Falls Prevention: Engaging Volunteers That CARE
Upper Chesapeake Medical Center

Program/Project Description
The 3E - Oncology Unit at Upper Chesapeake Medical Center (UCMC) is a 30 bed unit that specializes in cancer care, as well as the care of the general medical-surgical patient. As part of the patient-centered care approach that is an integral part of the mission and vision of Upper Chesapeake Health (UCH), our unit partnered with Upper Chesapeake Health’s (UCH) Falls Prevention Committee (FPC) to seek new and fresh solutions that could be implemented in conjunction with the current prevention strategies to significantly reduce inpatient falls and increase Falls Risk Awareness. Ever mindful of the current climate in healthcare, controlling costs and utilizing existing resources was a major consideration in developing any new programs or activities.

As an active participant in the University of Maryland Medical System’s (UMMS) Falls Prevention Task Force, UCH had recently committed to implementing a falls self-assessment checklist, “Am I a Fall Risk?” (Volunteer Attachment 1). The checklist helps them to understand the risk factors for falls and increases communication about their individual risk with the care team. While the FPC expected the tool to be beneficial, the team questioned if this tool alone would positively impact fall reduction and prevention awareness. It was during discussions with the UMMS Task Force that the idea to utilize volunteers in conjunction with the “Am I a Fall Risk?” assessment tool was created and the pilot, Engaging Volunteers That CARE, was born.

Process
A multi-faceted fall prevention program was developed for our hospital system that incorporated traditional methodologies to reducing falls: bed alarms and monitoring their use, purposeful hourly rounding, improved signage, and the use of checklists. We had reduced falls from previous years, however had stagnated in our improvement efforts.

To define the process of incorporating UCH volunteers and the self-assessment tool the FPC followed the Plan, Do, Check, Act model, the Performance Improvement model for our hospitals. In the “Plan” stage the team reviewed falls data and case studies through Strengths/Weaknesses/Opportunities/Threats (SWOT) analysis, and identified areas of Opportunity regarding our prevention strategies:

- Improve communication to the patient regarding their fall risk level
- Engage the patient and family in fall prevention activities
- Leverage our large pool of Volunteer team members in our falls reduction efforts

The review of the checklist with the patient was a critical part of starting the education and communication with the patients and families.

Representatives from the FPC met with the Director of Volunteer Services, the President of Volunteer Services, and many volunteers throughout the system. It was determined, through those meetings that Volunteers could monitor completion of the self-assessment tool for non-isolation patients on medical-surgical units and reinforce the over-arching system message, We CARE: CALL bell, ASK for help, tell us your ROUTINES, and what EQUIPMENT you need.
Solution

Utilizing our PI model, we began the “Do” stage. The Oncology unit was experiencing a higher fall numbers than desired and serving a vulnerable population, considering the nature of medications used and the overall deconditioning typically seen on an Oncology unit, our unit stepped up to the challenge of conducting a pilot with our Volunteer Team Members. Education for Volunteers and Team Members about the program was developed, in addition to a job description (Volunteer Attachment 2) for the volunteers.

The Nursing team members, working with the unit Volunteers determined that the, “Am I a Fall Risk?” assessment would be laminated and posted at the bedside of each patient. Nursing would review the assessment with the patient as part of the admission assessment process. The volunteer’s responsibilities would then include:

- Rounding on the non-isolation patients to monitor completion of the tool.
- Assisting in completion of the tool when incomplete.
- Reinforcing the CARE acronym.
- Surveying the room for potential fall hazards.
- Reporting concerns to the Charge Nurse.

The pilot began on December 16, 2012. After one-month a meeting was held with the Volunteers and Nurses on the unit to seek their input, entering into the “Check” stage of PDCA. Both Volunteers and Nursing felt there was value in the pilot. At three months the Volunteers and Nurses were again asked for feedback. Volunteers felt they were making valuable contributions to the health and safety of the patients. Nursing stated that the increased rounding on the patients was increasing awareness about fall prevention. Nursing also stated that involving patients in their fall risk assessment encouraged more discussions about falls between the patients and families as well as the providers. With this feedback and the Measurable Data, our “Act” stage initiative was to continue the program indefinitely and expand to other inpatient nursing units in the system.

Measureable Outcomes

To determine the benefit of the campaign, Engaging Volunteers That CARE, it was determined that the unit’s fall rate would be monitored in addition to the HCAPHS scores. The HCAPHS questions selected were:

- Percent of patients who reported that their nurses “Always” listened carefully to them.
- Percent of patients who reported that they “Always” received help with toileting.

HCAHPS questions were selected as a measurable outcome because volunteers and staff strongly felt that not only would the increased rounding decrease the total number of falls but it would also boost satisfaction scores as well.

