Reducing Fall Injuries: Implementation and Action

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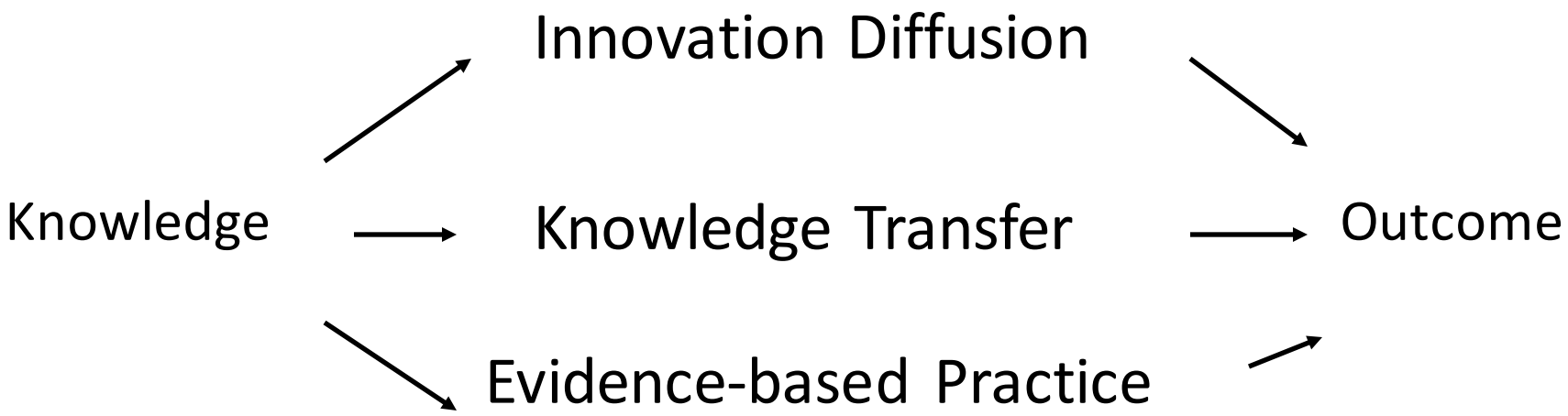
Objectives

- Provide implementation tips and practices that accelerate adoption at the front-lines
- Examine hard to eliminate falls due to special circumstances
- Describe how reliable risk-assessment approaches can easily be incorporated into routine nursing care

Integration of Complementary Perspectives



Three Perspectives

Innovation Diffusion (Rogers)

The *process of communicating new ideas* through certain channels over time among members of a social system

Knowledge Transfer (Dixon)

Sharing of *common knowledge*, that is the knowledge that employees learn from doing the organization's tasks.

Evidence-based Practice (Sackett)

"…the conscientious use of current *best evidence* in making decisions about the care of individual patients or the delivery of health services."

Implementation tips and practices that accelerate adoption at the front-lines

Start Small

Small Tests of Change

Trial, Debrief, Lessons Learned

Leading Change

- Establish a sense of urgency
- Form a powerful guiding coalition
- Create a vision
- Communicate the vision
- Empower others to act
- Plan for and create short term wins
- Consolidate improvements
- Institutionalize new approaches

Kotter, "Leading Change"

Begin With The End In Mind

- In a perfect world, with flawless science, we know exactly what to do, and when and how to do it
- Our staff would have the knowledge, tools, and ability to do the right thing every time
- Our patients would know why they are at risk for falls and injury, they would call for help, exist in clutter-free safe environments, and use all of their assistive device
- And there would be no fall-related injuries

But in the Real World….

What changes can we make that will result in improvement?

