Falls and Fall Prevention Webinar Series

ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
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FEBRUARY 18, 2020

GREAT LAKES
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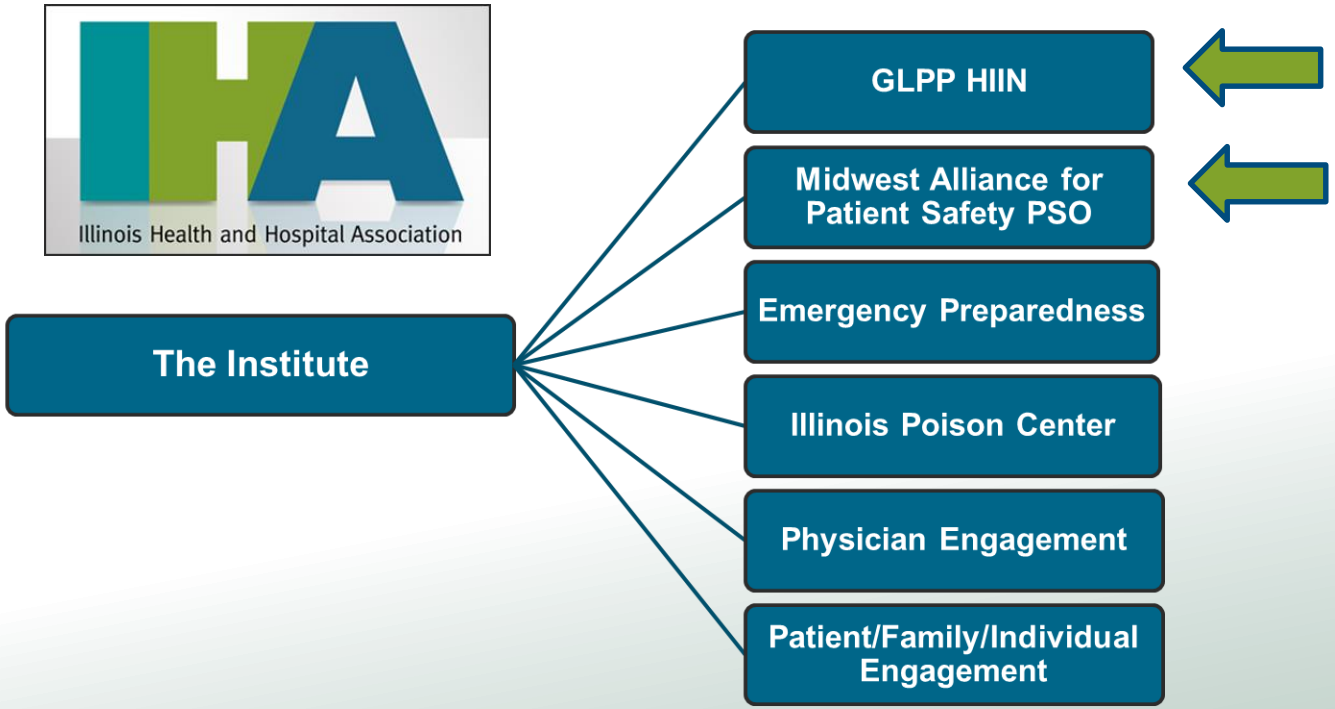
Accelerating Improvement at the Point of Care

Housekeeping Items

- The webinar is being recorded and will be made available along with the PowerPoint following the presentation.
- Feel free to use the chat feature during the presentation.
- Lines will be muted until the Question/Answers portion of presentation.

Institute for Innovations in Care and Quality



HIIN Overview

- Goals:
  1. **20% reduction in all-cause patient harm** (to 97 Hospital-Acquired Conditions [HACs]/1,000 discharges) from 2014 interim baseline (of 121 HACs/1,000 patient discharges); and
  2. **12% reduction in 30-day readmissions** as a population-based measure (readmissions per 1,000 people).

