Enhancing Capacity: Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability

Compass, Telligen, IPRO and Alliant

Joint Hospital Quality Improvement Contract (HQIC) Learning and Action Network

June 27, 2023

We will get started shortly!
Collaborating to Support your Quality Improvement Efforts
Housekeeping

• Lines have been muted upon entry to reduce background noise
• We encourage you to ask questions for the presenter(s) throughout the event using the Q&A feature
• Please direct technical needs and questions to the Chat Box
• This event is being recorded
Agenda

• Welcome and Introductions
• Enhancing Capacity: Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability
• Q&A
• Tools and Resources
• Upcoming Events
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Nurse Consultant, LLC
Objectives

- Integrate program evaluation and implementation science
- Discuss essential elements and guidelines for fall and injury prevention programs
- Examine expected fall and fall injury program attributes
- Identify opportunities to enhance fall and fall with injury prevention program infrastructure, capacity and how to sustain improvements
National Guidelines: Shifting

- Reduce Individual Fall and Injury Risk Factors (Individualized Care)
- Integrate Injury Risk /History on Admission
- Implement Universal Injury Reduction Strategies
- Implement Population-Specific Fall Injury Reduction Intervention
- Reduce Harm from Falls
Sept 28, 2015: The Joint Commission (TJC) #55 Sentinel Alert: Preventing Falls and Fall Injuries

- Lead efforts to raise awareness of the need to prevent falls resulting in injury
- Establish an interdisciplinary falls injury prevention team or evaluate the membership of the team in place
- Use a standardized, validated tool to identify risk factors for falls, assess fall and injury risk factors
- Develop an individualized plan of care based on identified fall and injury risks, and implement interventions specific to a patient, population or setting
Program Evaluation Process

- Process by which individuals work together to improve systems and processes with the intention to improve outcomes.*

Program Effectiveness: Fall Prevention

- **Organizational Level**: expert interdisciplinary all team, population-specific fall prevention, leadership, environmental safety, safe patient equipment, post fall huddles

- **Unit Level**: education, communication-handoff, universal and population-based fall-prevention approaches

- **Patient Level**: exercise, medication modification, orthostasis management, assistive mobility aides
Program Effectiveness: Protection from Serious Injury

- **Organizational Level**: available helmets, hip protectors, floor mats, height adjustable beds; elimination of sharp edges

- **Staff Level**: education, adherence, communication-handoff includes risk for injury

- **Patient Level**: adherence with hip protector use, helmet use, etc.
Evaluations Methods

- Prevalence Studies
- Formative and Summative Evaluation Methods
  - Type of Falls
  - Severity of Injury
    - How are you assessing for injury? Duration? Extent of Injury?
  - Repeat Falls
  - Survival Analysis
  - Annotated Run Charts
Reconsider Overall Falls as Outcome

- If focus on falls, measure *preventable* falls
- Otherwise, measure effectiveness of interventions to *mitigate or eliminate fall risk factors* (remember Oliver article, recommendation 2 and 3): Number (and type) of modifiable fall risk factors modified or eliminated upon discharge.
Nationally Adopted Interventions to Reduce Preventable Falls and Fall-related Injuries

- Identify and address each patient’s specific fall and injury risk factors (Lelaurin & Shorr, 2019)
- Integrate new systems and devices (webcams, video telesitter technology) that better predict and prevent falls than bed alarms (Lelaurin, et al; Quigley, et al, 2019)
- System-based interventions work: Toileting (i.e. wake em, take em; timed toileting; assist in and out of bed) (Resnick & Boltz, 2019)
Nationally Adopted Interventions to Reduce Preventable Falls and Fall-related Injuries

- Interventions to increase physical activity (motivate and engage patients in activity) increase function and mobility (Resnick & Boltz, 2019)
- Function-focused care – increases physical activity (Resnick & Boltz)
- Frequent medical review minimizes the effects of treatments (ACE units; Acute Care for Elders) (Resnick & Boltz)
So... let’s get STARTED!

The Evidence supports **Opportunities** to enhance fall and fall with injury prevention program infrastructure

- What will you do to *Change Practice*?

That’s **Implementation Science**

- Focus on Risk Factors
- Focus on Preventing Injury
- Learn from Falls
- Partner with Patients and Family Members
Focus on Identifying Risk Factors and Activating Interventions to Address Each Risk Factor

- Medication Review
- Urinary catheter or IV discontinuation ASAP
- Mobility aids and assistance with walking
- Scheduled toileting
- Appropriate footwear
- More frequent rounding
- Patient engagement in identifying risks, consequences of a fall and needed safety interventions
Focus on Identifying Risk Factors and Activating Interventions to Address Each Risk Factor

- Identify high risk or vulnerable populations to conduct a multifactorial assessment
  - Patients admitted for a fall
  - High risk for injury – A,B,C,S
  - Known faller
- Complete 65 and older, pre-mobility admission mobility assessment
- Capture known faller status to EMR banner
Focus on Preventing Injuries from Falls

