STRATEGIES TO PREVENT INJURIES FROM FALLS

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Learning Outcomes

- Identify the four components of a successful fall/injury prevention program.
- Develop strategies to synthesize new tools into your local fall prevention program.

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TCAB Themes and High Leverage Changes…
The "what" of TCAB

- **Safe and Reliable Care**
- Vitality and Teamwork
- Transformational Leadership
- **Patient-Centered Care**
- Value-added Care Processes

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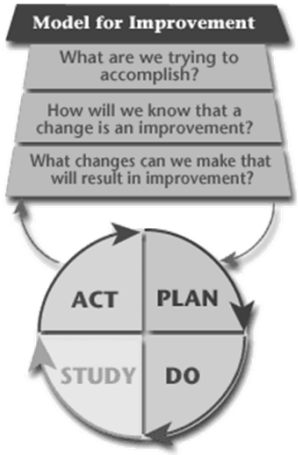
Model for Improvement



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What are we trying to accomplish?

- What is your injury rate?
- What do you know about the distribution of the types of injuries
  - Minor: band aid, ice pack or less
  - Moderate: steri-strips or sutures
  - Major: fracture, reduction, traction
  - Death

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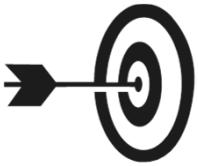
Reducing Injuries from Falls

TARGET



Incidents of serious injuries from falls are reduced to 1 or less per 10,000 patient days.

* IHI Transforming Care at the Bedside

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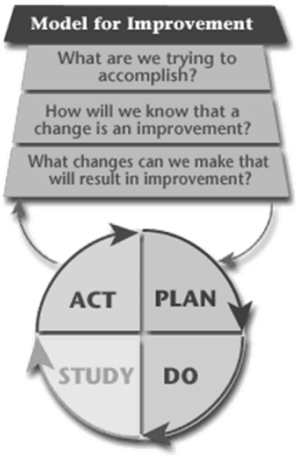

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How will we know that a change is an improvement?

Establishing Measures

- Tells whether changes actually lead to improvement
  - Seek usefulness, Not perfection
- Multiple Balanced Set of Measures
  - Process, satisfaction, value
  - Use sampling
  - Integrate measurement into daily routine

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Measures

Outcome Measures:

How is system performing?
What are results?

Process Measures:

Are system parts/steps performing as planned?

Balancing Measures:

Do changes designed to improve one part cause problems in another?

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Family of Measures

- Moderate and higher injury rate
- Minor injury rate
- Falls rate
- Process measures like:
  Teach back, rounding, reliability, assessments, huddles to id today's pts at highest injury risk

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RISK OF INJURY FROM FALL		
RISK OF FALL +	+ RISK FALL/- RISK INJURY *Traditional approach* 1. Use existing protocols to prevent falls 2. Problem solve every fall	+ RISK FALL/+ RISK INJURY *New area of focus* 1. Use existing protocols to prevent falls 2. Add injury reduction interventions 3. Enhance communication about risk of injury 4. Problem solve every fall
RISK OF FALL —	-RISK FALL/-RISK INJURY *New area of focus* Identify, communicate, and intervene when injury risk changes.	-RISK FALL/+RISK OF INJURY *New area of focus* 1. Identify, communicate, and intervene when fall risk changes. 2. Implement injury reduction strategies 3. Enhance communication about risk of injury 4. Problem solve every fall

Strategies: the Vital Few

- **Assess Risk of Falling and Risk for Injury from a Fall (All Patients)**
- **Communicate and Educate (Patients Assessed to be at Risk of Fall or Injury)**
- **Standardize Interventions (Patients at Risk for Falling)**
- **Customize Interventions (Patients at Risk for Injury)**

*** IHI's TCAB How to Guide : Reducing Patient Injuries from Falls**

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Strategies: the Vital Few

Assess Risk of Falling and Risk for Injury from a Fall (All Patients)

- Perform standardized fall risk assessment on admission and when the patient's clinical status changes.
- Assess patients most at risk of moderate to severe injury from a fall every shift.