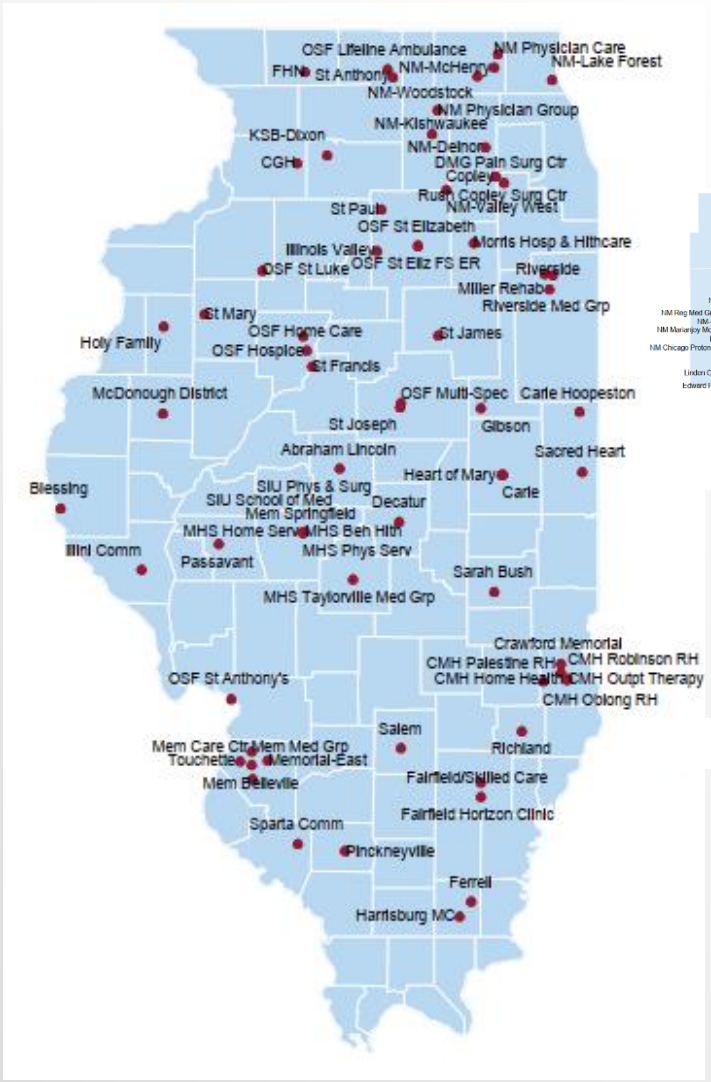
- Interventions may include:
  1. *Learning collaboratives*
  2. *Data sharing networks*
  3. *Peer-to-peer training among hospitals*
  4. *Conference calls, webinars, and site visits*

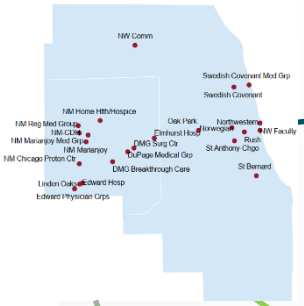
HIIN Overview

1. Adverse drug events (ADE)- opioid safety, anticoagulation safety, and glycemic management
2. Central line-associated blood stream infections (CLABSI)-in all hospital settings, not just Intensive Care Units (ICUs)
3. Catheter-associated urinary tract infections (CAUTI)-in all hospital settings, including avoiding placement of catheters, both in the ER, and in the hospital
4. Clostridioides difficile (C. diff)- including Antibiotic Stewardship
5. Injury from falls and immobility
6. Pressure Ulcers
7. Sepsis and Septic Shock
8. Surgical Site Infections (SSI)-to include measurement and improvement of SSI for multiple classes of surgeries
9. Venous thromboembolism (VTE)-including all surgical settings
10. Ventilator-Associated Events (VAE)-to include Infection-related Ventilator-Associated Complication (IVAC) and Ventilator-Associated Condition (VAC)
11. Readmissions

MAPS Member Benefits

A component patient safety organization of IHA





Protection

- Federal Privileges
- Confidentialities

Education & Resources

- Safe Tables
- Webinars
- Safety Culture Workshop
- Peer-to-Peer Collaboration

Event Collection & Analysis

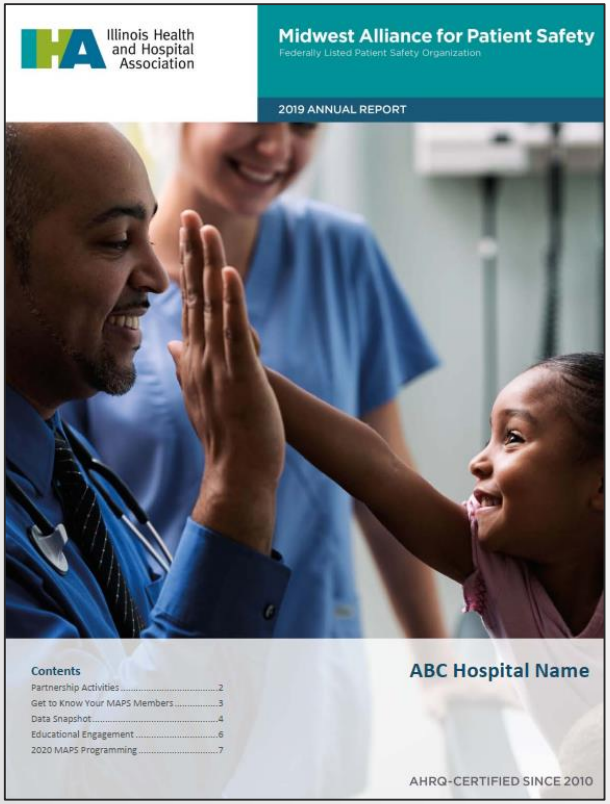
- Event trending & feedback
- Data submission & mapping support

