SE1EO – Professional Development

Two examples are required (one example must be from ambulatory care setting, if applicable):

SE1EO: Provide two examples, with supporting evidence, of an improved patient outcome associated with the participation of clinical nurse(s) serving as a member(s) of an organization-level interprofessional decision-making group.

- *Patient outcome data must be submitted in the form of a graph with a data table.*

Ambulatory Example SE1EOb: Reducing The Incidence of Patient Falls Within the Ambulatory Setting of the Day Procedure Unit (DPU)

Problem

One of the 2020 strategic goals of KFSHRC-J was to work toward Zero Harm. Specifically, Strategic Objective 1 states, *"Pursue Zero Harm."* One of the components of this goal was to reduce the number of patient falls per 1000 patient days. In October 2020, patient falls within the Ambulatory Care setting of the Day Procedure Unit was reported as 0.12/1000 patient visits by nurse leaders and the executive team during the quality review process.

Goal Statement

Reduce the rate of patient falls per 1000 patient visits within the Ambulatory setting of Day Procedure Unit at KFSHRC-J.

Participants

Table SE1EOb: Participant List – Interdisciplinary Falls Taskforce

Name & Credentials	Position Title	Department
Gillian Sedgewick, BSN RN, MSc	Program Director **Chair of Taskforce**	Nursing Practice and Research
Ruaa Banjar, BSN RN	Staff Nurse 1, Clinical Nurse	5S-Medical
Lujain Jastaniyyah, BSN RN	Staff Nurse 1, Clinical Nurse	DPU/Endoscopy (Ambulatory)

Wafa Al-Hamdi, BSN RN	Staff Nurse 1, Clinical Nurse	Neuroscience
Anfal Qulaissi, BSN RN	Staff Nurse 1, Clinical Nurse	Pediatrics
Janis Bruyns, BSN RN, MSc	Program Director	Ambulatory Care Nursing
Tracy Schoombie, MCur RN, RM, CNRN, SCRN	Head Nurse	Neuroscience
Cemoye Carrol, BSN RN	Nurse Clinician	Neuroscience
Reem Baljoon, MSN RN	Head Nurse	5N-Medical
Sharon Patio	Senior Physical Therapist	Physical Therapy
Amal AlOthmani, BSN RN	Clinical Instructor	Nursing Development & Saudization Department
Mona AlHarthy, BSN RN	Head Nurse	VIP Protocol Unit
Gabrielle Hutchens MAppMgt(Nurs)RN, CPHIMS, CPHQ, CSSGB	Nursing Quality Improvement Coordinator	Nursing Practice and Research
Tariq AlTurkistani	Clinical Pharmacist	Pharmacy Services
Abdulrahman Bouges, M.D.	Specialist Physician,	Neurosciences

Description of the Intervention

Because of staffing challenges posed by COVID-19, nurse leaders were concerned that the fall rate would increase, so they established an interprofessional Falls Task Group. In November 2020, an interdisciplinary Falls Task Group met to develop interventions that would reduce the incidence of patient falls. This task group was chaired by Gillian Sedgewick, BSN RN, MSc, formerly the Program Director of Nursing Practice and Research Department. The group consisted of front line bedside clinical nurses and representatives from Medicine, Physiotherapy, and Pharmacy Services. Each discipline was available to offer ideas and participate in the education and development of the new policy.

The work of the group was reported to the Hospital Safety Committee monthly. The concerns related to preventing an increase in falls was discussed at the Nurse Executive Committee (NEC) in December 2020, where a decision was made that all nursing staff were mandated to complete the Falls Program offered monthly by the Nursing Development and Saudization department (NDS).

The focus of the Falls Task Group included the following:

Ensuring a systematic and evidence-based approach to fall risk assessment was maintained:

- A review of the training provided to new staff as part of the on-boarding process and the electronic documentation of falls by the Hospital Information Technology Affairs was completed by November 2020.
- The Clinical Internal Policy and Procedure (CIPP-3761: Falls Risk Management) was reviewed to ensure that the risk assessment processes were clearly defined within the policy by November 2020.
- The NEC mandated that all nurses complete the annual Falls Education Program in December 2020.
- The updated Falls Education Program was provided by NDS in January 2021.
- The use of reliable and validated evidence-based risk assessment tools was reinforced for use in both inpatient and outpatient departments, specifically the use of the Morse Falls Risk Scale (MFRS) for adults and the Humpty Dumpty Falls Scale (HDFS) for Pediatrics in the Integrated Clinical Information System by January 2021.

