HQIC Community of Practice Call

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

May 9, 2024

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Introduction

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Social Science Research Analyst
Division of Quality Improvement Innovation
Models Testing
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Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

Welcome!

Agenda

- Introduction
- Today's topic: Enhancing Capacity: Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability
- Presenters*:*
  - **Rachel Megquier**, BSN, RN, Telligen
  - **Pat Quigley**, PhD, MPH, APRN, CRRN, FAAN, FAANP, FARN, Nurse Consultant, Patricia A. Quigley Nurse Consultant, LLC
  - **Theresa Via**, RN, MSN, CHQ, North Lincoln Hospital
  - **Rebecca Boll**, MSPH, CPHQ, IPRO
- Open discussion
- Closing remarks

As You Listen, Ponder…

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase engagement within your facilities to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 or 90 days?

Meet Your Speakers

Rachel Megquier, BSN, RN
Senior Quality Improvement Facilitator
Telligen

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Nurse Consultant
Patricia A. Quigley Nurse Consultant, LLC

Theresa Via, RN, MSN, CHQ
Director Quality Resources
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Rebecca Boll, MSPH, CPHQ
HQIC Project Manager
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IPRO

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
HQIC Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Collaborating to Support Your Quality Improvement Efforts

MHA HEALTH, RESEARCH AND EDUCATIONAL FOUNDATION, INC.

- Healthcentric Advisors
- Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

Hospital Quality Improvement Contractors
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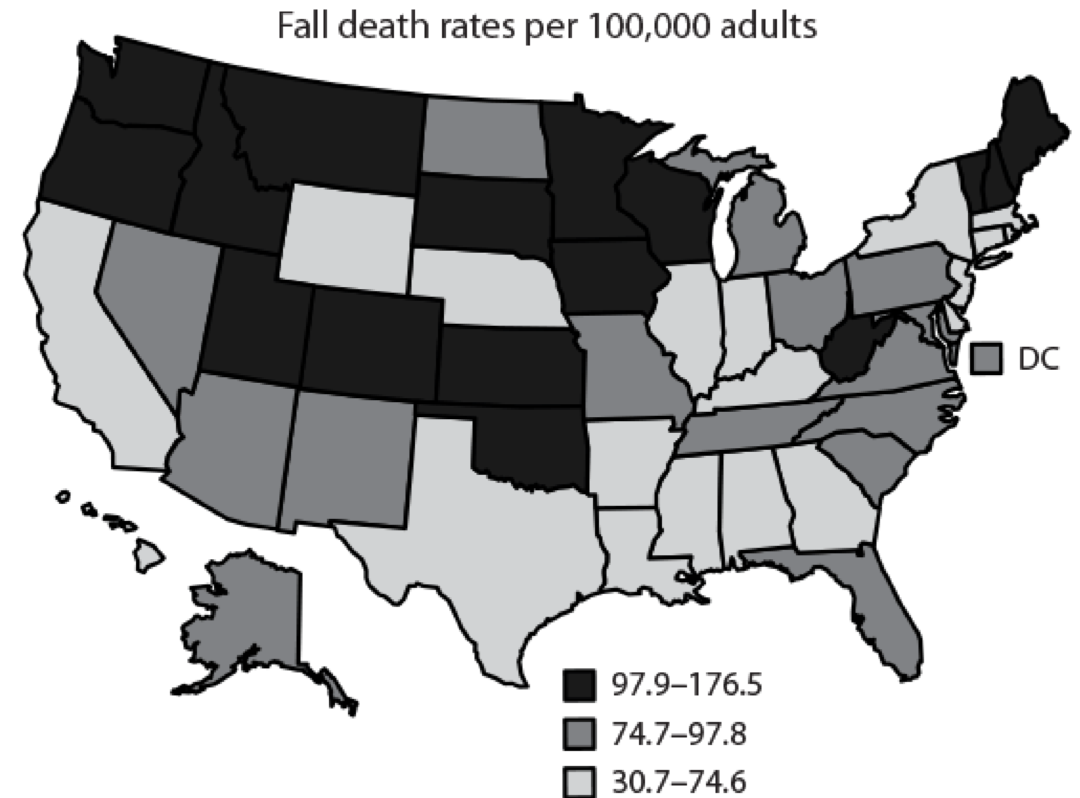
iQUALITY IMPROVEMENT & INNOVATION GROUP

National Impact of Falls

- The leading cause of **injury and injury deaths** in older adults aged >65 years old is **unintentional falls.**
- In 2021, a total of 38,742 unintentional fall-related deaths occurred among older adults.



[Nonfatal and Fatal Falls Among Adults Aged ≥65 Years — United States, 2020–2021 | MMWR (cdc.gov)](#) (Link)

Why Focus on Falls?

- Although falls are common, they are **NOT** an inevitable part of aging.
- Preventing falls can prevent deaths in older adults.
- Falls **CAN** be prevented by screening, assessing for modifiable risk factors, and intervening with evidence-based approaches.
- The average total cost of an inpatient fall is **$62,521.**
- Falls comprise the largest category of preventable adverse events in hospitals.

Nonfatal and Fatal Falls Among Adults Aged ≥65 Years — United States, 2020–2021 | MMWR (cdc.gov); Cost of Inpatient Falls and Cost-Benefit Analysis of Implementation of an Evidence-Based Fall Prevention Program | Health Policy | JAMA Health Forum | JAMA Network (Link)

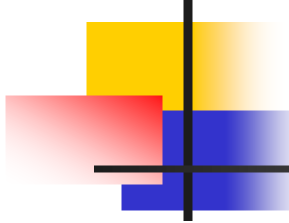
Pat Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP
Nurse Consultant

May 9, 2024

E-Mail: pquigley1@tampabay.rr.com

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.*

*Committee on Assessing the System for Protecting Human Research Participants. *Responsible Research: A Systems Approach to Protecting Research Participants.* Washington, D.C.: The National Academies Press: 2002.

Program Effectiveness: Fall Prevention

- Organizational Level: expert interdisciplinary fall 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 is 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 (DC)

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

- 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 emergency medical record (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

- Select a model
- Set goals
- Conduct baseline assessment – find 3-5 opportunities
- 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

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 percent 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; patient 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

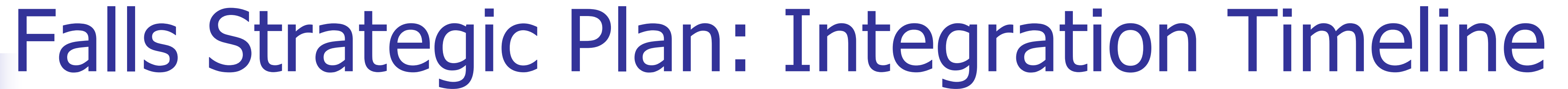
Implement the Post Fall Huddle

- Structure Goal: PFH Processes implemented in P&P, education program, and quality improvement (QI)
- Outcome Goal: Within 4 months, 100% of patients who fall from beds will fall on a floor mat
- Set up your Task Force

