

# CAPTURE Falls

Collaboration and Proactive Teamwork Used to Reduce

**Quarterly Collaborative Call #38**

**January 26th, 2020 2:00 – 2:30 p.m. CT**

**Fall Risk Reduction in the Midst  
of a Pandemic**



# AGENDA

- Housekeeping
- Literature about COVID-19 and falls
- Description of COVID-19-related falls
- Discussion of your challenges and potential solutions



# Housekeeping



1. Available Now! New Roadmap Feature of CAPTURE Falls website
  - Content organized by key activities for your fall risk reduction team
  - Education and tools available for each major activity
  - Expanded resources from other toolkits and reputable resources
  - Contact Vicki [victoria.kennel@unmc.edu](mailto:victoria.kennel@unmc.edu) with:
    - **Feedback and ideas for improvement**
    - **Tools, resources, success stories you would like to share on our website**
    - **If you can no longer find something**
  - <https://www.unmc.edu/patient-safety/capturefalls/index.html>



# Housekeeping



## 2. Event Reporting

- Fall Data Reports through the 4th quarter of 2020 will be sent out by the end of the month. Your hospital should receive a report if at least one fall was reported in the Know Falls Learning System within the last 12 months.
- Reporting of all falls is encouraged—including outpatient, ER, ambulatory care, LTC, etc.
- Thank you to all who completed surveys regarding suggested changes to the fall event reporting forms. Stay tuned for more information on the roll out of the new forms.
- Contact Anne at [askinner@unmc.edu](mailto:askinner@unmc.edu) with REDCap issues (add users, remove users, password resets) and special report requests.



# Housekeeping



1. Mid-Late Spring 2021 – Statewide CAH Fall Risk Reduction Survey
  - First statewide survey 10 years ago – led to formation of the CAPTURE Falls program
  - What is the current 'state of the state' of fall risk reduction in Nebraska CAHs? What are we doing well? What aspects of fall risk reduction need further attention? What other resources/tools can we provide and integrate into the program?
  - Mindful and respectful of timing and COVID surge(s)



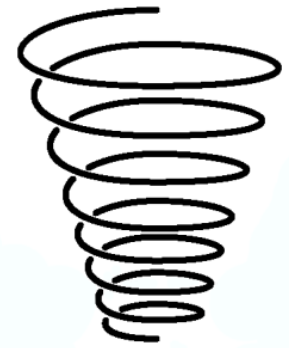
# Literature Related to Falls and COVID-19

- Older adults may become sedentary due to fear of contracting virus and/or impact of lockdowns. Therefore, may have less physiological reserve before even contracting COVID-19. (Goethals et al, 2020; Yamada et al, 2020)
- The “typical” symptoms of fever, cough, and shortness of breath may not appear immediately, or at all in older adults with COVID-19. Other symptoms include:
  - **Falls**
  - Vomiting, diarrhea, abdominal pain, reduced oral intake
  - Fluctuating temperature and/or hypothermia
  - Drowsiness, confusion, delirium

(Blain et al, 2020; Kerr and Stacpoole, 2020; Sacco et al, 2020)



# Literature Related to Falls and COVID-19



- COVID-19 magnifies the problem of hospital associated disability
  - A new loss of ability to complete one or more activities of daily living without assistance after hospital discharge (Loyd et al, 2020)
- Prolonged hospitalization
- Patients may engage in less mobility because of:
  - Need for frequent rest breaks due to weakness and respiratory symptoms
  - Potential shortage of PPE for staff may limit therapy visits
  - Mobilization requires time-consuming visits with increased risk of transmission to staff, even with PPE
  - Limited space to freely mobilize



# Literature Related to Falls and COVID-19

- Potential effects of no visitor policy? (Fall rates from a hospital in Taiwan)

March-May 2019	March-May 2020
Visitors allowed	No visitors allowed
0.31 falls/1000 patient days	1.26 falls/1000 patient days





# COVID-19 Related Falls

As reported to Know Falls from  
mid-April 2020 through mid-  
January 2021



# COVID-19 Related Falls by the Numbers

8

- Hospitals reported falls related to COVID-19

17

- COVID-19 related falls reported
- Includes COVID-19 “rule-outs,” current positive cases, or history of COVID-19

4.65

- Average number of days between admission to fall (range = 1-16)