Key Changes to Reduce Patient Falls AND INJURY:

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

Reducing Patient Injury from Falls

Assess Risk of Falling and Risk for a Serious/Major Injury from a Fall

- Perform standardized fall risk assessment on all patients at admission and whenever the patient's clinical status changes
- Identify at every shift the patients most at risk for serious/major injury from a fall

Communicate and Educate (Staff, Patients and Family Members)

- Communicate to all staff information regarding patients who are at risk of falling and at risk of sustaining a serious fall-related injury
- Educate the patient and family members about the risk of injury from a fall on admission and throughout the hospital stay, and about interventions to help prevent a fall

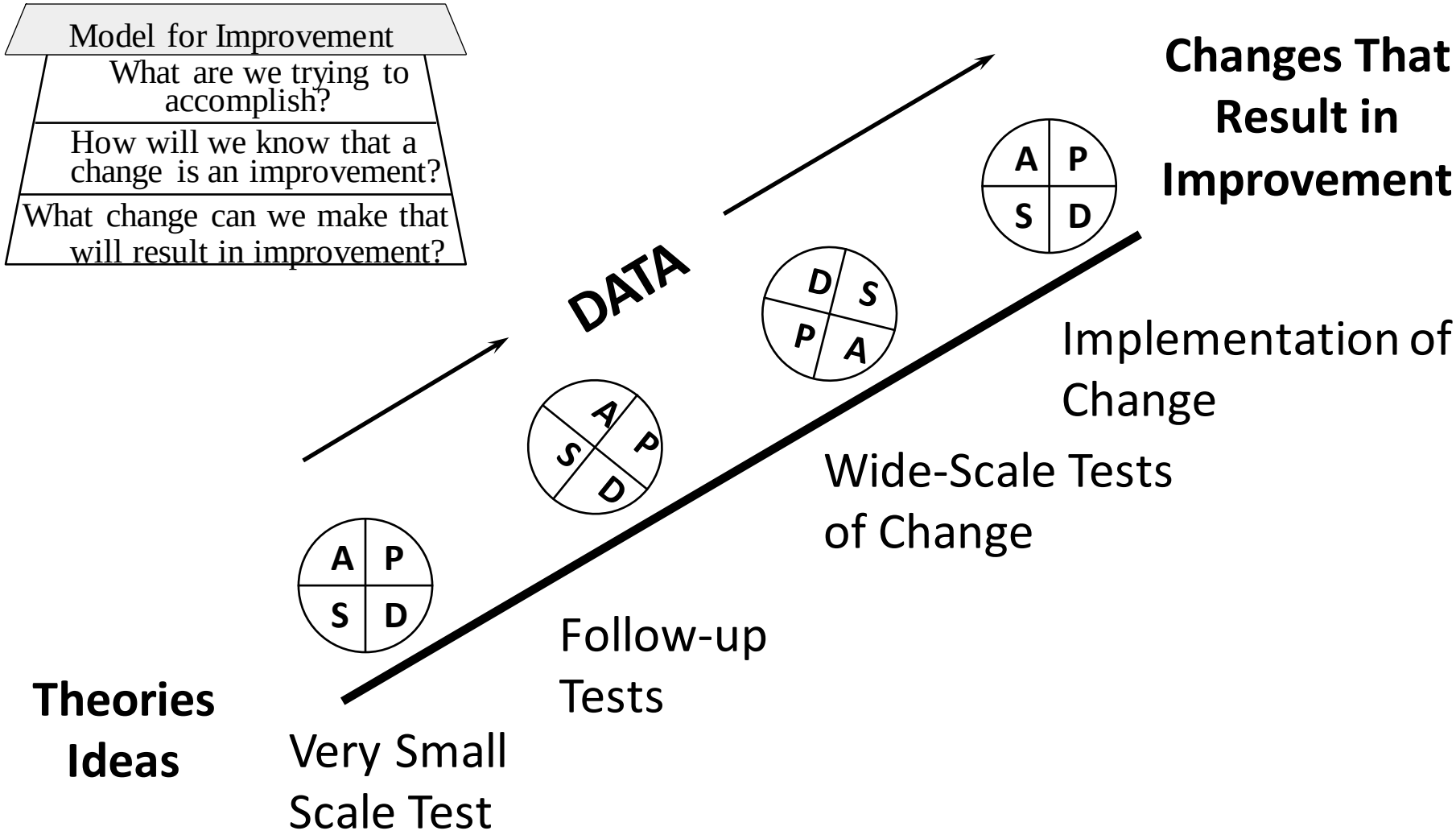
Standardize Interventions for Patients at Risk for Falling