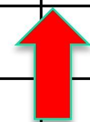
Create Action Plan While Sharing with Peers on How to Overcome Barriers and Achieve Successes

- Develop 3 Opportunities for Your Action

Falls Strategic Plan: Integration Timeline



Last Updated Aug 2021	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Pre-Design Phase (~ 1 month)										
Task Force Co-Chairs meet, develop initial plans										
Create integrated Charter, measures, & communications										
Design Phase (~ 2 months)										
Assess interventions, resources, & requirements										
Falls Collaborative Kickoff 2-10-2022 2pm EST										
Implementation Phase (~ 4 months)										
Monthly integrated Collaborative meetings										
TF Co-Chairs begin to implement selected interventions										
Sustain & Improve										
Transition active work, ready for next implementation cycle										

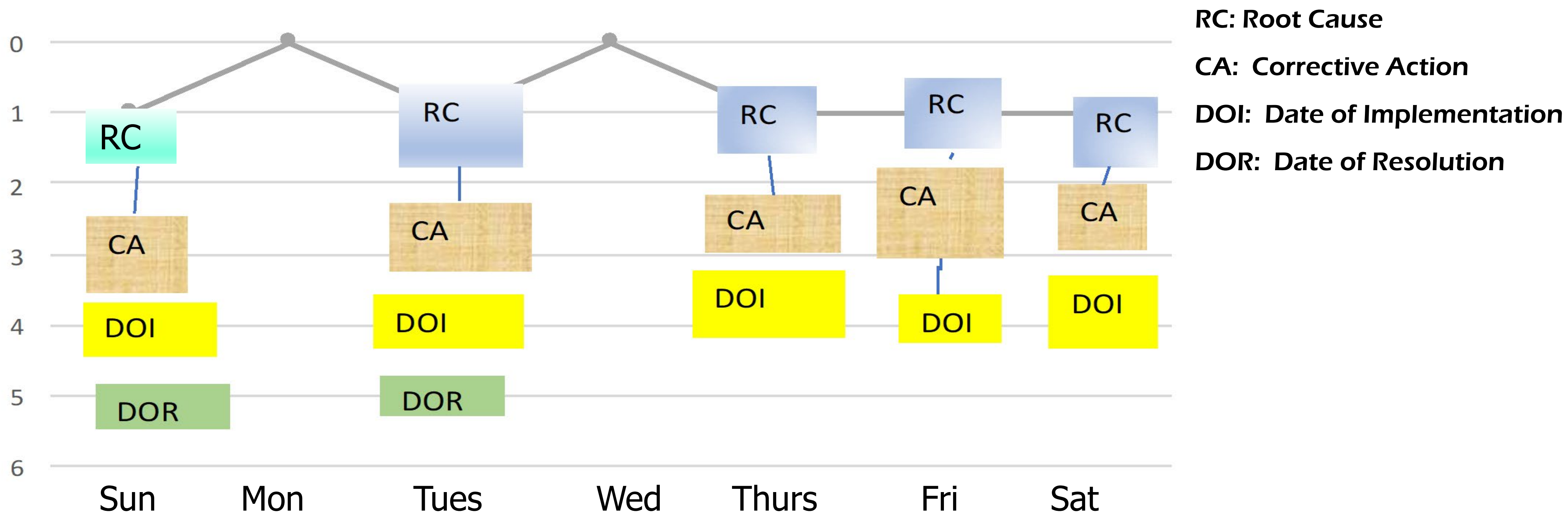


Align Interventions to Goals

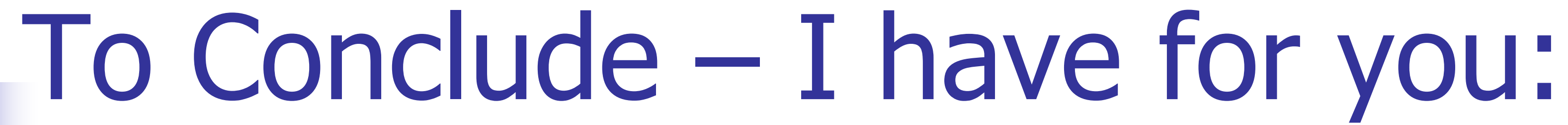
- Reduce Preventable Falls
  - Accidental Falls
  - Anticipated Physiological Falls
- Reduce Injurious Falls

My Unit Story Board

Annotated Story Board Fallers 5So Med Surg



To Conclude – I have for you:



- Guidance to Measure Change
- Process and Outcome Run Charts
- Annotated Run Chart
- Rethink your Falls Committee
- Thinking out of the Box

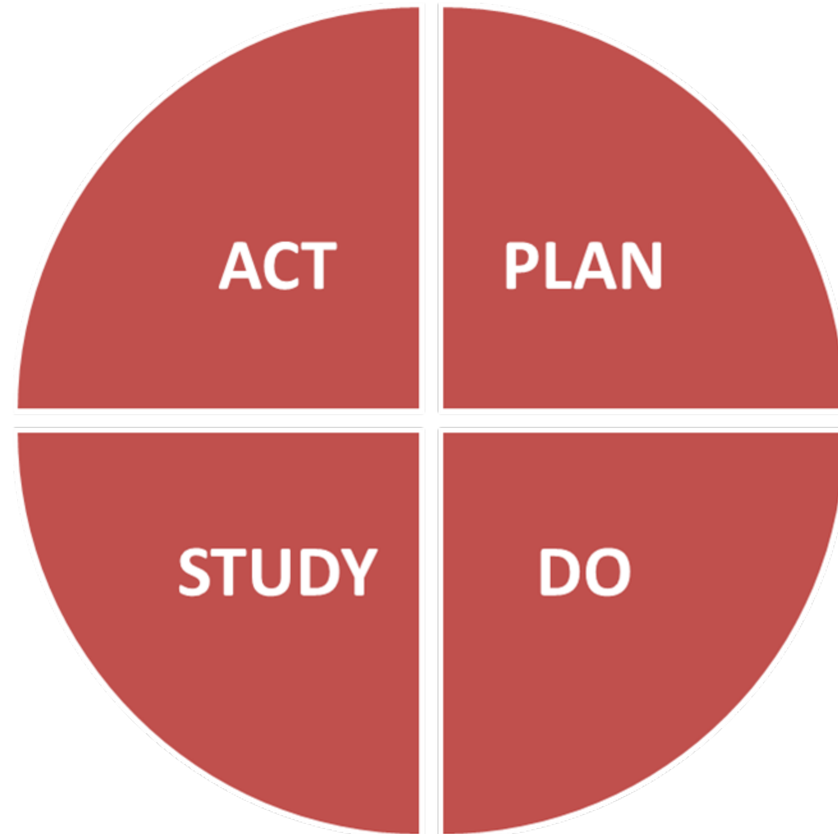
Please Share More!

