

AVENUE HOSPITAL PARKLANDS, KENYA

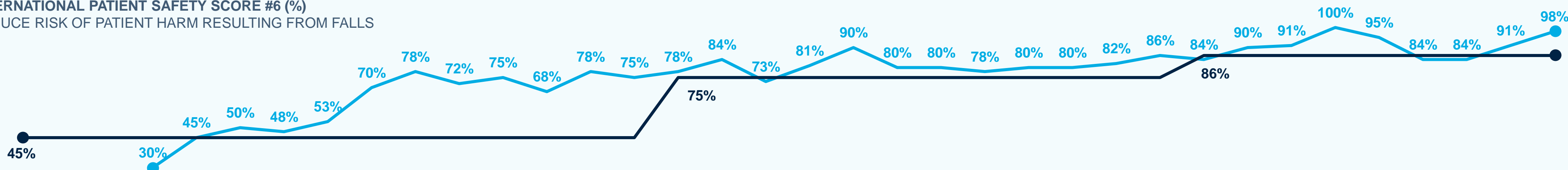
STAFF: 1,700 **BEDS: 130** **SIZE: 7,229 m²**

From January to March 2020, Avenue Parklands Hospital observed an uptick in patient falls. The hospital quickly mobilized a multidisciplinary team to conduct a thorough root-cause analysis. After identifying several problem areas, they designed and implemented a three-year program of quality improvements. The data below illustrates the financial benefit of these changes.



THE BUSINESS CASE: FALL PREVENTION

FALL RISK ASSESSMENT COMPLIANCE (%)
INTERNATIONAL PATIENT SAFETY SCORE #6 (%)
REDUCE RISK OF PATIENT HARM RESULTING FROM FALLS



