

## **QUALITY IMPROVEMENT PROJECT COMPLETION DOCUMENT**

### **The description of the EVALUATION OF THE OUTCOMES of the project as they relate to the project AIM statement**

The goals of the QI team were to identify patients that are at risk of falls in the busy ED and to implement timely interventions. The QI team identified that there was a lack of consistency in screening for fall risk patients by the staff that perform primary nursing assessments.

There were two editions and trials of the screening tool before the final version. The finalized Falls Screening Tool is a sticker that is applied on the triage face sheet. Chart review after month in use demonstrated a 40% increase in completion by the nurses compared to the previous screening tool. (Completion rates: Oct/15 – 10%; March/16 – 50%)

### **The MILESTONES set out in the QI Project Charter achieved**

- July, 2014 to present
  - o Literature review for reliable and valid fall risk screening tools that are used in ED's
    - There were two tools that were found; however, neither one was deemed sufficient for use with our patient population. Thus, the QI committee combined elements of both tools with permission from the authors to develop a tool that is unique for our patient population
      - The tool has been trialed and edited several times to ensure ease of use by clinician while trying not to compromise the ability to identify those patients at risk
      - Patients who are screened and deemed at risk for falls have prevention strategies put in place accordingly
      - This information is passed onto clinicians at change of shift or at transition points to ensure continuity in patient safety
  
- October, 2015
  - o Determined the next steps with the screening tool
  - o Goal: Increase compliance
  - o Audits done to evaluate completion rate (~10%)
  - o Modified the original falls sticker that went onto the triage sheet post staff survey/feedback
    - Previous tool was too sensitive and identified too many patients as fall risk
    - Unrealistic intervention expectations for all patients who are flagged as risk
  
- January, 2016
  - o Roll-out of the single-paged handout checklist with education/huddles
  - o Real time feedback from staff re: changes of the checklist

**Date of Completion:** April, 2016

- February, 2016
  - o Audits done to evaluate completion rate (~9%)
  - o Edited the screening tool after getting feedback from nurses
  - o Roll-out of the edited screening tool as a sticker format on the triage face sheet with education/huddles – e.g. option to document nursing assessment on the falls checklist
  - o Received real time feedback from staff re: changes of the checklist
  
- March, 2016
  - o Audits done to evaluate completion rate (~50.5%)
  - o Positive feedback from staff of the sticker format with changes made on the screening tool

**LESSONS LEARNED/RECOMMENDATIONS for practice and or future projects**

- Extremely important to get feedback from the front-line staff who use the screening tool
- Importance of PDSA cycles – trial of an improvement/change, gaining feedback, making improvements, and trialing again
- Continuous learning process that integrates research, education, and evaluation to allow for the goals to be achieved
- Great teamwork and leadership is essential for success
- Culture and practice change takes time
- Importance of role modeling from early adaptors

**Plan for DISSEMINATING THE KNOWLEDGE from this project (e.g., presentations, posters, manuscripts)**

- Provide continuous education for staff re: identifying patients at risk of falls and appropriate interventions
- Present at the annual Professional Development day for ED nurses to review the topic of Falls in the ED and how to appropriately assess for at-risk patients and to apply appropriate interventions
- Present at the QI Awards re: progress of the QI project and its milestones