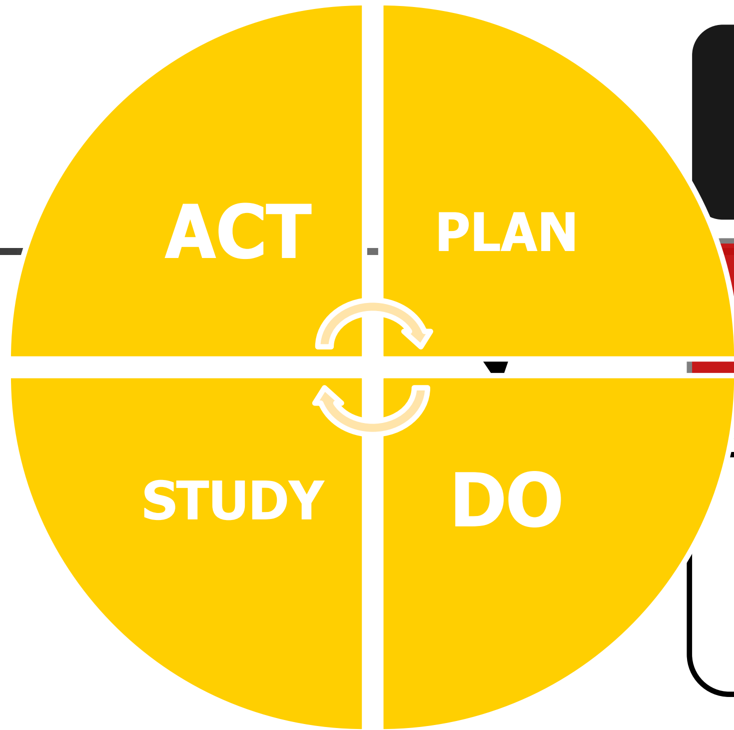
- Be a Champion for Change, and keep me posted – I am here for you!
- pquigley1@tampabay.rr.com (e-mail)

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 and phone calls

PDSA CYCLE





What are we trying to accomplish?

How will we know that a change is an improvement?

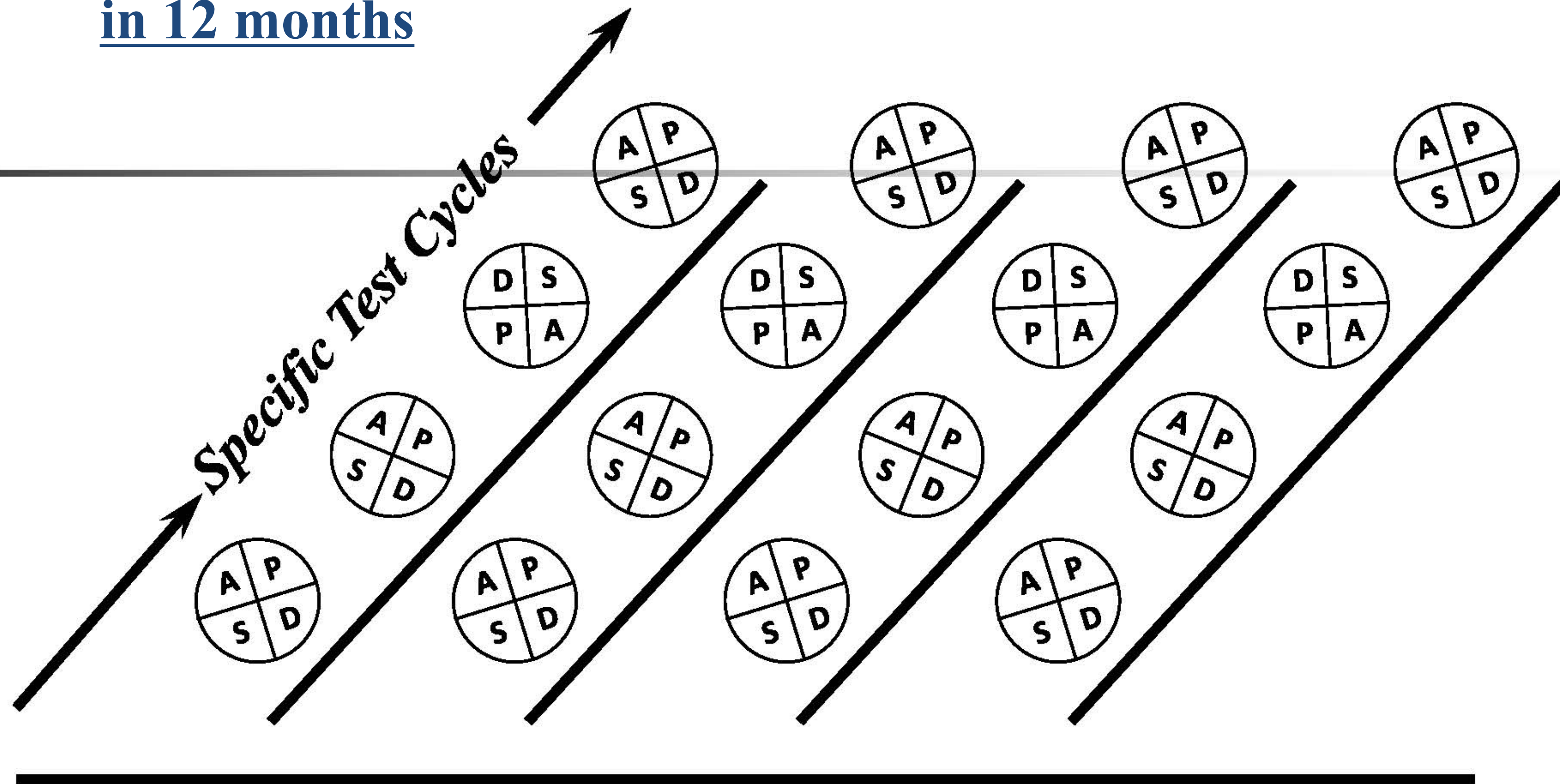
What change can we make that will result in improvement?

