CAPTURE Falls
Collaboration and Proactive Teamwork Used to Reduce

Monthly Collaborative Call #17
April 22, 2014  2:00 – 2:30 p.m. CST

Progress in Fall Rates and Next Steps
AGENDA

1. Housekeeping
2. Assessing progress…fall rates
3. Revising and Sustaining the Reporting Process
4. Next Steps
5. Event Report Review: Could this happen in your hospital?
6. Open discussion
Housekeeping

• Feb. – March HSOPS; results to youe by end of May
• Mid May – June TPQ (includes questions about post-fall huddles)
• April – June 2014 Final site visit
• July – Dec. 2014 Huddle Quality Improvement Project
• Fall 2014...chart review project...is there a difference between fallers and nonfallers?
CAPTURE Falls Hospital Trends in Fall Rates 2010 - 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Fall Rate</th>
<th>Injurious Fall Rate</th>
<th>Unassisted Fall Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 (n=17)</td>
<td>8.16</td>
<td>3.08</td>
<td>4.96</td>
</tr>
<tr>
<td>2011 (n=17)</td>
<td>5.5</td>
<td>1.95</td>
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<tr>
<td>2012 (n=16)</td>
<td>6.2</td>
<td>2.04</td>
<td></td>
</tr>
<tr>
<td>2013 (n=16)</td>
<td>4.69</td>
<td>0.94</td>
<td></td>
</tr>
</tbody>
</table>

Baseline Total Fall Rate NE CAHs (n=47):
- 2010: 6.3
- 2011: 6.3
- 2012: 6.3
- 2013: 6.3

Baseline Injurious Fall Rate NE CAHs (n=47):
- 2010: 1.8
- 2011: 1.8
- 2012: 1.8
- 2013: 1.8

Note: 2013 definition of injury includes mild harm
Revising and Sustaining Reporting

• Send us all copies of all forms you are using for the project IF you have made modifications/additions
  – Fall event reporting form
  – Huddle forms
  – Guidelines for conducting huddles
• Email to kjonesj@unmc.edu
• PLEASE...continue reporting through Dec. 2014
  – Will send quarterly reports
  – Serve as a resource
  – Create 2014 benchmark
Next Steps

• Huddle Quality Improvement
  – Objectives
    1. Identify best practices in facilitating post-fall huddles
    2. Evaluate the relationship between effective post-fall huddle processes and outcomes (e.g., team learning and patient safety).
    3. Develop a web-based training tool for promoting effective huddles
  – Steps
    1. Site Visits- Interview teams re: effective/ineffective huddles
    2. TPQ- assess quality of post fall huddles (questions developed for those who have participated in post-fall huddles
    3. Analyze and share the results from the survey and interview protocols with interested fall risk reduction teams
    4. Develop an online training module for conducting effective post-fall huddles
Next Steps

• Are fallers different from non-fallers?
  – Retrospective chart review
  – Compare each faller to 3 randomly chosen nonfallers in hospital at same time as fall
  – Sample Data
    Age, Gender, Race, Diagnoses, height, weight, weight loss, P.O. intake or appetite, Serum 25(OH)D, Vit. D supplementation, medications, multivitamin supplement, strength, gait, activity level, smoking status

• How much $ do you need to do this?
Could this happen?

• > 90 y/o male
• Dx of Dyspnea and Sinusitis
• Fell one week after admission approx. 5:00 pm
• Pt. ambulating with PT using 4 wheeled walker, complained of feeling tired, sat on walker seat and lost consciousness. Nursing and PT attempted to wheel pt. back to room while he was seated on walker. Patient slipped, caught arm resulting in skin tear.

• Contributing factors...
  – Medications: diuretics, antihypertensives
  – Previous complaints of being light headed during ambulation not communicated between nursing and PT
Antihypertensive Medications and Serious Fall Injuries in a Nationally Representative Sample of Older Adults

The effect of serious injuries, such as hip fracture and head injury, on mortality and function is comparable to that of cardiovascular events. Concerns have been raised about the risk of fall injuries in older adults taking antihypertensive medications. The low risk of fall injuries reported in clinical trials of healthy older adults may not reflect the risk in older adults with multiple chronic conditions.

4,961 community dwelling older adults, > 70 years with HTN
14.1% no HTN meds, 54.6% moderate, 31.3% high intensity
Among 503 participants with a previous fall injury, the adjusted hazard ratios were 2.17 (95%CI, 0.98-4.80) for the moderate-intensity and 2.31 (95%CI, 1.01-5.29) for the high-intensity antihypertensive groups.

CONCLUSIONS AND RELEVANCE

Antihypertensive medications were associated with an increased risk of serious fall injuries, particularly among those with previous fall injuries. The potential harms vs benefits of antihypertensive medications should be weighed in deciding to continue treatment with antihypertensive medications in older adults with multiple chronic conditions.
Discussion

http://news.discovery.com/tech/virtual-moderator-helps-discussions-130506.htm
REMINDERS

Monthly Call: June 24, 2014 at 2:00 p.m. CST (no call in May)

Webinar #10: Best Practices in Health Literacy and Patient Education
Denise Britigan, MA, PhD, CHES
Assistant Professor Department of Health Promotion, Social, and Behavioral Health
College of Public Health
University of Nebraska Medical Center

Resources posted at
http://www.unmc.edu/patient-safety/capture_falls.htm
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Enter “capture falls” in google
http://unmc.edu/patient-safety/capture_falls.htm