begin with a Conference Call with Katherine Jones and her team.
2. Follow-up discussion from patient fall, lessons learned.
3. Magnets - QI
4. Delirium bags - OT
5. Side rail pads - PT/QI
6. Floor mats - Care Coordinator
7. Fall Risk Assessment and Prevention Audit - RN
8. Comments from RN's presentation to Nursing staff – RN
9. Therapy's flow chart – PT/OT
10. CIMRO Quality Conference
11. Next steps
12.

UPCOMING MEETINGS:

March 13 – Webinar #4 - 10:00-11:00 in the Meeting Room
March 26 – Monthly Call – 2:00-3:00 in the Meeting Room
April 9 – Monthly Team Meeting - 8:00-9:00 in the Meeting Room
April 23 – Monthly Call - 2:00-3:00 in the Meeting Room
May 7 – Monthly Team Meeting – 8:00-9:00 in the Meeting Room
May 28 – Monthly Call – 2:00 – 3:00 in the Meeting Room

Meeting Minutes

- A record of meeting activity and progress
  - Communicates importance of meeting activity (Leach, Rogelberg, Warr, & Burnfield, 2009)
  - What did we discuss, update, or make decisions about?
  - What action is required, by whom, and by when?
    - Increase likelihood that attendees will honor agreements made during meeting (Tropman, 1996)
- Facilitates future activity, such as action planning and agenda development (Leach et al., 2009)

Capture Minutes
Meeting Date
8:00-9:00
Meeting Room
Team Members Present: RN, Care Coordinator, Pharmacist, OT, VP Clinical Services, Dietician, QI

1. The meeting began with a Conference Call with the CAPTURE Falls team. They reviewed the Senior Leader and Falls Reduction Team Interview Summary. QI shared our progress including a recent fall that had occurred in our facility.
2. **Follow-up discussion from patient fall**, lessons learned.
   The following was identified by the team as potential events that led to the fall:
   1) New staff member using the FRASS tool- patient not scored appropriately; therefore the proper interventions were not in place.
      Education on use of the FRASS tool and interventions will be shared at the nurse's meeting in April.
   2) No evidence of appropriate footwear used
      Proper footwear addressed after the fall.
   3) The team had mistakenly placed the intervention "bed alarms on for anyone without independence orders" in the moderate risk category.
      This is now a universal precaution.
      After the fall, bed and tab alarms were put into place.
      Patient was educated also.
   4) A commode was placed in the patient's room for toileting.
3. **Magnets** – QI will check with Community Member to see if he can make the custom magnets we have discussed using. A CAPTURE Falls Collaborator informed us of a printing company in Imperial which also produced magnets for a hospital in the project.
4. **Delirium bags** - OT will purchase items and place them in a large plastic container. Nurses will be able to choose items for patients at their discretion. These items will be sent home with the patient for them to keep.
5. **Side rail pads** - PT/QI reported PT could not find compelling evidence one way or another for the use of side rail pads. At this time we will remove this item from our high risk interventions.
6. **Floor mats** – Care Coordinator reported we received a donation of 5 floor mats from one of our suppliers. We have purchased 1 more and will want to purchase another mat to maintain an even number.
7. **Fall Risk Assessment and Prevention Audit** - RN reported the recent results of her audit. She reported and increase use of yellow stickers on armbands. She stated we need to provide further education to nursing staff and remind them to ask the history of falls question when a patient presents to ER.
8. **Comments from RN's presentation to nursing staff** – Nursing staff meeting was canceled in March. RN will present at April's meeting.
9. **Therapy's flow chart** – PT/OT - The team was shown a flow chart that will be used by PT/OT to help their staff consistently perform the correct screening verses assessment on patients who fall into the appropriate fall risk categories.
10. **CIMRO Quality Conference** - RN will help Collaborator tell our story at the CIMRO Quality Conference in LaVista on May 9th. Thanks RN!
11. **Next steps**: QI will ask Staff Member to remind her staff to lock chairs and beds after they clean the patient's room. QI asked Staff Member to investigate the difficulty of engaging the locks on the patient care chairs. The team discussed producing an educational pamphlet for patients and their families on falls and fall prevention. We will also put up a visual reminder/celebration for our patients, patient's families and staff of number of days since our last in- patient fall. This could be updated by the night shift floor staff. The team also discussed ways to incorporate goals and celebrations into this program. Discussed if we could have an April Fall's Day kickoff. We will work on this.

