CAPTURE

Collaboration and Proactive Teamwork Used to Reduce

Falls

Best Practices for Effective Meetings: Focus on Fall Risk Reduction Teams

May 7, 2013 10:00 – 11:00 a.m. CST

Victoria Kennel, MA

Industrial/Organizational Psychology

Research Associate – The Center for Collaboration Science

University of Nebraska at Omaha

e-mail: vkennel@unomaha.edu

Acknowledgement

This project is supported by grant number R18HS021429 from the Agency for Healthcare Research and Quality. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality.

Learning Objectives

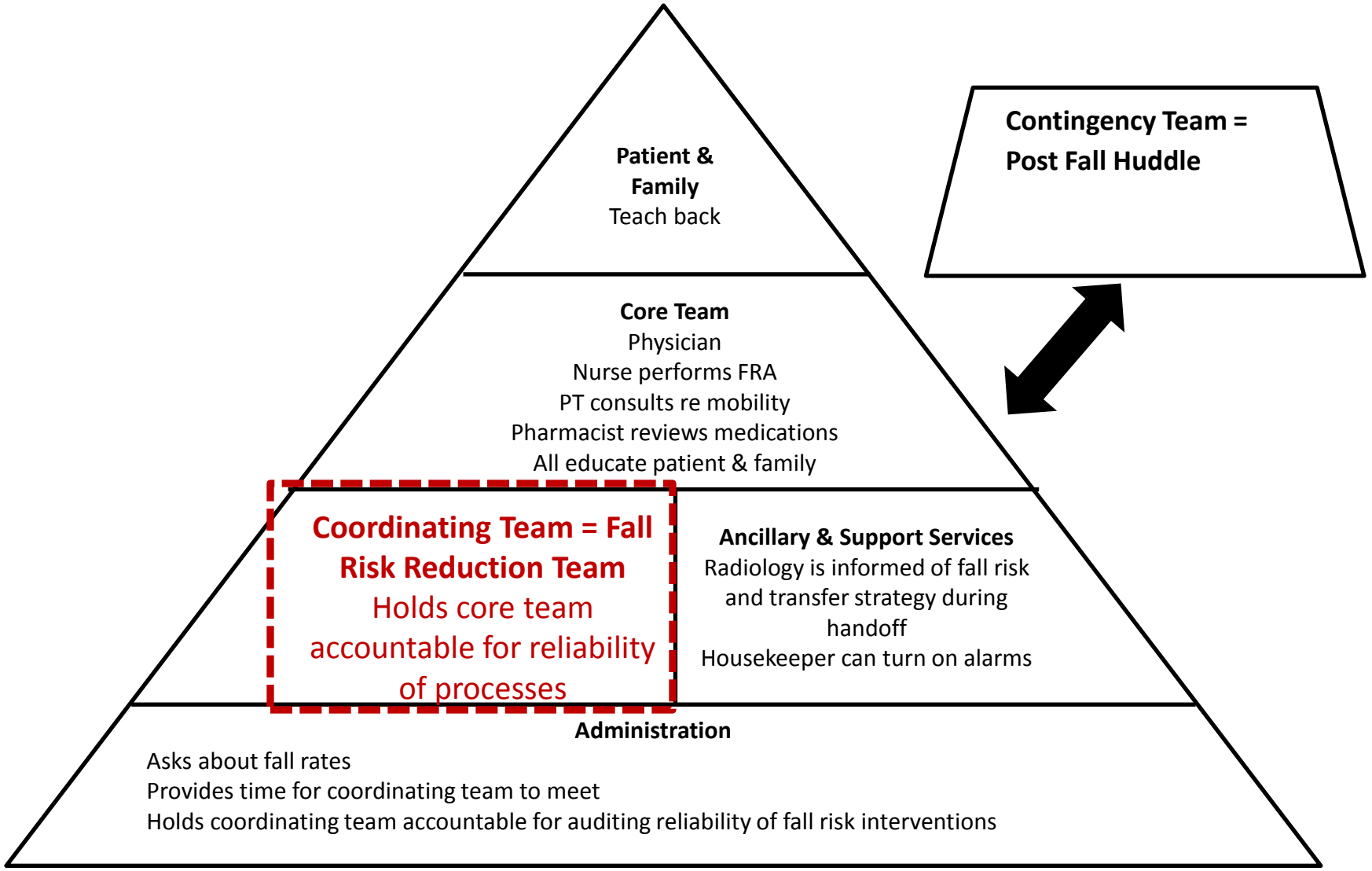
- Review baseline data from 2011 hospital survey specific to fall risk reduction teams
- Explain how meetings are an organizational tool
- Describe lessons learned from observations of fall risk reduction team meetings
- Discuss best practices in conducting effective meetings

