Cleveland Clinic

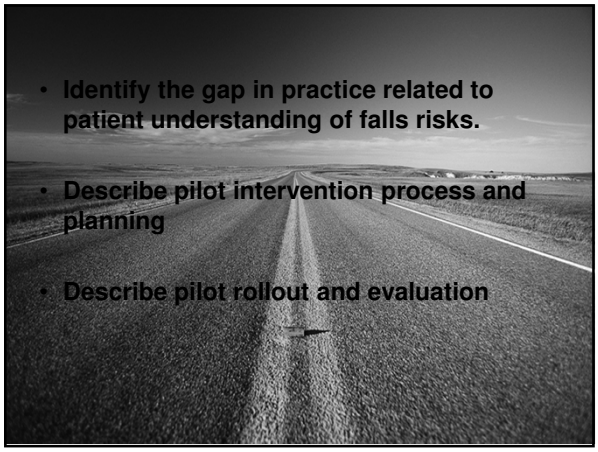
It Takes a Village: Turning a Pilot Project into Part of the Culture

Jennifer P Colwill MSN, APRN, CCNS, PCCN
Dianna Copley MSN, APRN, ACCNS-AG, CCRN
Shannon Rives, MSN, APRN, ACNS-BC, CCRN, CMSRN

Cleveland Clinic

Innovation Diffusion: The start of a good idea, initiating a fall prevention teach back tool.

Jennifer P Colwill MSN, APRN, CCNS, PCCN



What is innovation?

- A new way of doing something that has never been tried before

What is innovation diffusion?

The communication and the uptake of an innovation within a social system

(Rogers, 1995)

Setting the stage

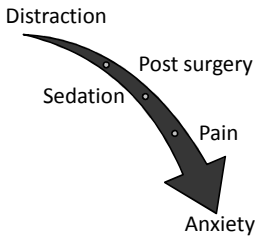
- **IHI expedition**
- **Literature**
- **Experiences**
- **Current state**

The Need

Go to the "Genba"

The Story

Pre Data from Survey of Factors Affecting falls on a CV step-down unit N =20



The Idea

The Tool

Interventions Steps

Objective: To Improve patient education and recall of patient specific plan for fall reduction.

✓Timing of Education

✓Teach back/Partner/Persuade

✓Communication, Hand-off & Reiteration

Who, How and When?

- Assess all patients on admission
- Use teach back to assess understanding post video and create the safety plan together
- Reinforce safety plan with at hand-off with team members
- Reinforce safety plan with patient every shift

Project Details

- 6 week pilot
- Evaluation

Outcome measure

- Fall rate

Process measures

- Steps of intervention
- Nurses comfort with the tool
- Patient's understanding of fall risk and expected behaviors

Post Pilot Data

Outcomes

Steps to innovation diffusion

- Knowledge – person becomes aware of an innovation and has some idea of how it functions,
- Persuasion – person forms a favorable or unfavorable attitude toward the innovation,
- Decision – person engages in activities that lead to a choice to adopt or reject the innovation,
- Implementation – person puts an innovation into use,
- Confirmation – person evaluates the results of an innovation-decision already made.

(Rogers, 1995)

Cleveland Clinic

What Was Once Yours is Now Mine: Utilizing an Innovation in a Different Patient Population

Dianna Copley, MSN, APRN, ACCNS-AG, CCRN

Objectives

- The learner will describe the process of innovation infusion as a new project adapts to different patient populations

Pilot Unit- Internal Medicine/Telemetry

- 36 beds
  - 4 bed close observation unit
- Medical-Surgical unit, but high acuity

Background & Purpose

Colwill, Chaffin, Murray, 2016

Innovation: Rate of Adoption

- **Relative Advantage**
- **Compatibility**
- **Complexity**
- **Trialability**
- **Observability to people within the social system**