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Fall Risk Assessment Tool

- Morse
- Schmidt
- Conley
- Hendrich II

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Fall Injury Assessment Tool: ABCS

- **A**: Age- >85
- **B**: Bones: History of fractures- Hip (although multiple fx could be a sign); Certain Diagnoses- (osteoporosis, bone metastasis); Treatments or medications that cause bone to be weak
- **C**: Coagulation: Blood Thinners(Coumadin, heparin gtt); Coagulopathy
- **S**: Risk of surgical complications post surgery (Recent Abdominal, thoracic surgery, lower limb amputation)

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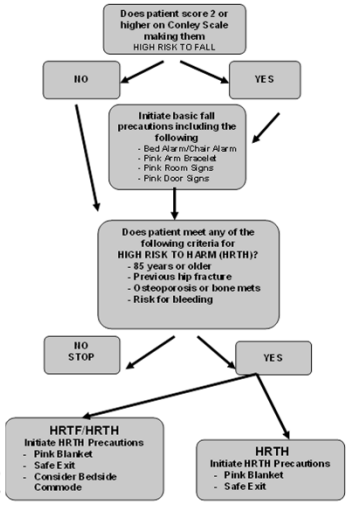
Quigley, PA et el. Reducing serious injury from falls in two veterans 'hospital medical-surgical units. Journal of Nursing Care Quality, 2008.

Assessment For High Risk to Injury: Falls Algorithm



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Strategies: the Vital Few

Communicate and Educate (Patients Assessed to be at Risk of Fall or Injury)

- Communicate to all staff information regarding patients who are at risk of falling or sustaining a fall-related injury
- Communicate risks and associated interventions at every shift change
- Educate the patient and family members about risk of fall's injury on admission and throughout hospital stay using health literacy strategies

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Communication

- **<u>Visual Indicators</u>**: Wrist band, room identifiers, socks, stickers, etc.

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Pre Shift Huddle

Communicate information about our patients identified as the "Vital Few"…

- those who are a high risk for injury if they fall
- those at risk for skin breakdown (HAPUs)
- those who are receiving high alert medications
- the next potential medical response team call

- At the beginning of every shift (shift change) for 5 minutes
- All clinical staff
- Identify safety interventions

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Handoff Tool-
Every Patient, Every Time

- Patient's risk assessment score
- Patient's risk to Injury
- Interventions in place
- Walking rounds

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Bedside Communication

- Is the patient at high risk to injury?
- How do I know that?
- What interventions are in place to keep the patient safe?
  - Visual cues
  - Low bed suite
  - Patient teach back

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White Boards

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Post Fall Huddles

- **As soon after the event as possible, set up a meeting to debrief with everyone involved.**
- Have a key point person to lead these at each shift
- Review within the same shift for most powerful learning
- Include patient and family whenever possible

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A3 Problem Solving

- Structured Problem Solving
- Find the Why's
- Forces Us to Think Critically, Creatively, and Collaboratively
- Gets to the Root Cause of the Problem

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Enhanced Teaching and Learning

"Teach Back"

- Explain needed information to the patient or family caregiver
- Ask in a non-shaming way for the individual to explain in his or her own words what was understood
- Once a gap in understanding is identified, offer additional teaching or explanation followed by a second request for Teach Back

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Job aid posted in patient rooms.

Fall Prevention Tips

(Update: 6/8/2007)

Sentara is committed to work with our patients and their families to provide a safe and comfortable environment. Here are some general tips to prevent falls. Please consult your nurse if you have any questions.

- **Call** for assistance when getting out of bed or going to the bathroom. Use bathroom emergency light if needed.
- **Keep** the night light on.
- **Walk** close to the wall and use handrails for support.
- **Wear** slippers/shoes with rubber soled bottoms.
- **Report** spills or unsafe conditions to your healthcare team.
- **Use** the call bell for any item beyond your reach.
- **Rise** slowly from lying or sitting position. Dangle your feet before walking and sit down immediately if you feel dizzy.
- **View** Patient Safety Video.

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Fall Precautions

Please help us keep our patients safe

- Please use the call light for help
- Your loved one is on fall precautions. Please let us know when you leave the room for any reason
- Remind your loved one not to get up on their own

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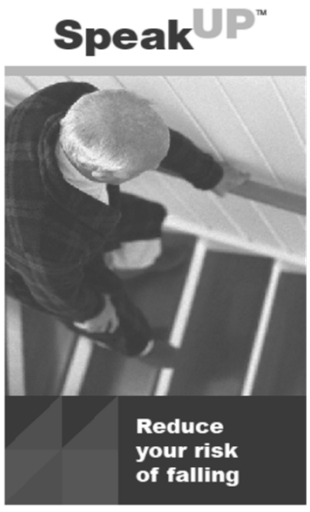

Strategies: the Vital Few

Communicate and Educate (Patients Assessed to be at Risk of Fall or Injury)

- Educate ALL staff about fall reduction/injury prevention program.