- Implement both hospital-wide and patient-level improvements to the patient care environment to prevent falls
- Perform hourly (or every 2 hours) comfort/safety rounds to assess and address patient needs for pain relief, toileting, and positioning

Customize Interventions for Patients at Highest Risk of a Serious/Major Fall-Related Injury

- Increase the intensity and frequency of observation
- Make environmental adaptations and provide personal devices to reduce risk of fall-related injury
- Target interventions to reduce the side effects of medications

Repeated Use of the PDSA Cycles



Source: Improvement Guide

Reliable Design Strategies

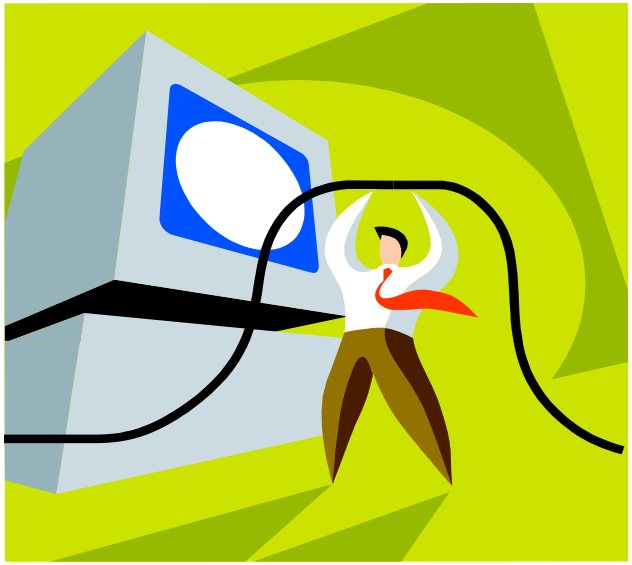
- Prevent initial failure using intent and standardization
- Identify defects and mitigate (using redundancy)
- Measure and then communicate learning from defects back into the design process

Planned Tests of Change

- Which intervention will you select?
- Which type of fall will you target?
- Do you want to reduce risk, fall or injury?
- Which population do you want to start with?

Our Charge:

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



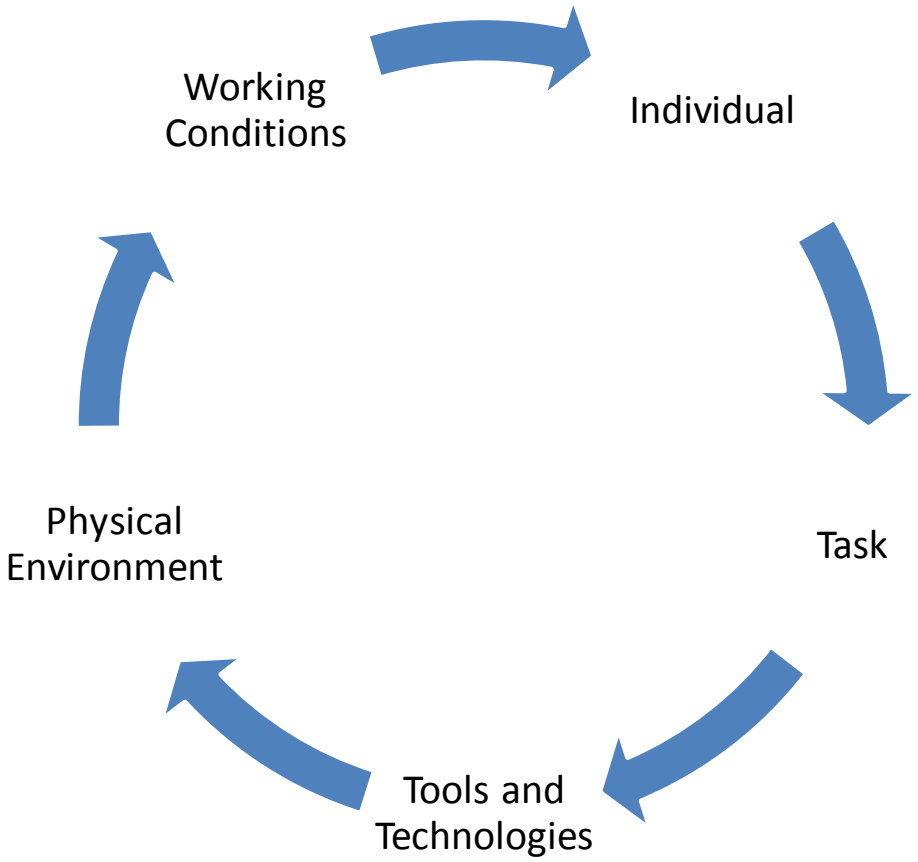
Design Your Falls Injury Reduction Program