Introduction

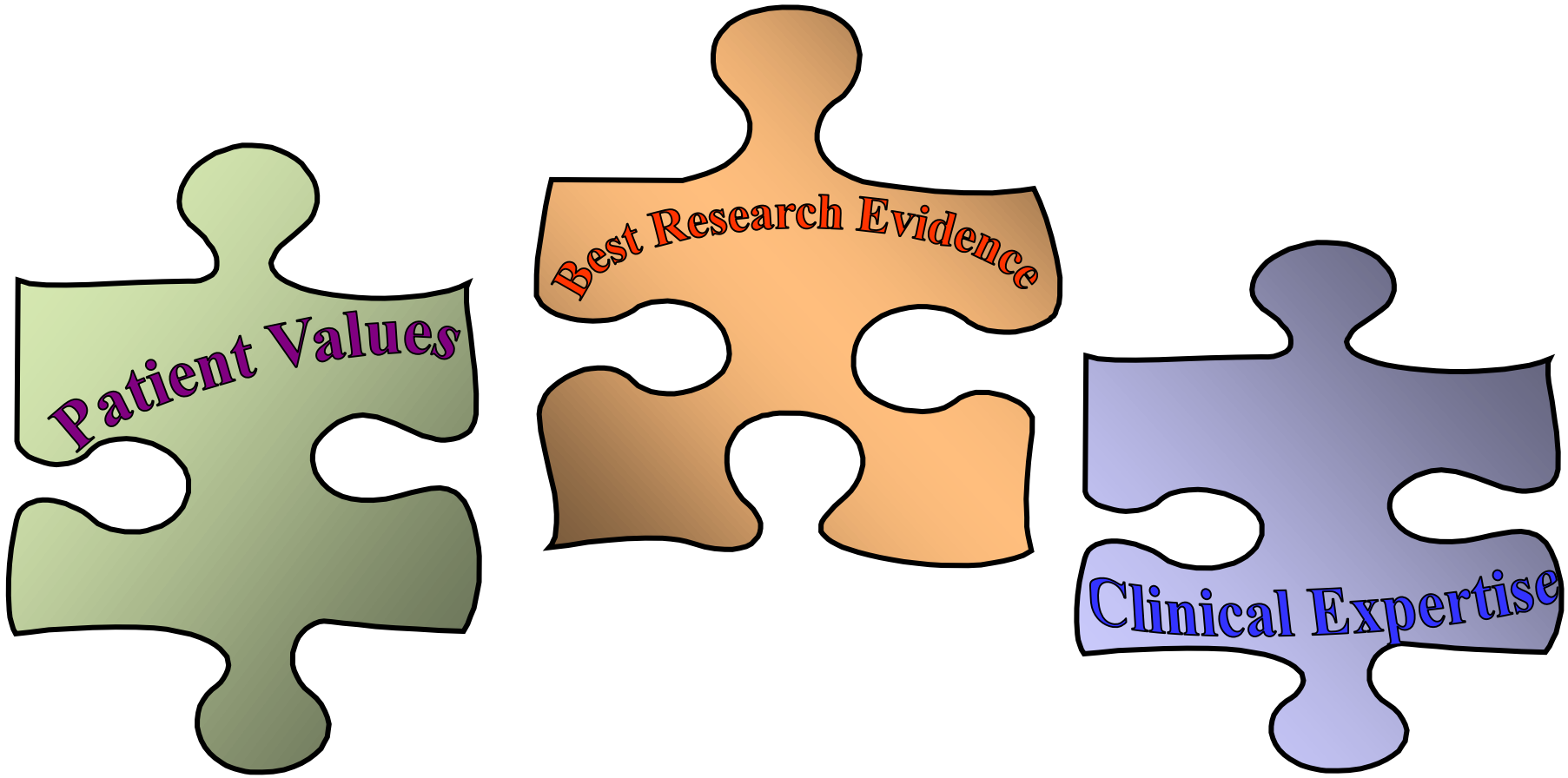
Role of Teams in Fall Risk Reduction

- The etiology of falls is multifactorial, thus falls require a multifactorial and interprofessional approach for prevention (JAGS, 2001)
- Fall risk has been reduced in studies where interprofessional team members were actively engaged in fall risk reduction efforts (Gowdy & Godfrey, 2003; Szumlas, Groszek, Kitt, Payson, & Stack, 2004; von Renteln-Kruse & Krause, 2007)
- An interprofessional team (vs. nursing only strategy) and use of benchmarks are associated with sustained improvement (Sulla & McMyler, 2007; Krauss, Tutlam, Costantinou, Johnson, Jackson, & Fraser, 2008; Murphy, Labonte, Klock, & Houser, 2008)

Fall Risk Reduction Multi-Team System



Evidence Based Practice...What is it?



"The integration of best research evidence with clinical expertise and patient values"

-Sackett et al., 2000, p.1

2011 Falls Survey in NE Hospitals

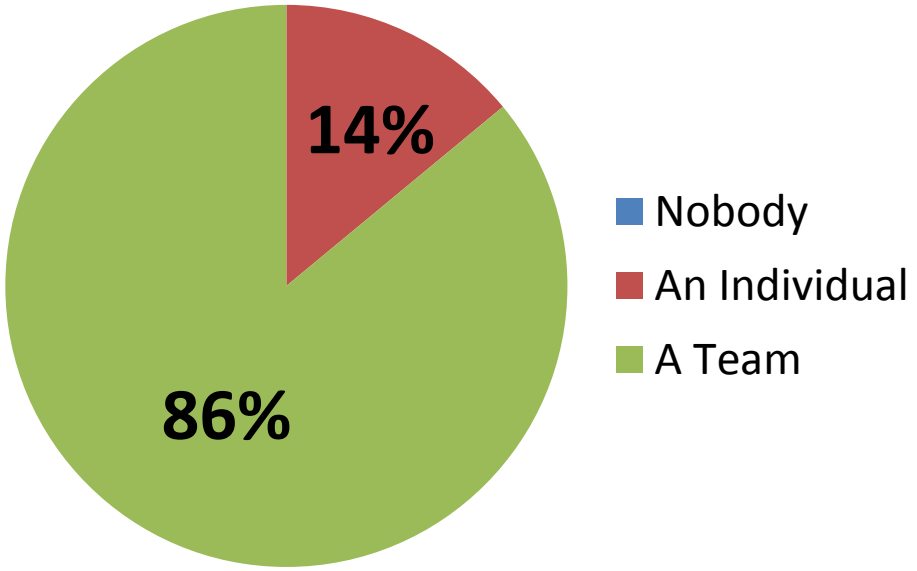
- Examined structures-processes-outcomes related to fall risk reduction

- 70 of 83 general community hospitals in NE responded (84%)
  - 56 of 65 CAHs (86%)
  - 14 of 18 non-CAHs (78%)