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Your role in preventing falls at Grundy County Memorial Hospital

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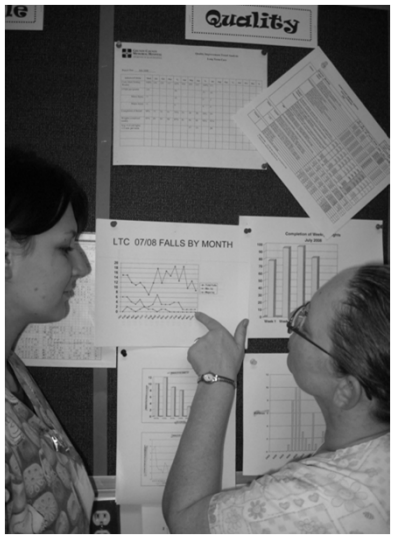
Staff Education

- Monthly storyboards
- Quality bulletin boards
- Safety Fairs
- Fall prevention related conferences



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High Risk to Fall Interventions

- Purposeful rounds every two hours
- Call bell in reach
- Teach back on call bell use
- Toileting prior to pain medication
- Safety huddle prior to each shift
- Post fall huddle
- Bed in low position
- Brakes locked on bed, chair, commode
- Appropriate lighting including night light in bathroom.
- Non slip footwear
- Bedpan/urinal in reach

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High Risk to Fall Interventions

- Alarm devices as needed
- Assistive devices as needed
- Gait belts
- Bedside commode
- Positioning devices
- PT/OT review
- Pharmacy review
- Clutter elimination
- Family or patient attendant with patient
- Height adjustable beds with mats
- Rearrange furniture to provide a safe exit

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Strategies: the Vital Few

Standardize Interventions (Patients at Risk for Falling)

- Implement both hospital-wide and patient-level improvements to the patient care environment to prevent falls
- Perform purposeful rounding

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Places That Falls Occur

- Patient's room – 79.5%
- Bathrooms – 11%
- Hallways /treatment rooms – 9.5%

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Tzeng, HM & Yin, CY. 2008. The extrinsic risk factors for inpatient falls in hospital patient rooms. Journal of Nursing Care Quality, 23 (3) .

The Patient's Bedroom

- Single patient concept
- Height adjustable beds
- Handrails
- Bed alarms/chair alarms/motion sensors
- Equipment placement
- Bundling equipment cords

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The Patient's Bedroom

- Night light
- Glowstrips on floor to illuminate route to bathroom
- Non slippery floors
- Bedside chairs that are easy to get in and out of
- Support family presence

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The Patient's Bathroom

- Night light
- Motion sensored lighting
- Raised toilets- Fixed, raised toilet seats
- Safety railings on either side of toilet
- Replace doorknobs with levers

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The Patient's Bathroom

- Showers
- Non-slippery floors
- Appropriate door openings

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Environmental Fall Risk Rounding Checklist: Patient Room

- All wall light switches working properly (also check for burned out bulbs)
- All patient light controls working properly.
- If nightlights present (under bed, in bathroom), do they work properly.
- Call bell functions properly
- Flooring free of tripping hazards such as uneven surface or doorway thresholds.

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Environmental Fall Risk Rounding Checklist: Patient Room

- If bed exit alarm present, it operates properly.
- Door openings to bathroom wide enough (36 in) for assistive device to fit through (ex. walker, IV pole)
- Grab bars located next to toilet.
- Portable equipment pushed by patient moves freely & in good repair.

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Why Rounding?

- Studer Group's Alliance for Health Care Strategy (AHCS) **research** showed Hourly Rounding:
  - Reduces call lights by 37.8%
  - Reduces miles walked by nurses by 1.6
  - Reduces falls by 50%
  - Reduces decubiti by 14%
  - Improves patient satisfaction scores by 10 points

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Basics of Purposeful Rounding

- 5 Ps
  - Pain
  - Potty
  - Position
  - Personal belongings
  - Pathway – Safe exit

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Examples – Key Words

- "I have time to spend with you right now"
- "Someone will be in to check on you about every hour"
- "It is time to…..try to go the bathroom, let me help you"
- "It is time to...change your position, let me help you"
- "Someone will be back to check on you in about one hour. Is there anything you need before I leave?"

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Strategies: the Vital Few

Customize Interventions for Patients at Highest Risk of a Serious/Major Fall-Related Injury

- Increase the intensity and frequency of observation
- Make environmental adaptations and provide personal devices to reduce risk of fall-related injury
- Target interventions to reduce side effects of medications or treatments

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Quick Checks in LTC

WHO

- History of 2 or more falls within 1 month.
- Upon admission for 72 hours.
- Upon readmission from hospitalization for 24 hours.
- For acute illness or medical condition.
- Upon CNA or nurse referral because of changed resident behavior.