Rogers, 1997

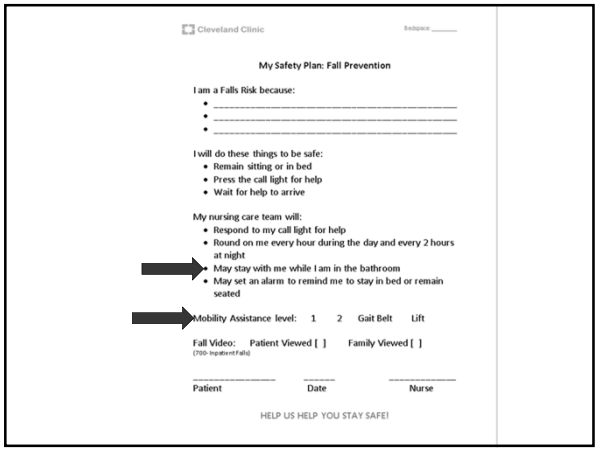
Innovativeness

- **Innovators – 2.5%**
- **Early Adopters – 13.5%**
- **Early Majority – 34%**
- **Late Majority – 34%**
- **Laggards – 16%**

Rogers, 1997

Pilot Unit= Early Adopters

"..respected by his or her peers and is the embodiment of successful, discrete use of new ideas" – Rogers, 1997



Cleveland Clinic

Bedspace: _____

My Safety Plan: Fall Prevention

I am a Falls Risk because:

- _____
- _____
- _____

I will do these things to be safe:

- Remain sitting or in bed
- Press the call light for help
- Wait for help to arrive

My nursing care team will:

- Respond to my call light for help
- Round on me every hour during the day and every 2 hours at night
- May stay with me while I am in the bathroom
- May set an alarm to remind me to stay in bed or remain seated

Mobility Assistance level: 1 2 Gait Belt Lift

Fall Video: Patient Viewed [ ] Family Viewed [ ]
(700- Inpatient Falls)

_____ _____ _____
Patient Date Nurse

HELP US HELP YOU STAY SAFE!

Bedside Caregiver Education

- **The Clinical Nurse Specialist, Clinical Instructors, and a bedside Nurse Champion provided education on MSP**
- **MSP was discussed at each shift change**
- **70% of nurses were educated prior to the start of the pilot**

Implementation

- My Safety Plan was used with every admission, regardless of fall risk score
- A falls prevention video was shown prior to completion of the tool
- For patients who could not participate, the tool was either:
  - Completed with family that was present
  - Hung in the room with as much data filled in as possible. As the patients' condition improved, the nurses would readdress educational readiness.

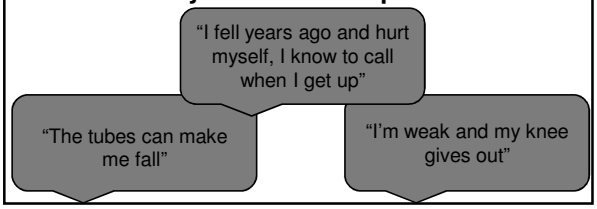
Evaluation

Evaluation

- Audits
- 75% of nurses reported positively that it helped patients to know their individual risk factors
- Most common barrier: Confused patient who could not participate and did not have family present

Patient Response

- **Of 42 patients able to participate, 88% were able to identify factors contributing to their risk for falling while they are in the hospital**



Discussion

- **Opportunities identified in Med-Surg pilot:**
  - **Identified location to keep MSP**
  - **MSP printed in bright yellow to increase visibility**
  - **Unit-specific requests removed and lines added to allow customization of various patient populations.**

Not Everyone is an Early Adopter

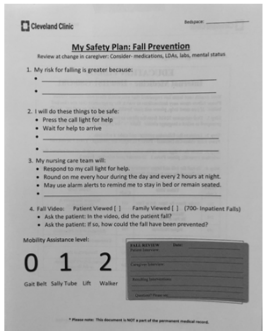
Ongoing Evaluations

Innovation: Trialability

Looking at the Bigger Picture

Nurses Adapt MSP as Institute Practice Council Initiative

- **Identified ways to improve MSP tool**
- **Requested CNSs re-educate all nursing staff on updates & purpose of MSP**
- **'Pink sticker' to reduce repeat falls**