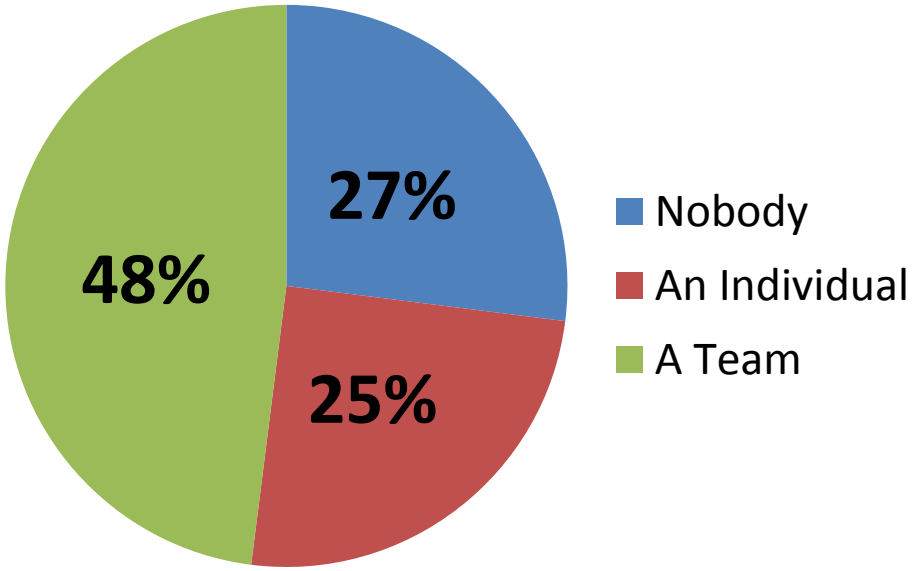
Fall Risk Reduction Structure

Who is Accountable for Implementing Your Fall Risk Reduction Program?

Non-CAHs (46 – 689 Beds, n=14)

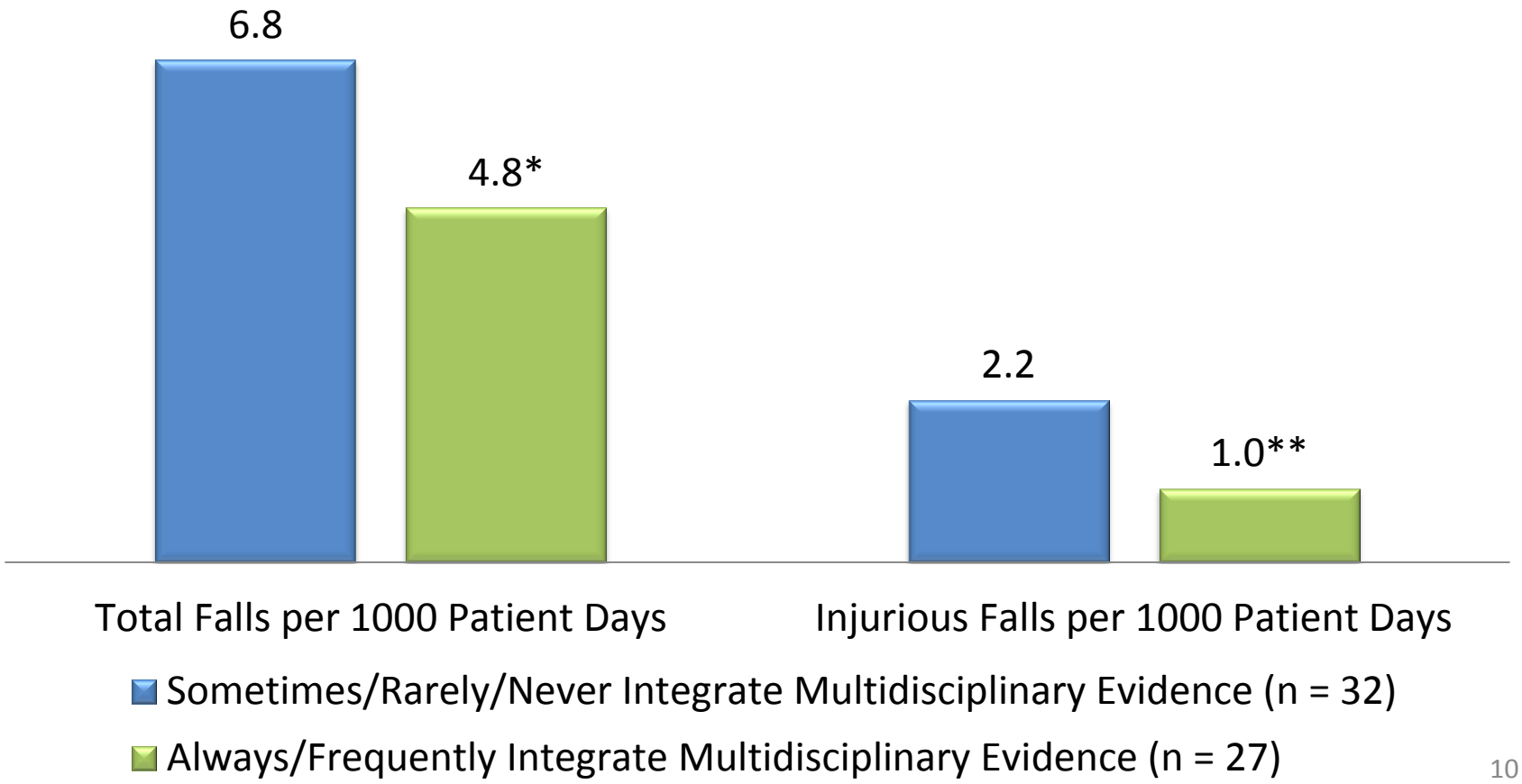


CAHs (12 - 25 Beds, n=56)



