Preventing Injury from Falls and Immobility

STARTER PACK WEBINAR #1
Welcome to the Starter Pack

• Webinar #1 –
  – Why this is important
  – Establishing a Team
  – Best practices
  – Understanding the Measures
  – Completing a gap analysis
  – First Steps

• Gap Analysis Tool

• Webinar #2
  – How to prioritize the identified gaps
  – Using science of improvement concepts
  – How to create a good action plan

• Action Plan
Why this is important

• Magnitude of the problem
  – Death rates for fall are increasing as the population ages
  – 800,000 patients are admitted annually with fall injury
  – 300,000 elders hospitalized for hip fractures
Why this is important

• Inpatient Falls - US
  – One of the most common incidents reported in hospitals
  – 3-20% of patients fall at least once
  – 700,000-1,000,000 patients fall in US hospitals a year

• Costs - US
  – Avg cost of one fall without serious injury $3,500
  – Avg cost of two falls without serious injury $16,500
  – Avg cost of a fall with serious injury $27,000
  – $34 Billion US dollars spent annually
Beyond monetary cost

• Even without injury: fear of falling
  – Reduced mobility
  – Loss of functional independence

• Even without serious injury
  – Increased length of stay
  – Decreased ambulation, new walking dependence

• Consequences of Injury
  – Loss of independence
  – Institutionalization
  – Death
Progress is slow

In 2008, CMS identified Falls as a Hospital Acquired Condition that will no longer be covered. Despite this, results are flat.
The HIIN Bold Aim

Reduction in Injuries from Falls in 3 years

16 HIINs working towards this Aim!
What BOLD Action is Necessary?

Build structures to achieve the aim

GOAL First
STRUCTURE Second
First Things First

- Are we ready?
- Is there urgency?
- Is there leadership support?
- Who owns this effort?
- What resources are needed?
- What if we are not ready for full-scale change?

Assess the readiness before you proceed
Establishing the Team

“Doing more with many”
**Key Components**

Successful improvement relies on effective teams

**Key Disciplines**
- Nurse
- Physician
- Rehab
- Pharmacist
- Quality
- Case Management
- Who else?

**Key Roles**
- Project Champion – a senior leader who will provide support, remove barriers
- Team Leader – a person with authority to make changes
- Team members – front line staff that do the work
Ready, Set Go
Best Practices
Survey YOUR Landscape

• Review your BIG data for trends
  – Time of day
  – Location
  – Activity
  – Assisted
  – Hospital units
  – Primary root cause

• Go to the GEMBA
  – Staff Interviews
  – Patient Interviews
  – Environmental Safety Rounds
Learn from Falls

• Conduct a post fall huddle with the patient within one hour.
  – Quickly assess for slipping or tripping hazards
  – Review circumstances while memories are fresh
  – Use an interdisciplinary response team – leadership, pharmacy, rehab, physician
  – Drill down on unassisted falls as a system failure

• Share fall event circumstances across units and in regular safety briefings.
Examine your “go to” practices
Are you getting the results you want?

Evidence says...

- Sitters
- Signage
- Alarms

Don’t Work

What does work

• Interdisciplinary approach to assessment and care planning
• Managing and preventing delirium through medication management and progressive mobility
• Engaging patients and families through structured education
Screening or Assessing

**Screening**
- Check the box
- Limits critical thinking
- Score can change from moment to moment

**Assessing**
- Review of circumstances of last fall
- Review of medications
- Physical examination
- Mobility Assessment
- Cognitive Assessment
Multidisciplinary Approach

Multifactorial Assessment

For High Risk / Older Patients

- Gait, balance and mobility assessment
- Medication review
- Cognitive assessment
- Heart rate and rhythm
- Postural hypotension
- Feet and footwear
- Home environmental hazards
- American Geriatric Society Clinical Practice Guideline: Prevention of Falls in Older Persons

Care Planning

Interventions to Address Risk

- Minimize medications
- Provide individually tailored exercise program
- Treat vision impairment (including cataracts)
- Mange postural hypotension
- Manage heart rate and rhythm abnormalities
- Supplement vitamin D
- Manage foot and footwear problems
- Modify the home environment
- Provide education and information
Assess for Injury Risk  Certain patients are at a higher risk for injury if a fall occurs

ABCS of Injury Risk

• A – Age > 85
• B – Bones – Ostoporosis, hx of fx, bone disease
• C – Coagulation – On blood thinners
• S – Surgery in current episode of care

Provide Optimal Post Fall Care

• Protocols for assessment for injury post fall for patients on blood thinners
Prevent and Manage Delirium
in Older Adults