- 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**
- **Use Clinical Judgment**

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



How reliable injury risk-assessment approaches can easily be incorporated into routine nursing care:

- Structure: Electronic Templates; Handoff Communication; Signage
- Process: Observation; Feedback from Patients and Staff (reliability checks)

Tactics for Achieving Reliability

1. Standardize your approach

- Having a well-defined process for each activity helps ensure that the proper steps are taken each time, regardless of who is doing the work
- Where possible, processes should be standardized around evidence-based quality indicators

Tactics for Achieving Reliability

2. Build decision aids and reminders into your systems

- Checklists, flowsheets, and other tools can help prompt staff to follow the standardized processes that have been developed

Tactics for Achieving Reliability

3. Take advantage of pre-existing habits and patterns

- Where possible, use established behaviors within your group to improve reliability as it will require less training and be fore effective

Tactics for Achieving Reliability

4. Make the desired action the default, rather than the exception

- Implement an action across the board, don't just leave it to the discretion of the individual staff or practitioner

Tactics for Achieving Reliability

5. Create redundancy

- Implement double check systems

Tactics for Achieving Reliability

6. Bundle related tasks

- Take a series of tasks that are closely related in time and space and package them together into one overall job to complete

Tactics for Achieving Reliability

7. Encourage teamwork, feedback, and training

- Leadership must work to develop cooperative relationships among staff, offer feedback on performance, and provide the necessary training for staff

Strategies to Hold the Gains

- Establish & document standard processes
- Make changes to job descriptions
- Use measurement and audits
- Provide continual feedback
- Pay attention to orientation and training
- Assign ownership
- Remember how you changed - use PDSA

Spread Options

- Completeness - implement changes that others have done, but you have not. Learn from what others have done.

- Coverage - take what you have already done in one situation and spread it to other areas (e.g. other facilities or units).

Characteristics of the Innovation:

- Relative Advantage - How much better is the new compared to the old?
- Compatibility - How consistent is this new idea with values, past experience, and needs?
- Complexity - How difficult is this new idea to understand and use?
- Trialability - how easy is it to test the new idea?
- Observability - How visible are the results of this new idea?