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 develop 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:

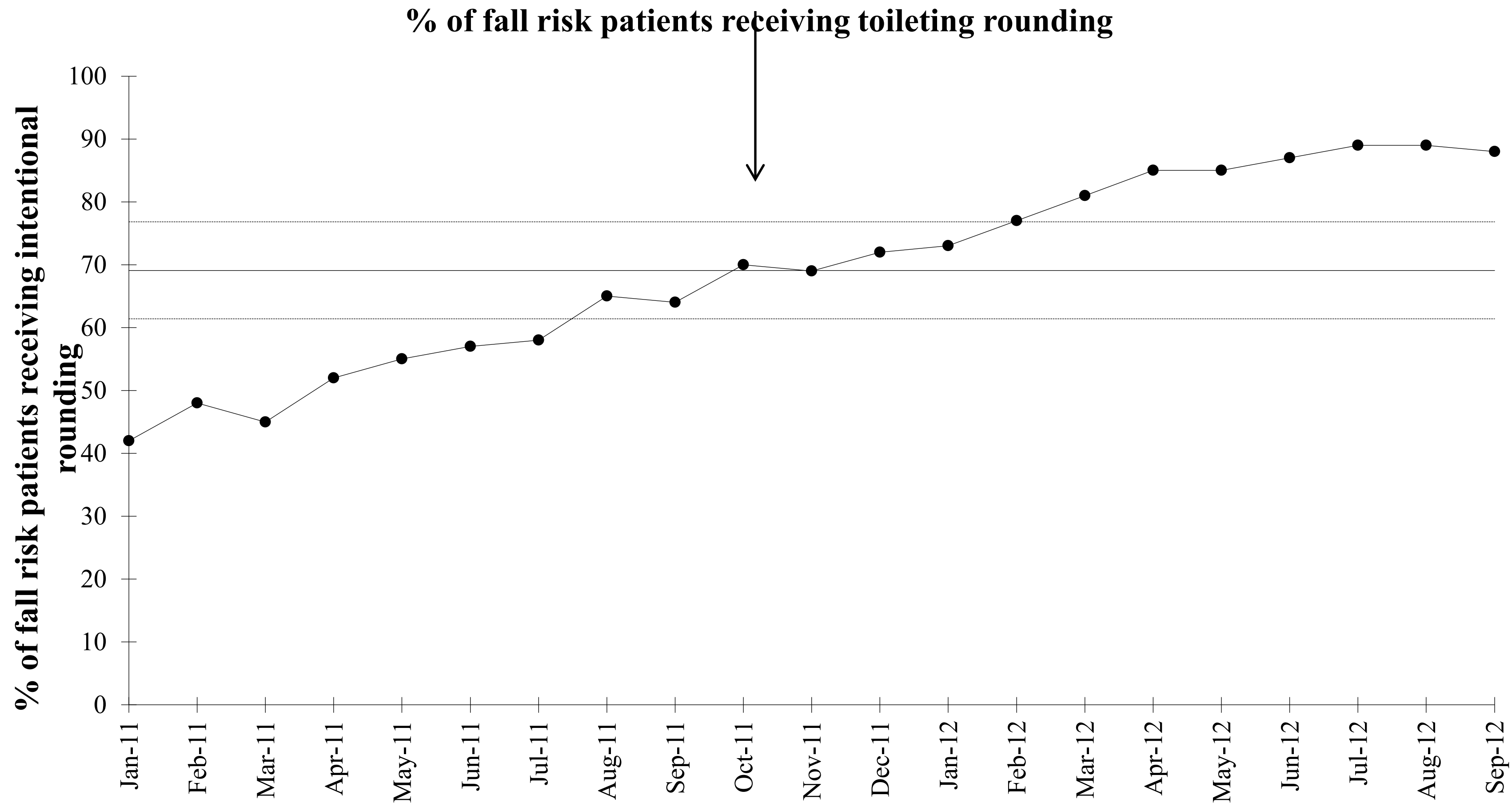
- Patients at risk for falls and fall related injuries with interventions in place
- Patients ≥65 with orthostatic hypotension (OH) assessed before ambulation
- Observation and chart review