Cleveland Clinic

Bedspace: ____

My Safety Plan: Fall Prevention

Review at change in caregiver: Consider- medications, LDAs, labs, mental status

1. My risk for falling is greater because:
   - ____
   - ____
2. I will do these things to be safe:
   - Press the call light for help
   - Wait for help to arrive
   - ____
   - ____
3. My nursing care team will:
   - Respond to my call light for help.
   - Round on me every hour during the day and every 2 hours at night.
   - May use alarm alerts to remind me to stay in bed or remain seated.
   - ____
4. Fall Video: Patient Viewed [ ] Family Viewed [ ] (700- Inpatient Falls)
   - Ask the patient: In the video, did the patient fall?
   - Ask the patient: If so, how could the fall have been prevented?

Mobility Assistance level:

0 1 2

Gait Belt Sally Tube Lift Walker

FALL REVIEW Date:

Patient Interview

Caregiver Interview

Resulting Interventions

Questions? Please see

* Please note: This document is NOT a part of the permanent medical record.

Innovation: The Social System

Cleveland Clinic

Innovation Diffusion: Let's Take this global

Shannon A. Rives MSN, APRN, ACNS-BC, CCRN, CMSRN

Objectives

- **Enable the learner to apply elements of diffusion of innovation theory to the practical setting**

Diffusion of Innovation Theory

- **Innovation**
- **Communication channels**
- **Time**
- **The social system**

Making the right product
Picking the right project

Relative advantage

Compatibility

Complexity

Trialability

Observability to those people within the social system.

Relative Advantage

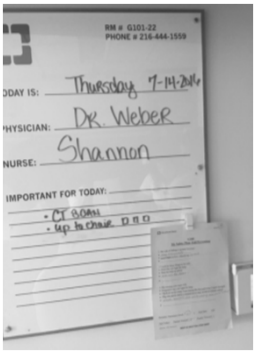
- **Different focus on fall prevention**
- **Utilized on different units with similar results**
  - **decreased number of falls**

Jennifer's unit
Cardiothoracic step-down

Dianna's unit
Internal Medicine unit

Compatibility

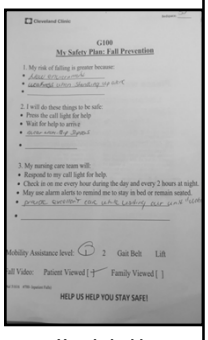
Fall Prevention Plan - Select Strategies in Addition to Universal Interventions		
Universal Falls Precautions Plan		
Toileting		
Observation/Alarm		
Mobility/Ambulation		
Education/Communication/My Safety Plan	☐	☑
Medication		
Consults		
Interventions for High Risk Patients Plan		



Trialability


My Safety Plan: Fall prevention
1. I am a fall risk because:
2. I will do these things to be safe:
- Remain sitting or in bed
- Press the call light for help
- Wait for help to arrive
3. My nursing care team will:
1. Respond to my call light for help
2. Check in on me every hour during the day and every 2 hours at night
4. Mobility/Assistance level: 1 2 Lift


My Safety Plan: Fall Prevention
I am a Falls Risk because:
I will do these things to be safe:
- Remain sitting or in bed
- Press the call light for help
- Wait for help to arrive
My nursing care team will:
- Respond to my call light for help
- Round on me every hour during the day and every 2 hours at night
- May stay with me while I am in the bathroom
- May set an alarm to remind me to stay in bed or remain seated
Mobility Assistance level: 1 2 Gait Belt Lift
Fall Video: Patient Viewed [ ] Family Viewed [ ]
Patient Date Nurse
HELP US HELP YOU STAY SAFE!