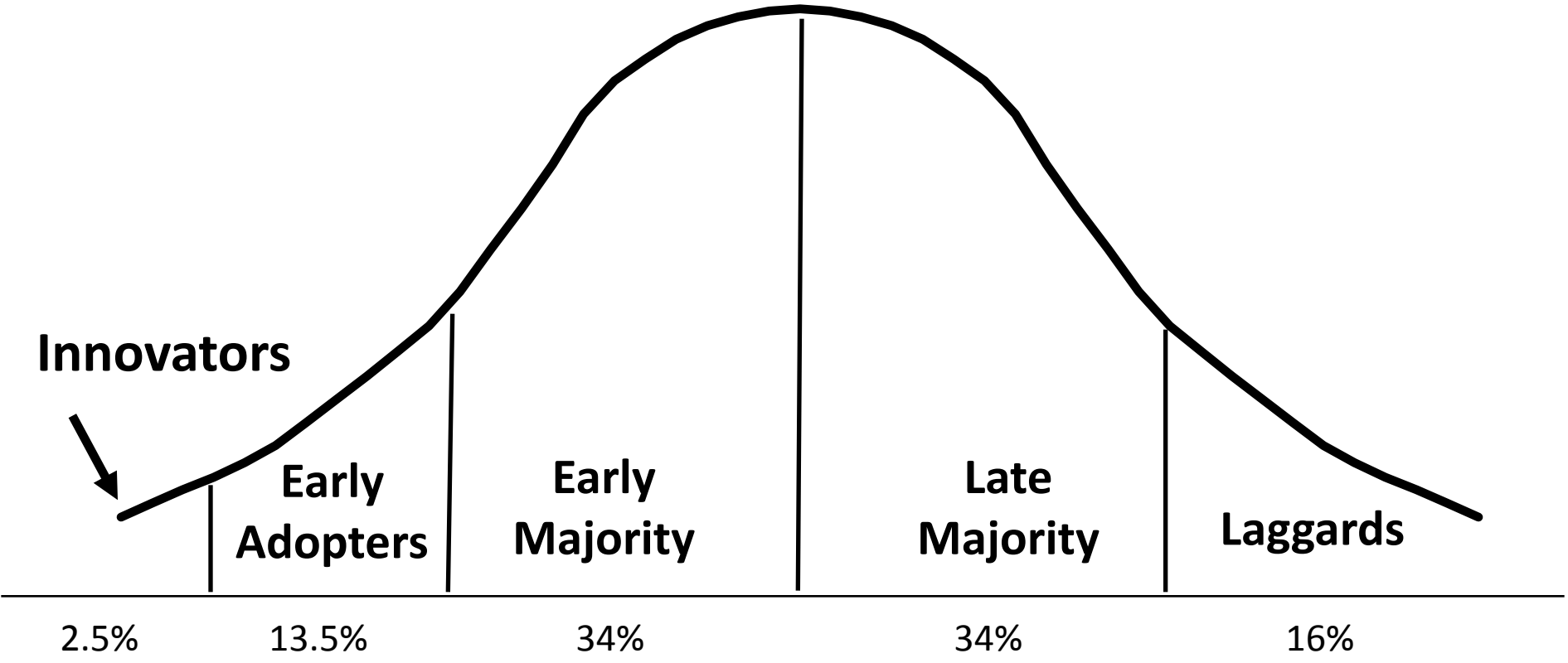
What Stage of Process Is Adopter In?

- Knowledge - What is it? How does it work? Why does it work?
- Persuasion - What are the consequences? What are the advantages and disadvantages?
- Decision - When can I see a demo? Can I try it first?
- Confirmation- Did I make the right decision to adopt? What are the advantages to me and my network?

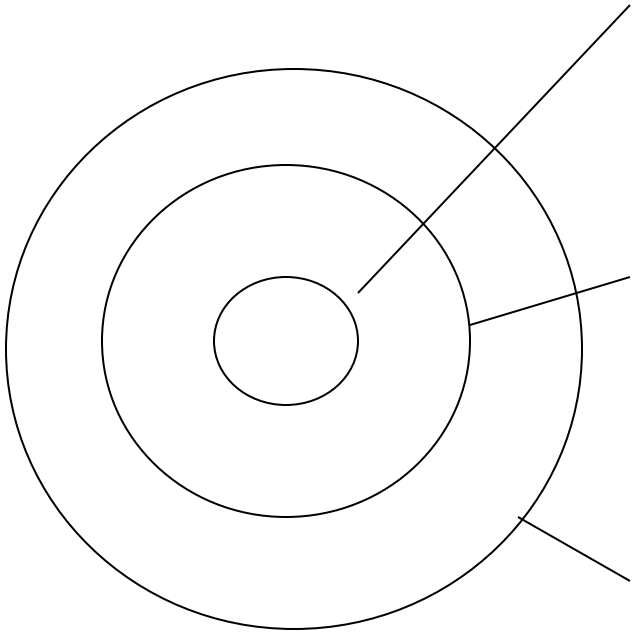
What Type of Person Is Adopter?