Integrating Multidisciplinary Evidence

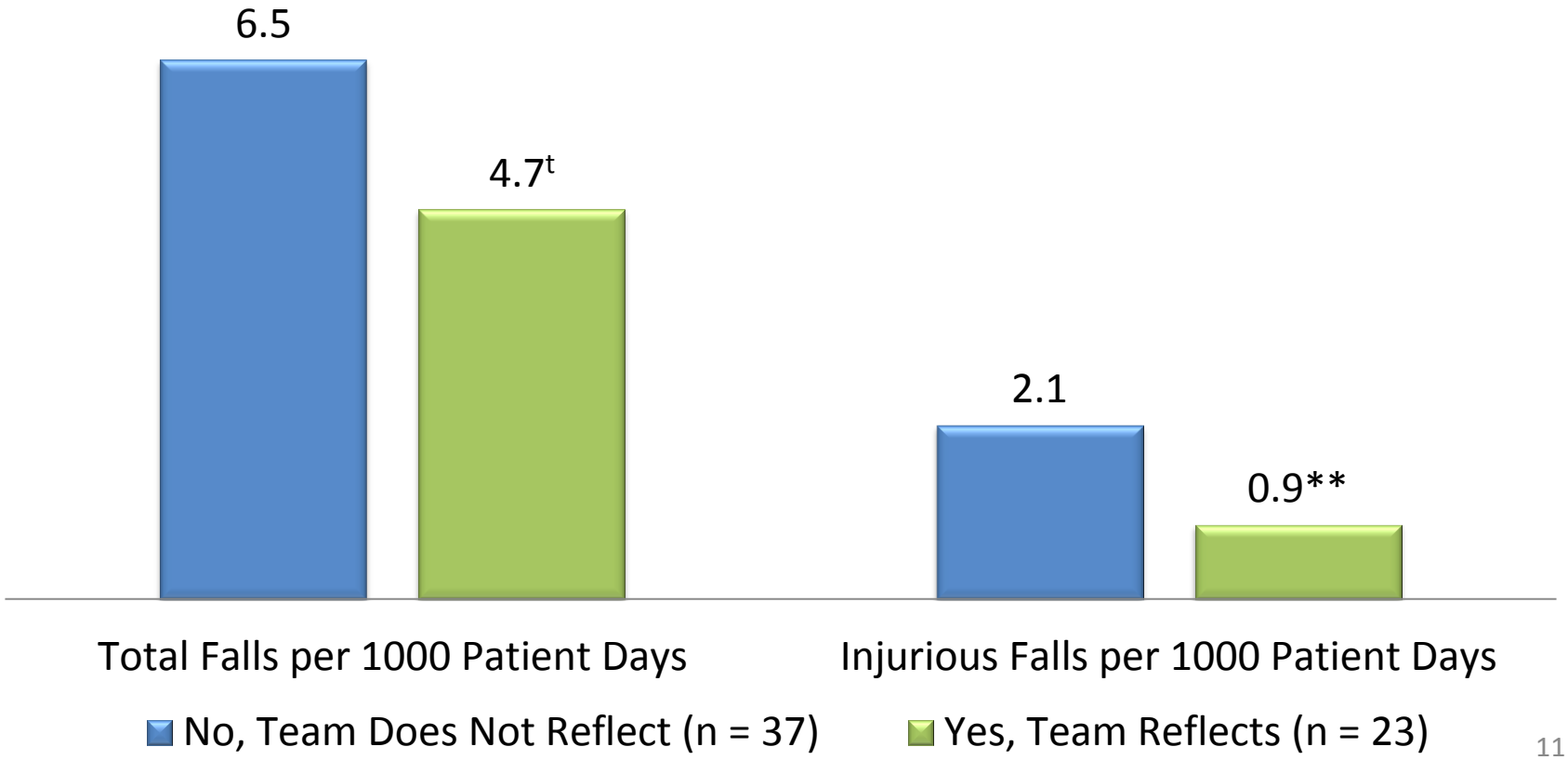
Does your fall risk reduction team integrate evidence from multiple disciplines to continually improve fall risk reduction efforts?



Team Reflexivity

Does your fall risk reduction team:

- **Collect and analyze data regarding fall risk reduction program outcomes?**
- **Modify fall risk reduction policies and procedures based on outcomes data?**
- **Conduct root cause analyses of injurious falls?**



Preliminary Team Interview Findings

- Key findings
  - Need for better communication within and across departments
  - Need for education on fall risk reduction policies and interventions
  - More accountability for fall risk reduction processes and outcomes
  - Need for active reflection on fall data and outcomes
  - Not enough time…

What is the Purpose of a Meeting?

Why Do We Have Meetings?

- Meetings are an organizational tool (Cohen, Rogelberg, Allen, & Luong, 2010)
  - **Communication to attain organizational goals** (Maitlis, 2005)

- Purpose and Desired Outcomes:
  - Communication and information sharing
  - Problem solving
  - Decision making
  - Education and training
  - Action planning
  - Socializing

Meeting Outcomes

- Over 50% of meeting time is often wasted or misused (Mosvick & Nelson, 1987)
  - Lost time, effort, resources (Allen, Rogelberg, & Scott, 2008)

- Effective meetings lead to
  - Desired team and organizational outcomes (Kauffeld & Lehmann-Willenbrock, 2012)
  - Greater job satisfaction (Rogelberg, Allen, Shanock, Scott, & Shuffler, 2010; Rogelberg, Leach, Warr, & Burnfield, 2006)