UPCOMING MEETINGS:
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Respectfully submitted,

QI Team Member

Meeting Time

Implications of starting and ending on time (Leach et al., 2009)

- Prevents wasting time
- Encourage punctuality
- Allow attendees to schedule meetings around their work tasks – meetings become less disruptive
- Promotes value of the meeting

Attendees find meetings to be more effective when they start and end on time (Cohen et al., 2011)

Meeting Leader

Leader behaviors influence meeting satisfaction and productivity (Carlozzi, 1999; Malouff, Calie, McGrory, Murrell, & Schutte, 2012)

- Direct the meeting pace, direction, and attainment of meeting objectives
- Encourage participation and decision making
- Summarize decisions made

Who should lead the meeting?

- Clarify roles of leaders and participants (Rogelberg et al., 2007)

MEETING PARTICIPATION

- Who attends and participates in the fall reduction team meeting?
- What experiences and information does each member bring to the meeting?

Meeting Participation and Involvement

Meeting design characteristics directly affect meeting participation and involvement (Leach et al., 2009)

Teams that constructively interact to problem solve and action plan in their meetings are (Kauffeld & Lehmann-Willenbrock, 2012)

- More satisfied with meetings
- More productive
- Contribute to organizational success

Interdisciplinary Fall Risk Reduction Team

- QI/Risk/Patient Safety
- Nursing
- PT/OT
- Pharmacy
- Physician
- Dietician
- Housekeeping
- IT
- Facilities
- Laboratory
- Radiology
- Other