Member Deliverables

- E-newsletter & Alerts
- Top 10 Patient Safety paper
- Annual Reports & Case Discoveries

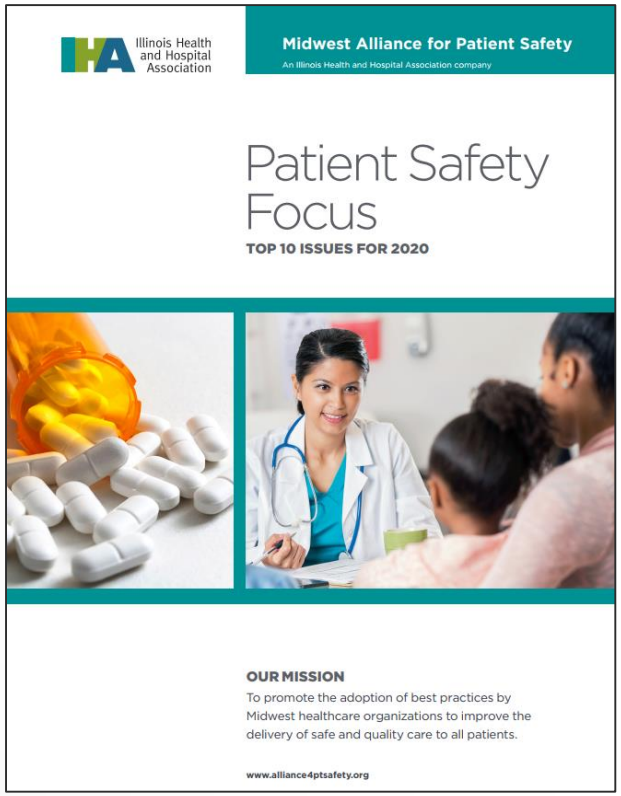
Key Member Deliverables

ANNUAL REPORT



MONTHLY E-NEWS

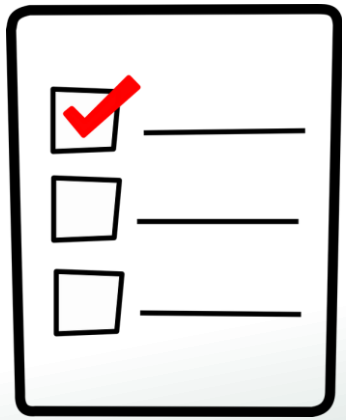
TOP TEN



Visit www.alliance4ptsafety.org

Webinar Series Information

- Tuesdays from 10:00-11:00 CT/ 11:00-12:00 ET
  - February 18th: Implementation Science: Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability
  - March 3rd: Post Fall Management – Getting to Types of Falls and Repeat Fallers
  - March 17th: Innovations in Fall and Fall-Injury Prevention and Reduction Strategies within Hospitals



Implementation Science- Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability