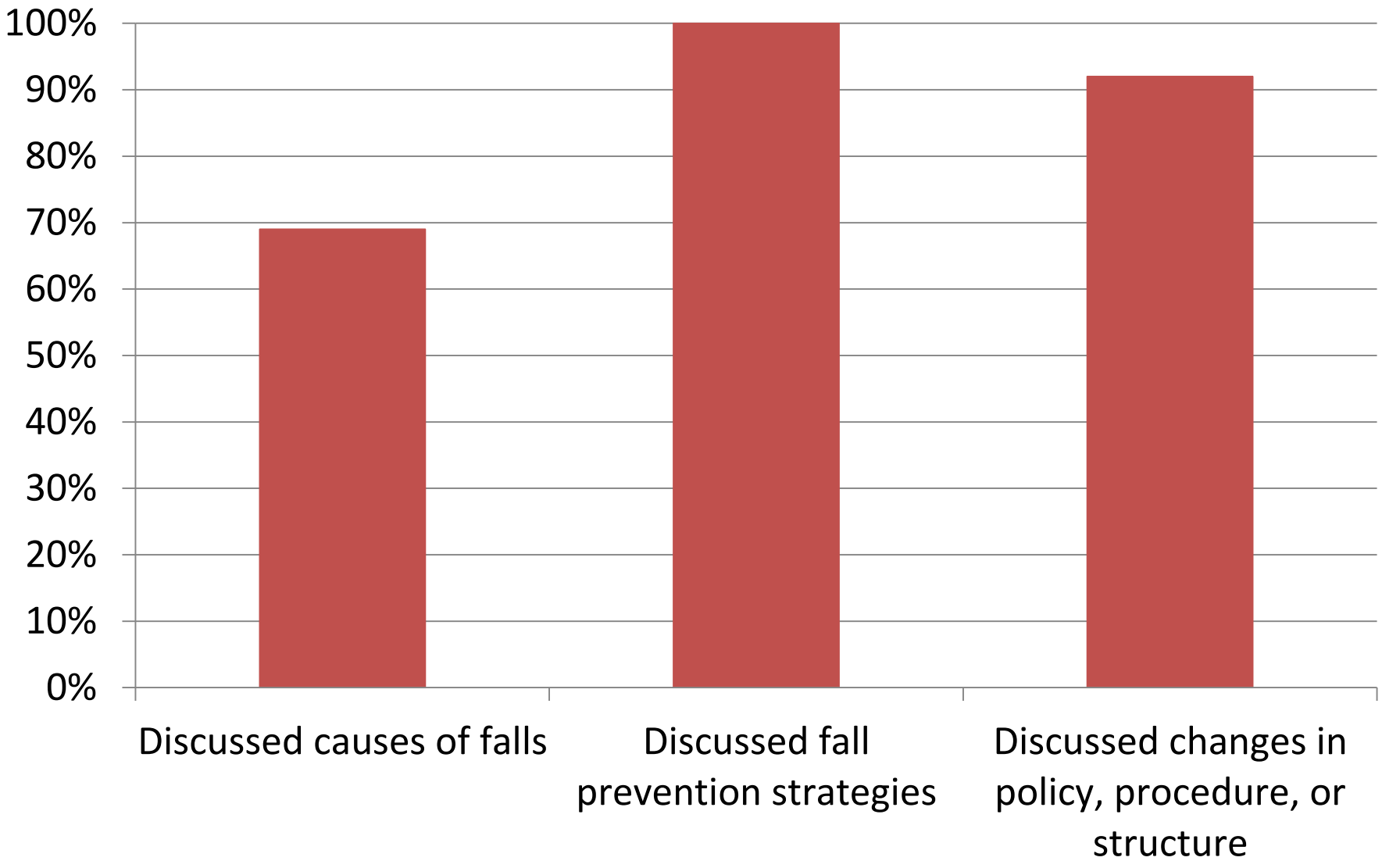
Fall Risk Reduction Team Meeting Observation

Fall Risk Reduction Team Observation

- 13 of 19 hospitals held fall risk reduction team meetings during our site visit

- Examined the context and content of fall risk reduction team meetings
  - Discussion quality
  - Discussion participation
  - Meeting structure

