Fall and Fall-related Injury Quality Improvement Clinical Decision Support Tool

Overview:
This offering provides Information to support nurse leaders to access and utilize the Quality Improvement Decision Support Tool (QI-CDS) for Fall and Fall-related Injury Prevention.
Course Objectives:

After completing this course you will be able to:

• Understand how the Quality Improvement (QI) Clinical Decision Support (CDS) Tool is designed to extract data from the electronic health record (EHR) to support quality improvement.

• Explain access the software and run the report by unit and quarter/year

• Describe the information that is available on report
  – Summary Details
  – Fall Event Details

• Identify how the data can be verified and used to drive quality improvement efforts on your unit
Why is Fall Prevention Important?

- Falls can result in serious injury to patients.
- *Patient Falls* and *Patient Falls with Injury* are two of the four “nurse sensitive” indicators of quality in acute care identified by the National Quality Forum (NQF) & the Joint Commission (TJC).

- “Reducing Risk of Harm resulting from Falls” has been one of the National Safety Goals recommended by TJC (Goal 9 - 09.02.01 in the past).

- *Falls with Injury* (fracture, dislocation, and intracranial injury) has been added to the Centers for Medicare and Medicaid Services (CMS) List of hospital-acquired conditions (“Never” Events).

- *Nurse Leaders* are often held accountable for the quality and quantity of nursing care on their units. Data from multiple sources are needed to identify causes for falling their units and help nurse leaders to intervene appropriately to improve patient care quality.
The AHRQ* ACTION Project:
Title: “Using Evidence-based Nursing Practices and Electronic Decision Support to Reduce Fall-related Patient Injuries in Acute Care”

Purpose:
• To develop and test an evidence-based nursing practice clinical decision support (CDS) tools that extract data from an existing electronic health record into a report to support quality improvement activities related to fall prevention

• Educate nurse leaders to use a new Quality Improvement (QI) CDS tool for gathering data about falls and fall-related injuries and using the data for quality improvement activities.

*Agency for Healthcare Research & Quality (AHRQ) ACTION Project TO# HHSA290200600016I
How Will A New QI-CDS Tool Help You?

The QI-CDS tool provides:

- Data are entered into the EHR by caregivers during routine patient care. These data are extracted and used to populate individual and aggregate data into the report template.

- A mechanism for gathering care and event results, verifying data accuracy, analyzing causes and trends, communicating feedback to individuals and groups of care givers, and tracking the impact of improvement efforts.
How to Access the QI CDS Report

• Use your login ID and password to log into the BusinessObjects/PowerInsight program.
Select the Appropriate Report

To open the report click on "Fall Prevention-Quarterly Summary"

To open the "Public Folders" and select the "KBNI Metrics" subfolder
The QI CDS Report Opens on Falls Summary Tab

Unit & Time Period specified for Report

The report opens on the Fall Summary tab. Click on the "Refresh Date" icon to select a different unit or time period.
Refreshing the QI CDS Report (new Unit or Time)

1. Specify desired Unit, Quarter, & Year

2. Click “Run Query”
Data Element Definitions

• There are many data elements in this report that come from many sources including the patient admission/transfer/discharge (ADT) fields, fall risk assessment screens, devices used for fall prevention, the care plan, the education form, and the post-fall assessment tool documentation.

• Each data element brings in unique information and should not be taken at face value. A “Definition Key” document has been created to define each data element.

• This training program will not review each field in the report. Endusers are encouraged to print out the definitions for ready access during use of the tool.
# Falls Prevention Summary Report (Tab 1)