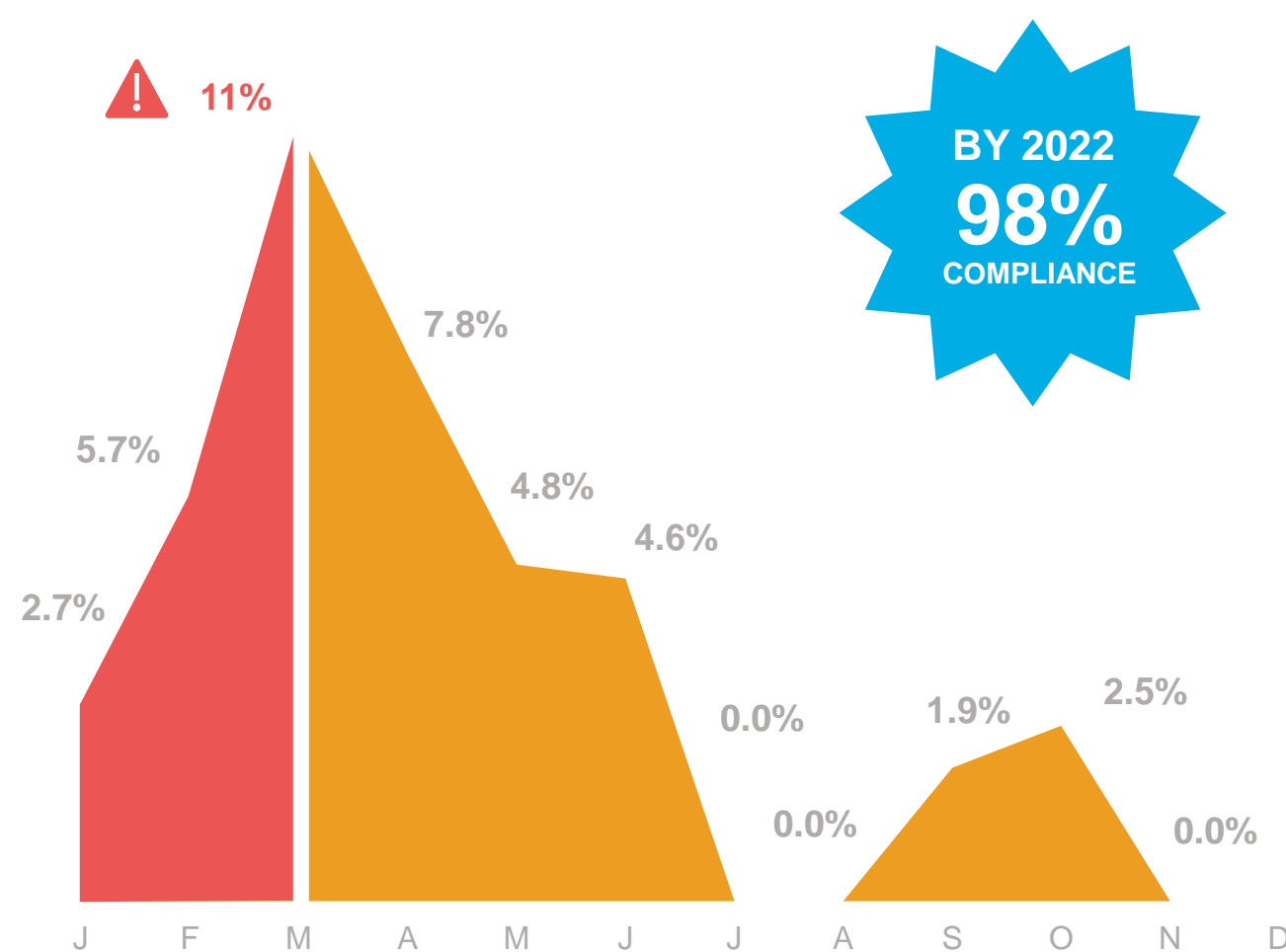
2020

2021

2022

MONTHLY PATIENT FALL RATE (2020)