Discussion Quality

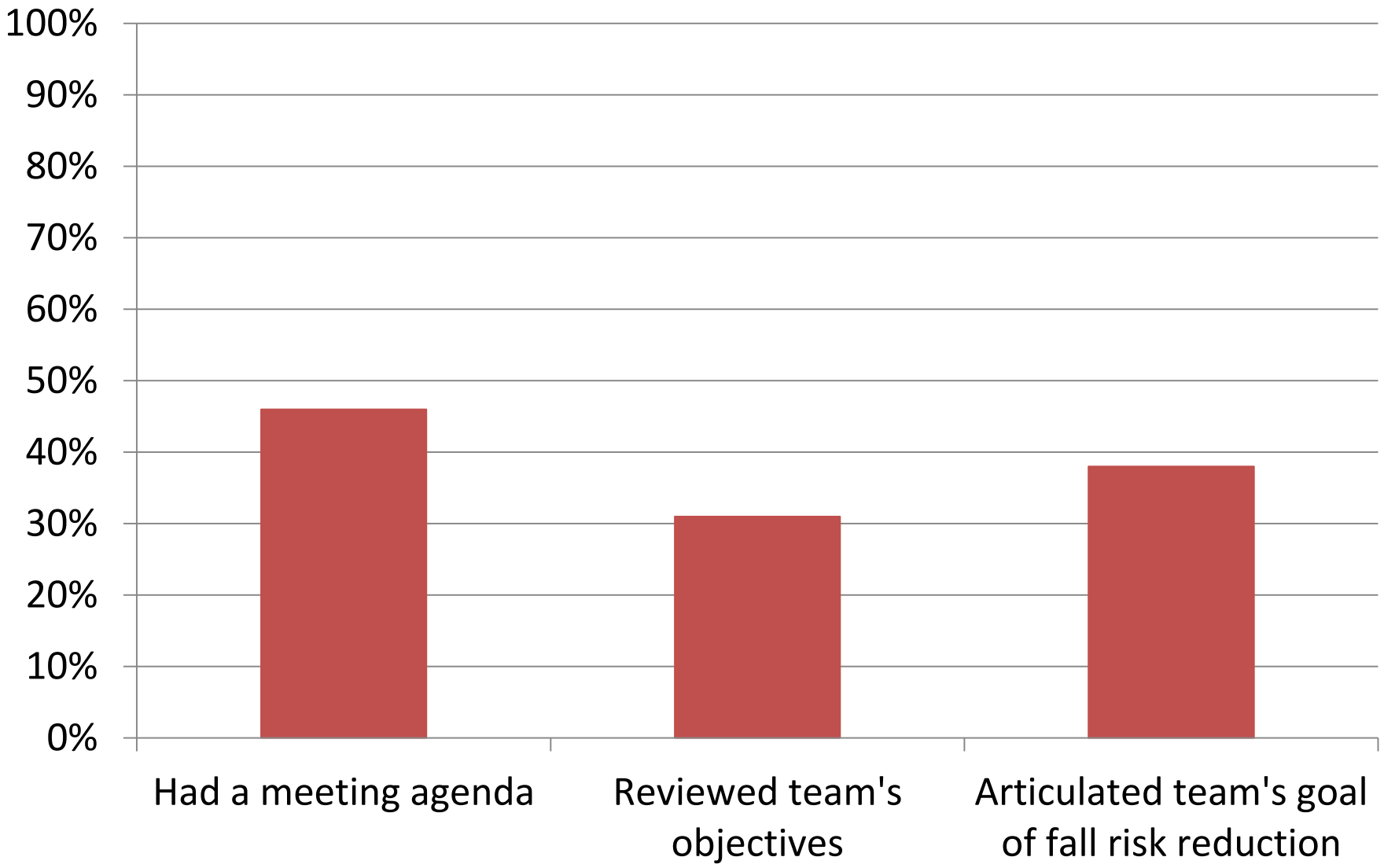


Discussion Participation

- In 11 of 13 teams (85%) every member presented participated at least once in the discussion

- The atmosphere was perceived to be very open in each of the team meetings
  - Promoted participation

Meeting Structure



Summary of Team Observation

- Continue using evidence to drive discussions about causes of falls, fall prevention strategies, and policy and procedure changes
- Encourage participation from all team members
- Meeting design and structure can improve meeting effectiveness

Evidence Based Best Practices in Conducting Effective Meetings

Why Take the Time to Design a Meeting?

- The way in which a meeting is designed is critical to conducting and executing successful meetings (Niederman & Volkema, 1999)

- Teams that constructively interact to problem solve and action plan in their meetings are (Kauffeld & Lehmann-Willenbrock, 2012)
  - More satisfied with meetings
  - More productive
  - Meet organizational goals

Characteristics of Effective Meetings

- Formal meeting agenda
- Meeting minutes
- Starting and ending on time
- Role of the meeting leader
- Follow up and review

Formal Meeting Agenda

- Communicates the purpose and structure of the meeting

- Where and when is the meeting?
- What are the goals and objectives of our team?
- What are our agenda items?
  - What must we discuss in this meeting? In what sequence?

Example Agenda Items

- Team goal/purpose of meeting
- Action plan progress
  - Ongoing and new activities and interventions
- Review of fall reports and post-fall huddle forms
  - Fall rates
  - Fall prevention strategies
- Fall policies and procedures
- Education, training, and evaluation

Formal Meeting Agenda

- Provide agenda before the meeting to maximize meeting efficiency (Rogelberg, Scott, & Kello, 2007)
  - Communicates purpose and goals of meeting before the meeting begins
  - Encourages preparation for the meeting
    - What do I need to do before our next meeting?
  - Increases team member satisfaction with the meeting (Cohen, Rogelberg, Allen, & Luong, 2011)

Formal Meeting Agenda Example

Capture Agenda
Meeting Date
8:00-9:00
Meeting Room

1. The meeting will begin with a Conference Call with Katherine Jones and her team.
2. Follow-up discussion from patient fall, lessons learned.
3. Magnets - QI
4. Delirium bags - OT
5. Side rail pads - PT/QI
6. Floor mats - Care Coordinator
7. Fall Risk Assessment and Prevention Audit - RN
8. Comments from RN's presentation to Nursing staff – RN
9. Therapy's flow chart – PT/OT
10. CIMRO Quality Conference
11. Next steps
12.

UPCOMING MEETINGS:

March 13 – Webinar #4 - 10:00-11:00 in the Meeting Room
March 26 – Monthly Call – 2:00-3:00 in the Meeting Room
April 9 – Monthly Team Meeting - 8:00-9:00 in the Meeting Room
April 23 – Monthly Call - 2:00-3:00 in the Meeting Room
May 7 – Monthly Team Meeting – 8:00-9:00 in the Meeting Room
May 28 – Monthly Call – 2:00 – 3:00 in the Meeting Room

Meeting Minutes

- A record of meeting activity and progress
  - Communicates importance of meeting activities (Leach, Rogelberg, Warr, & Burnfield, 2009)
  - What did we discuss, update, or make decisions about?

