CAPTURE - Falls
Collaboration and Proactive Teamwork Used to Reduce

Monthly Collaborative Call #5
March 26, 2013  2:00 – 2:30 p.m. CST

Initial Lessons Learned from Event Reports
AGENDA

• Housekeeping

• Initial Lessons Learned

• Event Reports of assisted falls reveal
  • Reliability of universal and targeted interventions
  • May be appropriate to “test” mobility before ambulating to bathroom

• Lessons to share with the community
  • Barriers and Successes in Implementation
Housekeeping

Collecting employee names for Perceptions of Teamwork in Support of Fall Risk Reduction

Why? Part of our research to….

1. Understand how hospital personnel think about the relationship between teamwork and fall risk reduction

2. Link perceptions of fall risk reduction teamwork with HSOPS

Anticipate Launch of CAPTURE Falls Website 4/1/13

Combing CAPTURE Falls Lessons Learned with CAH Quality Conference November 6 – 7, 2013
Initial Lessons Learned

- 83% of the first 66 fall reported by 12 hospitals with <50 beds were unassisted
- 30% of these 66 falls involved toileting
- 21% of these 66 did not report what the patient was doing...please report activity at time of fall!
- Of 13 reports from one hospital, 11 were assisted
- Why is this hospital different??
Initial Lessons Learned

• Why is this hospital different??
  
  • Long standing interprofessional fall risk reduction team accountable for regular audits of interventions (see audit form on next slide).

  • Created a perception that fall risk reduction is a hospital-wide function consistent with TeamSTEPPS
### FALL REVIEW

**REVIEWED BY:**

**DATE:**

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<th>FALL TEAM</th>
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<tbody>
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<td>1. Patient has ID band on wrist?</td>
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<td>2. If the patient has allergies, does he/she have a red allergy band on wrist?</td>
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<td>3. Identified as high fall risk on most recent assessment?</td>
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<td>4. Yellow armband present?</td>
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<td>5. Fall risk sign in pt. room?</td>
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<td>6. If patient has fallen during the current stay, is the star sign up in room and dated?</td>
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<td>7. If high risk and pt is in bed, is bed alarm turned on?</td>
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<td>8. If high risk and pt is in chair, is chair alarm on?</td>
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<td>9. If high risk and chair / bed alarm is not on, is “pt in compliance with asking for assistance” documented in daily nursing assessment (under “Fall” tab)?</td>
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<td>10. If pt is high risk, is fall assessment on electronic record for reviewed day?</td>
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<td>11. If pt is high risk, does electronic charting indicate pt had yellow bracelet and fall risk sign up in room at time of review?</td>
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**NOTE PT. RECORD NUMBERS.**

**✓ = MET**  
**X = FAILED/ NOT MET**  
**N/A = NOT APPLICABLE**
Initial Lessons Learned

• Why are they different??

• Universal interventions
  • Purposeful rounding

• Targeted interventions
  • Toileting Schedules
  • Supervised Toileting
  • Consistent use of gait belts
  • Consistent use of alarms
Event Report

Assisted fall in bathroom reveals judgment and system errors

- > 90 y/o female; primary dx CHF, renal failure, DM

- Initial fall risk assessment results—At high risk

- At 1125, patient assisted by 2 staff from restroom to bed using gait belt and walker; pt. “felt weak” was eased to floor
  - Hospitalized approx. 6 weeks
  - Medications include cardiovascular meds and diuretics
Mobilization Testing

Why?

Muscle strength decreases 3 – 5%/day with bed rest; this deconditioning is accelerated in older adults.

Due to deconditioning, medications, changes in physiological status due to procedures….how can you rapidly assess whether a patient will be able to transfer and/or ambulate safely?
Mobilization Testing*

What? Graded testing of patient’s ability to ambulate

- Raise each leg against gravity in supine (e.g. short or long arc knee extension)
- Sit on side of bed with minimal support
- Stand with the walker at the side of the bed
- Shift weight
- Take steps in place
- Additional thoughts—inquire about dizziness, compare BP in sitting and standing to supine (check for orthostatic hypotension)

Lessons to Share…

• A change you have made that is working well
  Gordon Memorial implemented a transfer form to “reconcile function/ADLs” when patients are transferred between hospital & nursing home

• A change that you plan to make
  Four hospitals requested copies of the Mini-Cog and SOR Criteria for Frailty tools
  A physical therapist and nurse discussed how use of the Mobilization Test will contribute to the clinical judgment needed when assessing whether a pt can safety ambulate when toileting

• Organizational factors that make it easy/hard to implement changes in fall risk reduction
  Gordon Memorial now has an interprofessional fall risk reduction team that includes members from the hospital and nursing home, which improves their communication and set the stage to implement the transfer form.
REMINDERS

Monthly Call: April 23, 2013 at 2:00 p.m. CST

Webinar #4: May 7, 2013 at 10:00 a.m. CST
Best Practices in Conducting Effective Meetings to Support Fall Risk Reduction
Victoria Kennel, MA

Register for this webinar at:
https://www2.gotomeeting.com/register/818083890
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