- Innovators - Adventurous, associate with other innovators, occasionally suspect, intellectual
- Early Adopters** - Well respected, opinion-leaders, role models
- Early Majority - Not opinion leaders, think about it awhile, interact with peers
- Late Majority - Require peer pressure
- Laggards - Suspicious of new ideas, look to past vs. the future, sometimes isolated

Time--Adopter Categories



Ring Model for Diffusion



1. **Begin with early adopters**
   - Literature search
   - Current process knowledge
   - PDSA test
2. **Expand to 10-15 leaders**
   - Present improved process
   - Get adapting ideas
   - Test 2nd round PDSA
3. **Expand again**
   - Create revised protocol
   - Invite suggestions
   - Implement and feed-back

Evaluate Program Effectiveness

- What were your outcomes?
- What do you need to adopt, adapt, or abandon for the next cycle?
- What do you think you could improve upon to enhance outcomes?
- Put it in your Falls Strategic Plan for the next cycle!

Hard to Eliminate Falls

- Unpreventable Falls
- Impulsive Patients
- Dementia Patients
- Autonomous Patients
- Others?

In-Patient Settings: Prevent Falls and Protect from Injury

- Screening and Assessment, Include Risk for and History of Injury
- Universal Fall Precautions
- Segment Populations by Risk/Vulnerability
- Patient Centered Care: Health Literacy Actions
- Intervene on Modifiable Intrinsic Risk Factors: Individualized Care Planning
- Intervene on Modifiable Extrinsic Risk Factors
- Multi-disciplinary Care Planning: Fall and Injury Reduction
- Rapid Response Team (Nursing or Multidisciplinary)
- Special Emphasis Populations (Cognitively Impaired, >75 yoa, Radiation Treatment, Newly Disabled, who else?)

Goal: Eliminate Moderate to Serious Injury

- Those that limit function, independence, survival
- Age: The Very Old
- Bones (fractures)
- “C” Anticoagulation/Bleeds (hemorrhagic injury)
- Surgery (post operative)