- Use A,B,C,S to screen for populations at injury risk
- Use floor mats, hip protectors, helmets
- Assess and mitigate unsafe environmental hazards: thresholds, sharp edges, hard surfaces, water on floors
Focus on Learning From and Preventing UNASSISTED Falls

- Establish criteria for toileting supervision: arms length, foot in the door, help staff stay on task
- Provide more frequent, purposeful rounding for patients high risk for fall or injury
- Schedule toileting for patients needing assistance ambulating to the toilet. Toilet before pain meds, at bedtime. “I have the time”
Partner with Family Members in the Safety of their Loved One

- Assure family attendance in bedside handoffs
- Structure family education with teach back
- Use teach back for fall safety
- Provide structured education by a designated staff
Opportunities to enhance fall and fall with injury prevention program infrastructure and capacity

- Select a Model
- Set Goals
- Conduct Baseline Assessment
- Identify Gap between what is expected and what exists in practice
- Prioritize opportunities for improvement
- Develop a Strategic Plan
- Develop Implementation Plan
- Determine Feasibility: Continue or Terminate
- To continue, develop strategies for sustainability and enculturation
- Celebrate Success
Let’s Look at Opportunities

- See the Organizational Assessment Tool
- Find 3 Opportunities
Set Goals

- Reduce Preventable Falls by 50% in 1 year
  - Accidental
  - Anticipated Physiological Falls
- Reduce Fall Related Injuries by 60% in 1 year
- 100% completion of post fall huddles in 4 months
Align Interventions to Goals

- Reduce Preventable Falls
  - Accidental Falls
  - Anticipated Physiological Falls
- Reduce Injurious Falls
Preparation Phase

- Assess effectiveness of current team and change membership and/or leadership to bring fresh ideas
- Reinvent the team if needed.
- Select Unit Based Champions for local accountability
- Safe Environment Checks and Opportunity to catch hazards; clutter rounds
- Determine Data to be collected and data collection and analysis tools
And much more.........
Data is Essential

- Use trended data to dispel myths or confirm theories about who is falling, when, where and why.
- Identify fall characteristics to identify who is falling, environmental and patient factors contributing. Use this data to inform tests of change.
- Drill down on unwitnessed falls.
- Share trended data with leadership, staff, pts and visitors.
Accidental Falls Due to Falls from Low Beds

- Structure Goal: Develop a Safe Bed Program (Height Adjustable Beds, Safe Exit Side, Concave Mattresses)
- Outcome Goal: Reduce Bed-related Patient Falls by 70% on rehab unit within 1 year
- Set up your Task Force/Work Group
Anticipated Physiological Falls due to Postural Hypotension

- Structural Goal: Implement a Postural Hypotension Program (P&P, EMR Templates; pt assessment and care management) by 5 months
- Outcome Goal: Reduce falls due to OH by 80% in 1 year
- Set up your Task Force/Work Group
Reduce Injurious Falls from Bed

- **Structure Goal:** Implement a Floor Mat Program (product selection, pilot test, P&P Development, EMR Template, Staff Education, Patient Education) by 6 months

- **Outcome Goal:** Within 1 year, 90% of patients who fall from beds will fall on a floor mat

- **Set up your Task Force/Work Group**
Implement the Post Fall Huddle

- Structure Goal: PFH Processes implemented in P&P, education program, and QI
- Outcome Goal: Within 4 months, 100% of patients who fall from beds will fall on a floor mat
- Set up your Task Force
Create action plan while sharing with peers on how to overcome barriers and achieve successes.

- Develop 3 Opportunities for Your Action
# Falls Strategic Plan: Integration Timeline

*Last Updated Aug 2021*

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<th>Phase</th>
<th>Sept 19</th>
<th>Oct 19</th>
<th>Nov 19</th>
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<td><strong>Pre-Design Phase (~ 1 month)</strong></td>
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<td>Task Force Co-Chairs meet, develop initial plans</td>
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<td>Assess interventions, resources, &amp; requirements</td>
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<td><em>Falls Collaborative Kickoff 2-10-2022 2pm EST</em></td>
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<td><strong>Implementation Phase (~ 4 months)</strong></td>
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<td>Monthly integrated Collaborative meetings</td>
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<td>TF Co-Chairs begin to implement selected interventions</td>
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<td><strong>Sustain &amp; Improve</strong></td>
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<td>Transition active work, ready for next implementation cycle</td>
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Measuring the Change

- Patient focus?
- Aim?
- Find a measure that captures that change?
  - How to measure process changes?
  - How to measure outcomes?
  - Chart review, Medical tests, interviews, behavioral change, questionnaire, phone calls.
Align Interventions to Goals

- Reduce Preventable Falls
  - Accidental Falls
  - Anticipated Physiological Falls
- Reduce Injurious Falls
PDSA CYCLE

- ACT
- PLAN
- STUDY
- DO
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

A Model for Improvement
Testing on a Small Scale

- Have others that have some knowledge about the change review and comment on its feasibility.
- Test the change on the members of the team that helped developed it before introducing the change to others.
- Conduct the test in one facility or office in the organization, or with one patient.
- Conduct the test over a short time period.
- Test the change on a small group of volunteers.
Overall Aim: Decrease Preventable Falls Rate by 50% in 12 months

