Straight Talk NCH Healthcare System

A weekly update from management on the issues that matter most

October 8, 2009

Dear Friends and Colleagues:

There are few issues more critical in a hospital than ***patient safety***. At NCH, patient safety is serious business.

This year, the Florida Hospital Association (FHA) held a juried competition for "patient safety improvement." I am proud that NCH was awarded this prestigious institutional award on October 1st in Orlando. We won for our *Falls Prevention Initiative,* which has reduced falls by 20%. Accepting the honor for NCH were **Sue Manning, Holly Teach, Gina Teegarden, Jon Kling,** and **Lou Lafemina,** who represented their teammates **Crystal Campbell, Suzanne Graziano, Dora Krauss,** and **Linda Roeback. Kelly Daly** and **Tracey King** also deserve great credit for helping earn this distinction.

Now why are such honors so important and why is patient safety so critical?

In the United States, across all hospitals, patient falls range from 2-7 falls per 1,000 patient days. Thirty percent of these falls result in injury. The Centers for Disease Control (CDC) estimates the average internal cost per patient fall with injury is $19,700. A fall without injury carries an internal cost of $4,000/incident. More importantly, every time a hospital patient falls, it sets back his or her recovery, which causes even more concern for the patient and family.

At NCH, our rate of falls has been reduced by 20%. Obviously, we're not satisfied until we further increase patient and family satisfaction by decreasing patient harm, length of stay, and costs. But this is a great start.

The way we've improved our performance on patient falls is the same approach we've applied in other areas. It's called *"Lean Six Sigma"* and uses a proven, 50-year-old methodology with the acronym DMAIC—which means, Define opportunities, Measure performance, Analyze potential causes, Improve performance, and Control performance. The technique was introduced in Japan for manufacturing firms and popularized by Motorola and General Electric (www.en.wikipedia.org/wiki/Six_Sigma). We've trained more than 100 NCH colleagues in using this methodology. One of our colleagues, **Jodi Swarthout**, has attained the highest level "black belt" certification and two others, **Sue Manning** and **Chris Vasta** are approaching this same level.

In Lean Six Sigma, teams of people involved in the particular process to be improved plus others with no direct involvement interview key stakeholders to determine critical elements of "quality"—in this case, how to prevent falls. After the interviews, team members brainstorm ideas and come up with potential solutions. In the case of patient falls, the NCH team came up with 64 potential solutions, whittling these down to the 14 most likely areas to have the greatest impact. Six solutions were identified: 1) hourly rounding, 2) implement a "falls score" for assessing risk of falling, 3) develop interventions based on this "falls score," 4) enhance polypharmacy consults to decrease medication use, 5) implement a sleep hygiene routine, and 6) standardize the hand-off report among all caregivers.

CNO **Linda Gipson** invited all clinical staff to attend a half-day *"Operation Nightingale"* educational program, which introduced Fall Prevention Kits that identified high risk patients. The kit included bright yellow non-skid socks, yellow wristbands and a yellow door frame magnet. The result of all this NCH effort to improve? A prestigious FHA award for our hard work, but more importantly a significant reduction in patient falls and an overall improvement in patient safety and satisfaction—please keep up the great work.

Respectfully,

Allen

Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* and ask anyone to email me at allen.weiss@nchmd.org to be added.