Best Practices for Preventing Falls

Facts - between 700,000 and 1 million patients suffer a fall, with or without injury, in U.S. hospitals every year, and 30-50 percent of falls result in injury to the patient. These statistics are extremely alarming.

Samaritan Healthcare in Moses Lake has experienced great progress with their *Healthcare Fall Prevention Program*, and on January 26th, Julie Johnson, RN, and Shelley Gay, RN, shared this program during the All Quality Leaders, WSHA Rural WebEx.

They began their planning by putting together a multidisciplinary team that included subject matter experts. They drew up their charter using the DMAIC (Define, Measure, Analyze, Improve and Control) Model, brainstormed methods of improvement, barriers to those improvements and decided on a plan. After extensive education and continuous reinforcement, they began seeing improvement in the number of falls.

Each day at Samaritan they conduct Leadership Daily Harm Report Huddles, Safety Huddles at the beginning of shift and consistent Post Fall Huddles should a patient fall occur. The post huddles serve as a team approach to the root cause. They adjust plan of care if needed, and involve patient and families in the plan. They take the time to educate the patients and families of high or moderate risk patients as to the reasons the patient is at risk, and they come to consensus on what the patient can do to stay safe. They even have handouts for patients and families on the do’s and don’ts of fall prevention. Purposeful hourly rounding with focus on the 5 P’s (Pain, Potty, Position, Pathway and Personal Alarm) are a big part of this program, and policies have been updated to reflect this change. To keep this program in the forefront, yearly health stream education and new hire education is routine, and educational posters are posted in strategic areas such as staff breakrooms and bathrooms. Public posters throughout the facility educate families and friends about *Purposeful Hourly Rounding* in an effort to prevent falls.

Samaritan is committed to transparency and post their patient safety outcomes (good or bad) in their lobby for public viewing. This demonstrates a commitment to the communities they serve and an unwaivering commitment to reduce patient harm. Thanks for sharing!
Rural Rate Droppers

Diabetes Rate Droppers for Quarter 2 vs Quarter 3, 2016

Kudos to these facilities

- Klickitat Valley Health, who lowered HbA1c rates >9% in their community by 26.35%.
- Coulee Medical Center, who lowered HbA1c rates >9% in their community by 24.427%.
- Odessa Memorial Healthcare Center, who lowered HbA1c rates >9% in their community by 17.164%.
- PMH Medical Center, who lowered HbA1c rates >9% in their community by 11.715%.
- Skyline Hospital, who lowered HbA1c rates >9% in their community by 8.3%.
- Ferry County had no HbA1cs above 9% for quarter 2 or 3.

ADE Hypoglycemic Events—Reducing Harm Quarter 2 and Quarter 3, 2016

Outstanding performance by these facilities

- Ocean Beach Hospital and Medical Clinics recorded 0 events quarter 2 and 3 of 2016.
- Klickitat Valley Health recorded 0 events quarter 2 and 3 of 2016.
- Othello Community Hospital recorded 0 events quarter 2 and 3 of 2016.
- Lake Chelan Community Hospital recorded 0 events quarter 2 and 3 of 2016.
- St. Elizabeth Hospital recorded 0 events quarter 2 and 3 of 2016.
- PeaceHealth Peace Island recorded 0 events quarter 2 and 3 of 2016.
- Jefferson Healthcare recorded 0 events quarter 2 and 3 of 2016.
- Skyline Hospital recorded 0 events quarter 3 of 2016.
- Mid Valley Hospital recorded 0 events quarter 3 of 2016.
- Odessa Memorial Healthcare Center recorded 0 events quarter 3 of 2016
- Tri-State Memorial Hospital recorded 0 events quarter 3 of 2016.
Newsworthy

There are currently 35 of the 39 CAHs in the State of Washington that have a quality leader who has completed CPHQ or are enrolled. At 90%, that is really something to brag about!

Summit Pacific Medical Center is planning to build a 60,000 square foot Wellness Center that will house numerous outpatient services as wells as education rooms and a café.