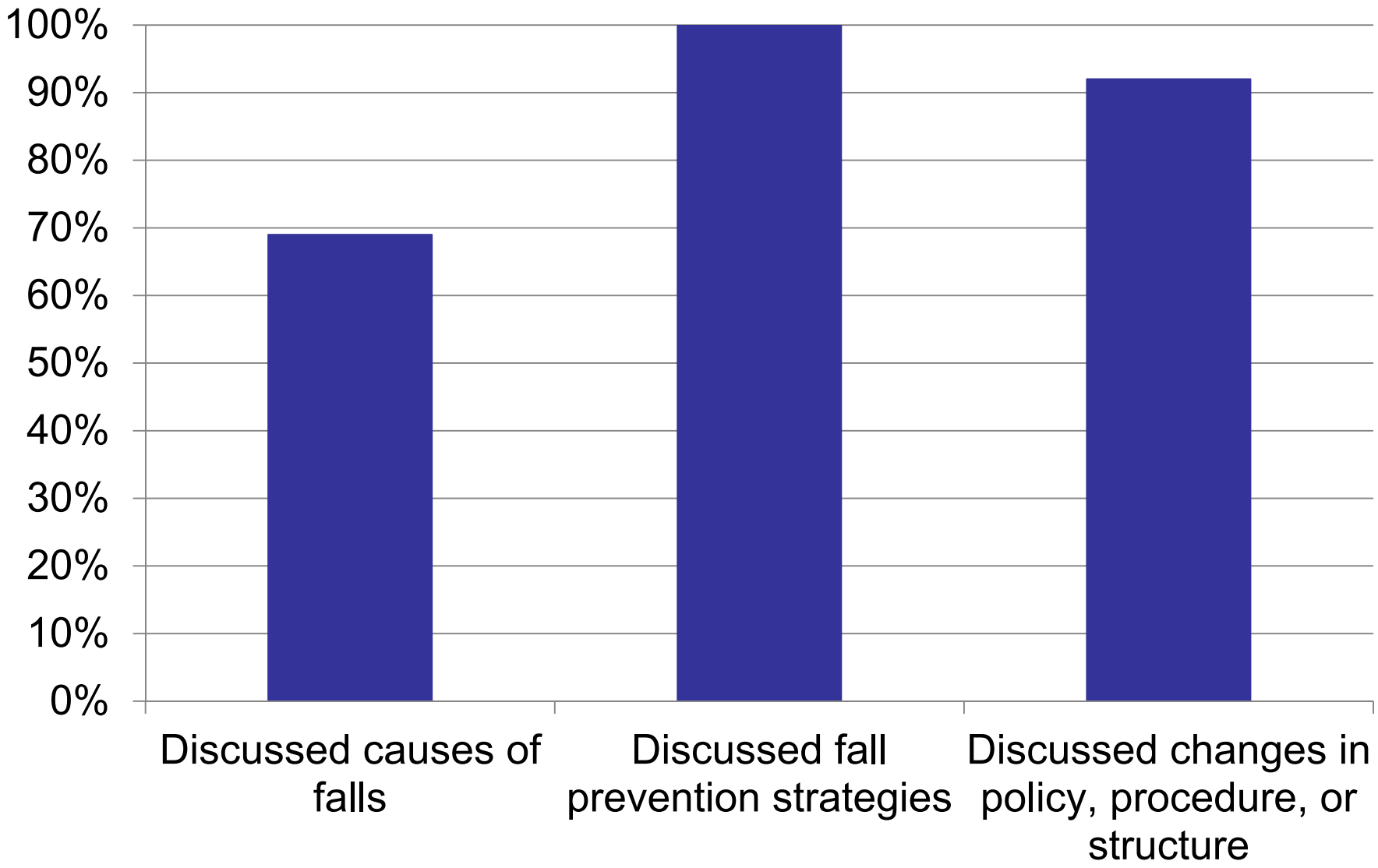
Interdisciplinary Team Communication

- Team members often fail to share unique information and perspectives (Stasser & Titus, 1985, 1987)
  - Poor communication; lack of participation

- Effective team meetings
  - Create an open, learning focused atmosphere
  - Emphasize the unique expertise each member brings to the team
  - Encourage sharing and integration of information

MEETING DISCUSSION QUALITY

- What do we discuss to fulfill the purpose of our meeting?
- What evidence do we integrate in our discussions?
- How do our discussions contribute to fall risk reduction progress and organizational learning?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Discussed causes of falls
Discussed fall prevention strategies
Discussed changes in policy, procedure, or structure

Meeting Content and Discussion

- Fall policies and procedures
  - Fall risk assessments
  - Targeted and universal interventions
  - Fall documentation and reports
  - **Education, training, and evaluation**

Meeting Content and Discussion

- Fall reports and rates
  - Causes of falls
    - Individual and aggregate root cause analysis
  - What types of errors? (MacPhail & Edmondson, 2011)
    - Task, judgment, coordination, system
  - **Education, training, and evaluation**
- Fall prevention strategies
  - Universal, targeted
  - **Education, training, and evaluation**