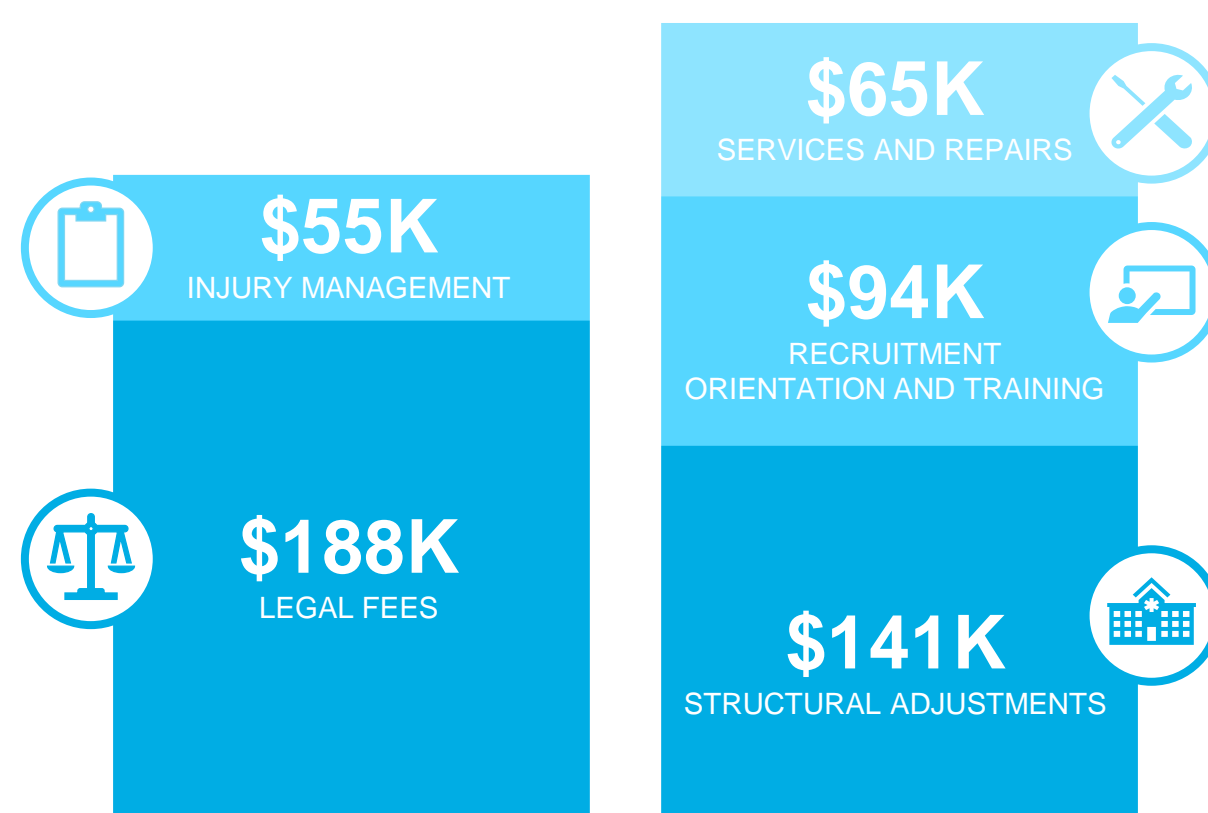
PER 1,000 INPATIENT DAYS



BY 2022
98%
COMPLIANCE

INCIDENT VS. INTERVENTION COST

IN US DOLLARS

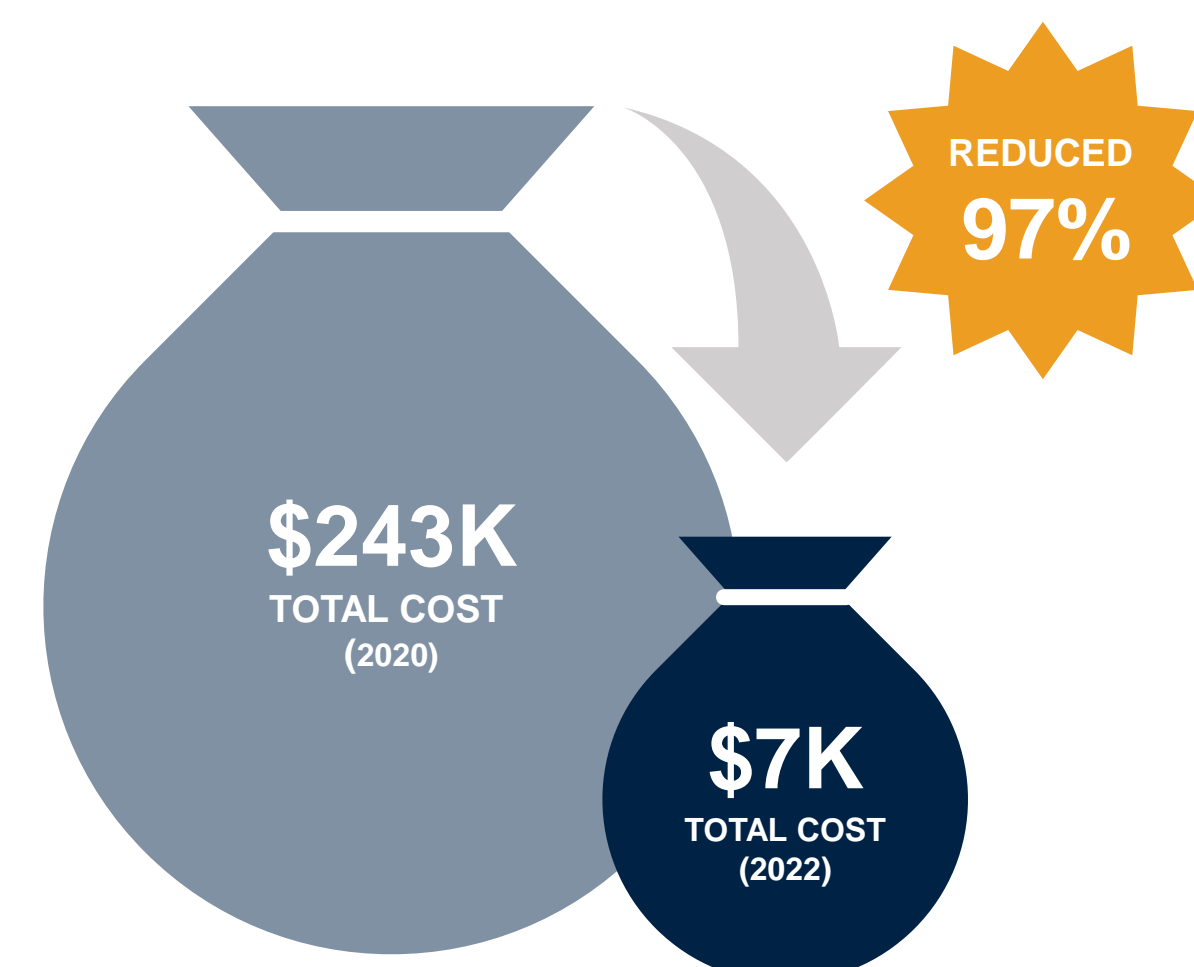


COST OF FALLS IN 2020

INTERVENTION COST 2020-2022

ANNUAL PATIENT FALL COST

AFTER INTERVENTION, IN US DOLLARS



Avenue Hospital's baseline review showed the rate of patient falls in their facilities had increased sharply from January to March 2020. There was an increase in the average number of falls per 1,000 inpatient days. The average number of falls rose from 2.7% to 11%.