G100
My Safety Plan: Fall Prevention
Mobility Assistance level: 1 2 Gait Belt Lift
Fall Video: Patient Viewed [✓] Family Viewed [ ]
HELP US HELP YOU STAY SAFE!

Jennifer's unit **Dianna's unit** **Hospital wide**

Observability

- **Post falls rates on the unit**
- **See the yellow sheets in the room (made it very easy to audit compliance)**

Time

- **Repository for projects (Hear)**
- **Going to the "Genba" (See)**
- **Trial (Touch/Taste)**

Think of the 5 senses

Communication channels

- **Incremental approach to implementation (Mar-May 2016)**
  - **Go live with one in-patient non- ICU unit per week**
    - **Information sharing – Good and the bad**
    - **Problem solving**
- **Partnered with unit based clinical educators**

Social System

- **Social norms**
  - **In our hospital**
    - **One Cleveland Clinic**
      - **Units are like little cities**
    - **Empowerment**
      - **Culture of change/Continuous Improvement**
      - **Shared governance**
    - **Accountability**

Barriers/Takeaways

- Time- people want results right now
- Trialability- the double egde sword
- Communication is key
- Staying true to the original intent
- True collaboration

References

Boushon, B., Nielsen, G., Quigley, P., Rutherford, P., Taylor, J., & Shannon, D.(2008). Transforming care at the bedside how-to guide: Reducing patient injuries from falls. Cambridge, MA: Institute for Healthcare Improvement.

Centers for Medicare and Medicaid Services. (2008). Hospital-acquired conditions. Retrieved from http://www.cms.gov/HospitalAcqCond

Colwill, J., Chaflin, M., & Murray, T. (2016). Enhancing Patient Understanding of Fall Risks Using a Teach-back Tool. Podium presentation at NICHE 2016 Conference, Chicago, IL.

Griffeyet, R.T. et al (2015). The impact of teach-back on comprehension of discharge instructions and satisfaction among emergency patients with limited health literacy: A randomized, controlled study. Journal of Healthcare Communication: 8(1): 10-21

Hitcho, E. B., et al (2004). Characteristics and circumstances of falls in a hospital setting: A prospective analysis. Journal of General Internal Medicine, 19, 732-739. doi:10.1111/j.1525-1497.2004.30387.

Orr, G. (2003). Review on Roger's 1995 theory of innovation diffusion. Accessed at http://web.stanford.edu/class/symbsys205/Diffusion%20of%20Innovations.htm

Putney, L. & Kelly, A. (2015 Apr). Teach-Back Technique Improves Satisfaction of Patients With Heart Failure.; Critical Care Nurse,; 35 (2): e50. Retrieved at "http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2012949366&site=ehost-live">

Quigley, P., White, S., (2013). Hospital-Based Fall Program Measurement and Improvement in High Reliability Organizations. The Online Journal of Issues in Nursing, 18, (2). DOI: 10.3912/OJIN.Vol18No02Man05

Rogers, E.M. (1983). Diffusion of innovations (3rd ed.). New York, NY: The Free Press.

Rogers, E.M. (1997). Diffusions of Innovations Theory. Retrieved from: http://www.tcw.utwente.nl/theorieenoverzicht/Theory%20clusters/Communication%0and%20Information%20Technology/Diffusion_of_Innovations_Theory.doc

The Joint Commission. (2007). Hospital/critical access Hospital National patient safety goals. Retrieved from http://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFaqId=201&ProgramId=1

Zhang, X., Yu, P., Yan, J., & Ton A M Spil, I. (2015). Using diffusion of innovation theory to understand the factors impacting patient acceptance and use of consumer e-health innovations: a case study in a primary care clinic. BMC Health Services Research, 15(1). doi:10.1186/s12913-015-0726-2


Cleveland Clinic
Every life deserves world class care.