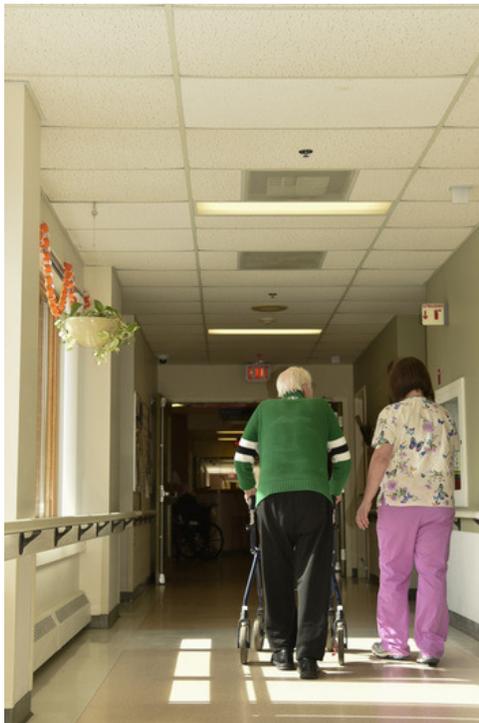# Putting Patients First

*better **health** • better **care** • better **value** • better **teams***

Improved Patient Safety: Eliminating falls on Unit 3-5 at Wascana Rehabilitation Centre

.

Resident Ruben Cooke with CCA Tammy Watson

With the help of an improvement team, staff at Unit 3-5 at Wascana Rehabilitation Centre (WRC) have virtually eliminated resident falls during one of their busiest times of day – from 6:30-8:30 a.m.

One of the key concepts used in Lean is the idea of "Mistake Proofing". Mistake proofing is redesigning a process to make it easy to do the right thing, and hard or even impossible to do the wrong thing. The idea behind mistake proofing is to identify and correct mistakes before harm comes to the patient or staff.

In order to create a reliable process that has been mistake-proofed, the process needs to be understood at a deep level, to understand the multiple causes that contribute to the problem. Each one of these causes needs to be addressed in order to truly "mistake-proof" a process. Some of the methods that can be put in place to mistake proof a process include:

- Establishing Standard Work
- Using visual cues

- Inspection – inspecting your own work before passing it on, and inspecting work that's coming in to you
- Machines/devices where possible.

This example from Regina highlights a dedicated Mistake Proofing project focusing on eliminating falls.

"Falls are difficult for anybody," said Ngaire Woodroffe-Brown, then director of the Kaizen Operations Team supporting Long Term Care. "On Unit 3-5, our residents are elderly, frail and have some degree of dementia. A fall may require residents to refrain from activities. Many of these people are socially isolated already and this can be a hardship. They may have serious physical issues to contend with. Worse still, some people die as the result of the complications arising from a fall. I'm proud of the efforts staff have taken to make Unit 3-5 a safe place for residents."

Shauna Leonard, unit manager, agreed. "The staff on this unit have been the driving force behind the success of this project. They would try an idea. If it worked they adopted. If it didn't, they moved on. Every single suggestion for improvement came from the staff themselves."

In the past eight months, only one resident has fallen between 6:30 and 8:30 a.m. And staff immediately huddled and had a corrective action plan in place within 15 minutes to prevent a similar fall. Compare this to the time period from January to September 2013, when there were 45 resident falls.

The improvement in the number of falls was the direct result of a Lean mistake proofing project that began in spring 2014. Prior to the project, Unit 3-5 had implemented several measures to prevent residents from falling. These included assessing new residents for their fall risk; implementing measures as part of a national initiative to reduce falls; and requiring staff to check on residents every 30 minutes throughout the night.

The mistake proofing team and unit staff implemented several changes that built on this earlier work. This included changing the time of morning and medications rounds.

Morning rounds, which include changing residents' undergarments or briefs and toileting, were moved from 5 a.m. to 3 a.m. Although this time change may seem counterintuitive to ensuring residents have a good night's sleep, interactions between staff and residents are brief and only occur when necessary (i.e., if a resident's undergarments need changing). Waking residents earlier in the morning allows them to return to a deep sleep more easily. It was observed that waking residents at 5 a.m., when they were about to wake up for the day, was resulting in a more restless sleep, and more falls from bed. Staff noted that, as a result of this rounding change, residents triggered bed alarms less frequently between 5 and 7 a.m.

Medication rounds – when the licensed practical nurses (LPNs) brings residents their morning medications – were changed from 7 to 7:30 a.m. This allows the LPNs to assist the continuing care aides (CCAs) with morning care (toileting, bathing, etc.).

"The LPNs are assigned to residents who are more apt to get out of bed between 7 and 7:30, and who aren't safe to get out of bed by themselves," said Tammy Watson, a CCA on the unit. "This has been a big help to us because we are now able to work in pairs, rather than alone. We are better able to monitor and assist patients who are getting up," she said, adding that she has appreciated being consulted about how to improve care.

Standard work has been put into practice to ensure that staff consistently huddle immediately after a resident falls. Through the huddles, staff pinpoints contributing factors and determine preventative actions. Staff track the falls on a chart and post the results for all to see on their visibility wall.

Steps have been taken to identify residents who may be at risk of falling. A "medication alert" card is attached to the medication binders of residents who have been given a new prescription which may interfere with their mobility. Unit staff shares this information at shift report times throughout the day for as long as necessary. Standard work was created to support this work.

Staff now consistently ensures that those residents who are at risk of falling have a picture of a leaf on the name placard outside of their rooms.

Unit 3-5 staff plans to continue their good work. On June 1, they will begin looking at ways to eliminate falls between 1 and 3 p.m., the second most common time period for resident falls. WRC's Unit 3-6 staff noticed Unit 3-5's success and will begin trialling fall prevention improvements, focusing on the unit's activities between 4 and 8 p.m., when the most falls occur.

"The goal is to prevent resident falls throughout the Region," said Woodroffe-Brown. "Many other facilities are also doing good work to eliminate falls. It's important that we work together to spread these improvements in care."

Debrief questions:
- What "mistake proofing" methods were used in this example?
- Where else do you see mistake proofing used at work or at home?