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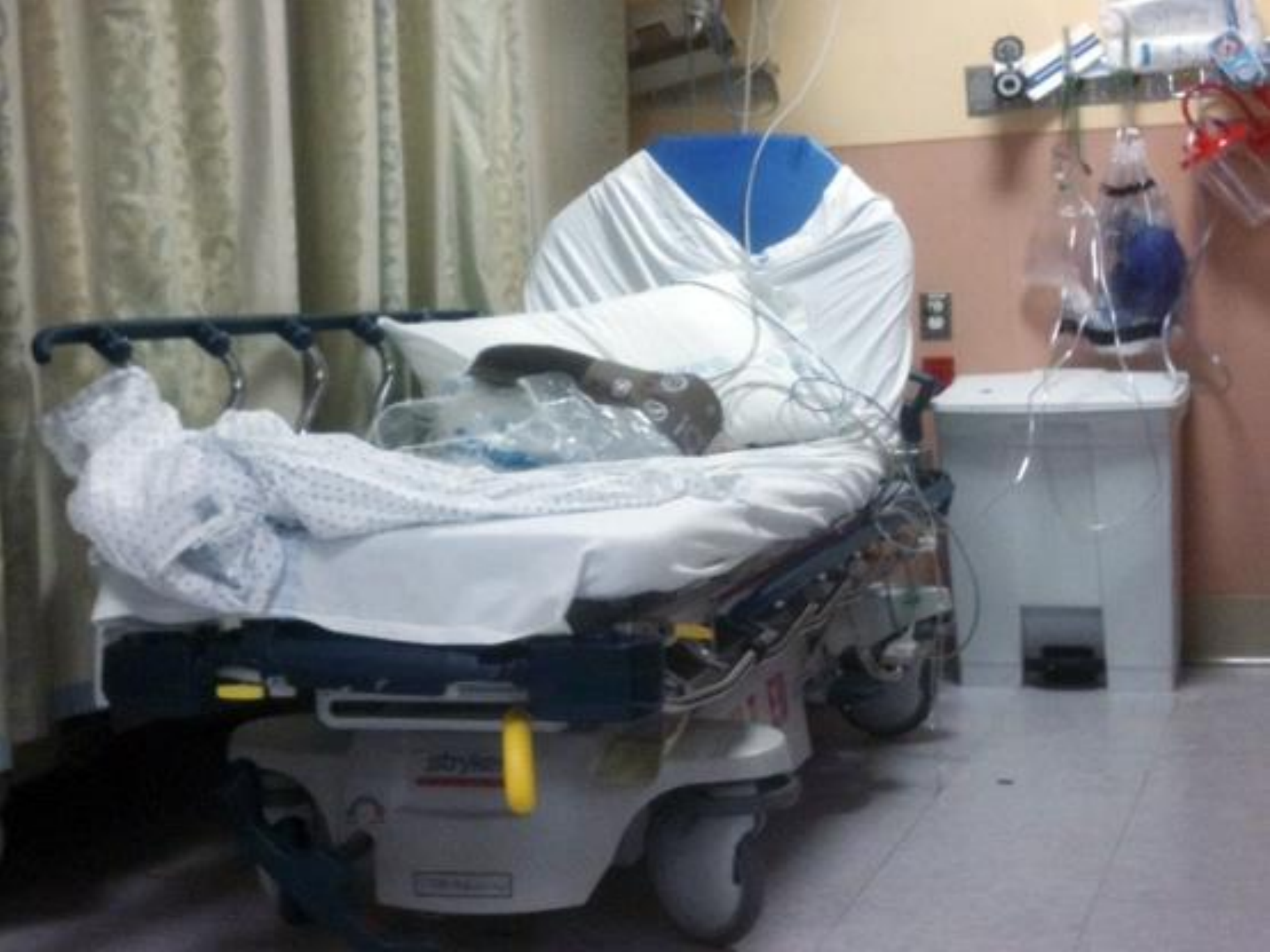
Nurse Consultant
February 18, 2020

Objectives

- Discuss essential elements and guidelines for fall and injury prevention programs.
- Understand nationally adopted interventions to reduce preventable falls and fall-related injuries.
- Identify opportunities to enhance fall and fall with injury prevention program infrastructure, capacity and how to sustain improvements
- Visualize an action plan on how to overcome barriers and achieve successes.



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: 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

Suggestions con't

- Standardize and apply practices and interventions demonstrated to be effective, including:
  - A standardized hand-off communication process
  - One-to-one education of each patient at the bedside
- Conduct post-fall management, which includes: a post-fall huddle; a system of honest, transparent reporting; trending and analysis of falls which can inform improvement efforts; and reassess the patient
  - Conduct a post-fall huddle
  - Report, aggregate and analyze the contributing factors on an ongoing basis to inform improvement efforts.

Patient Harm… remember the news?

- IOM: To Err Is Human, Shaping the Future of Healthcare (1999)
- 48,000 perhaps as much as 95,000 die each year in hospitals as a result of medical errors that could be prevent

Dr. J. James 2013 Update

- Provided updated estimate of patient harm
- Examined studies 2008-2011
- MDs had to concur on final adverse events then classify the severity of harm
- True number of premature deaths associated with preventable harm estimated at more than 400,000/year
- Serious harm 10-20 fold more common than lethal harm

Patient Safety America, Houston, TX. A new, evidence-based estimate of patient harms associated with Hospital Care (2013). Journal Pt Safety, 9: 122-128.

Conclusions

- Epidemic of patient harm in hospitals must be taken serious if to be curtailed
- Fully engage patient and their advocates during hospital care
- Systematically seek the patient voice in identifying harms
- Transparent accountability for harm
- Intentional correction of root causes of harm

Current Interventions

- Are not working
- Are not individualized
- Can be reconsidered to revise clinical practices and tools for prevention and protection
- Can be refocused to increase your safety net at the point of care

But in the Real World….

What can we change to move faster?