Bedside Mats – Fall Cushions

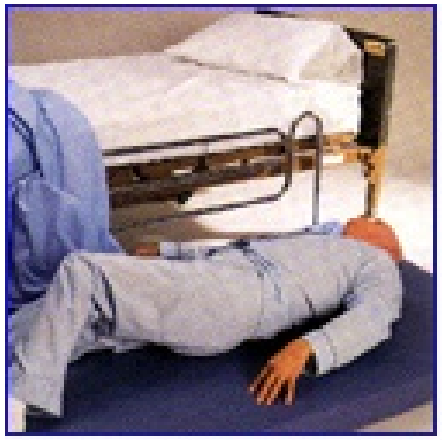
CARE Pad
bedside fall cushion

NOA Floor Mat

Posey Floor Cushion

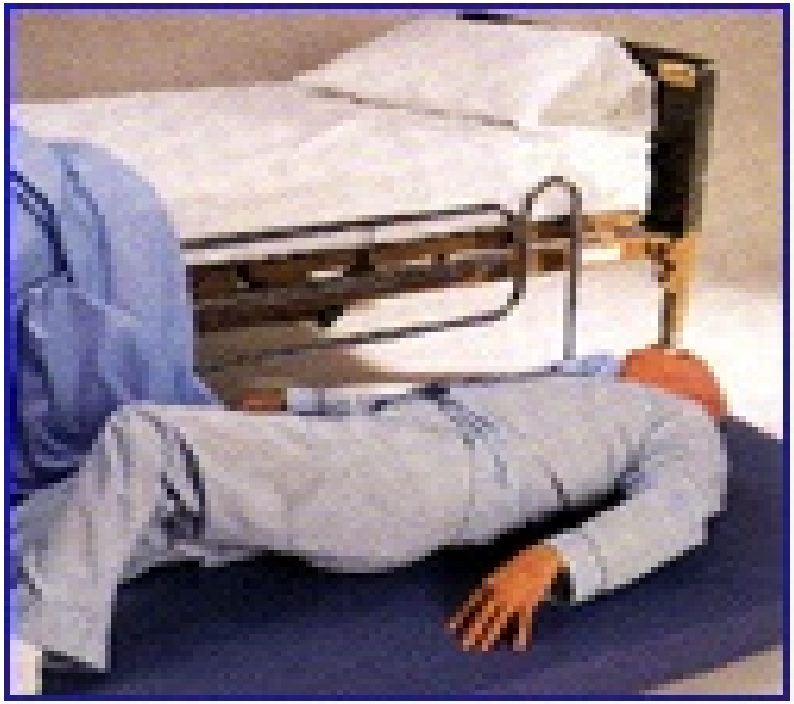
Tri-fold bedside mat

Roll-on bedside mat



Soft Fall bedside mat

Technology Resource Guide: Bedside Floor Mats



- Bedside floor mats protect patients from injuries associated with bed-related falls.
- Targeted for VA providers, this web-based guidebook will include: searchable inventory, evaluation of selected features, and cost.

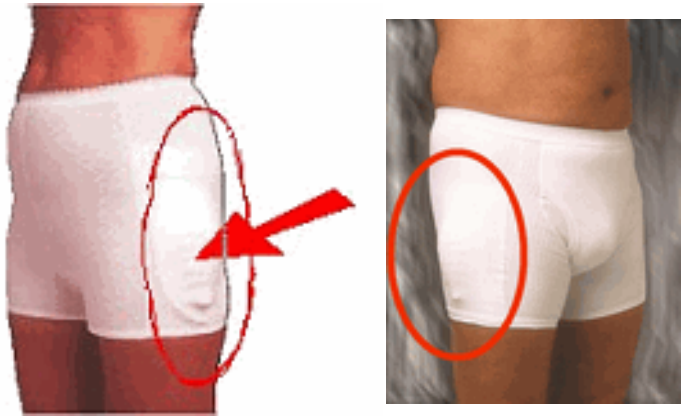
Hip Protectors – Examples

Safehip

KPH

CuraMedica

HipGuard



HIPS

Hip Protector Toolkit

- This web-based toolkit will include:
  - prescribing guidelines
  - standardized CPRS orders
  - selection of brands and models
  - sizing guidelines
  - protocol for replacement
  - policy template
  - laundering procedure
  - stocking procedure
  - monitoring tools
  - patient education materials
  - provider education materials

Assistive technology for safe mobility-Bed & Chair Monitors

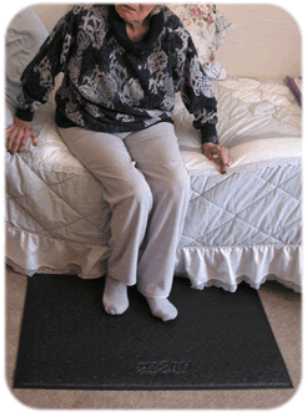
AirPro Alarm

Locator Alarm

Bed & Chair Alarm

Chair Sentry

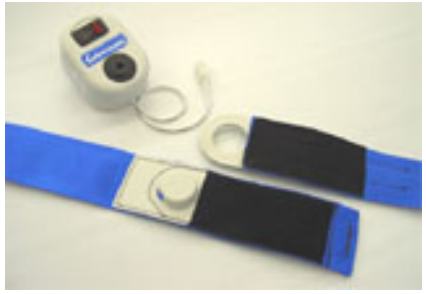
Economy Pad Alarm



Floor Mat Monitor

Keep Safe

QualCare Alarm



Safe-T Mate Alarmed Seatbelt

We can always do more!

Let’s Change the conversation:

One patient at a time!