Implementing a Safety Huddle Process to Prevent Falls on an Addiction Medicine Unit

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Background

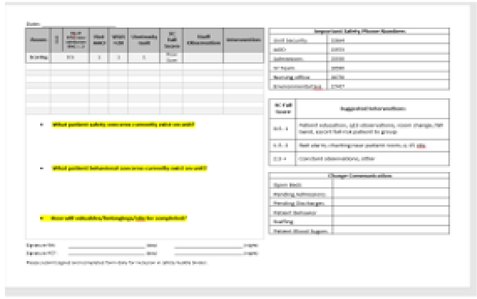
- AHRQ estimates 700,000- 1 million people in the US fall while hospitalized yearly (Ganz et al., 2018).
- Alcohol detoxification presents unique fall risks, characterized by sudden onset of delirium in complicated cases (Mainerova et al., 2015).
- Incident narratives on unit suggested alcohol withdrawal frequently associated with patient falls.
- Kylor, Napier, Rephann and Spence (2016) describe a nursing unit safety huddle process that served as our framework to address falls.

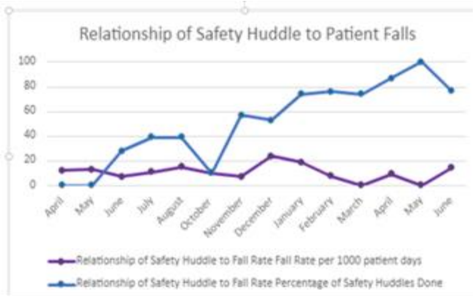
Alcohol Withdrawal and Fall Risk

- The Predictor of Alcohol Withdrawal Severity Scale (PAWSS) uses current clinical data to predict severe alcohol withdrawal and delirium (Maldonado et al., 2015), assisting in implementing timely interventions.
- PAAWS assessment indicates potential for severe alcohol withdrawal.
- Modified PAAWS risk factors to include in safety huddle were history of Delirium Tremens (DTs), high BAC content, orientation, recent WAS scores.

Implementation

- Initial Safety Huddle was started on unit to determine which patients were at risk for falls.
- After making some adaptations to the Safety Huddle, a new Safety Huddle was implemented to also highlight any additional safety concerns and behavioral concerns.
- Safety Huddle was done early on daylight shift and reviewed by RNs and support staff. The information was later passed on to evening shift.





Adaptations to Increase Use

- Added charge RN notes.
- Made table less complicated.
- Added open-ended questions.
- Safety huddle validated weekly by unit clinician.

Results

- Steady increase in daily safety huddle completion since validations began.
- Falls have trended downward as safety huddle becomes hardwired.
- A culture of safety on unit has been fostered.

Next Steps

- Continue to hard wire daily safety huddles.
- Identify safety champions among staff to promote interventions, reward good catches.

References

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