CARE COORDINATION

Fall Prevention
TOOLKIT

ALLIANT HEALTH SOLUTIONS

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Quality Improvement Initiative (QII) PDSA Worksheet

Facility Name: _____

CCN: _____ Date: _____

Plan/Goal Setting: Describe the Problem to be Solved

State the problem. ex. who, what when, where, and how long	A review of quality measures indicated opportunities for improvement around decreasing resident falls. The focus will be on repeat falls and residents at risk for falls.
PIP category	Falls prevention and reductions
What exactly will be done? e.g., initial intervention(s), expected outcome for each intervention, goal(s), and expected overall outcome goal rate in a percentage format	QAPI PIP will be implemented to track data, identify common barriers and provide interventions for at-risk and repeat falls residents. What audit will be completed to establish baseline education needs and identify ongoing opportunities? **Review of fall rates and trends to falls—check for day/night, Shifts/Weekends= #falls/#residents= fall rate?** **Audit/review of residents' charts to identify repeat falls and at-risk falls (pharm review)** **Audit/review of psych services to identify repeat falls and at-risk falls (psych review)** **Surveillance audit of post falls** **Review care plan interventions/need for new interventions**
What do we want to accomplish/ what idea do you want to test? Identify the goal and estimated timeframe for resolution	What is our baseline compliance (Note: If a baseline has not been established, will an audit be completed to establish a baseline)?
	What is our goal to reach for compliance (% compliance with observed elements)?
	Goal for fall rate= %

DO: Intervention/Improvements:			STUDY Results	Act
Action Step	Start Date	Person Responsible	Analyze Impact of Action in Reaching Goal	Outcome Decisions and Date
Within three months, all residents at risk for falls or who have fallen will have a pharmacy review of medications to identify if any medications have fall risks associated with them. If medications are a possible cause for falls, leadership will discuss with the pharmacy, MD and resident on possible options to reduce fall risk with medication changes as appropriate. This will decrease the risk of falls for residents on medications that may lead to falls.				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adapt** and detail changes in new action steps ☐ **Abandon** and develop new action steps
Within three months, patients with behavioral health diagnoses will receive a psych services review to assist with interventions for repeat and at-risk residents for falls. This will decrease the risk of falls for residents with behavioral health diagnoses by collaborating with psych services to provide appropriate intervention to residents.				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adapt** and detail changes in new action steps ☐ **Abandon** and develop new action steps
Within one month, the QAPI team will review psych and medication recommendations for individualized interventions for residents with repeated falls or at risk for falls. The team will also complete a review of charts for these residents. At the completion of the review, the QAPI team and leadership will implement individualized interventions as appropriate to reduce the risk of resident falls.				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adapt** and detail changes in new action steps ☐ **Abandon** and develop new action steps
Within two months, all residents at risk for falls or who had falls will have their wheelchair and bed transfer environment reviewed by physical therapy. Appropriate interventions for decreasing fall risks while maintaining the resident's quality of life will be reviewed and implemented as appropriate.				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adapt** and detail changes in new action steps ☐ **Abandon** and develop new action steps

Communication/Notes:

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Fall Assessment QAPI

RESIDENT

Resident: _____ ☐ Male ☐ Female Age: _____

Date of Fall: _____ Time of Fall: _____ Day of Week: _____ Shift: _____

HUDDLE/QAPI MEETING INFORMATION

Date of Huddle: _____ Time of Huddle: _____

Location of Huddle: ☐ Nurse's Station ☐ Location of Fall ☐ Resident Room ☐ Other _____

Huddle Leader/Facilitator: _____ Number of Attendees: _____

☐ Charge Nurse _____
☐ RN _____
☐ LPN _____
☐ Med Aide _____
☐ CNA _____
☐ Administrator _____
☐ DON _____

☐ Medical Director _____
☐ PT _____
☐ OT _____
☐ Housekeeping _____
☐ Dietary _____
☐ Maintenance _____
☐ Activities _____

☐ Resident _____
☐ Family Member _____
☐ Visitor _____
☐ Social Services _____
☐ Other (Name/Title) _____
_____

