



# READY4SURVEY

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## What is PI?



As part of the ongoing effort to prepare staff for the upcoming Joint Commission accreditation survey, upcoming issues of *Ready4Survey* will focus on various departmental improvement projects, also referred to as Process Improvement (PI).

PI is the proactive task of identifying, analyzing and improving upon existing processes within an organization for optimization and to meet new standards of quality. When The Joint

Commission (TJC) surveyors visit McLaren Lapeer Region Fall 2017, employees may be asked what PI projects their department and/or hospital are doing.

As previously stated, upcoming issues of *Ready4Survey* will highlight various hospital-wide and department specific PI projects. In this issue, the McLaren Lapeer Region (MLR) Fall Prevention/Reporting Process will be examined.

## Spotlight on the MLR Fall Prevention and Reporting Process

**Q: What type of PI is your department doing?**

A: Following information may be used to formulate your answer.

Policy #12:22:097

Fall Prevention reveals the nuances of MLR's fall prevention strategy. This policy is used to help guide staff to evaluate and determine the level of fall risks for all patients, implement safety precautions/interventions for patients based on criteria for low to high risk and to improve the prevention and management of falls.

Within the policy, details are included about fall risk assessment—how fall risk is determined, appropriate

interventions for assessed risk and processes when a fall occurs.

Implemented safeguards hospital wide include call lights within reach, patient orientation to room, bed controls and call light system, bed/stretcher at lowest level, brakes on beds are engaged, appropriate use of side rails, SBAT, personal care items within reach, non-slip footwear, room and walkways are free of environmental hazards, gait belts and transfer equipment, early mobilization with needed ambulation aids, Posey Lap Belts for chairs, sensory aides as needed, night lights or supplemental lighting and fall/safety education to patients and families.

As fall risk assessment increases various other interventions can and should be implemented as necessary. Documentation of fall precautions should be documented in the patient's electronic medical record (EMR) and nursing documentation every shift should reflect these safety measures as well. Nursing staff is educated and trained on fall related issues and equipment at hire and as needed.

When responding to falls, staff should know to dial 3333, state "Code Falling Star" and the location of the fall. By design, a multi-disciplinary response team including unit staff, floor manager/nursing supervisor and the nurse caring for the patient should be in attendance.

# Fall Prevention/Reporting Process (continued)

A head to toe nursing assessment should be performed prior to moving the patient. Once the patient is safely attended to and their immediate needs have been met, a post-fall huddle should be held as soon as possible.

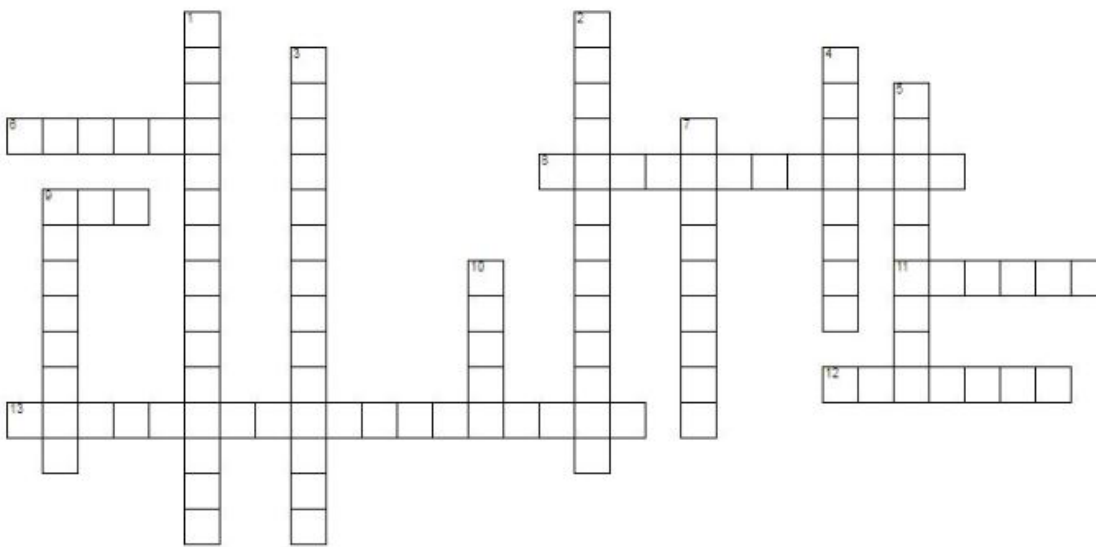
It is the primary nurses' responsibility to notify the nurse manager/supervisor, physician and family. The staff member who witnessed the fall should complete an incident report via SafetyFirst. This electronic form of reporting was implemented in August 2015.

Once the incident is reported, pharmacy reviews the affected patient's medications as well as continued follow-up from administration if the fall created a significant injury to the patient. This includes reporting to the Administrative Safety Huddle and a review from the Falls Committee on a regular basis. Falls will also be reviewed at the monthly Nursing Quality Committee and a Root Cause Analysis (RCA) may be performed if necessary.

Employees are encouraged to familiarize themselves with various PI projects, both hospital-wide and department specific, so they may speak to them with confidence.

For information on additional PI projects, be on the lookout for future issues of *Ready4Survey*, a publication designed to reinforce employee knowledge and confidence in preparation for TJC accreditation.

## Fall Prevention Process Improvement



Complete the puzzle and turn it into the Marketing Department by July 15 for a chance to win a prize!

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Phone: \_\_\_\_\_

### Across:

- 6) Done ASAP after a fall
- 8) Person ultimately responsible for reporting to manager, physician, & family
- 9) Should always be in the low position
- 11) Should always be in the position, unless transporting
- 12) Staff member who should enter information into Safety First
- 13) What this project is called?

### Down:

- 1) An employee should dial 3333 and say this
- 2) Steps which are taken to ensure patient safety
- 3) Performed on every patient
- 4) Nursing will do this every shift to reflect safety measures and interventions
- 5) Used with patients when sitting in a chair
- 7) Always within patient reach
- 9) This should be turned on the appropriate zone for all patients
- 10) After a fall, a patient should never be left

Ready4Survey is a publication for the employees and medical staff of McLaren Lapeer Region. If you have content to contribute, please e-mail Laura Minor in the Marketing Department.

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