On January 17, 2017, Columbia County Health Systems moved into their newly constructed therapy space and opened their new therapy pool. Congratulations!

WSHA Rural welcomes Jennifer Graves as the President of Patient Safety and Quality. Jennifer joined WSHA on February 7th, 2017. She held former leadership roles at Swedish Medical Center at both Swedish Edmonds and Swedish Ballard, where she served as Chief Executive and Nurse Executive. She has deep experience in operations and a passion for patient safety and quality.

Join Your Colleagues!

Rural Quality Leaders Networking Day, March 9th, 2017, 9:00am at Kittitas Valley Healthcare in Ellensburg

This year’s Networking is going to be a combination of learning and sharing.

Tamara Glover, WSHA Patient Safety Director, is going to help us identify some ways rural facilities can implement a successful Patient and Family Engagement program, and Lucia Austin-Gill, WSHA Senior Patient Safety Director, will walk us through some Root Cause Analysis. We will also spend time just talking about successes and concerns as a group to learn from each other.

Don’t miss this networking and learning experience. Get to know your colleagues, learn some new things and laugh with us on March 9th at Kittitas Healthcare in Ellensburg.

Mark Your Calendars

March 21st, at 10:00 am, join me to hear from Jamie Hunter-Mitchell from Qualis about great opportunities that can positively impact your communities in regards to diabetes.

First ever Rural Table in Yakima at the Hilton Garden Inn on September 26, at 9:00 am. Agenda will be sent as soon as speakers have confirmed.

“The best way to get a good idea is to get a lot of ideas.”

“There is a right thing to do with regard to quality of care: Improve it. If that takes courage, so be it.”

~Donald Berwick
Health Inequities in Rural Communities

According to the NRHA (National Rural Health Association) Rural page:

- More than 50 percent of vehicle crash-related fatalities happen in rural areas, even though less than one-third of miles traveled in a vehicle occur there.

- There is an additional 22 percent risk of injury-related death in rural areas.

- Rural areas have more frequent occurrences of diabetes and coronary heart disease than non-rural areas.

- Mental health creates new challenges in rural areas, such as:
  
  * Accessibility: Rural residents often travel long distances to receive services, are less likely to be insured for mental health services and less likely to recognize the illness.
  * Availability: Chronic shortages of mental health professionals exist, as mental health providers are more likely to live in urban centers.
  * Acceptability: The stigma of needing or receiving mental health care and fewer choices of trained professionals create barriers to care.

- Rural youth are twice as likely to commit suicide.

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<thead>
<tr>
<th>National Rural Health Snapshot</th>
<th>Rural</th>
<th>Urban</th>
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<tbody>
<tr>
<td>Percentage of population</td>
<td>19.3%</td>
<td>80.7%</td>
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<tr>
<td>Number of physicians per 10,000 people</td>
<td>13.1</td>
<td>31.2</td>
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<tr>
<td>Population aged 65 and older</td>
<td>18%</td>
<td>12%</td>
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<tr>
<td>Average per capita income</td>
<td>$45,482</td>
<td>$53,657</td>
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<tr>
<td>Non-Hispanic white Population</td>
<td>69-82%</td>
<td>45%</td>
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<tr>
<td>Adults who describe health status as fair/poor</td>
<td>19.5%</td>
<td>15.6%</td>
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<tr>
<td>Adolescents who smoke</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Male life expectancy in years</td>
<td>76.2</td>
<td>74.1</td>
</tr>
<tr>
<td>Female life expectancy in years</td>
<td>81.3</td>
<td>79.7</td>
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<td>Percentage of dual-eligible Medicare beneficiaries</td>
<td>30%</td>
<td>70%</td>
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<tr>
<td>Medicare beneficiaries without drug coverage</td>
<td>43%</td>
<td>27%</td>
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<tr>
<td>Percentage covered by Medicaid</td>
<td>16%</td>
<td>13%</td>
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All information in this table is from the Health Resources and Services Administra-