- Facilitates future activity, such as action planning and agenda development (Leach et al., 2009)
- What action is required, by whom, and by when?
  - Increase likelihood that attendees will honor agreements made during meeting (Tropman, 1996)

Meeting Minutes Example

Capture Minutes
Meeting Date
8:00-9:00
Meeting Room
Team Members Present: RN, Care Coordinator, Pharmacist, OT, VP Clinical Services, Dietician, QI

1. The meeting began with a Conference Call with the CAPTURE Falls team. They reviewed the Senior Leader and Falls Reduction Team Interview Summary. QI shared our progress including a recent fall that had occurred in our facility.
2. **Follow-up discussion from patient fall**, lessons learned.
   The following was identified by the team as potential events that led to the fall:
   1) New staff member using the FRASS tool- patient not scored appropriately; therefore the proper interventions were not in place.
      Education on use of the FRASS tool and interventions will be shared at the nurse's meeting in April.
   2) No evidence of appropriate footwear used
      Proper footwear addressed after the fall.
   3) The team had mistakenly placed the intervention "bed alarms on for anyone without independence orders" in the moderate risk category.
      This is now a universal precaution.
      After the fall, bed and tab alarms were put into place.
      Patient was educated also.
   4) A commode was placed in the patient's room for toileting.
3. **Magnets** - QI will check with Community Member to see if he can make the custom magnets we have discussed using. A CAPTURE Falls Collaborator informed us of a printing company in Imperial which also produced magnets for a hospital in the project.
4. **Delirium bags** - OT will purchase items and place them in a large plastic container. Nurses will be able to choose items for patients at their discretion. These items will be sent home with the patient for them to keep.
5. **Side rail pads** - PT/QI reported PT could not find compelling evidence one way or another for the use of side rail pads. At this time we will remove this item from our high risk interventions.
6. **Floor mats** – Care Coordinator reported we received a donation of 5 floor mats from one of our suppliers. We have purchased 1 more and will want to purchase another mat to maintain an even number.
7. **Fall Risk Assessment and Prevention Audit** - RN reported the recent results of her audit. She reported and increase use of yellow stickers on armbands. She stated we need to provide further education to nursing staff and remind them to ask the history of falls question when a patient presents to ER.
8. **Comments from RN's presentation to nursing staff** – Nursing staff meeting was canceled in March. RN will present at April's meeting.
9. **Therapy's flow chart** – PT/OT - The team was shown a flow chart that will be used by PT/OT to help their staff consistently perform the correct screening verses assessment on patients who fall into the appropriate fall risk categories.
10. **CIMRO Quality Conference** - RN will help Collaborator tell our story at the CIMRO Quality Conference in LaVista on May 9th. Thanks RN!
11. **Next steps**: QI will ask Staff Member to remind her staff to lock chairs and beds after they clean the patient's room. QI asked Staff Member to investigate the difficulty of engaging the locks on the patient care chairs. The team discussed producing an educational pamphlet for patients and their families on falls and fall prevention. We will also put up a visual reminder/celebration for our patients, patient's families and staff of number of days since our last in- patient fall. This could be updated by the night shift floor staff. The team also discussed ways to incorporate goals and celebrations into this program. Discussed if we could have an April Fall's Day kickoff. We will work on this.

UPCOMING MEETINGS:
March 26 – Monthly Call – 2:00-3:00 in the Meeting Room
April 9 – Monthly Team Meeting - 8:00-9:00 in the Meeting Room
April 23 – Monthly Call - 2:00-3:00 in the Meeting Room
May 7 – Monthly Team Meeting – 8:00-9:00 in the Meeting Room
May 28 – Monthly Call – 2:00 – 3:00 in the Meeting Room

Respectfully submitted,

QI Team Member

Starting and Ending on Time

- Implications of starting and ending on time (Leach et al., 2009)
  - Encourages punctuality
  - Allows attendees to schedule meetings around their work tasks
    - **Meetings become less disruptive**
  - Promotes the value of the meeting
    - Reduces wasted meeting time

- Attendees find meetings to be more effective when they start and end on time (Cohen et al., 2011)

Leading an Interdisciplinary Team Meeting

- Meeting leader behaviors influence meeting satisfaction and productivity (Carlozzi, 1999; Malouff, Calie, McGrory, Murrell, & Schutte, 2012)
  - Direct the meeting pace, direction, and attainment of meeting objectives
  - Encourage participation and decision making
    - Interdisciplinary Fall Risk Reduction Team
  - Summarize decisions made

Leading an Interdisciplinary Team Meeting

- Who should lead the meeting?
  - Designate a meeting leader or facilitator
    - Fall risk reduction team chair
  - May change depending upon agenda items for the meeting
    - Engage all members of fall risk reduction team

- Clarify roles of leaders and team members

(Rogelberg et al., 2007)

Meeting Follow-Up and Review

- Summarize meeting accomplishments
- Review all decisions made in the meeting

- Assign tasks to accomplish for next meeting
  - WWW – Who's doing what when?

- Set agenda and action items for next meeting

Meetings and Team Reflexivity

- Team reflexivity assessment
  - Review and modify team goals and objectives
  - Discuss strategies and methods to implement fall risk reduction program
  - Make decisions that match the goals and needs of our fall risk reduction program
  - Extent to which our team is working together effectively to implement our fall risk reduction program

Meetings and Team Reflexivity

- Teams are more likely to learn from errors and mistakes and adapt their actions to minimize future risks when they reflect on outcome data, and the policies and procedures that produced those outcomes (De Dreu, 2002)

- Your fall risk reduction team is coordinating and facilitating organizational learning, innovation, and improving patient safety through your fall risk reduction program

Overall Summary

- Interdisciplinary fall risk reduction teams and their meetings are a critical component of an effective fall risk reduction program

- Well-structured and designed fall risk reduction team meetings:
  - Establish clear and effective fall risk reduction policies and interventions
  - Reflect upon and improve fall risk reduction practices and increase organizational learning
  - Reduce and sustain low fall rates

Other Meeting Best Practices?

Questions?

Remaining Quarterly Call Meetings

- For the remaining quarterly calls with your fall risk reduction team
  - Send us your agenda prior to the meeting
    - Minutes, action plans
  - We will participate but not lead the meeting

- Goal: Maintain our collaborative shared mental model of priorities and progress

Contact Information

Victoria Kennel
vkennel@unomaha.edu
(402) 699-0280

Meetings Literature and References

Allen, J. A., Rogelberg, S. G., & Scott, J. C. (2008). Mind your meetings: Improve your organization's effectiveness one meeting at a time. *Quality Progress, 48-53.* www.qualityprogress.com

Carlozzi, C. L. (1999). Make your meetings count. *Journal of Accountancy, 187*, 53-55.