FALL INFORMATION

Location of Fall: ☐ Resident Room ☐ Resident Bathroom ☐ Hallway ☐ Dining Room ☐ Bathing Room
☐ Outside on Campus ☐ Outside off Campus ☐ Other

Type of Fall: ☐ Witnessed (observed the fall) _____
☐ Unwitnessed (found on floor/ground)
☐ Intercepted (would have fallen if not caught self or by another person)

Injury From Fall: ☐ No injury
☐ Injury, except major (skin tears, abrasions, lacerations, superficial bruises, hematomas, sprains or any related injury causing the resident to complain of pain)
☐ Major injury (bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma)

Outside Medical Treatment Immediately After Fall? ☐ None ☐ Sent to Emergency Room ☐ Sent to Physician Clinic

RESIDENT

What were you trying to do/What did you need? _____

Was something different this time (i.e., noisy, too many people)? _____

Assistive device being used? ☐ None ☐ Walker ☐ Cane ☐ Crutches ☐ Wheelchair ☐ Other

Footwear? ☐ Barefoot ☐ Shoes ☐ Gripper socks ☐ Socks without grippers ☐ Slippers ☐ Other

Clothing? ☐ Fit well ☐ Loose ☐ Tight ☐ Other _____

Wears glasses? ☐ Yes ☐ No   Wearing glasses when fell? ☐ Yes ☐ No

Wears hearing aids? ☐ Yes ☐ No   Wearing hearing aids when fell? ☐ Yes ☐ No

STAFF

Approximate time of last contact or visual of the resident before fall: _____ Who? _____

What was the resident doing/What did they need? _____

Was something different this time (i.e., new shoes)? _____

Who was in the area at the time of the fall? _____

Is anything about the resident different today than normal? _____

Was the call light on? _____ If yes, what was the response time? _____

Resident's baseline cognition: ☐ Intact   ☐ Moderately impaired   ☐ Severely impaired

What was the resident's cognition/confusion level at the time of the fall? _____

What was the lighting at the time of the fall: _____

Was PT consulted prior to the fall? ☐ Yes ☐ No If Yes, were all assistive devices/interventions in place? _____

Fall risk score: _____

Were all interventions/strategies in place from the care plan: ☐ Yes ☐ No If no, explain _____
_____

ENVIRONMENT

Floor: ☐ Carpet ☐ Tile ☐ Rug ☐ Uneven ☐ Steps ☐ Shiny ☐ Wet: Suspected Liquid _____
☐ Other _____
Area where fall occurred: ☐ Light ☐ Dark ☐ Noisy ☐ Busy ☐ Cluttered ☐ Other _____
What items were near fallen resident? ☐ Bed ☐ Wheelchair ☐ Walker ☐ Chair/Recliner ☐ Toilet/Commode
☐ Other: _____
Equipment used at time of fall: ☐ Total Lift ☐ Sit-to-Stand Lift ☐ Bath Chair ☐ Other _____
Other environment factors: _____

DRAW THE SCENE

Draw the scene of the fall. Be descriptive. Include the resident's position, equipment, and assistive devices:

This Section to be Completed by the QAPI Team: FALL ROOT CAUSE ANALYSIS

Use the 5 Whys to identify the root cause of the fall. Ask "why" until the cause of the fall is reached. Then, verify the result is the root cause by asking, "if this reason was removed, would the fall have occurred?"

Problem Statement: One sentence description of the event

Why? _____
Why? _____
Why? _____
Why? _____
Why? _____

Root Causes

1. _____ 2. _____ 3. _____

To validate root causes, ask the following: If you removed this root cause, would this event have been prevented?

This Section to be Completed by the QAPI Team: ACTION PLAN

What can be done to avoid future falls (intervention)? _____
_____

Care Plan Updated? ☐ Yes ☐ No
Signature of Leader/Facilitator: _____ Time Huddle Completed: _____
Fall Committee Review and Action: _____
Fall Committee Signature: _____ Date: _____
QAPI Committee Review and Action: _____
QAPI Committee Signature: _____ Date: _____
Administrator Signature: _____ Date: _____
Medical Director Signature: _____ Date: _____

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Enhancing Resident Mobility
FOR IMPROVED FUNCTION AND WELLBEING

Why is enhancing residents' mobility important?