Outcome Measures

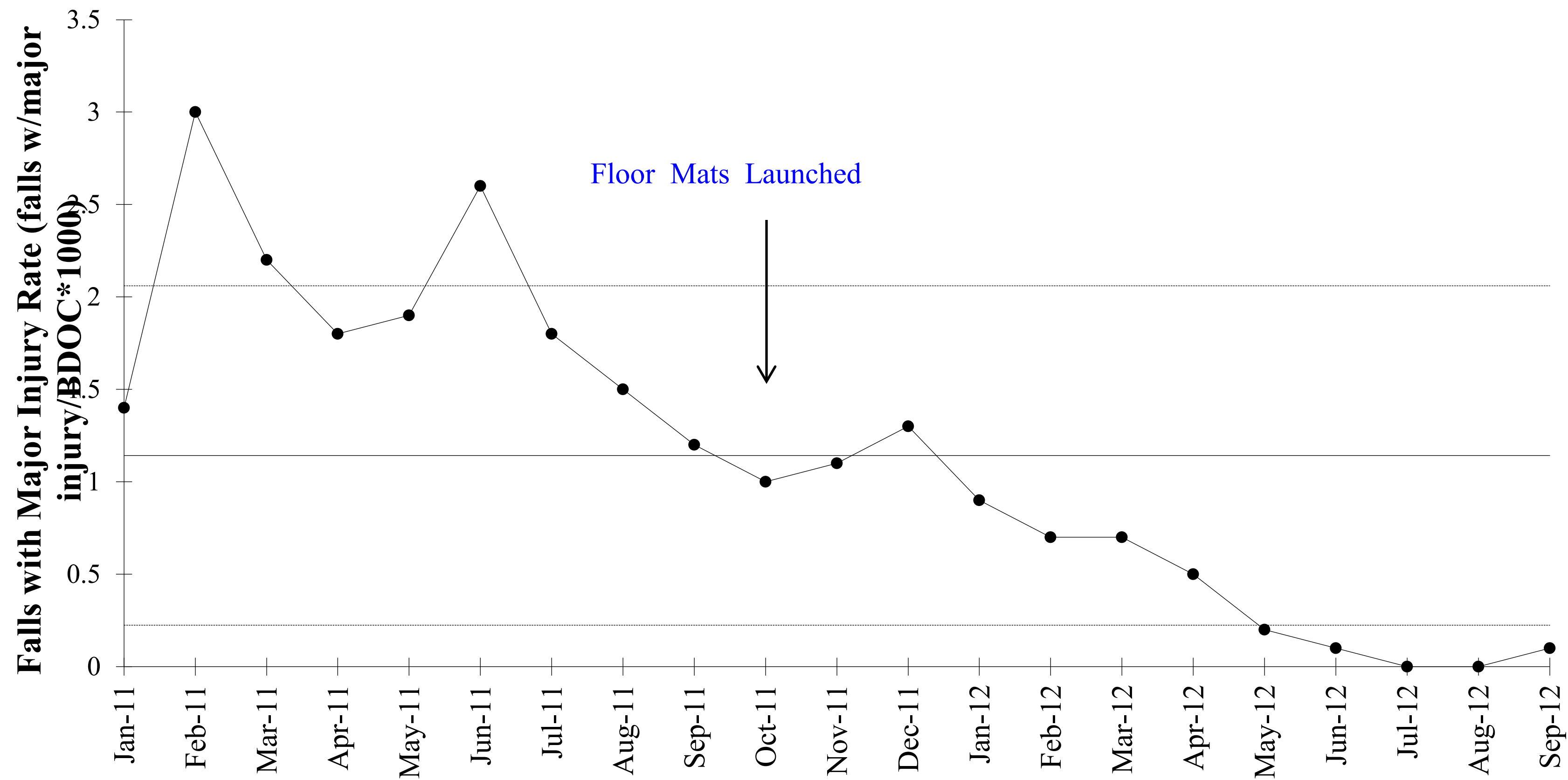
Preventable
Fall Rate

Balancing
Measures

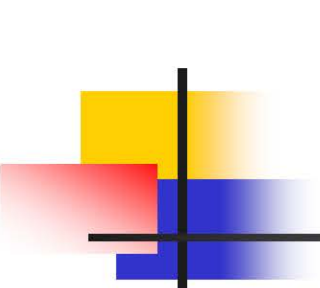
Example of a **Process** Run Chart



Example of an **Outcome** Run Chart



Falls per 1000 Patient Days



Fall Rate   UCL   LCL   National Mean

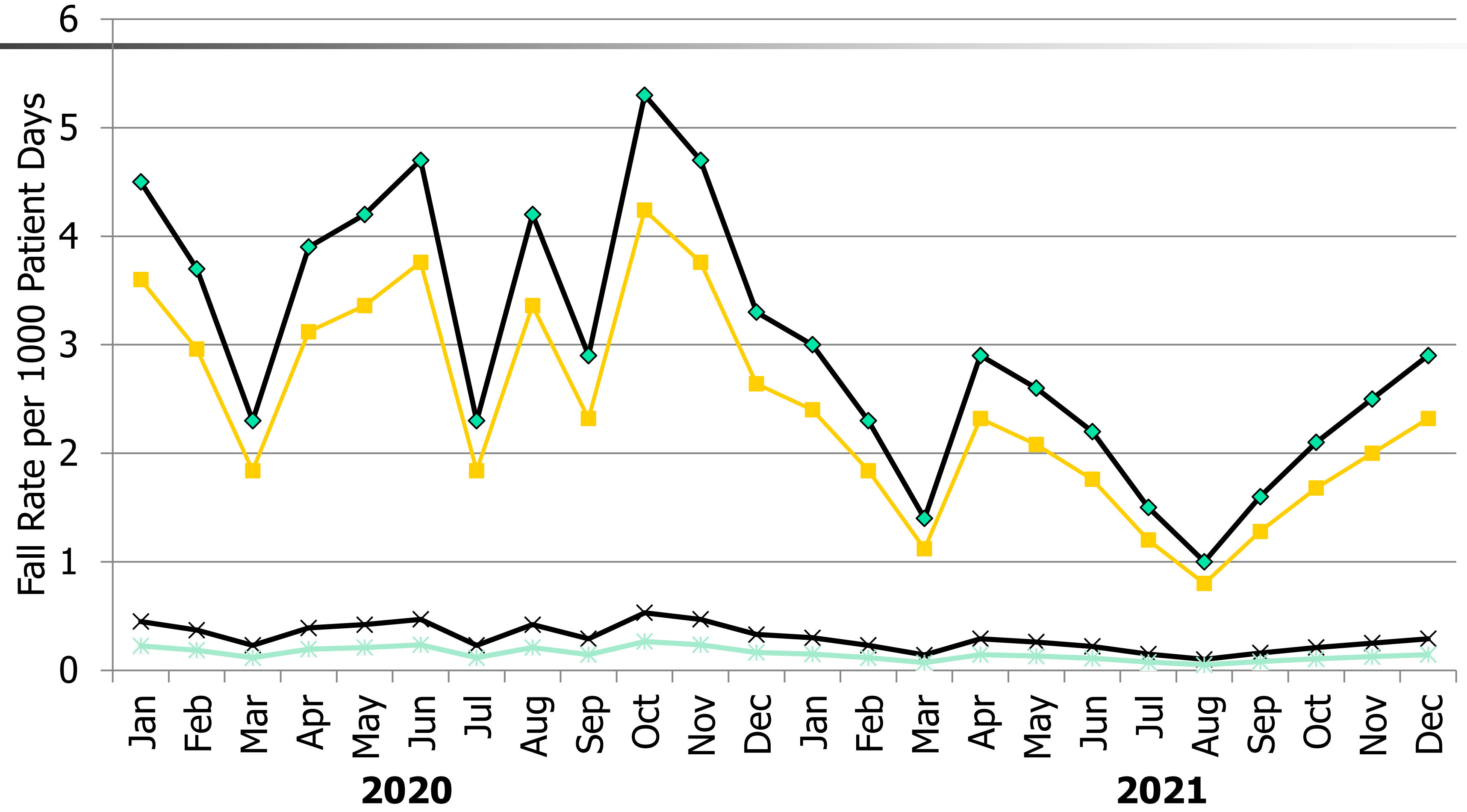
Falls per 1000 Patient Days

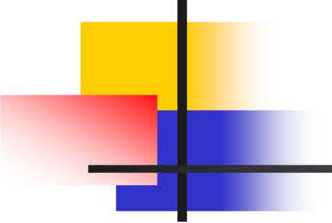
8
7
6
5
4
3
2
1
0

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

2008   2009

Fall Rate by Type of Fall per 1000 Patient Days





Days Between Serious Injury

Days Between Serious Injury — Average

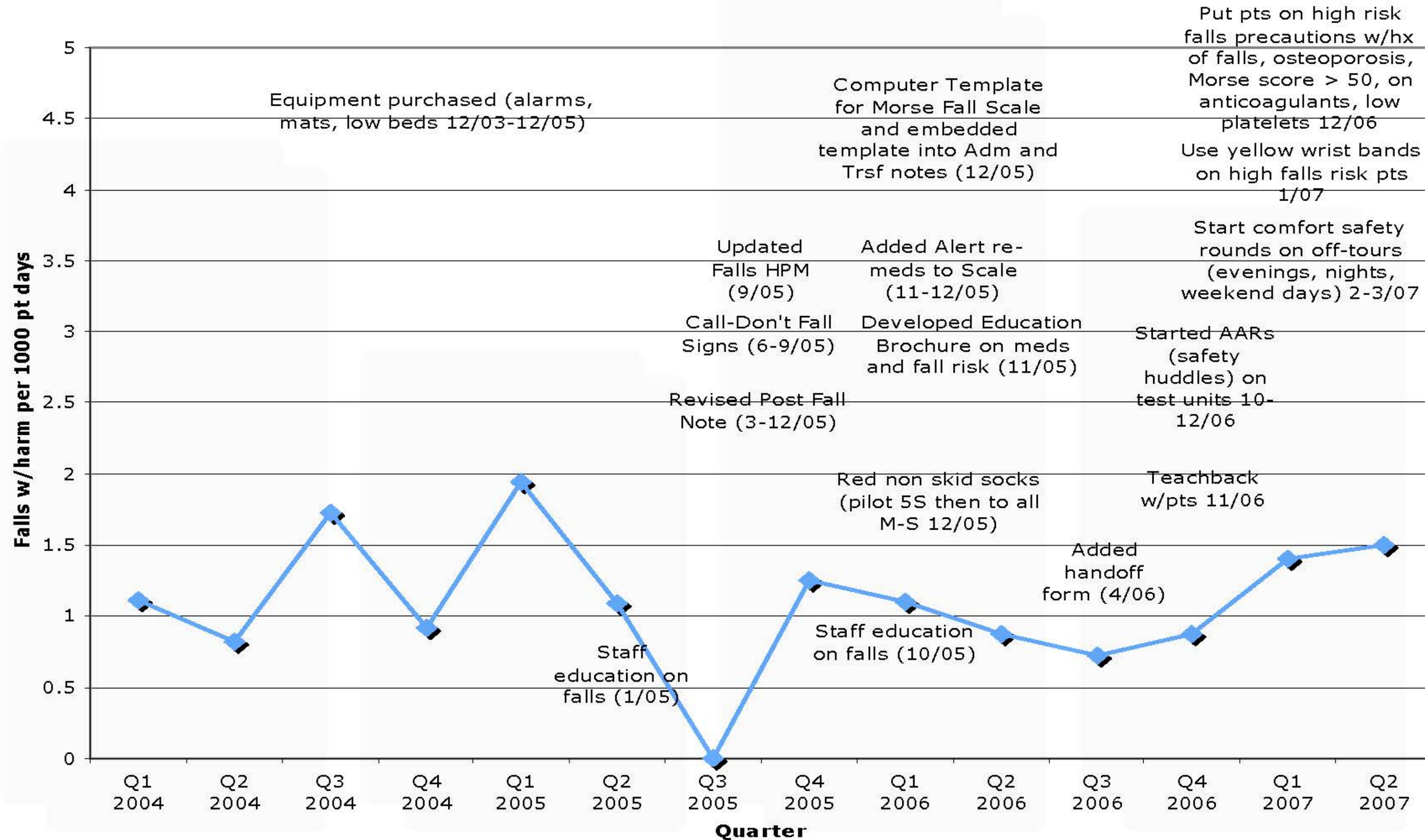
Days Between Serious Injury

80
70
60
50
40
30
20
10
0

49, 30, 51, 37, 30, 38, 54, 18, 67

Jan 3 08 | Feb 2 08 | Mar 25 08 | May 1 08 | May 31 08 | Jul 7 08 | Aug 30 08 | Sep 17 08 | Nov 23 08

Annotated Run Chart



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

- Leadership: Culture of Safety
- Fall Rounds
- Signage
- Frequency of Fall Risk Screening
- Measurements of Effectiveness

References

Clinics in Geriatric Medicine, May, 2019 (Link)

- **Optimizing Function and Physical Activity in Hospitalized Older Adults to Prevent Functional Decline and Falls** (Link)
  - Barbara Resnick, Marie Boltz, p237–251
- **Preventing Falls in Hospitalized Patients: State of the Science** (Link)
  - Jennifer H. LeLaurin, Ronald I. Shorr, p273–283
- **Outcomes of Patient-Engaged Video Surveillance on Falls and Other Adverse Events** (Link)
  - Patricia A. Quigley, Lisbeth Votruba, Jill Kaminski, p253–263

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

Samaritan Health System (SHS): Fall and Fall Injury Prevention Team

Samaritan Health Services

MISSION