Ensuring the collection of reliable and accurate falls data entry, analysis and dissemination involving:

- Sharing quarterly nursing quality indicator reports of falls within Nursing Affairs which were discussed within the nursing unit safety huddles.
- Conducting root cause analysis of all falls to identify themes and trends and sharing these within Nursing Affairs. This involved gaining patient and family member feedback on their perspective (if appropriate) on the fall.
- Continuing to focus on the assessment of the physical environment with the unit charge nurse completing environmental rounding on patients as needed.
- Reinforcing the use of the Yellow Card indicating "Fall Risk" on doors of patients at risk of falling in February 2021.
- Providing patient family education on falls prevention through Falls Prevention Leaflets given to patients commencing April 2021.
- Developing a hospital-wide falls prevention video in collaboration with Public and Media Affairs, which was shown in all inpatient and outpatient units in May 2021.
- Obtaining falls prevention supplies (anti-slip slippers and transfer belts) for use with patients at risk of falling from January to May 2021.
- Reviewing a 2020 Performance Improvement Project from Pharmacy on medications that cause dizziness. This information was integrated into the updated Falls Prevention Education Program provided by NDS from January to May 2021.

Outcome

Following the work of the interdisciplinary Falls Task Group and the multiple interventions implemented between November 2020 to May 2021, the rate of patient falls fell from 0.12 per 1000/patient visits in October 2020 to 0.00 /1000 patient visits in August 2021.
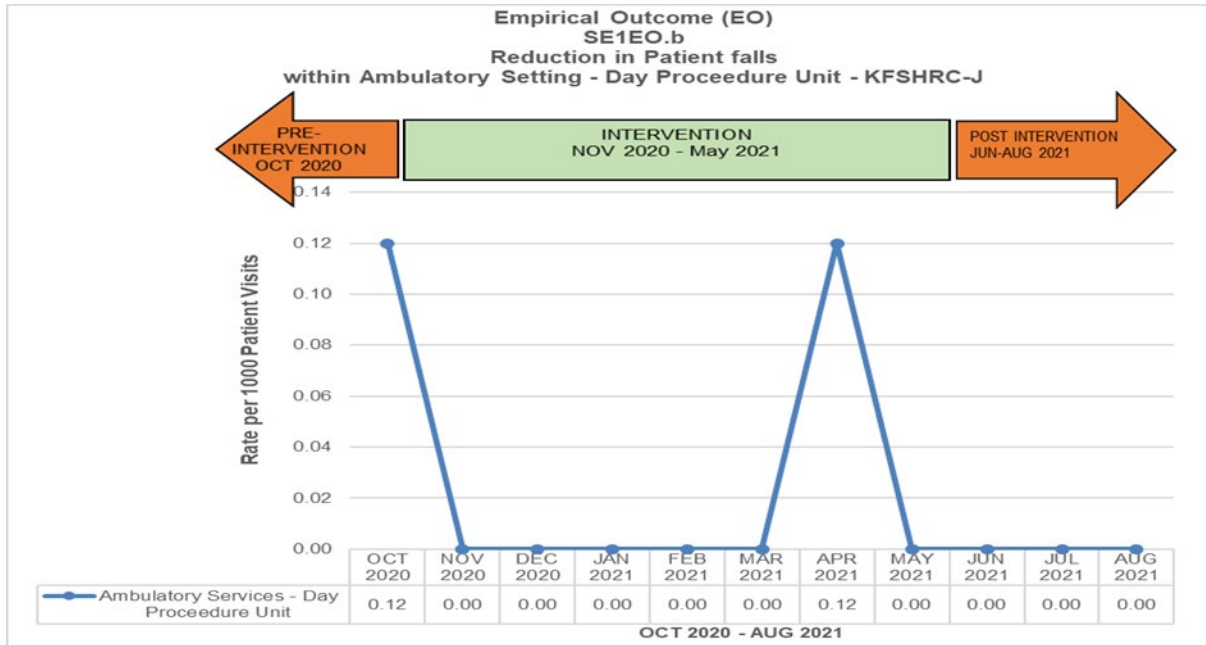
Graph EP1EOb.1: Reduction of Falls in DPU