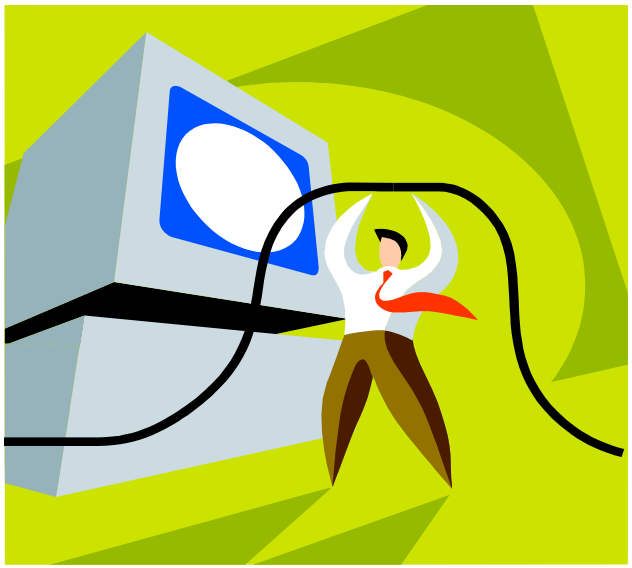
- Current situation:
  - Over-reliance on Fall Risk Screening
  - Insufficient Risk Assessment
  - Lack of Differential Diagnosis: Pathophysiology Underlying Fall Risk Factors
  - Undetermined Range of Severity – Don't know vulnerability – Level of Risk
- Understand that just about everyone is at risk for a fall
- Let's STEP UP our game!
- Set and be accountable for achieving bold goals. In our care:
  - No one dies from a fall
  - No one breaks a hip
- **Mitigate or eliminate patients' modifiable fall risk factors**

Progress Reducing Falls and Injuries

- Incredibly Slow!
- Think of the Burden: Personal, Social, Economic
- One fall without serious injury costs a hospital an additional $3500
- Patients with more than two falls without serious injury costs hospital $16,500
- Falls with serious injury costs hospitals an additional $27,000

Our Charge:

- To design and implement processes that make it easy to do the right thing at the right time, every time to improve patient outcomes



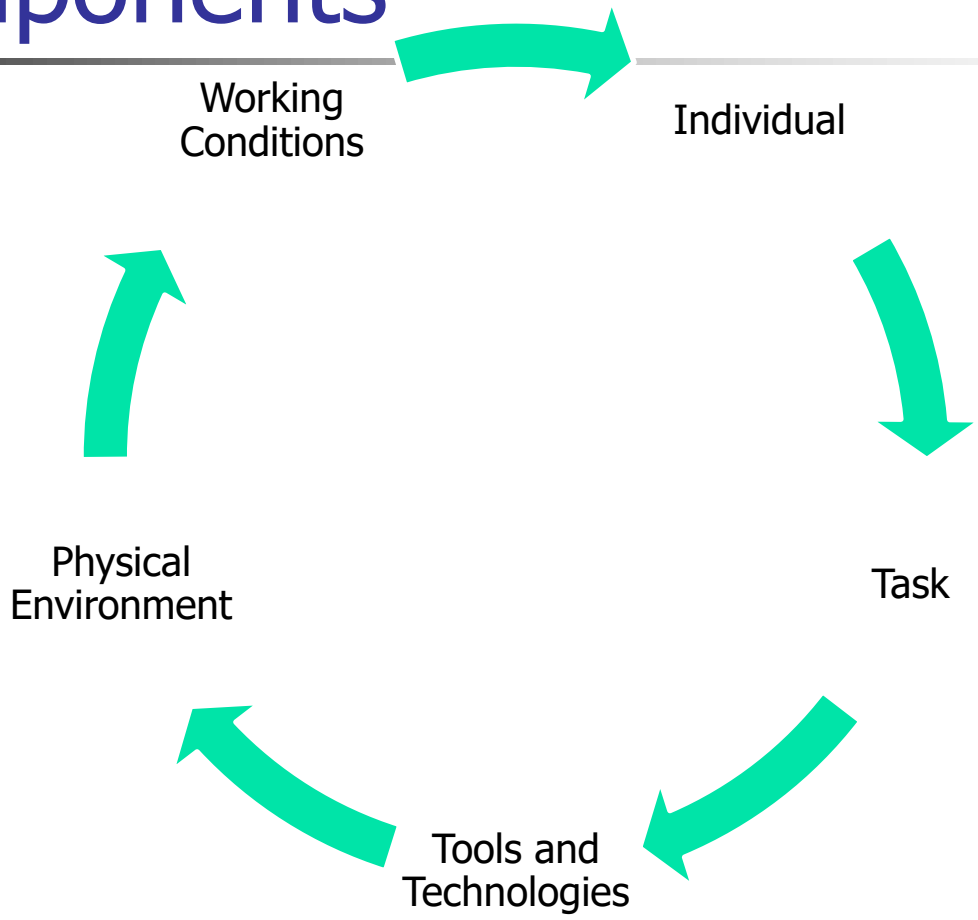
Reengineer Your Falls Program

- The best way to implement evidence-based practices is within the context of a well-designed program
- A well-designed program promotes **safe and reliable care**, promotes **vitality and teamwork**, is **patient-centered**, and all **processes are value-added**

