Project name: Preventing Falls In the ED

Date Started: December 10, 2015

QUALITY IMPROVEMENT
PROJECT CHARTER

PROBLEM AND BACKGROUND
What is the core quality issue that you are trying to improve, and what are the factors involved?

   Falls in the ED poses a significant patient safety issue. The literature suggests it is the leading cause of serious injury that can result in unfavorable outcomes. There is a large volume of patient visits across UHN EDs. At UHN, TGH ED has 45,000 and TWH has 60,000 pt. visits per year. In 2013-2014, there were 67 falls incident reported, of which 9 falls were reported at TGH and 58 falls at the TWH ED. 70% of the falls occurred in the patients room, while 16% occurred in bathroom, corridor, RAZ and other areas. Of these incidences 1 was rated as critical, 1 rated as severe and the others were rated as minor falls (UHN Patient Safety and Clinical Risk Management). The literature states there is 0.3-0.5 falls per 1000 pt. visits. Thus, in using this ratio UHN/TWH has had 0 .96 fall per 1000 pt. visits using the 0.5 /1000 rate.

RATIONALE AND BENEFITS
Why is this an important problem to tackle, and what are the expected benefits?

   Our current issue is a lack of standardized approach to assess falls risk in the ED. Furthermore, there is a lack of literature with reliable and valid screening tools for the ED. The screening tools available in the literature are specific for inpatient use to screen for falls. Hence, this QI will seek to identify/develop a fall risk screening tool for the ED and develop and institute a standardized approach to screening, prevention and management of falls. The ultimate outcome is to enhance the safety for our patients in the ED.There is need for a coordinated and integrated approach to screening and management for fall prevention would be of great benefit in patient safety.

AIM STATEMENT AND DELIVERABLES
What are the goal and objectives of this project?

Identify the risks, decrease the rate of falls, and manage falls risks

- Complete a literature search on falls screening and prevention in the ED
- Develop a screening tool by modifying 2 validated and reliable tools published for use in ED
- Pre chart audits for falls screening in the ED
- Falls prevention education to all staff in the ED
- Implementation of tool for trial for 3 months
- Fall Log at by Charge Nurse
- Evaluate falls screening and prevention strategies
- Post chart audits
- Survey nurses
- Identify areas for improvement ,make the changes

SCOPE
What are the things (people, tasks, processes) that this project WILL and WILL NOT touch on?

Conducted literature review
Develop screening tool
Trial screening tool
Evaluate tool and process to assess falls risk and implement prevention strategies

Date Started: December 10, 2015
MEASURES
What are the outcome, process and balancing measures that you are planning on looking at?

Increased falls screening in the ED by 80%
Increased documentation of falls risk screening by 80%
Increased risk management of palls prevention by 80%
Increase staff awareness in fall prevention by 100%

CHANGE IDEAS
What are you going to be attempting or changing, if already known?
Shift culture to one of safety in falls screening and prevention
Management strategies according to risks

PROJECT LEADER, TEAM MEMBERS AND RESPONSIBILITIES
Who is the point person accountable for the project's progression and who are the other members? Who will do what?
Julie Park (Lead) July 2015 – present
Fiona Muckle (Co-lead) July 2015 – present
Petal Samuel (Co-lead) April 2014 – present
Kathy Bates (Member) July 2015 - present
Licinia Simoes (Member) July 2015 - present
Gryan Garcia (Member) July 2015 – present
Barb McGovern (QI Lead) July 2015 - present
Dr. Lucas Chartier (QI Lead) July 2015 – present

Dr. Joel Lexchin (Co-lead) April – Aug 2014
Dr. Monika Kapoor (Co- lead) April – Aug 2014
Naudea Mair (Co-Lead) Aug 2014 – March 2015

RESOURCES
What resources will you require – human, financial, equipment, authorizations and permissions, etc?
Human resources: Committee members to champion, engaging ED staff with the initiative

TIMELINES AND MILESTONES
When do you anticipate STARTING to work on this project, IMPLEMENTING this project, and COMPLETING it?
June 2014 – June 2015
- Roll-out of checklist sticker on the triage sheet

July 2015 – December 2015
- Performed chart audits to identify compliance of the screening tool that was rolled out in June 2014
- Staff survey completed to receive feedback from nursing staff on the use of the tool
- Another thorough literature review completed, which revealed no new tools (reliable/valid)
- Changes made to the screening tool to address needs of the staff as per the surveys
- Trial checklist (1-page) with guidelines for use on the bottom for staff to refer to

January 2016
- Education and trial checklist roll-out (January 11, 2016)
- Real-time feedback from staff on the use of the edited checklist
- Chart audits to identify compliance of checklist use
- Re-evaluate and make changes as needed to the trial checklist with staff feedback and compliance

February 2016
- Roll-out of edited falls checklist sticker on the triage face sheet with education/huddles
- Real-time feedback from staff on the use of the new checklist
- Chart audits to evaluate compliance of checklist use