Quarterly Collaborative Call #27
Jan. 23, 2018 2:00 – 2:30 p.m. CST

Best Practices in Post-Fall Assessment
AGENDA

1. Housekeeping

2. Sharing policy/procedures to establish best practices in post-fall assessment

3. Lessons Learned from your reporting—frequency of follow-up procedures as reported in KNOW Falls
Housekeeping

• Feedback on new process for quarterly calls with your team

• Feedback on KNOW Falls
Quarterly Calls

Agenda

1. Remember 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
   1) What steps were taken/progress was made toward achieving this goal?
   2) What strategies helped your team achieve your goals?
   3) What barriers are keeping your team from achieving your goals?

3. Discussion of learning from fall events

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?

Please send us your team meeting minutes!
KNOW Falls

Learning Opportunities from 2017

- **Acute**
  - Assisted: 21
  - Unassisted: 90

- **Hospice**
  - Assisted: 7
  - Unassisted: 7

- **Swing**
  - Assisted: 24
  - Unassisted: 58

- **Observation**
  - Assisted: 4
  - Unassisted: 9

- **Injurious**
  - Acute: 39
  - Hospice: 6
  - Swing: 22
  - Observation: 10

- **Non-injurious**
  - Acute: 72
  - Hospice: 1
  - Swing: 60
  - Observation: 2
KNOW Falls

• Contact Anne about REDCap/Know Falls challenges and suggestions (askinner@unmc.edu)

• New reports you can run yourself coming soon!

• Request for 2017 patient days and observation hours will be coming in February
Post-Fall Assessment – Your Policies

Most Common Policy Elements

- Assess the Pt
- Notify MD/Provider
- Notify Family/POA
- Document (Internal)
- Learning Form
- Post-Fall Huddle
- Communicate to Staff
- Re-do Risk Assessment
- Add Interventions
Post-Fall Assessment – Your Policies

Variety of detail noted within policies regarding patient assessment

When assessment was explicitly described, the following was often listed: (*Most Common)

- *Vital Signs
- *Pain
- *Injury
  - Deformities
  - Ecchymosis
  - Lacerations
  - Bleeding
- Level of Consciousness
- Orientation
- Blood Sugar
- Observe cervical precautions
- “Head to toe assessment”
Post-Fall Assessment – Other Resources

Post-Fall Management Guidelines in WA Healthcare Settings
(Government of Western Australia Dept. of Health)

• Thoroughly outlines steps to take immediately, within 6 hours, 6-12 hours, 12-48 hours, and 48-72 hours post fall
• Considerations for patients at risk for bleeding and with potential head injury (including when to consider CT head scans)
• Differentiates course of action between witnessed vs. unwitnessed falls, struck head, or on anticoagulants/antiplatelets

Post-Fall Assessment – Other Resources

Clinical Excellence Commission – New South Wales, Australia

• Considerations for immediate response as well as ongoing observation/monitoring

• Considerations for patients at risk for bleeding, with potential head injury, and assessment for sepsis and delirium

Post-Fall Assessment – Other Resources

Ohio State University Post-Fall Assessment

- Decision Tree
- Considerations for high-risk complications (bleeding, head injury)
- Considerations regarding imaging (head, hip, spine)
- Includes SBAR prompt for communication with MD/provider

https://evidencebasedpractice.osumc.edu/Documents/Guidelines/PostFallAssessment.pdf
Lessons Learned from Reporting

Additional clinical treatments and monitoring that occurred as the result of falls in 2017 - as reported by YOU

- Increased observation
- Imaging studies
- Other
- Transfer to higher level care or another facility
- Additional physiological exams
- Respiratory support
- Surgical/procedural intervention
- Additional medication therapy
- Lab tests
- Increased length of stay

Acute/Observation/Swing/Hospice Beds
213 Total Falls Reported
Discussion

Assistance is an email away!

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

• Contact us for more information about:
  – Implementation and fall risk reduction best practices: Katherine (kjonesj@unmc.edu) or Dawn (dvenema@unmc.edu)
  – KNOW Falls and Online Learning (RedCAP): Anne (askinner@unmc.edu)
  – Leadership and team performance: Vicki (victoria.kennel@unmc.edu)
  – General questions or not sure?: CAPTURE.Falls@unmc.edu
REMEMBERS

Quarterly Collaborative Calls:

- Tuesday April 24, 2018 14:00 CST
- Tuesday July 24, 2018 14:00 CST
- Tuesday Oct. 23, 2018 14:00 CST

Review the tools created with your assistance

http://www.unmc.edu/patient-safety/capturefalls/tool-inventory.html
CA\textsc{pture} Falls

Collaboration and Proactive Teamwork Used to Reduce

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