

Oregon  
**patient  
safety**  
Commission

and

**PATIENT SAFETY AWARENESS WEEK**

Sponsored by National Patient Safety Foundation® 

**First Annual Safety Success Contest  
WINNERS**

The Oregon Patient Safety Commission is pleased to announce the winners of our First Annual Patient Safety Contest. In celebration of Patient Safety Awareness Week (March 2-8, 2008), we challenged participating institutions to share their *safety successes* with us. We're pleased to recognize these winning entries:

**Nursing Home**

Robison Jewish Home in Portland shared their "Frequent Faller" program. The program's outcome was a success - the implementation of strategies that reduced the incidence of falls. Their entry is infused with humor; read the account [here](#).

**Ambulatory Surgery Center**

Northwest Neurospine Institute in Eugene sent their action plan about improving the timely receipt of pre-admission tests. This action plan was a success – pre-admission tests are available and anesthesiologists have consistent access to them. Learn more [here](#).

Hearty congratulations to both winners for their work in helping make Oregon's ambulatory surgery center patients and nursing home residents safer!

## **Safety Success – Nursing Home**

### 1. What was the problem?

Robison Jewish Home (RJH) developed our Frequent Faller Program in February 2006 (*Pun intended and yes, there are upgrades and free tickets when you reach a certain threshold*) to create person-centered life safety parachutes to those of our residents who were frequently diving without one (or said another way, to build more intensive social services/care around frequent fallers).

### 2. How was it identified?

RJH has been trending our resident population changes over several years. We noticed an increase in falls in resident rooms between 3-5 p.m. and 6-8 p.m. In addition, we determined a significant increase in our number of skilled residents admitted with delirium, higher acuity level and complexity of our long-term residents and an increase in our admission of residents with unique dementias such as Lewy Body's.

### 3. What was your action plan?

RJH's team defines a "Frequent Faller" as a resident who falls at least twice in a 30-day period. In addition to the usual and customary occurrence reporting, investigation, follow-up and QA/QI trending and tracking, resident falls are reviewed at RJH's daily morning stand-up meeting (see "who was on your team" for those involved).

Activity staff developed a spreadsheet indicating resident name, time and location of fall and where they live at RJH. Activity staff places each of these residents on this "Frequent Faller List", review each resident-centered activity service plan and determine what additional activity services are needed and/or requested based on consensus of the interdisciplinary team.

In addition to this daily identification, a comprehensive list of "frequent fallers" is sent to Activities by Nursing monthly to assure no resident "falls" through the cracks (*ha ha*).

One-to-one, small group and large group activities were increased between the hours of 3-5 and 6-8 p.m. The staff was educated regarding who was a "Frequent Faller", the additional activity offerings, and the expectation that residents would be escorted as desired to those activities.

### 4. How long did you monitor it?

This program continues at RJH and is monitored monthly at QA/QI.

5. What were your results?

Providing staff with up-to-the-moment knowledge of who, what, where, when and most importantly, the opportunity as an interdisciplinary team to determine the systemic “WHY” of resident falls, gave us the opportunity to more rapidly build services around residents to mitigate further fall risk. These efforts have been successful in reducing falls during the time frame and location identified.

6. Who was on your team?

Residents, Nursing Services, Staffing, Medical Director, Activities Services, Clinical Records, Culinary Services, Social Services, Nursing Reception, Building, Laundry and Housekeeping Services and Administration.

Submitted by:

***Robison Jewish Home***

*Kim Fuson Levy*

*and*

*Kathy Tipsord*

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## **Safety Success – Ambulatory Surgery Center**

2. What was the problem?

Our system for receiving pre-admission test (PAT) results was not effective. The anesthesiologists were not getting the appropriate lab results as ordered in time for surgery. This would cause delay in surgery start time and was very inconvenient and problematic.

2. How was it identified?

Anesthesia noticed an increasing number of ordered labs were unavailable to them prior to surgery. Labs were only given to anesthesia and not placed in the regular chart for the pre-op nurse to assure the labs were available. Charts were also never checked for PAT completeness in the days prior to surgery.

4. What was your action plan?

Our plan of action was to have the pre-op nurse and/or front office staff member follow-up with all ordered labs two days prior to the date of surgery, to locate and assure that proper labs were available for anesthesia to review.

4. How long did you monitor it?

This was monitored for two to three months.

7. What were your results?

The results have been great. The anesthesiologists have been pleased with the success of this new system. We have consistently been able to provide anesthesia with all the required labs prior to surgery, to assure proper PAT and patient safety.

8. Who was on your team?

Pre-op nurse, anesthesia, front office staff.

Submitted by:

**Northwest Neurospine**  
Karissa Greig, RN

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