The Context for Program Design

- "***Reliability*** is the capability of a process, procedure, or health service to perform its intended function in the required time under existing conditions"
- ***Vitality*** is a supportive environment with effective care teams continually striving for excellence
- ***Patient-centered care*** honors the whole person and respects individual values and choices
- ***Value-added care*** is free of waste and promotes continuous flow

Work Systems with Interrelated Components




Prevent serious injurious falls
AIM
Promote a culture of safety
Promote the safe use of technology

Assemble The Team

- Typically this is the Falls and Injury Prevention Committee responsible for oversight, implementation, and evaluation of the Falls Program
- Composition will vary depending on the care settings in the organization (acute, rehab, home care, nursing home, etc), typically Direct Care Nurses, Managers, Quality/Safety Professionals, Therapists, Pharmacists, Physicians, Support Staff
- All care settings should be represented

Measurement: First Set Goals

- Track Your Progress toward Improvement
- Collect Monthly Data Points to Guide Your QI Efforts as part of PDSA
- Study Data Across Time
- Determine effect of improvement strategies on reducing patient harm
- Data allow you to aggregate, analyze and report progress toward goals

Aim Setting

- What will be done: Identify patients at risk for FRI on Admission
- Within what timeframe
- Outcome that is measureable

Short term aim

- 6 months (Mar 2020) after this learning session, we will have achieved 100% compliance with fall risk and injury risk assessment on admission, and the practice of post-fall assessment after each fall event.

Long term aim

- By 2020 , injury risk and history will be fully operational by Dec. 2020

Setting the Stage For Change Developing Your Own Action Plan (for Change!)

- Aim Statement
- Examine *Gap* between current performance and stated aim
- Spirit of discovery with goal to change structure, process and effective improved outcomes.
- GAP: Assessment of Injury Risk and History is not integrated into our Fall Injury Prevention Program

Declare Measurable Aims: Reducing Patient Injury from Falls

Assess Risk of Falling and Risk for a Serious / Major Injury from a Fall	Communicate and Educate (Staff, Patients and Family Members)	Standardize Interventions for Patients at Risk for Falling	Customize Interventions for Patients at Highest Risk of a Fall-Related Injury

Our Aim: Achieve a 95% or better reliability for each process step

Examples: Short Term Goals

- Structure:
  - Within 3 months, patient admission templates will include fall injury risk assessment
  - Within 4 months, an interdisciplinary fall and injury risk assessment template will be completed
- Processes:
  - Within 4 months, the revised patient admission template will be completed for all patients 75 and older (100%)
  - Within 5 months, 80% of patients admitted and over 85 yo, will have an interdisciplinary fall and injury risk assessment completed within 24 hours of admission.

Examples: Long Term Goals

Unit – level: By Jan 2020, falls with serious injury will be decreased by at least 30% on 4 West.

Population-level:

- By December, 2019, 100% of adults over the age of 75 will receive education related to healthy bones, osteoporosis and hip fracture prevention
- By Jan 2020, 100% of the patients receiving anticoagulation treatment, will have documented education specific to actions should a fall occur
- By July 2020, for patients admitted *with a fall*, modifiable fall risk factors will be reduced (admission minus discharge) by 20%

Strategic Goals: (Your Organization Selects)

- Objective 1 and 2: Increase Leadership Infrastructure
- Objective 3: Reduce Injurious Falls (Zero Injuries from Falls)
- Objective 4: Reduce Anticipated Physiological Falls
- Objective 5: Reduce Accidental Falls
- Objective 6: Reduce Repeat Falls / Fallers
- Objective 7: Expand Patient Education Resources

