3 North: Collaborative Care Council and TeamSTEPPS Significantly Decrease Patient Falls
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Problem: An increase in patient falls on 3 North.

Evidence: Patient falls are serious problems in acute care hospitals and are used as a standard metric of nursing care quality.1 The unfamiliar environment, acute illness, surgery, bed rest, medications, treatments, and the placement of various tubes and catheters are common challenges that place patients at risk of falling. Falls are devastating to patients, family members, and providers. A single fall may result in a fear of falling that can begin a downward spiral of reduced mobility, leading to loss of function and further falls.1-3 There have been many published research studies regarding falls. Although there is a sense of urgency in hospitals to prevent falls to "do no harm" and because Medicare will not reimburse hospitalization costs due to fall related injuries, patient falls remain a serious problem in US hospitals.

Strategy: TeamSTEPPS and the Collaborative Care Council were initiated on 3 North in January 2008. The Collaborative Care Council is a methodology of shared Governance. It is unit based and interdisciplinary. The Collaborative Care Councils address the process of change; continuously improve the process of care or mission; think about how to do things differently; and tap individual gifts and collective capacity.

Practice Change: In March 2008, The RED SOCK CLUB was initiated. This is comprised of: Identifying patients at risk and communicating patients at risk for falls by placing red socks on patients. In addition it consisted of further stratifying the group by placing patients who fit the following criteria in the RED SOCK CLUB:

- Compromised postoperative patients
- All amputees
- Patients who are unable to follow directions and cannot be redirected; even after prompting, they display impulsive/risky behavior.

Staff huddles were conducted to discuss patients that are extra challenging and need support monitoring. They were placed in the RED SOCK CLUB.

In addition, cross monitoring was done by posting room numbers of those few extra challenging patients as an alert notice to all team members on the assignment board using a red sock poster. All disciplines cross monitor these patients.

In March 2009, Hourly Rounding was implemented. This best practice is based on Studor and Press Ganey Briefings.1,2,3 Research from these groups indicates that patient satisfaction increased and patient falls decreased related to hourly rounding.

Evaluation: Falls decreased by 66% post implementation of the Red Sock Club in 2008 on 3 North.
**Results:** The RED SOCK CLUB and Hourly Rounding were identified as best practices and implemented throughout the hospital in July 2009.

The 2009 patient fall index for Plainview Hospital was 2.15 as compared to the 2008 fall rate which was 2.38. This represents a 10% decrease.

**Recommendations/Lessons Learned:** Plainview Hospital implemented unit-based Collaborative Care Councils, our model for shared governance in 2008. The Collaborative Care Councils are interdisciplinary. The Collaborative Care Councils address the process of change; continuously improve the process of care or mission; think about how to do things differently; and tap individual gifts and collective capacity. Engaging the unit based interdisciplinary staff is recommended to improve processes.

**Bibliography**