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Progress Report

Utilizing quality improvement methods to prevent falls and injury from falls: Enhancing resident safety in long-term care

Anne MacLaurin^a, Heather McConnell^b

^a Canadian Patient Safety Institute, Canada
^b Registered Nurses' Association of Ontario, Canada

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Abstract

Introduction

Internationally, the growing evidence related to preventable adverse events within healthcare settings has resulted in the creation of numerous patient safety and quality improvement initiatives. In Canada, *Safer Healthcare Now!*, a national patient safety initiative of the Canadian Patient Safety Institute, and the Registered Nurses' Association of Ontario, the professional association representing registered nurses in Ontario, have partnered to combine quality improvement expertise with evidence-based practice expertise to accelerate improvement in the area of falls prevention and injury reduction. The synergistic relationship between *Safer Healthcare Now!* and the Registered Nurses' Association of Ontario has resulted in the evolution of the *Safer Healthcare Now!* national Falls Prevention intervention. The ultimate goal of the Falls Prevention intervention is to improve care by translating "what we know" into "what we do," by supporting quality improvement teams to make changes at the local level to enhance the patient experience.

Method

This article provides an overview of *Safer Healthcare Now!* as a national patient safety initiative, and highlights the results of a National Collaborative on Falls Prevention as a knowledge translation strategy utilized within the long-term care setting. A description of expanding supports for knowledge translation will also be provided.

Highlights

- ▶ Significant optimism bias for construction safety hazards.
- ▶ Optimism bias not related to controllability.
- ▶ Implications for safe behaviour at work.

Keywords

falls reduction; injury prevention; knowledge translation; resident safety; quality improvement; collaborative; long-term care

Figures and tables from this article:

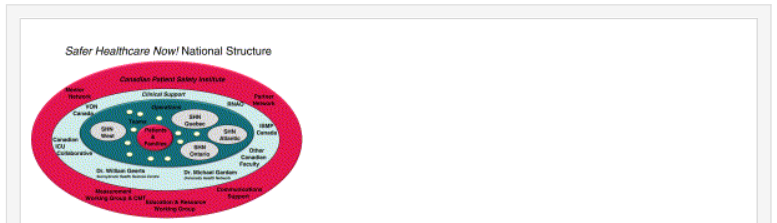


Fig. 1. Safer Healthcare Now! Structure.

Figure options



Fig. 2. The Model for Improvement (Langley et al., 2009).

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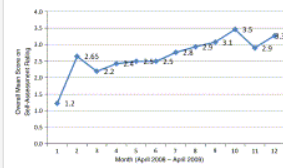


Fig. 3. Mean self assessment scores (May 2008-April 2009).

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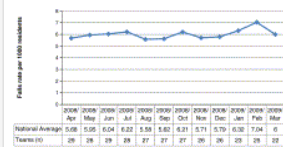


Fig. 4. Aggregate results of outcome measure ' Falls per 1000 resident days' .

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Fig. 5. Individual team's percent improvement for ' Falls rate per 1000 resident days' (calculated from the averages of the first and fourth quarter of data points submitted).

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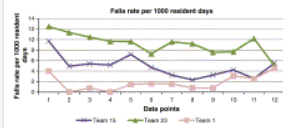


Fig. 6. Individual results of three individual teams for outcome measure ' Falls per 1000 resident days' over 12 consecutive data points.

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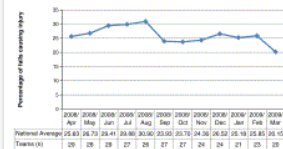


Fig. 7. Aggregate results of outcome measure ' Percentage of falls resulting in harm' .

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Fig. 8. Improvement in 'Percent of falls causing harm' by individual team calculated from the averages of the first and fourth quarter of data points submitted.

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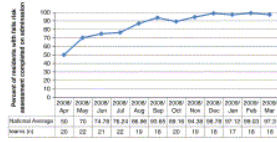


Fig. 9. Aggregate results of process measure 'Percentage of falls risk assessment completed on admission'.

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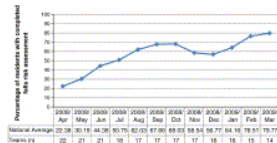


Fig. 10. Aggregate results of process measure 'Percentage of falls risk assessment completed on change in status'.

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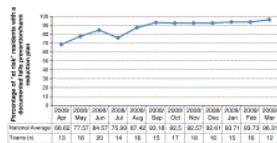


Fig. 11. Aggregate results of process measure 'Percentage of at risk residents with interventions in place'.

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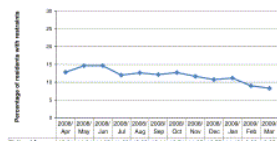


Fig. 12. Aggregate results of balancing measure 'Percentage of restraint use'.

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Fig. 13. Reduction of Falls and Injury Prevention Intervention Model.

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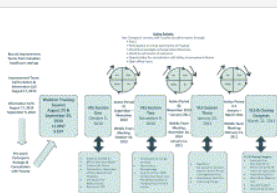


Fig. 14. Falls Prevention Virtual Learning Collaborative Model.

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Table 1. Elements of the National Collaborative on Falls Prevention in Long-Term Care.



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Table 2. Measures described in the Getting Started Kit.



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Corresponding author. Tel.: + 1 780 721 9143.

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Anne MacLaurin, RN, BScN, MN is employed by the Canadian Patient Safety Institute as the Project Manager for *Safer Healthcare Now!*. Anne has held various positions during her career, such as staff nurse with the IWK Health Center in Halifax and the Prince County Hospital in PEI; clinical instructor for the University of Prince Edward Island; Utilization Coordinator for the Provincial Health Services Authority and the Quality/Risk Coordinator, for the PEI Department of Health. Anne holds a B.Sc. in nursing from St. Francis Xavier University and completed her masters of nursing studies through Dalhousie University in 2007. The clinical focus of her graduate work was in the care of ill children and their families.

Heather McConnell, RN, BScN, MA(Ed) is the Associate Director, International Affairs and Best Practice Guidelines Programs at the Registered Nurses' Association of Ontario. In this role, she leads various aspects of this multi-faceted program, focusing on guideline development, dissemination, implementation, evaluation and support for uptake. Over her career, she has worked in a variety of practice settings, including acute care, oncology and home health care. Her clinical management experience includes front line and middle management in the home health sector, where she provided leadership to support evidence-based home health nursing services.

Heather is a senior member of the Nursing Best Practice Research Unit, and a co-investigator on several research teams focusing on guideline implementation and uptake.