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Quick Check in LTC

WHEN TO REMOVE

- The resident is no longer at risk related to a decline in mobility or increase in ability.
- Acute illness or medical condition is resolved.
- A change in behavior indicating an understanding of call light use and the need to call for help.

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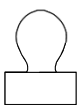
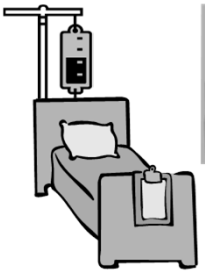
Safe Exit



Safe Exit Side

R L



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Strategies – The Vital Few

Age> 85	**ALL patients that meet at least ONE criterion receive:** **Armband/ room sign** **Teach back on high risk to injury** **Safe exit** **Purposeful rounds every one hour**
Bones	1. Height adjustable bed 2. Mat on floor 3. Hip protectors
Coagulation	1. Height adjustable bed 2. Mat on floor 3. Helmet 4. Education on anticoagulation safety
Surgery	1. Height adjustable bed 2. Mat on floor

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Next Steps: Safe Transitions

- Correct assistive device
- Home safety assessment
- Patient and family education on safe home set up
- Community resources

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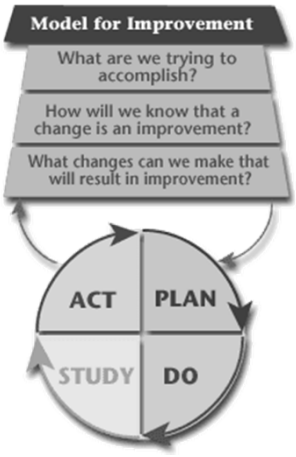
Model for Improvement



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ACTION PLANNING

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Preventing Falls with Injury: Team Assessment

Instructions: Please answer with either a "Y" for yes or a"N" for no.

	INTERVENTIONS	Have tested this change		Have implemented this change		Tested and abandoned the change		Not yet tested this change	
		Y	N	Y	N	Y	N	Y	N
	Assessment								
1	Assess patient for fall risk	O	O	O	O	O	O	O	O
2	Assess patient for risk of injury associate with a fall	O	O	O	O	O	O	O	O
	Communication								
3	Communication the risk of Injury amongst the care team	O	O	O	O	O	O	O	O
4	Communicate the risk of falling or the potential for injury from a fall amongst ancillary departments	O	O	O	O	O	O	O	O
	Educate patients/families on risk for falling/injury								
5	Teach back	O	O	O	O	O	O	O	O
6	Repeat back - use of call light	O	O	O	O	O	O	O	O
7	Video/pamphlets for patients and/or families about the risk for falling/injury while hospitalized	O	O	O	O	O	O	O	O
8	Discharge Instructions	O	O	O	O	O	O	O	O
	Standardize Interventions (Patients at Risk for Falling)								
9	Visual cues	O	O	O	O	O	O	O	O
10	Low bed and/or floor mat	O	O	O	O	O	O	O	O
11	Safe exit	O	O	O	O	O	O	O	O
12	Patient teaching on anticoagulants	O	O	O	O	O	O	O	O
13	Environmental risk reduction	O	O	O	O	O	O	O	O
14	Focused rounding	O	O	O	O	O	O	O	O
	Customize Interventions (Patients at Risk for Injury)								
15	More frequent rounding	O	O	O	O	O	O	O	O
16	Hip protectors	O	O	O	O	O	O	O	O

WORK OUT

- Create the Plan for a small test of change
- Work Session = 10 minutes
- Report out = 5 minutes
- Share & Critique

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WORKSHEET FOR A SMALL TEST OF CHANGE

TEAM: _____Date: _____ PDSA CYCLE #_____

Aim: What are you trying to accomplish with this test? The Aim includes a numerical goal, timeframe, and patient population and system to be improved. Every aim will require multiple smaller test of change. *Write your aim:*

Measure: How will you know that a change is an improvement? *Write your measure here:*

Plan

Describe your first (or next) test of change	Person Responsible	When to be done	Where to be done

List the tasks needed to set up this test of change	Person Responsible	When to be done	Where to be done
1- 2- 3- 4-			

Predict what will happen as a result of this test	What measures will help you determine if the prediction succeeds.
1- 2- 3- 4-	1- 2- 3- 4-

…at this point. You have planned your test and will not be able to complete the Do-Study- Act portion until you run the test.

Do: Describe what actually happened when you ran the test

Study: Describe the measured results and how they compared to the predictions and what you learned from the cycle

Act: Describe modifications for the next cycle based on what you learned

THANK YOU

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