Enhancing and maintaining residents' mobility is an important part of preserving their function and their physical and psychological well-being. By making mobility part of their daily care, nursing home staff can improve residents' quality of life, range of motion, transferring and mobility. Enhancing mobility also helps eliminate physical restraints and reduces the risk of falls.

Increased mobility benefits...

RESIDENTS
- Strengthens muscles and bones, reducing risk of fractures and falls
- Improves heart and lung function
- Improves sleep
- Improves appetite and helps maintain a healthy weight
- Reduces risk of complications associated with immobility, like muscle wasting
- Heightens alertness and improves mood
- Increases movement while lying in bed or sitting, reducing the risk of pressure ulcers
- Safer transfers
- Steadier when standing or walking
- More independence during activities of daily living, like dressing, eating, toileting, etc.
- Decreases social isolation

NURSING HOME STAFF
- Meaningful relationships with residents through resident independence and empowerment
- Decreases time providing direct assistance during personal care, bed positioning and transportation to and from activities

NURSING HOMES
- Enhanced reputation within the community
- Promotes a culture of safety
- Demonstrates consistency with culture change and person-centered care
- Improves quality measures related to falls, physical restraints, pressure ulcers or weight loss
- Reduces costs associated with treating the consequences of immobility, like pressure ulcers, contractures, constipation and incontinence

What activities can help increase residents' mobility?

- Seated volleyball – Set up a net and let residents, seated in chairs or wheelchairs, play volleyball with a beach ball or a balloon. This can also be played without a net and/or with multiple balls or balloons.
- Let residents kick or hit beach balls or balloons to pass them around the room to one another.
- Stretching or arm/leg lift exercises – Use elastic bands for resistance.
- Playing catch – Bring in dogs that will retrieve thrown balls.
- Walking – Playing rhythmic music helps with balance. Walk beside any residents who need support.
- Dance lessons – Residents can teach staff how to dance. They feel useful, and the staff can learn something new! Also, dancing allows staff to hold onto residents to support their balance.
- Ask residents for ideas for activities they would enjoy, such as walks to dine or outdoor walks.

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Tips for Success:
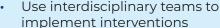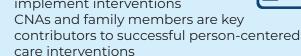## FALL PREVENTION WITH INCREASED MOBILITY, REDUCED NOISE AND RESTORATIVE SLEEP

Nursing home residents are inherently at high risk of falls because of their health status and new surroundings. Historically, caregivers immobilized or used alarms to keep residents safe, but recent research has debunked these well-intentioned activities. Caregivers now implement person-centered care interventions specific to the needs and fall risks of each resident's capabilities and preferences.

Mobility and Safety Enhancement Interventions

- ❑ Frequent rounding by frontline staff with the 4 Ps: pain, potty, personal items, and position; also offer oral drinks
- ❑ Consistent staffing allows staff to be more acutely aware of residents' needs and patterns and proactively respond
- ❑ Use an immediate post-fall huddle for real-time problem-solving and individualized interventions
- ❑ Meaningful activities need to be provided during all waking hours; cross-train CNAs or other staff to lead activities or set up personalized activities for residents
- ❑ Make physical exercise a part of every activity
- ❑ Change medication schedules to allow flexibility to minimize potential side effects that can interfere with balance, sleep, strength or safe movement
- ❑ Use toileting programs based on voiding diaries and specific resident needs; round proactively to respond to residents' toileting needs
- ❑ Use dietary staff for regular hydration rounds
- ❑ Install motion-sensor lights to assist staff with knowing when a resident gets up at night
- ❑ Install contrasting-colored toilet seats and call lights
- ❑ Remove clutter and all unused items in the resident's room
- ❑ Strategically place resident room furniture to support their strengths and needs
- ❑ Learn which side a resident normally gets in and out of bed
- ❑ Install appropriate flooring to reduce glare and promote mobility
- ❑ Implement "walk to dine" and "get up and move" programs during the day
- ❑ Maintain all mobility devices in good working order (monthly preventive maintenance)
- ❑ Use quality incontinent briefs to allow residents to sleep uninterrupted during the night