Baseline Assessment

- See Organizational Assessment

Sample Strategic Plan

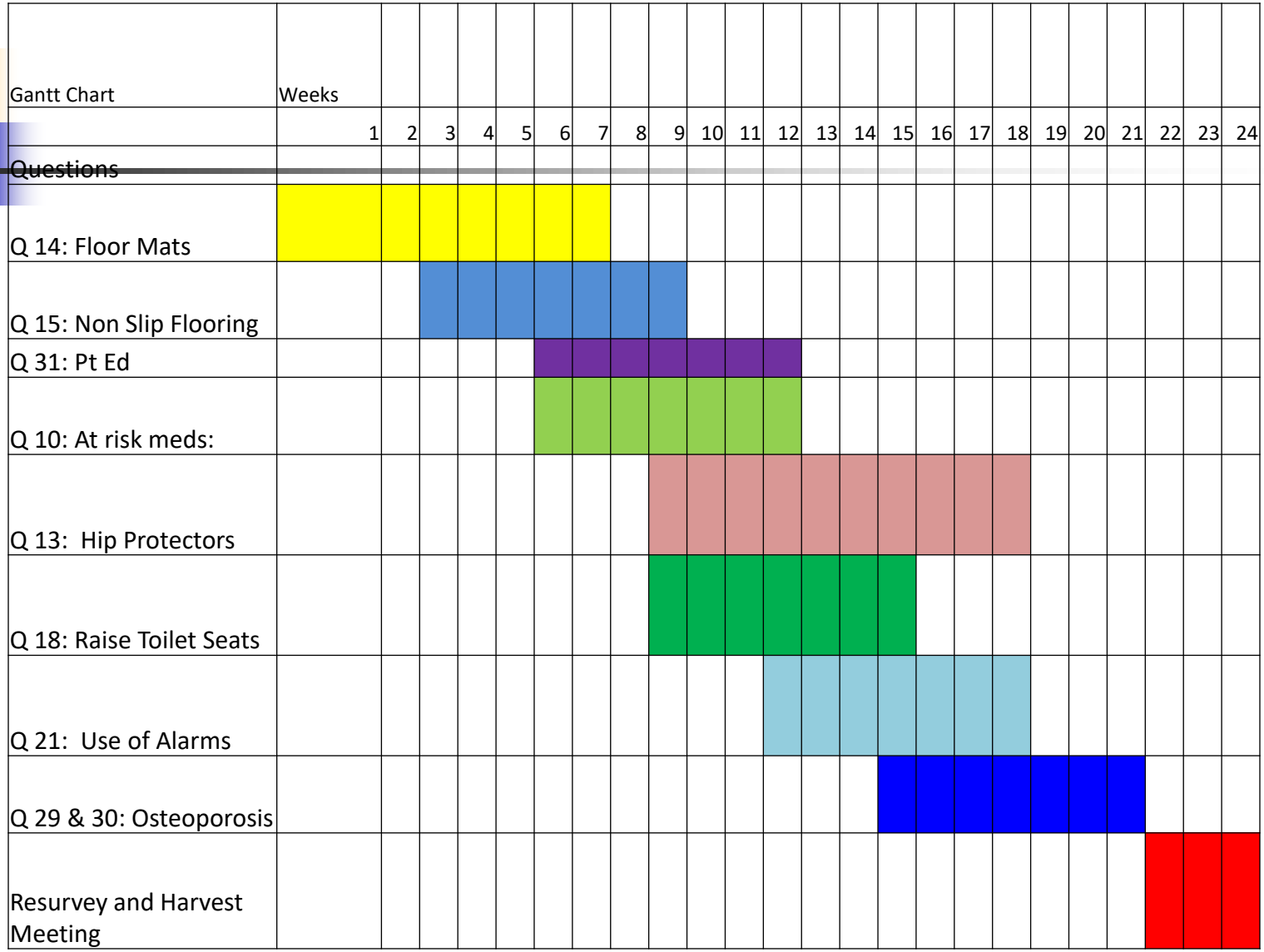
Key Tasks	Responsibility	Target Dates
Objective 1. Increase Leadership Attributes by XX% in 12 months		
Objective 2. Increase Program Evaluation Attributes by XX% in 12 months		
Objective 3. Expand Fall Injury Risk Assessment Methods by XX% in XXX months		
Objective 4. Expand Fall Risk Assessment Methods by XX% in XXX months		
Objective 5. Expand Environmental Safety Attributes by XX% in XXX months		
Objective 6. Expand Post Fall Injury Assessment Practices by XX% in XX months		
Objective 7. Expand Patient/Family Education by XX% in XX months		

Visualize Strategic Plan

- See Sample Plan

Examine Program Capacity and Infrastructure

- Baseline assessment
- Data analysis
- Prioritized action plan aligned with mission and values
- Strategic planning


Gantt Chart
Weeks
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Questions
Q 14: Floor Mats
Q 15: Non Slip Flooring
Q 31: Pt Ed
Q 10: At risk meds:
Q 13: Hip Protectors
Q 18: Raise Toilet Seats
Q 21: Use of Alarms
Q 29 & 30: Osteoporosis
Resurvey and Harvest Meeting

Managing change

- How to help the Implementation Team succeed
- What needs to change
- How to make needed changes
- How to develop goals and plans for change
- How to bring staff into the process

Interdisciplinary Implementation Team

- A strong link to hospital leadership
- Members with necessary expertise
- A clearly defined aim
- Assess resources needed to accomplish aim statement: Organizational Self Assessment
- Develop a Change Package / Strategic Plan
  - Objectives
  - Time Line
  - Who will do the work

Why test using PDSA?