**Report Name:** Fall Prevention - Quarterly Summary

<table>
<thead>
<tr>
<th>Metric</th>
<th>Oct 2009</th>
<th>Nov 2009</th>
<th>Dec 2009</th>
<th>QTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients</td>
<td>207</td>
<td>199</td>
<td>199</td>
<td>552</td>
</tr>
<tr>
<td>Number of Encounters</td>
<td>216</td>
<td>200</td>
<td>202</td>
<td>574</td>
</tr>
<tr>
<td>Number of Patient Days</td>
<td>748.0</td>
<td>690.1</td>
<td>688.7</td>
<td>2126.8</td>
</tr>
<tr>
<td>Number of Patients with a Fall</td>
<td>6</td>
<td>7</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Number of Falls</td>
<td>6</td>
<td>9</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>% of Patients with a Fall</td>
<td>2.9 %</td>
<td>3.5 %</td>
<td>1.0 %</td>
<td>2.7 %</td>
</tr>
<tr>
<td>Number of Falls Per 1000 Patient Days</td>
<td>8.0</td>
<td>13.0</td>
<td>2.9</td>
<td>8.0</td>
</tr>
<tr>
<td>% At Risk Prior to Fall</td>
<td>100.0 %</td>
<td>88.9 %</td>
<td>100.0 %</td>
<td>94.1 %</td>
</tr>
<tr>
<td>% Non-Risk Prior to Fall</td>
<td>0.0 %</td>
<td>11.1 %</td>
<td>0.0 %</td>
<td>5.9 %</td>
</tr>
<tr>
<td>Number of Injuries From a Fall</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Number of Injuries per 1000 Patient Days</td>
<td>0.0</td>
<td>4.3</td>
<td>1.5</td>
<td>1.9</td>
</tr>
<tr>
<td>Number of Minor Injury per 1000</td>
<td>0.0</td>
<td>2.9</td>
<td>0.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Number of Moderate+ Injury per 1000</td>
<td>0.0</td>
<td>1.4</td>
<td>1.5</td>
<td>0.9</td>
</tr>
<tr>
<td>% of Falls Resulting in Injury</td>
<td>0.0 %</td>
<td>33.3 %</td>
<td>50.0 %</td>
<td>23.5 %</td>
</tr>
<tr>
<td>% of Falls with Minor Injury</td>
<td>0.0 %</td>
<td>22.2 %</td>
<td>0.0 %</td>
<td>11.8 %</td>
</tr>
<tr>
<td>% of Falls with Moderate+ Injury</td>
<td>0.0 %</td>
<td>11.1 %</td>
<td>50.0 %</td>
<td>11.8 %</td>
</tr>
<tr>
<td>% Assessed within 24 Hrs of Admission</td>
<td>100.0 %</td>
<td>99.3 %</td>
<td>100.0 %</td>
<td>99.8 %</td>
</tr>
<tr>
<td>% Assessed for Risk Daily</td>
<td>95.2 %</td>
<td>95.7 %</td>
<td>95.9 %</td>
<td>95.6 %</td>
</tr>
<tr>
<td>% Identified at Risk for Falls</td>
<td>64.4 %</td>
<td>72.0 %</td>
<td>67.8 %</td>
<td>67.2 %</td>
</tr>
<tr>
<td>% Identified at Risk for Fall Related Injury</td>
<td>73.1 %</td>
<td>77.0 %</td>
<td>73.3 %</td>
<td>74.2 %</td>
</tr>
<tr>
<td>% At Risk with Fall Prevention Plan Initiated</td>
<td>85.6 %</td>
<td>86.1 %</td>
<td>88.3 %</td>
<td>86.5 %</td>
</tr>
<tr>
<td>% At Risk with Education Documented</td>
<td>7.9 %</td>
<td>6.3 %</td>
<td>7.3 %</td>
<td>7.5 %</td>
</tr>
</tbody>
</table>
Patient Falls Detailed Report (Tab 2)

Report Name: Fall Prevention - Monthly Fall Details

Facility: SLMC
Unit: SLMC
Time Range: Q1 2010
Refresh Date/Time: 03-17-2010 2:26:25 PM
Page Number: 1 of 2

Jan 2010

<table>
<thead>
<tr>
<th>FIN</th>
<th>Fall Date</th>
<th>Fall Time</th>
<th>Admit D/Tm</th>
<th>Discharge D/Tm</th>
<th>Enc Type</th>
<th>Age</th>
<th>Sex</th>
<th>Activity at Time of Fall</th>
<th>Location of Fall</th>
<th>Initial Injury Asmt</th>
<th>24hr Injury Asmt</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09</td>
<td>01/09/2010 01:32</td>
<td>01/09/2010 12:20</td>
<td>Inpatient</td>
<td>Transferring to Bedside Commode</td>
<td>None</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/12</td>
<td>01/12/2010 15:00</td>
<td>01/12/2010 15:00</td>
<td>Inpatient</td>
<td>Bedrest</td>
<td>Other, floor bed</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Progress Note:
- Patient states she was transferring from the commode to the bed without calling for staff or using the call light. She was transferred to the bed by the staff.
- Another staff member offered to transfer the patient to the bed, but the patient stated she was not ready.

Bed check went off at 01/12/2010 15:30. The patient was found on the floor next to the bed. The patient was alert and oriented. No apparent injury.
How to Use the QI-CDS Report

• The fall event data will populate into the report as soon as the form/field from the EHR is signed (near-real time).

• Reports can be viewed, saved, or printed for individual nurse leader use.

• Details in the report can be used to follow up regarding issues identified for individual patient fall events.

• Details in the report can be analyzed for trends in aggregate patient data or used for quality improvement processes.

• Reports can be printed and shared at the unit level.
How to Save the Report

The QI-CDS Report can be saved in several formats.
How to Print the Report

You can print the report.
Key Points to Remember:

• Falls are considered “never events”; but CDS tools populated with EHR data entered during routine care can save time and support nurse leaders to conduct quality improvement activities.

• The QI-CDS Tool was designed to provide near-real time access to:
  – Aggregate unit-level patient day, fall/injury, and care plan data
  – Individual case fall event details

• Use the “QI CDS Tool” to conduct fall prevention quality improvement activities in your department
  – Identify individual issues and trends
  – Compare your department specific data to benchmark data
This content has been based on a quantitative analysis of current fall metric data, observation, focus group, and survey data.

Work sponsored by Agency for Healthcare Research and Quality (AHRQ) Accelerating Change and Transformation in Organizations and Networks (ACTION) Research Project TO# HHSA290200600016I
Selected References