Cohen, M. A., Rogelberg, S. G., Allen, J. A., & Luong, A. (2011). Meeting design characteristics and attendee perceptions of staff/team meeting quality. *Group Dynamics: Theory, Research, and Practice, 15*, 90-104.

De Dreu, C. K. W. (2002). Team innovation and team effectiveness: The importance of minority dissent and reflexivity. *European Journal of Work and Organizational Psychology, 11*, 285-298.

Gowdy, M., & Godfrey, S. (2003). Using tools to assess and prevent inpatient falls. *Joint Commission Journal on Quality and Safety, 29*, 363-368.

Kauffeld, S., & Lehmann-Willenbrock, N. (2012). Meetings matter: Effects of team meetings on team and organizational success. *Small Group Research, 43*, 130-158.

Krauss, M. J., Tutlam, N., Costantinou, E., Johnson, S., Jackson, D., & Fraser, V. J. (2008). Intervention to prevent falls on the medical service in a teaching hospital. *Infection Control and Hospital Epidemiology, 29*, 539-545.

Leach, D. J., Rogelberg, S. G., Warr, P. B., & Burnfield, J. L. (2009). Perceived meeting effectiveness: The role of design characteristics. *Journal of Business and Psychology, 24*, 65-76.

MacPhail, L. H., & Edmondson, A. C. (2011). Learning domains: The importance of work context in organizational learning from error. In D. A. Hofmann & M. Frese, *Errors in Organizations (*pp. 177-198). New York: Routledge.

Malouff, J. M., Calie, A., McGrory, C. M., Murrell, R. L., & Schutte, N. S. (2012). Evidence for a needs-based model of organizational-meeting leadership. *Current Psychology, 31*, 35-48.

Mosvick, R. K., & Nelson, R. B. (1987). *We've got to start meeting like this! A guide to successful business meeting management*, Glenview, IL: Scott Foresman.

Meetings Literature and References

Murphy, T. H., Labonte, P., Klock, M., & Houser, L. (2008). Falls prevention for elders in acute care: An evidence-based nursing practice initiative. *Critical Care Nursing Quality, 31*, 33-39.

Niederman, F., & Volkema, R. J. (1999). The effects of facilitator characteristics on meeting preparation, set up, and implementation. *Small Group Research, 30*, 330-360.

Rogelberg, S. G., Allen, J. A., Shanock, L., Scott, C., & Shuffler, M. (2010). Employee satisfaction with meetings: A contemporary facet of job satisfaction. *Human Resource Management, 49*, 149-172.

Rogelberg, S. G., Leach, D. J., Warr, P. B., & Burnfield, J. L. (2006). "Not another meeting!" Are meeting time demands related to employee well-being? *Journal of Applied Psychology, 91*, 86-96.

Rogelberg, S. G., Scott, C., & Kello, J. (2007). The science and fiction of meetings. *MIT Sloan Management Review, 48*, 17-22.

Stasser, G., & Titus, W. (1985). Pooling of unshared information in group decision making: Biased information sampling during discussion. *Journal of Personality and Social Psychology, 48*, 1467-1478.

Stasser, G., & Titus, W. (1987). Effects of information load and percentage of shared information on the dissemination of unshared information during group discussion. *Journal of Personality and Social Psychology, 53*, 81-93.

Sulla, S., & McMyler, E. (2007). Falls prevention at Mayo Clinic Rochester. *Journal of Nursing Care Quality, 22*, 138-144.

Szumlas, A., Groszek, J., Kitt, S., Payson, C., & Stack, K. (2004). Take a second glance: A novel approach to inpatient fall prevention. *Joint Commission Journal on Quality and Safety, 30*, 295-302.

Tropman, J. E. (1996). *Making meetings work*. Thousand Oaks, CA: Sage.

von Renteln-Kruse, W., & Krause, D. G. (2007). Incidence of in-hospital falls in geriatric patients before and after the introduction of an interdisciplinary team-based fall-prevention intervention. *Journal of the American Geriatric Society, 55*, 2068-2074.

Fall Prevention Resources

- Institute for Healthcare Improvement: Falls Prevention http://www.ihi.org/offerings/MembershipsNetworks/MentorHospitalRegistry/Pages/FallsPrevention.aspx
- VA National Center for Patient Safety: Falls Toolkit: www.patientsafety.gov
- Centers for Disease Control and Prevention: Falls-Older Adults http://www.cdc.gov/HomeandRecreationalSafety/Falls/pubs.html
- The American Geriatrics Society (search Falls within website for resources) www.americangeriatrics.org or igeriatrics app
- Institute for Clinical Systems Improvement: Prevention of Falls (Acute Care) http://www.icsi.org/falls__acute_care___prevention_of__protocol_/falls__acute_care___prevention_of__protocol__24255.html

Fall Prevention Resources

- Agency for Healthcare Research & Quality National Guidelines Clearinghouse: Preventing falls in acute care www.guideline.gov
- Hill-Rom: Safe Patient Handling and Fall Prevention www.hill-rom.com
- Registered Nurses Association of Ontario Clinical Practice Guidelines http://rnao.ca/sites/rnao-ca/files/Prevention_of_Falls_and_Fall_Injuries_in_the_Older_Adult.pdf

Please complete the webinar evaluation by clicking on the link below:

https://www.research.net/s/capturefalls-eval5

We value your input!

CAPTURE Falls

Collaboration and Proactive Teamwork Used to Reduce

http://unmc.edu/patient-safety/capture_falls.htm

University of Nebraska Medical Center