Defeating that Drive-Thru Mentality
Rhonda Turner, RN, MSN, CSPHA
Ronnie Turner, CNA, CSPHA
Sarah Wimmer, ED Tech

Objectives

1) Gain knowledge of how to create an effective positive shift in culture.
2) Be given tools to help create a “pause for safety” awareness throughout the continuum of care.
3) Become empowered when working with peers and patients to engage in the culture of safety through interactive learning.
4) Learn how patient safety can be compromised in the blink of an eye when staff have this drive-thru mentality.
Life in the Fast Lane

- Started my career in the EMS world in 1995, in Rural America
- Emergency Department in 2000 and remain in the same unit as an ED Tech for the past 10 years
- Work as an EMT in the Field covering special events and venues onsite medical team

“WIMMER”

Why I do What I do

- Emergency Medicine is my calling.
- My Passion: helping people at the bedside and my peers in the classroom.
- My current role: allows me to help keep my team safe when moving customers

Therefore keeping my patients safe
Creating Champions from Triage to Admission

Repetitiveness
• Frequent conversations with front line staff about all things SPHM
• Monthly SPHM classes

Consistency
Encouraging staff to use the resources every patient every time

Banner Baywood

Sustainability

Accessibility / Convenience
• Making it easy to get the equipment to where the patient is
• Front line staff in equipment allocation and training; Creating ownership

Rinse and repeat.
• Must have dependable supporters involved and willing to help others get on the train.
Growing Champs from Within

• Finding the “nay Sayers” and challenging them to participate and becoming “champions” of the process.
• Monthly training for NEO and employees who faced an injury due to unsafe movement or failure to use equipment
• 2017 – 2018 – 51 incident reports related to employee injury from PHM
• Getting the input of the end user on what works and what doesn’t allowing their voice to be heard and again develops ownership of the process

• Old habits die hard
  • “It’s easier to get the 10 people, than to go get one lift”
• The Drive Thru Mentality
  • In the Emergency setting, fighting the “time” perception
• Location, location, location
• Understanding the why
  • But we can do it
• But it’s Awkward

The struggle is real... change is possible!!!

Ronnie Turner...
Why I do what I do...

- Joy in patients when they are up and moving
- Brings the unit and department to life
- Teach your peers to move with confidence so your patients move with confidence

Hit the Streets

- Take your education opportunities to your peers
- Partner for roaming education
- Don’t forget about the night shift

Engaging Your Peers

Responsible love and concern.
They may not be where you are in their journey
Starting with one co-worker at a time.
Don’t forget about the Docs!!

- Show them what tools you have for early mobility
- Get them on the equipment so they can encourage their patients
- They can be your best advocate for your peers and your patients

Evidence of a shifting culture

- Increased conversations with fall prevention
- Staff talking in huddle are more engaged
- Proactive partnerships when planning for the day

Leaders are stepping up and reaching out

Partner with Your Community

- Teach proactive fall prevention in the home
- What to do if your family member falls
- Simple SPHM tricks getting in and out of the car
- Focus on multi generational families
We have come a long way... but we still have a long way to go

Drive – thru Mentality

• When staff are stretched between competing priorities
• Shortcuts are taken when staff don’t have the tools or education regarding SPHM
• Patient safety is compromised in the blink of an eye

Disclaimer to Personal Testimony

• I am not angry at the facility
• I am not angry at the caregivers
• I am saddened that falls and lack of SPHM knowledge is continuing to happen across the nation
Look at these numbers...

- Epidemiologic studies have found that falls occur at a rate of 3–5 per 1000 bed-days, and the Agency for Healthcare Research and Quality estimates that 700,000 to 1 million hospitalized patients fall each year.
- Patients in long-term care facilities are also at very high risk of falls. Approximately half of the 1.6 million nursing home residents in the United States fall each year.
- 2014 report by the Office of the Inspector General found that nearly 10% of Medicare skilled nursing facility residents experienced a fall resulting in significant injury.

2005 – Texas passes legislation for SHPM as mandated practice
2019 – only 10 other states have joined Texas

My Reality

This is why never events should never happen

Stand with us for patient and staff safety

How do you reach the heart of the caregivers??

“Tiffany Hettinger, CNO”

• Begin where you are
• Lead with Purpose
• Go with Energy
Pre-fall Huddle

- Integrated Article Review
- Two Pilots → best practice from both
- Blended Pilot → Region Wide
- System implementation → July 11, 2018
- EHR → March 21, 2019

Fall Risk Continuum

Action plan resulted from a “Fall with Injury” Root Cause Analysis

- 5 Stations taught by a multidisciplinary team
  - Director /Sr. Manager = SBAR of why we are here
  - Charge RN or Educator = Proactive bedside report, room placement, 4-eyes on
  - Falls/SPHM Lead = Prefall Huddle, BMAT, Morse Fall risk, floor rescue
  - CNA = Fall interventions, Chair Alarm, Safety Trumps Privacy
  - Clinical Recourse Leader = How do you feel when your patient falls and personal commitment to fall prevention

Fall Reflections Skills Lab

Outcomes

Personal Commitment to Fall Prevention

- Second Victim Syndrome
  - Very evident as staff moved through
  - Caregivers carry so many burdens
  - Call to Leadership– support must be given freely – without judgement

3/3 units have met targets in 2018
In summary...

Immobility is the pre-cursor to death.

Dr. Steven Loecke, CMO

Questions??

Contact: twoturnerSPHM@aol.com
References