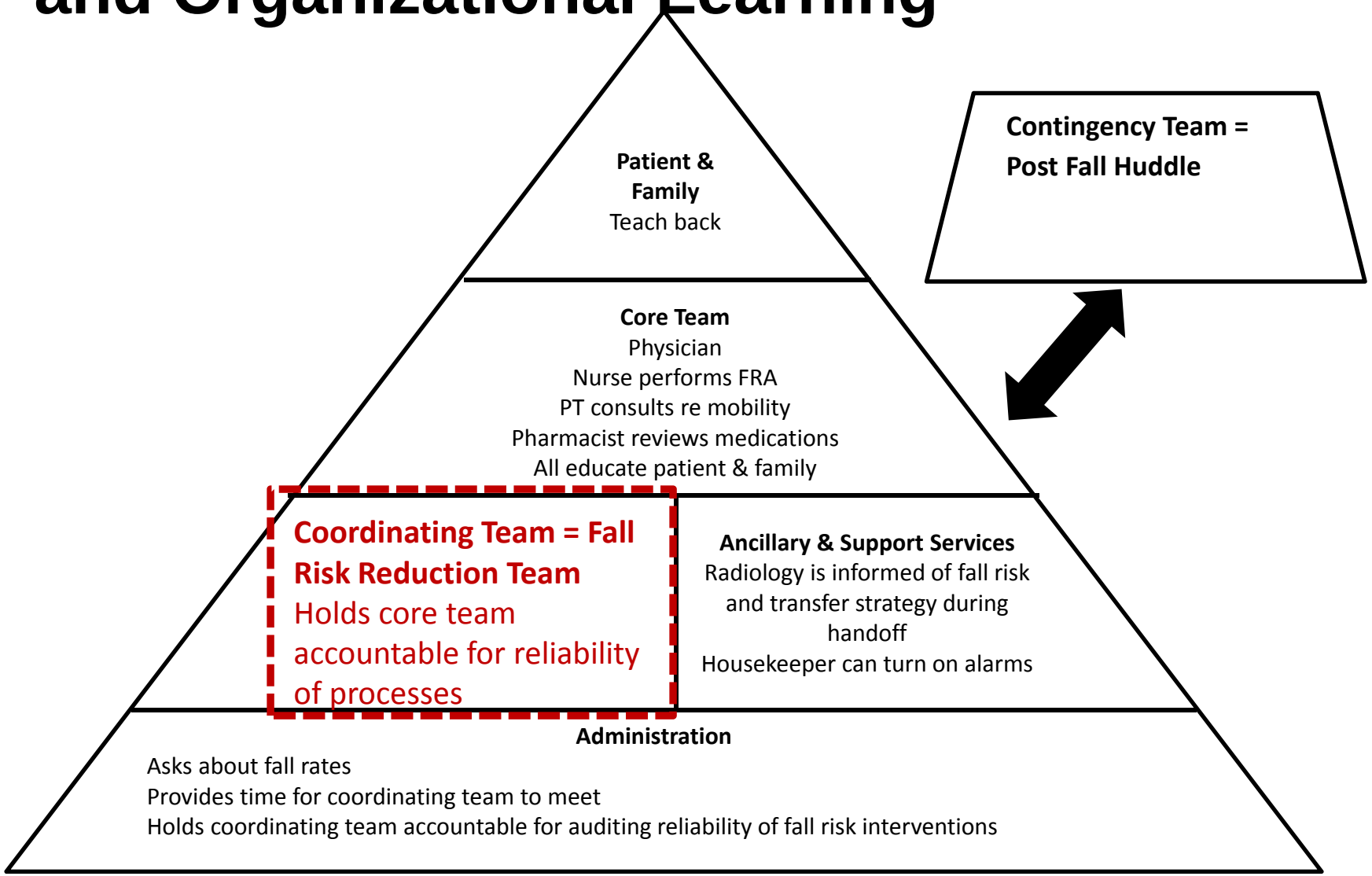
Meeting Content and Discussion

- Ongoing and new activities and interventions
  - Standing agenda items
  - Action planning
  - Progress updates
  - **Reflections on education, training, and evaluation**
    - How to educate and communicate to staff?
    - How will we ensure the changes are implemented?

Fall Risk Reduction Team Meetings and Organizational Learning

Teams are more likely to learn from errors and mistakes and adapt their actions to minimize future risks when they reflect on outcome data, and the policies and procedures that produced those outcomes (De Dreu, 2002)

Fall Risk Reduction Multi-Team System and Organizational Learning



SUMMARY

- Fall risk reduction teams are patient safety coordinating teams
- Well-structured and designed fall risk reduction team meetings:
  - Establish clear and effective fall risk reduction policies and interventions
  - Improve fall risk reduction practices and increase organizational learning
  - Reduce and sustain low fall rates

Questions?

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CAPTURE Falls

Collaboration and Proactive Teamwork Used to Reduce

http://unmc.edu/patient-safety/capturefalls/