The efforts have been successful. The responses to, “Percent of patients who reported that their nurses “Always” listened carefully to them” increased to 77.0% in Q3 of 2013 from 75.9% in Q4 of 2012. Additionally, the response to the statement, “Always” received help with toileting” has increased to from 64.3% in Q4 in 2012 to 76.3% in Q3 in 2013. The total number of falls has decreased over the last year with 2 months without falls and 3 months with only 1 fall for the month.
UCMC 3 East

UCMC 3 East: Percent of patients who reported that their nurses “Always” listened carefully to them.
Sustainability
UCH is fortunate to have an extensive volunteer team with 600 active volunteers between the two campuses. UCH believes that each and every team member and volunteer plays a vital role in fall prevention.

While our initiatives are in their infancy they are sustainable. The number of volunteers assigned to the unit increased from 10 volunteers in 2012 to 21 volunteers from January to September of 2013. The patient self-assessment, “Am I a Fall Risk?” is being utilized throughout all the inpatient units and the use of volunteers has now expanded to a second unit, furthering the organization’s message about fall prevention. A third unit has been selected to use volunteers to complement our current strategies.

Role of Collaboration and Leadership
The combined efforts of the FPC, UMMS, and UCH Volunteer Services are the reason this campaign has been successful. Interest and encouragement expressed by leadership on-site in addition to the leadership throughout the UMMS system has motivated the FPC to work with Volunteers Services in recruiting, retaining, and educating volunteers dedicated to the program.

Innovation
The Engaging Volunteers That CARE campaign has created a prevention program revolving around partnerships with patients, families, volunteers, and team members.

This campaign was developed through the creative and collaborative efforts of many. Employing a falls self-assessment in conjunction with the rounding of volunteers has increased patient engagement and interaction without increasing costs.

UCMC 3 East: Percent of patients who reported that they “Always” received help with toileting.
Utilizing the experience, talents and energy of our volunteers has tapped an often overlooked resource in healthcare. We have volunteers that range from High School students to retired men and women, to homemakers looking for a way to serve while their children are in school. Volunteers do what they do because they want to give back and be a part of the community in which they live. The hours they serve significantly support the work of the clinicians and their participation has an additional benefit of spreading the education through word-of-mouth. By talking to their family, friends and the community about what they are doing at UCH, they are helping to educate about the need to be aware of falls risk, especially while in the hospital.

**Resources**

- “Am I a Falls Risk” Self-Assessment (Volunteer Attachment 1)
- Volunteer – Fall Prevention Focus Job Description (Volunteer Attachment 2)

Submitted by: Heather A. Beauchamp, RN
Clinical Nurse Manager, Co-Chair of Falls Prevention

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Job Title: Volunteer- Fall Prevention Focus
Department: Volunteer Services
Date Created: 06/12
Approved by: Human Resources and Director of Volunteer Services

Job Summary
Completes unit audits, rounding, and clerical tasks for specified department with a focus on fall prevention. Interacts with individuals of various age groups.

Minimum Knowledge, Skills and Abilities
Education & Training: High School student working towards diploma or equivalent.

Skills & Abilities: Strong interpersonal skills to communicate effectively with patients, family members, and hospital personnel. Ability to maintain confidentiality of information, work with minimal supervision, complete assignments in specified time frames.

Reporting Relationships
Supervised by: Reports to the Director of Volunteer Services. Meets routinely with Clinical Nurse Manager of unit assigned.

Physical Environment/Working Conditions

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<th>Sitting</th>
<th>X</th>
<th>Standing</th>
<th>X</th>
<th>Bending</th>
<th>X</th>
<th>Climbing</th>
<th>X</th>
<th>Reaching</th>
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<tbody>
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<td>Pulling</td>
<td>X</td>
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<td>Pushing</td>
<td>X</td>
<td>Stooping</td>
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<tr>
<td>Lifting</td>
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<td>0-25lbs.</td>
<td>X</td>
<td>26-50lbs.</td>
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<td>X</td>
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<td>Working at a computer terminal</td>
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<td>Exposure to substantial temperature changes</td>
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<td>Work in confined spaces</td>
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<td>Work around high noise levels</td>
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Contact with bodily fluids (bloodborne pathogens)  
Rarely | Sometimes | Frequently | X | N/A
Contact with ionizing radiation | Yes | X | No
Exposure to infection, biochemical, hazardous waste | Yes | X | No
Position requires use of protective equipment, including latex gloves | X | Yes | No
Position requires travel between system locations | Yes | X | No

This job description identifies the general nature and scope of work to be performed. UCH reserves the right to revise all or any part of this job description and to add or eliminate essential job functions at any time. Designation of any job duty as an essential function is not intended as an assurance or guarantee that a team member has any right to perform the particular job duty, except as required by UCH.