- Increase the belief that the change will result in improvement in your environment
- Predict how much improvement can be expected from the change
- Learn how to adapt the change to conditions in the local environment
- Evaluate costs and side-effects of the change
- Minimize resistance upon implementation

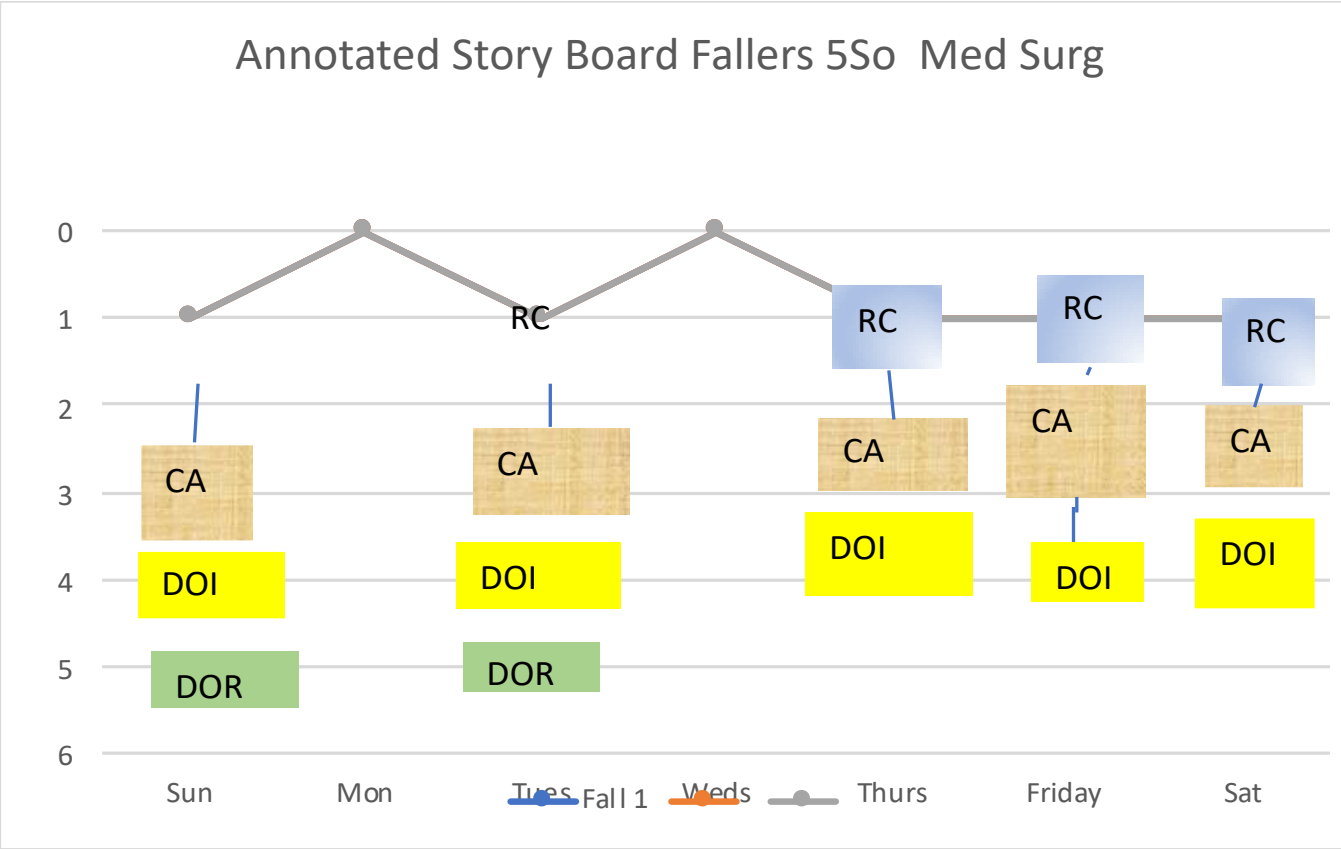
Tools

- AHA HRET Falls Change Package: 2017 Falls Top Ten Checklist
- VA's Organizational Self Assessment
- Minnesota SAFE from FALLS tool
- TJC Sentinel Alert #55
- Think out of the box
- Create the invitation
- Clinical Rounds

Re-Engineer Your Committee

- Think Quarterly
  - First and Second Month – Work of Task Forces
  - Third Month – Report of Task Forces, Review Strategic Plan
- Change from Reporting Falls to Reporting Improvements in Patient Safety
- Celebrate Success!

Create a Story Board



Continue to Learn

- Examine failures /opportunities
- Conduct tests of change
- Engage the bedside experts in small scale testing of emerging evidence-based practices
- Refine your tools
- Spread best practices
- Keep your eye on the evidence
- Embrace Innovation

Thank you! We are
"Partners in Excellence"
Together We Achieve More!

Thank you!

If you have team members that would like to participate in future webinars they can **click here to register!**

If you have any questions please reach out to your IHA HIIN Team!