To prevent further incidents, Avenue invested in equipment, services, and repairs. They examined HR, recruitment, training, and orientation. Over two years, the improvements cost Avenue less than the cost of falls in 2020 alone.

Between 2020 and 2022, the cost of injury-related care decreased 97%. After interventions, incidents fell, resulting in a total annual cost of \$7K in injury management and \$0 in legal fees. These savings covered Avenue's investment cost and resulted in long-term returns.



Penina Kirea

Group Chief Nursing Officer and Head of Quality Avenue Healthcare

How implementing a fall prevention program directly impacted Avenue Hospital's operations.



The IFC Business Case for Healthcare Quality contest is sponsored by IFC's IQ-Healthcare program in partnership with the governments of Japan, Norway, and the Netherlands.



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HER LIFELONG MISSION: TO IMPACT HEALTHCARE QUALITY

Penina Kirea of Avenue Parklands describes how her mother's passing in childbirth fueled her commitment to improve healthcare quality for all.

What problem did the hospital face?

In early 2020, our hospital recorded a significant increase in falls. During a three-month period, the fall rate increased from 2.7% to 11% per 1,000 patient days. Three of these cases were sentinel events, resulting in serious injuries. Apart from the human tragedy, they cost the organization \$190,000 in compensation payments.

Why were patients falling?

After a root cause analysis, we identified several factors related to falls, specifically with infrastructure. Our floors were slippery, especially the bathrooms. There were no guardrails in the hallways, no alarms at the bedside or in the bathrooms. Our policies and procedures needed attention. Another problem included staffing. We had to work on nursing hours per patient day. The number of nurses was inadequate given the kind of attention patients needed.

What was done to alleviate the situation?

There were many mitigation measures, but a few important ones included improving the hospital's infrastructure. Also, we made it easy for staff to identify high-risk patients with a yellow wristband so that when they appeared at any point of care delivery, staff would see it and pay more attention to fall prevention measures. We also instituted new policies and procedures and educated families on risks.

What role did staff ratio play in falls?

We compared the number of falls when we had very low nursing hours per patient days from 4.5 hours previously to 9.5 hours today. We tallied statistics every day and reviewed them monthly to make decision data. Figures do not lie. Things improved and we reduced the falls to almost zero.

Should we aim for zero falls or is it normal for patients to fall anyway?

Falls still happen even when measures have been put in place. For us, if there was a fall despite our best efforts, it was much less severe. After every incident, it is very important to identify where things went wrong. In our case, most of the recent falls happened when we relaxed a little bit. For example, when we hired part-time workers to substitute staff taking vacation.

What challenges did you face?

Introducing and implementing change was not easy, especially as the program spanned three years. I was a new staff member determined to change the culture and behavior of staff who worked there for many years. They were used to doing things in a particular way. I knew that I needed to be strategic.

What advice can you give to quality teams to obtain financial support from top leadership?

In my experience, the only way to effectively communicate with leadership is through data. It must be demonstrated and linked. It must also be continuously tracked and monitored to show the costs that will rise if there is nonconformity.

Who were the important key stakeholders needed to achieve success?

When it comes to healthcare quality, the nursing team is the driving force. They are crucial to pushing policy agendas because they are the majority in any healthcare facility, and they are the ones who spend most of their time with patients.



“Figures do not lie. Things improved and we reduced the falls to almost zero.”

Do patients appreciate these efforts and that the hospital is safer?

Yes. In fact, we see clear evidence of this on social media. From a quality perspective, our Net Promoter Score (NPS) is public. We embrace transparency. We have a live screen where patients can air their concerns, and we address them positively as they happen. This is further demonstrated by the fact that we discuss incidents with patients.

What is next for Avenue Parklands?

We have many ongoing projects. We are consistently collecting data to identify areas that need improvement. One of our current focus areas is the turnaround time for admission and discharge. Patients have highlighted this as a significant pain point. We are also passionate about reducing maternal mortality rates and have made significant progress in this area.

Any last words of wisdom?

Maintaining quality in a hospital is not a one-time task. It requires continuous effort and improvement. Quality is never delegated. It is everyone's responsibility.