Quarterly Collaborative Call #26
Oct. 24, 2017 2:00 – 2:30 p.m. CST

Reflect within teams when risk assessment tools fail
AGENDA

1. Housekeeping
   – Share your Fall Prevention Awareness Day Activities
   – Results from benchmarking data

2. Coordinating team reflection

3. Lessons Learned from your reporting...when fall risk assessment tools fail to identify patients at risk
Fall Prevention Awareness Day

Sept. 22, 2017

Crete Area Medical Center provided education to staff about their tiered system of fall risk based on the two cut-points in the FRASS:

1. Basic fall risk ≤ 7
2. High risk 8 – 15
3. Super high risk 16+

Note that super high risk includes not leaving patients unattended in the bathroom.
Fall Prevention Awareness Day

Sept. 22, 2017

Community Memorial Hospital presented education about fall prevention for adults as a community outreach. They ended with exercises to improve core and quadriceps strength.

Remember: Lower extremity weakness is a primary patient predictor of falls!
Fall Prevention Awareness Day

Sept. 22, 2017

Henderson Healthcare Services conducted also conduct community outreach at their Assisted Living Facility. Residents completed a Fall Risk assessment and then PT demonstrated strengthening exercises, OT explained how modifications to decrease fall risk, and nursing discussed medication safety and the importance of discussing fall risk with family and Providers. They grabbed learners’ attention with their clever posters!
Fall Prevention Awareness Day

Sept. 22, 2017

• Memorial Health Care System also provided staff education about their tiered system for fall risk and new signage.

• St. Francis Memorial had staff test their balance to improve their awareness of patient balance impairments. They also used data from the KNOW Falls system to educate staff about assisted falls to improve their recognition and reporting of these falls.
Baseline fall rates 2013 – 2016
Cohort 3.1 Hospitals

Increases in all fall rates in 2016 are likely due to use of standardized definitions and improved reporting.

Difference of 1.1 falls/1000 Pt Days between total and unassisted falls accounted for by increased reporting of assisted falls.

Injurious fall rate more than doubled in 2016 as compared to previous 3 years.

*Denotes first full year of data collection during project; one hospital has yet to submit data for 2016. Cohort 3.1 hospitals joined project Q1 – Q2 2016.
Baseline fall rates 2013 – 2016
Cohort 3.2 Hospitals

Cohort 3.2 Hospitals joined project Q3 2016 – Q2 2017
Benchmarking Lessons Learned

• Use of standard definitions for a fall, assisted fall, and injury ensures
  – valid comparisons across time and hospitals
  – An accurate assessment of baseline measures of fall risk

• Emphasis on reporting assisted falls will increase total fall rate

• Emphasis on learning from each fall will increase reporting of all falls

• Goals: decrease unassisted and injurious falls and learn from every fall
Quarterly Calls

Agenda

1. Summarize your goals:
   1) To decrease the risk of falls in our hospital
   2) To ensure front line staff learn from each fall

2. Progress on 2 – 3 priorities

3. Feedback/discussion of event reports

Purpose: To facilitate coordinating team reflection

✓ Are we aware of our goals?
✓ Are we aware of our strategies to achieve goals?
✓ Are we adapting to current/changing circumstances?
Lessons Learned from Reporting

11% of 405 patients who fell were determined to not be at risk.
Characteristics of those thought to not be at risk

- Acute patients who are ill (anemia, cellulitis, COPD, fever/flu, pneumonia, UTI, dehydration)
- Cause of fall 3x more likely to be unanticipated physiological
Characteristics of those thought to not be at risk

- Younger (mean age = 68 vs. 74)
- Less dependent in ambulation
Characteristics of those thought to not be at risk

• More likely to be in bathroom (58% are related to toileting compared to 43% if patient is known to be at risk)
• More likely to occur while patient is engaged in ADLs (showering, dressing)
Example Cases

• 25 y/o male with melena and anemia fell assisted day of admission at 23:10 in bathroom (HgB 5.5 upon admission); Morse Score = low risk

• 72 y/o female with pneumonia fell unassisted 2 days after admission at 15:05 while in bathroom with walker; FRASS score = 14

• 55 y/o female with cellulitis fell unassisted 3 days after admission at 01:45 while ambulating to bathroom; Morse Score = 25
Strategies to Improve?

• Fall Risk Assessment Tool?
  – All tools but Marion Joy identified 90% of patients who fell as at risk

• What fall risk assessments may miss
  – Impact of respiratory and cardiovascular pathologies may contribute to decreased oxygen saturation and orthostatic hypotension
  – Decrease in strength due to deconditioning
## What is Missing?

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<thead>
<tr>
<th></th>
<th>FRASS*</th>
<th>Johns Hopkins*</th>
<th>Marian Joy**</th>
<th>Morse*</th>
<th>Hester Davis</th>
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<tr>
<td>History of Previous Fall</td>
<td>6 mo</td>
<td>6 mo</td>
<td>3 mo</td>
<td>3 mo</td>
<td>Date of fall</td>
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<td><strong>Cognition/ Orientation</strong></td>
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<td>Emotional Status/Impulsive</td>
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<td>Paresis</td>
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<td>Communication Deficit</td>
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<td>Sensory Impairment</td>
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<td>Assistance Needed for Amb/ Transfers</td>
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<td>Ambulatory Aid</td>
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<td><strong>Medications</strong></td>
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<td>IV/ Heparin Lock</td>
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<td>Volume/Electrolyte Status</td>
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<td>Equipment that Tethers Pt.</td>
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<td>Link Interventions to Risk Factors</td>
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* Validated in acute setting  
** Validated in acute rehabilitation setting
Strategies to Improve?

- Be aware…risk factors tools may not detect
  - lab values including HgB, electrolytes (designate a nurse who reviews labs and alerts others to abnormal values that may affect fall risk)
  - acute illness/fever
  - orthostatic hypotension
  - all inpatients are at risk: ”when in doubt, flag them out!”

- Observe…Look!
  - abnormal gait (slow, shuffle, wide base, reaching for furniture/wall) and difficulty with transfers…contact PT
  - Shortness of breath

- Implement…Act!
  - Ensure gait belts in place and in use
  - Assist gait and transfers with gait belt if in doubt
  - Bed alarms and assist to bathroom for all at night
  - Purposeful Rounding
  - Toileting Schedules
  - Video monitoring for behavioral issues
Restructure your hospital into a multi-team system to learn from each fall at patient, unit, and system level

- **Core Team**
  - Fall Event Learning Form

- **Contingency Team**
  - Post-Fall Huddle Form

- **Coordinating Team**
  - System Learning Form
Discussion

Assistance is an email away!

- Contact us for more information about implementation and best practices (including outpatient and ED Assessments, and RCA) …Katherine (kjonesj@unmc.edu)
- KNOW Falls and Online Learning (RedCAP) … Anne (askinner@unmc.edu)

http://news.discovery.com/tech/virtual-moderator-helps-discussions-130506.htm
Quarterly Collaborative Calls:

- Tuesday Oct. 24, 2017 14:00 CST
- Tuesday Jan. 23, 2018 14:00 CST
- Tuesday April 17, 2018 14:00 CST

Review the tools created with your assistance

http://www.unmc.edu/patient-safety/capturefalls/tool-inventory.html
CAPTURE

Falls

Collaboration and Proactive Teamwork Used to Reduce

Enter “capture falls” in google
http://www.unmc.edu/patient-safety/capturefalls/