Building Healthier Communities Together

VISION

Serving our communities with PRIDE.

VALUES

Passion

Respect

Integrity

Dedication

Excellence

STRATEGIC PRIORITIES

- Quality & Service Excellence
- Community Partnership
- Sustainability
- Employee Engagement

Samaritan Health Services

16 Bed Critical Access Hospital Lincoln City, OR

23 Bed Critical Access Hospital Lebanon, OR

PRIDE in *safety* together

We commit to zero

HARM

INJURY

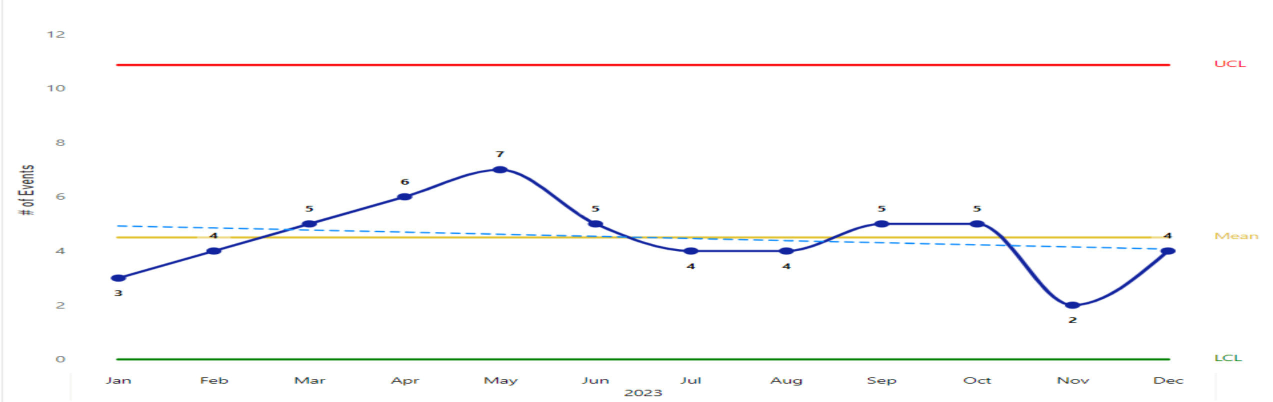
FAILURE

HRO Journey: We commit to Zero

System Quality and Service Excellence Dashboard - 2023

Confidential - Data updated on 02/12/2024

Domain	Metric	Source	Better	Baseline	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Eliminate Preventable Harm	Patient Safety Event Reports	Pat Safety	Higher	5,476	8,234													
	Total CAUTIs	Epic	Lower	20	19	3	2	1	1	1	0	3	3	0	1	1	2	18
	Total CLABSIs	Epic	Lower	7	6	1	0	1	0	0	0	0	0	2	2	1	0	7
	Total C. Diff Infections	Epic	Lower	59	56	2	2	2	1	3	3	3	2	2	1	2	2	25
	Total Falls with Injury	Epic	Lower	47	45	3	4	5	6	7	5	4	4	5	5	2	4	54



Samaritan Health Services

SHS Hospital Acquired Condition (HAC) Team

PRIDE in safety together

We commit to zero

HARM

INJURY

FAILURE

April 2023: Multidisciplinary multisite HAC Team formed; Began with review of purpose, roles, definitions, and data review.

2Q – 4Q 2023: Review of best practices for fall and fall injury reduction; Development of best practice bundle including screening, patient identification, creating a safe environment, individualized mitigation strategies, education, fall event review, and reporting data.

1Q 2024: Preparation for trial @ North Lincoln Hospital and Lebanon Community Hospital. Trial start date planned for March 12, 2024. (Phase 1).