Medication Debridement
- Use BEERs criteria to assess medication regime for high / risk or vulnerable patients
  - Upon Admission
  - Post Fall
- Remove sedatives / hypnotics from order sets
- Partner with caregivers in monitoring effects of medications

Mobility
- Provide assistance for regular ambulation
- Provide adequate footwear
- Gait belts in every room
- Adaptive equipment accessible to patients and staff
- Staff Mobility Training
- Mobility Aid
Provide Structured Falls Education

• Educate about fall risks
  – Medications
  – Tripping hazards
  – Orthostatic hypotension, especially in morning
  – Footwear
  – Rolling equipment and furniture

• 45 Min Instruction + Designated Educator = Results

Maintain a Safe Environment

It takes a village

- No Pass Zone
- Interdisciplinary Environmental Safety Rounds
- Clutter Rounds
- Equipment Safety Checks
- Bathroom Safety Inspection for Hazards
  - Path from bed to toilet
  - Grab bars & toilet frame
  - Toilet height
  - Height of toilet
  - High threshold in shower
  - Objects projecting into surrounding space

Leadership and ALL Frontline Staff Working Together
Intentional Rounding / Toileting

WHY?
• 45% of Falls related to toileting
• Improves patient satisfaction
• Improves staff efficiency

HOW?
• Staff must own the work flow
• Test toileting scripts to promote cooperation

Determine who should be at arms length
“Safety trumps privacy”
Resources that will help


- **CAPTURE Falls Project Website**: Interdisciplinary teamwork, mobility and medication assessment tools, training videos on Mobility, Post Fall Huddle at the Bedside, Sample Forms. Retrieved at: [http://www.unmc.edu/patient-safety/capturefalls/index.html](http://www.unmc.edu/patient-safety/capturefalls/index.html)

More Resources


Understanding the Measure
## Keystone Data System (KDS)

### Falls: CMS HIIN Evaluation Measure (NQF 0202)

<table>
<thead>
<tr>
<th><strong>All Documented Patient Falls with an Injury Level of Minor or Greater</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measure type</strong></td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td><strong>Exclusions</strong></td>
</tr>
<tr>
<td><strong>Rate calculation</strong></td>
</tr>
<tr>
<td><strong>Specifications/definitions Sources/Recommendations</strong></td>
</tr>
</tbody>
</table>

| **Data source(s)** | Hospital Reported: Submit to MHA Keystone Data System (KDS) |
| **Automatic transfer from** | n/a |
| **Baseline period** | Returning HEN 2.0 Hospitals: 2016 Q1 \nNew GLPP HIIN Hospitals: 2016 Q4 |
| **Data collection period** | Monthly, beginning 2016 Q4 |
| **KDS Survey Name** | Falls |
| **KDS Measure ID(s)** | KDS-HIIN-Falls-1 |
| **PfP Measure Name** | FALL_INJURY |

These data elements shall be submitted monthly by all hospitals to the MHA Keystone Data System.
Measure Detail

INCLUDED
• Inpatient Units
  – adult critical care
  – Step-down
  – medical-surgical
  – medical-surgical combined
  – critical access
  – adult rehabilitation

EXCLUDED
• Outpatient Departments
• Inpatient exclusions
  – Pediatric
  – Obstetric
  – Psychiatric
DATA CHALLENGES

• Catching up on lagging data
• Comparisons
  – HIIN Comparisons
• Benchmarks
  – Compare to self or compare to others?
Resources that can help

- NQF 0202 Measure Specifications. Includes NDNQI Benchmarks
Next Steps:

*Complete a Gap Analysis*

*Make a Plan!*

GREAT LAKES
PARTNERS FOR PATIENTS
Where Are You Now?

• Analyze your hospital’s current state using the Gap Analysis Tool
  ✓ Be honest – look at policy AND practice
  ✓ Review 5 Charts
  ✓ Interview 5 patients
  ✓ Interview 5 staff
Get Started

• Create a list of opportunities from Gap Analysis
• Prioritize
• Where do you want to go?
• How do you decide?
Reflections

• How do you know where to start?
  – What do you already have?
  – What can you build upon?
  – Where is the energy?

• Start small, tapping into front line staff.

• Think BIG about structure and leadership.
Next Steps

• Perform your Gap Analysis
• Access the resources provided - make notes and ask questions
• View Webinar #2
  – How to engage and involve stakeholders
  – Learn about PDSA and Small Tests of Change
• Decide the next level of HIIN support
  – Onsite assistance
  – Improvement Action Network
  – Other
Tools that help build a foundation


Tools that help build a foundation


Thank you!