Tips for All Interventions:

- • Use interdisciplinary teams to implement interventions
- • CNAs and family members are key contributors to successful person-centered care interventions
- • Know the resident's personal history and preferences before trying a new intervention
- • Identify a clinical champion for mobility to serve as a point person for promotion and education
- • Embed all developed mobility programs into your day-to-day structures so they will endure
- • Change the culture of your facility to be proactive with care planning and delivery

- ❑ Reduce noise in the facility:
  - • Eliminate alarms
  - • No overhead paging
  - • Avoid nighttime restocking/cleaning chores
  - • Decentralize nursing stations
  - • Install soft door closures
  - • Keep utility cart casters in good repair
  - • Reduce noise at night to promote uninterrupted sleep
  - • Stop administering medications at night unless necessary
- ❑ Utilize Comfort Menu to fill resident needs
- ❑ Track and trend all fall-related information and identify opportunities to strengthen fall prevention practices
- ❑ Embed fall prevention roles in new employee orientation, job descriptions, and performance reviews
- ❑ Recognize employees who contribute to successful fall prevention programs

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COMFORT MENU

We want to do everything we can to make you more comfortable and help control any pain, discomfort, and/or anxiety. There are many ways to make you more comfortable without using medications. Your comfort is very important to us.

☑ Check items below that you are interested in trying...

Relaxation
- ☐ Stress ball
- ☐ Massage/handheld back massager
- ☐ Hand massage
- ☐ Visit from chaplain
- ☐ Reading visit
- ☐ Talking visit
- ☐ Relaxing music
- ☐ Soft background sounds/ sound machine
- ☐ Guided Imagery Therapy: helping you imagine positive and relaxing things
- ☐ Quiet/uninterrupted time
- ☐ Pet therapy
- ☐ Essential oils
- ☐ Darkness
- ☐ Neck or lumbar pillow
- ☐ Temperature adjustment

Comfort
- ☐ Warm pack
- ☐ Cold pack
- ☐ Ice
- ☐ Warm blanket(s)
- ☐ Warm washcloth
- ☐ Cool washcloth
- ☐ Extra pillow(s) - (neck, knees, ankles, lumbar)
- ☐ Humidification for your oxygen source
- ☐ Saline nose spray
- ☐ Fan
- ☐ Repositioning
- ☐ Warm bath or shower
- ☐ Walking
- ☐ Gentle stretching
- ☐ Food or beverage

Entertainment
- ☐ Book (audio, large print)
- ☐ Magazine
- ☐ Movie
- ☐ Wi-Fi for your personal laptop or tablet
- ☐ Deck of cards
- ☐ Puzzle book (crossword puzzles, word searches, Sudoku)
- ☐ Notepad and pen
- ☐ Coloring book
- ☐ Board games
- ☐ Arts & crafts
- ☐ Your favorite music
- ☐ Television
- ☐ Handheld electronic game
- ☐ Activity apron/blanket

Feel Better
- ☐ Lip balm
- ☐ Toothbrush/ toothpaste/ dental floss
- ☐ Deodorant
- ☐ Comb or brush
- ☐ Q-tip/cotton swab/nail file
- ☐ Shampoo/ conditioner
- ☐ Scalp massage
- ☐ Robe
- ☐ Hair band
- ☐ Mouth swab/ mouth wash
- ☐ Lotion
- ☐ Lollipop/Lozenges
- ☐ Chocolates
- ☐ Sunshine
- ☐ Prayer
- ☐ Pet visit
- ☐ Pajama (from home or from staff)
- ☐ Pedicure/Manicure

Sleep
- ☐ Ear plugs
- ☐ Night light
- ☐ Quiet
- ☐ Eye shield/mask
- ☐ Television/Music/ Sound Machine
- ☐ Weighted Blanket
- ☐ Uninterrupted sleep time

Other/Additional Info:

– Ask staff about safety procedures for items brought into the facility. –

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