Samaritan Health Services

Review of Current National Guidelines

Attended virtual live event featuring Pat Quigley

ALLIANT HEALTH SOLUTIONS | COMPASS | Telligen QI Connect | HQIC

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

June 27, 2023 | 1:00 - 2:00 PM (CT) Registration

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Implementation Guide for Fall Injury Reduction

VA National Center for Patient Safety
Reducing Preventable Falls and Fall-Related Injuries

AMERICAN NURSE

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FALL RISK

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Older Adult Fall Prevention

The Joint Commission Update

In this column, experts from The Joint Commission provide an update for readers.

A New Approach to Preventing Falls With Injuries

Brigham and Women's Faulkner Hospital

Patient Name: Date:

Increased Risk of Harm If You Fall

Fall Risks (*Check all that apply*)

- History of Falls
- Medication Side Effects
- Walking Aid
- IV Pole or Equipment
- Unsteady Walk
- May Forget or Choose Not to Call

Fall Interventions (*Circle selection based on color*)

- Communicate Recent Fall and/or Risk of Harm
- Walking Aids: Crutches, Cane, Walker
- IV Assistance When Walking
- Toileting Schedule: Every ______ hours: Bed Pan, Assist to Commode, Assist to Bathroom
- Bed Alarm On
- Bed Rest
- Assistance Out of Bed: 1 person, 2 people

Minnesota Hospital Association

QUALITY & PATIENT SAFETY

MINNESOTA PATIENT SAFETY ALERT: MITIGATING FALL INJURY RISKS

AHRQ Agency for Healthcare Research and Quality

Preventing Falls in Hospitals

NDNQI stands for National Database of Nursing Quality Indicators. It is a program that collects and evaluates data on nursing quality and patient outcomes. **NDNQI defines a fall as any unplanned descent to the floor with or without injury, whether it is caused by physiological or environmental factors** [1]. NDNQI also classifies fall-related injuries into four categories: none, minor, moderate, and major, based on the severity and treatment of the injury [2].

What was New to SHS!

- Individualized care plans based on fall and fall injury risk factors
- Injury risk history on admission
- Universal fall reduction strategies for all
- Shift focus to reducing injury risk

Signs in patient rooms

Preventing Falls

Tips to Prevent Falls

Please help us by following these safety guidelines

Let's work together to prevent FALLS!

- ✓ Don't get up by yourself if you feel dizzy, weak or lightheaded.
- ✓ Make sure your room is clear of unused equipment and clutter
- ✓ Wear shoes or non skid footwear every time you get out of bed.
- ✓ Use only unmoving objects to help steady yourself. Don't use your IV pole, tray table, wheelchair or other objects that can move.
- ✓ Use the handrails in the bathroom and hallway.
- ✓ If you wear glasses or hearing aids, use them.
- ✓ If you use a walker or cane when walking, use them.
- ✓ Allow staff to 'Round' on you hourly during the day and every 2 hours at night
- ✓ Allow time for staff to assess your strength prior to standing or walking
- ✓ Avoid prolonged bed rest, increase your activity as soon as it is safe

Questions?
Please ask any member of your health care team.

Preventing:
Falls and Fall Injuries

Know what to expect of your care team.

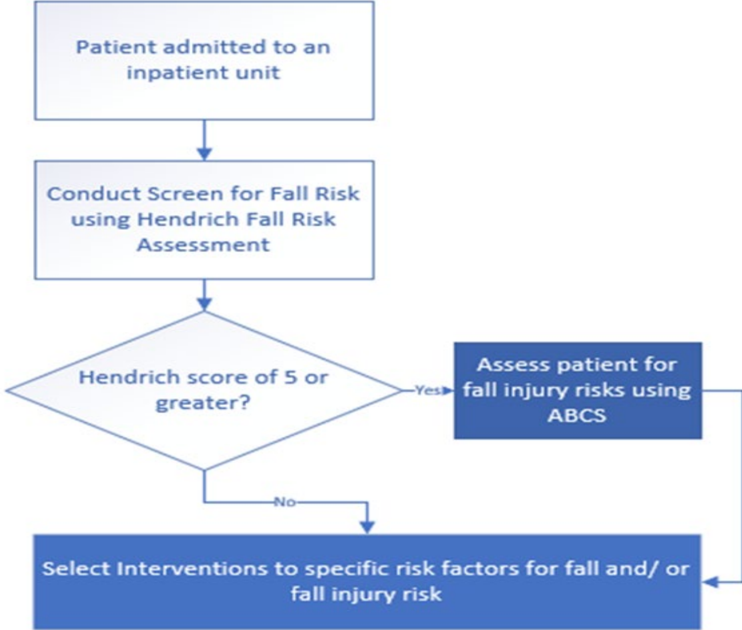
Let's work together to prevent INJURIES!

- ✓ You will be asked to wear a yellow gown & wrist band.
- ✓ A yellow door magnet will be placed outside your door to make all staff aware that you are at risk for an injury if you fall.
- ✓ Staff on the unit will be rounding on your hourly during the day & at least every 2 hours at night.
- ✓ Staff will keep you within arm's length or keep a foot in the door during toileting.
- ✓ Mobility aids, assistance with positioning and walking will be offered if needed.
- ✓ Additional precautions may be taken if necessary.

Questions?
Please ask any member of your health care team.

Samaritan
Health
Services

SHS Fall & Fall Injury Prevention Bundle Flowchart



Samaritan Health Services

SHS BUNDLE

Fall Injury Prevention Bundle

Fall definition: An unplanned descent to the floor with or without injury. This includes when a patient lands on a surface where one would not expect to find them.

Screen patients for risk of falls/fall injury: Patients will be assessed on admission identify if they are a high risk for Fall and then if they are at high risk for severe injury if they would fall. Reassessments occur automatically in EPIC but need to be completed manually with significant clinical status changes or a fall.

Identify and Communicate patients at risk for falls and injury during all handoffs. Patients at high risk for severe injury will be wearing a yellow gown, yellow arm band and will have a yellow magnet outside their door.

Ensure a safe environment for all patients: Universal Fall Precautions for all patients.

A. Bed in low position, brakes on.
B. Lighting adjusted appropriately.
C. Side rails up x2, padding if indicated.
D. Appropriate nonskid footwear from home preferred for ambulating.
E. Bed side table and call bell within reach.
F. Environment clear of unused equipment, furniture in place, clear of hazards. Remove clutter.
G. Personal devices at hand to reduce risk of fall related injury, such as hearing aids, glasses, urinal etc.
H. Personal assistive devices such as walker, cane, etc. within reach.
I. Discontinue lines, drains, devices ASAP.
J. Purposeful rounding hourly during the day, every 2 hours at night using the 5Ps, end with "is there anything else I can help you with"?
K. Avoid prolonged bedrest, patient to be active as soon as possible.
L. Mobility screening – 15 second test.
M. Boston 6-click assessment and highest level of mobility (HLM) score.
N. Appropriate use of safe patient handling equipment.
O. Patient / Family education and teach back, include call bell use, surroundings, universal fall precautions and individualized precautions based on risk.