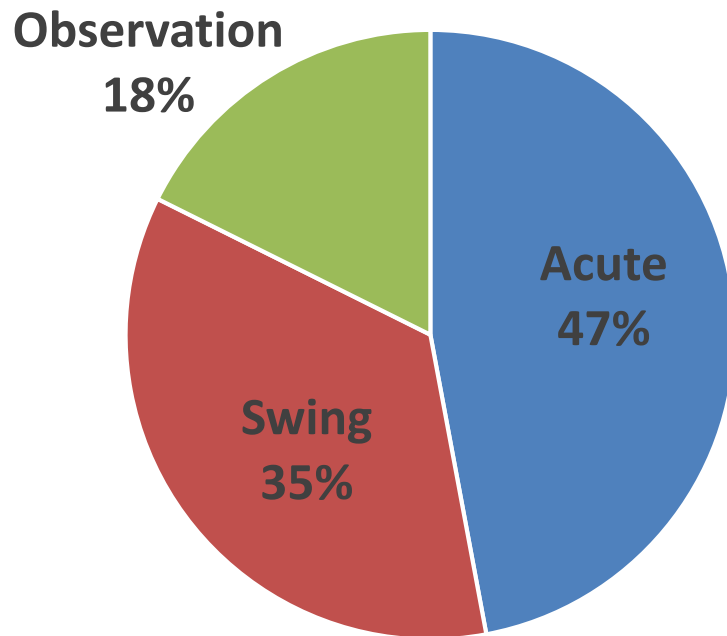
16 of 17

- Patients had been identified at risk per screening tool

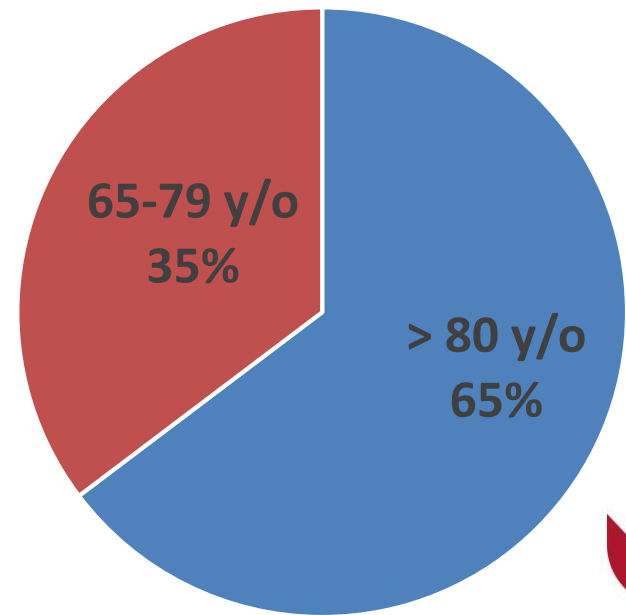


# COVID-19 Related Falls by the Numbers (n = 17)

## Bed Type

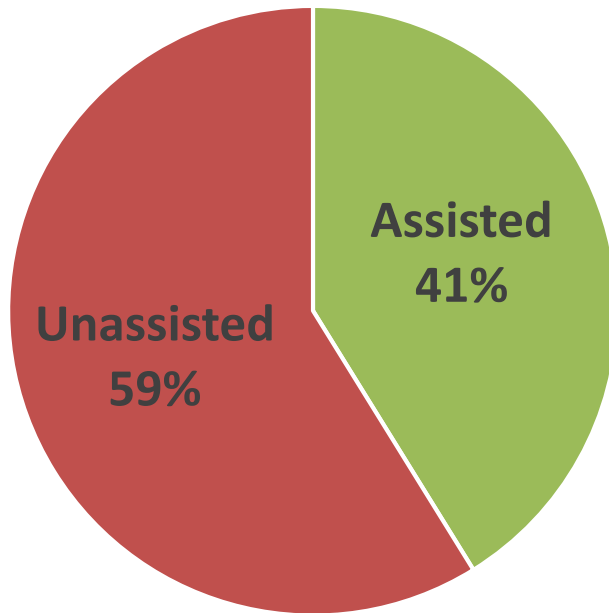


## Patient Age

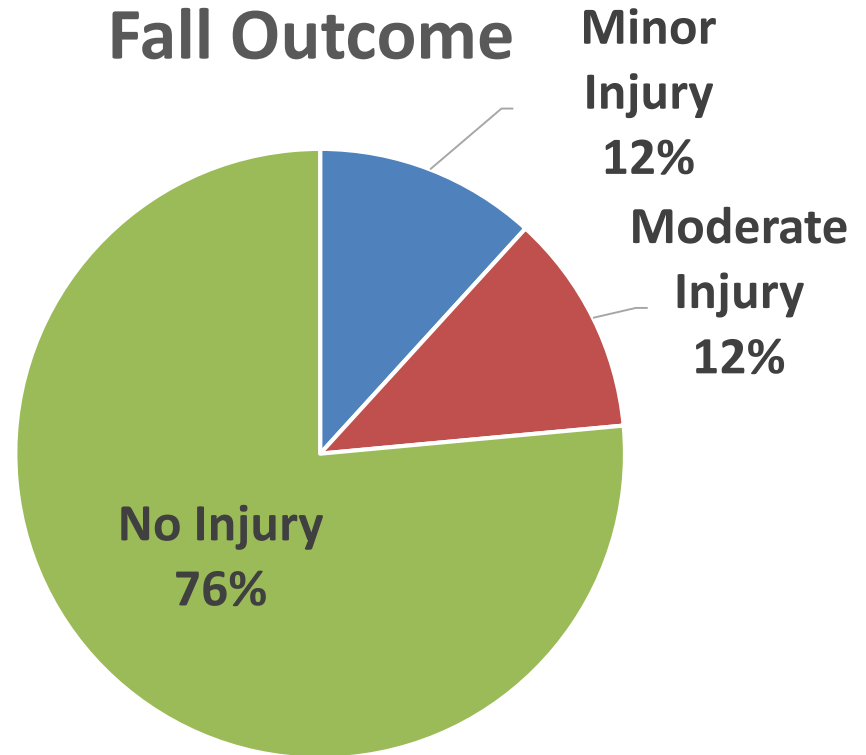


# COVID-19 Related Falls by the Numbers (n = 17)

## Fall Type



## Fall Outcome



Minor = abrasion or skin tear

Moderate = laceration requiring sutures or steri-strips



# Contributing Factors

2 falls  
(12%)

- Mentioned staff fatigue or stress

7 falls  
(41%)

- Mentioned patient cognition, impulsivity, or overestimation of ability

15 falls  
(88%!)

- Mentioned weakness in general; many also noted increasing/fluctuating weakness and hypoxemia with activity



# Post Fall Huddles

16 falls (94%!)  
had a huddle

- All but one fall had a post-fall huddle
- Workload due to COVID-19 cited as the reason for no huddle for the 17<sup>th</sup> fall

Mostly nursing  
input

- Patient present in 4 huddles (24%)
- Family present in 1 huddle (6%)
- PT and/or OT present in 5 huddles (29%)
- Pharmacy present in 4 huddles (24%)

Impact for  
patients without  
COVID-19