Develop assess. protocol
Develop Knowledge of falls
Develop Environ.-mental Assess.
Develop specific interventions for fallers
Staff and Patient Education
Examples of Process Measures

Percentage of:

- Patients at risk for falls and fall related injuries with interventions in place
- Patients >65 with orthostatic hypotension (OH) assessed before ambulation
- Observation, chart review
Outcome Measures

- Major Injury Rate
- Preventable Fall Rate
- Balancing Measures
Example of **Process** run chart

% of fall risk patients receiving intentional rounding

% of fall risk patients receiving toileting rounding
Example of a **Outcome** Run Chart

Rate of Falls with Major Injury (#falls with major injury/BDOC*1000)

- **Floor Mats Launched**
Falls per 1000 Patient Days

- Fall Rate
- UCL
- LCL
- National Mean

Falls per 1000 Patient Days

- 2008
- 2009

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Annotated Run Chart

JAH VAMC Med-Surg Falls with Harm by Quarter per 1000 pt days
(Includes all harm categories: Minimal, Moderate, Major & Death)

- Equipment purchased (alarms, mats, low beds 12/03-12/05)
- Computer Template for Morse Fall Scale and embedded template into Adm and Trsf notes (12/05)
- Revised Post Fall Note (3-12/05)
- Staff education on falls (1/05)
-修订后跌倒报告表格 (3-12/05)
- 修订跌倒预防规程 (3-12/05)
- 警示标志 (6-9/05)
- 发病史和跌倒风险的教育手册 (11/05)
- 修订跌倒风险图 (9/05)
- 引入脱水袜子试点项目 (5S) 并推广至所有 M-S (12/05)
- 血管上使用黄色腕带 (1/07)
- 开始在非高峰时段进行巡视 (傍晚、晚上、周末白天) (2-3/07)
- 工作站交换人手有缺陷 (4/06)
- 低风险跌倒患者实施高风险跌倒预防措施 (有跌倒病史、骨质疏松症、Morse 得分 > 50、抗凝药、低血小板) (12/06)
- 使用高风险跌倒患者的舒适安全巡视 (12/06)
- 将 pt 11/06 的跌倒手稿返回
My Unit Story Board

RC: Root Cause; CA: Corrective Action; DOI: Date of Implementation; DOR: Date of Resolution
Fall Injury Prevention Committee: Action Oriented toward Goals

- Plan agenda based on Strategic Plan
- Think Quarterly Workflow, Analysis and Support
- Meetings Month 1 and 2: Work on the task forces
- Meeting Month 3 of the Quarter: Task Force Chairs report on Progress; Evaluate Strategic Plan
Keep Thinking *Out of the Box!*

- Leadership: Culture of Safety
- Fall Rounds
- Signage
- Frequency of Fall Risk Screening
- Measurements of Effectiveness
Thank You and Please Share More!

- Thank you for attending, be a Champion for Change, and keep me posted – I am here for you!
- pquigley1@tampabay.rr.com
References

**Clinics in Geriatric Medicine, May 2019** (Link)
Optimizing Function and Physical Activity in Hospitalized Older Adults to Prevent Functional Decline and Falls
- Barbara Resnick, Marie Boltz, p237–251

**Preventing Falls in Hospitalized Patients: State of the Science**
- Jennifer H. LeLaurin, Ronald I. Shorr, p273–283

**Outcomes of Patient-Engaged Video Surveillance on Falls and Other Adverse Events**
- Patricia A. Quigley, Lisbeth Votruba, Jill Kaminski, p253–263

**AHA HRET 2018: Falls Change Package – Preventing Harm from Injuries from Falls and Immobility** (Link)
Interactive Discussion

• Any suggestions on how to manage falls in the behavioral population who are on a lot of high risk falls medications?
• Any work and/or thoughts on toileting associated falls? What about toilet seat sensor alarms?
• Best way to avoid alarm fatigue?
• Does anyone have examples of a falls dashboard they’d be willing to share?
• Ideas to reduce falls in outpatient departments and visitor falls?
• Is placing cameras in each patient's room for closer observation something that is being done to prevent falls?
Tools and Resources

• **Injurious Fall Prevention Assessment Tool** (Link)
• Fall TIPS Program
  • **Videos** (Link)
  • **Patient Centered Prevention Toolkit** (Link)
• **Center for Disease Control’s (CDC) STEADI Program** (Link)
• **Infographic: Opioids and Fall Risks in the Older Adult** (Link)
• **Article: Special Committee on Aging United States Senate Falls Report** (Link)
• **Factsheet: Facing The Facts About Falls in Hospitals** (Link)
Register for the Next HQIC Collaborative Event!

How to Rebuild, Reengage and Reenergize Your Patient and Family Advisory Council (PFAC)

*July 25, 2023, from 12:00-12:30 PM (CT)*

**Register** (Link)
Contact Us
Thank you for joining us today!

We value your input!

*Please complete the brief evaluation after exiting the event*