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Implement individualized fall injury reduction intervention based on patient risk factors. Add appropriate interventions to Plan of Care and Flowsheets		
Not at high risk for Fall	Hendrich score 0-4	Universal Fall Precautions for all patients
+ Hendrick Screen	Difficulty with Mobility/Dizziness or Vertigo	Universal Fall Precautions for all patients Keep within arm's length or foot in the door during toileting. Assistance with getting out of bed and with all activity/mobility. Mobility aids, assistance with positioning and walking Use Gait belt for transfers and walking. Asses for orthostatic hypotension – develop management plan
		Consider PT/OT consult. Use of lifts when appropriate Consider bed/chair alarm
+ Hendrick Screen	Altered Elimination, Frequent Toileting	Universal Fall Precautions for all patients Schedule Toileting (Wake Them, Take Them) Incontinence briefs/ devices Increase frequency of rounding Consider bed/chair alarm

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+ Hendrick Screen	Confusion, Disorientation, Impulsivity	Universal Fall Precautions for all patients Room near nurses' station when possible Assistance with getting out of bed and with all activity/mobility. Patient within sight – door open 1:1 continuous observation / sitter, video monitoring if available/appropriate Bed/Chair Alarm Patient within sight – door open Consult Pharmacy regarding medications. Consider PT/OT consult. Assess for ETOH or drug withdrawal and place on appropriate precautions. Assess for/rule out delirium while in ICU/CCU Increase frequency of rounding Consider keep within arm's length or foot in the door during toileting.
+ Hendrick Screen	Medications including benzodiazepines or anticonvulsants.	Universal Fall Precautions for all patients Room near nurses' station when possible Assistance with getting out of bed and with all activity/mobility. 1:1 continuous observation / sitter, video monitoring if available/appropriate Bed/Chair Alarm Gait belt for transfers and walking Consult Pharmacy regarding medications. Consider PT/OT consult. Assess for ETOH or drug withdrawal and place on appropriate precautions. Consider keep within arm's length or foot in the door during toileting.

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High Risk for Fall & + Fall Injury Screen	Hendrich ≥ 5 Age > 85 or Frail	Universal Precautions for all patients Yellow Gown, wrist band, & Yellow door magnet No Pass Zone Keep within arm's length or foot in the door during toileting. Consult Pharmacy regarding medications. Mobility aids, assistance with positioning and walking
		Consider bed/chair alarm.
High Risk for Fall & + Fall Injury Screen	Hendrich ≥ 5 Bones – Metastasis or Osteoporosis	Universal Precautions for all patients Yellow Gown, yellow wrist band and yellow door magnet No Pass Zone Keep within arm's length or foot in the door.
High Risk for Fall & + Fall Injury Screen	Hendrich ≥ 5 Anticoagulation - IV heparin, Enoxaparin >40 mg, warfarin, any DOAC, (direct oral anticoagulants). Those medications are, dabigatran, rivaroxaban, apixaban and edoxaban.	Universal Precautions for all patients Yellow Gown, yellow wrist band & yellow door magnet No Pass Zone Keep within arm's length or foot in the door during toileting. Consult Pharmacy regarding Medications
High Risk for Fall & + Fall Injury Screen	Hendrich ≥ 5 Surgery of lower extremity, abdomen, or chest	Universal Precautions for all patients Yellow Gown, yellow wrist band & yellow door magnet No Pass Zone Keep within arm's length or foot in the door during toileting. Offer elimination prior to pain medication administration to reduce the side effects of medications. Increase frequency of rounding

SHS BUNDLE

Review safety protocols with patients/family/personal companions: Provide education using read back; document fall prevention education and include in plan of care. Post appropriate in room signage
If a fall occurs: Assure patient is safe. Document in EPIC, RLDatix including post fall huddle, reassess fall / fall injury risk, update plan of care
Site Specific Fall and Fall Injury Prevention workgroups – standardize data reporting and analysis

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HRO Journey: We Commit to Zero

Thank you for allowing
me to share
these steps in our HRO
Journey

Theresa Via RN, MS, CPHQ
Director of Quality Resources
Samaritan North Lincoln Hospital

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Tools and Resources

HQIC Change Pathway (Link)

- Compilation of challenges, barriers and best practices for implementation.
- Adapt and use to help address your opportunities and/or augment existing interventions.
- Links to tools and resources for planning and executing your quality improvement project.

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Enhancing Capacity: Reengineering Fall and Fall Injury Programs

Thank you for registering for and/or attending the HQIC Webinar (Link)! Subject Matter Expert, Pat Quigley, discussed essential elements and guidelines for fall and injury prevention programs, integrated program evaluation and implementation science, and identified opportunities to enhance program infrastructure, capacity and how to sustain improvements. **Now, it is time to act!**

Perform a Gap Analysis

Complete the Injurious Fall Prevention Organizational Self-Assessment (Link) to identify opportunities for improvement.

Craft your AIM Statement

Based on assessment results, identify your organization's goals related to fall risk screening and prevention. Fill in the blanks.

By (*date*), the team at (*hospital*) will implement (*intervention*) to improve (*the problem*) by (*how much*) to benefit (*for whom*).

Example AIM:

By October 31, 2023, the falls improvement team will implement a new fall risk screening tool to be performed on all patients upon arrival at the ED to increase the department's fall screening rates by 20%.

Implement Changes with Leading Interventions and Best Practices

Beginner	Intermediate	Expert
Identify high risk or vulnerable populations to conduct a multifactorial assessment	Select Unit Based Champions for local accountability	Create action plan while sharing with peers on how to overcome barriers and achieve successes
Assess and mitigate unsafe environmental hazards	Determine data to be collected and select data collection and analysis tools	Establish fall injury prevention committee
Partner with Family Members in the Safety of their Loved One	Implement post-fall huddles: NCHA Facilitation Guide (Link) UNMC Tools (Link)	Apply small tests of change to measure effectiveness and monitor over time

Seek Guidance

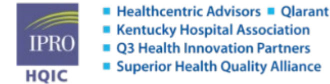
Not sure how to identify your organization's root cause? Need help getting started on implementing your selected intervention? Seeking feedback on your AIM statement?

Reach out to your HQIC clinical improvement consultant for assistance.

Additional Resources

- Enhancing Capacity: Reengineering Fall and Fall Injury Programs Slides (PDF)
- 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)

Contact Us



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Discussion

- What impactful actions can you take as a result of the information shared today?
- How are you able to increase engagement within your facilities to ensure a true change in patient safety?
- Based on what you heard today, what activities do you currently have underway that can leverage immediate action over the next 30, 60 or 90 days?

Final Thoughts

Join Us for the Next Community of Practice Call!

Join us for the next
Community of Practice Call on June 13, 2024
from 1:00 – 2:00 p.m. ET

We invite you to register at the following link:
https://zoom.us/webinar/register/WN_ASl_l3p_TEyx_VY_YYFFeA

You will receive a confirmation email with login details.

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Thank You!

Your opinion is valuable to us. Please take 4 minutes to complete the post assessment.

We will use the information you provide to improve future events.