- 3 falls for patients without COVID-19 did not have huddles. Workload due to COVID-19 was noted as the reason



# Collaborative Member Sharing and Discussion

What challenges are you facing with fall risk reduction for patients with COVID-19?

- Patient factors?
- Isolation and need for PPE?
- Staff shortages, stress, fatigue?
- Hourly rounding?
- Post-fall huddles?
- What else?

What solutions have you tried? (Successfully or not)?



# Another Resource:

- Freely available recorded webinar presented by Amy Hester, PhD, RN, BC and Patricia Quigley, PhD, APRN, CRRN, FAAN, FAANP, FARN.
- Drs. Hester and Quigley are nationally-known experts on the topic of hospital fall risk and fall injury risk reduction. To access the webinar, visit this link:

[https://attendee.gotowebinar.com/recording/8659194337421404172\[attendee.gotowebinar.com\]](https://attendee.gotowebinar.com/recording/8659194337421404172[attendee.gotowebinar.com])





# Assistance is an email away!

- Contact us for more information about:
  - Fall risk reduction best practices: Dawn ([dvenema@unmc.edu](mailto:dvenema@unmc.edu))
  - Know Falls and Online Learning (RedCAP): Anne ([askinner@unmc.edu](mailto:askinner@unmc.edu))
  - Team performance, implementation challenges: Vicki ([victoria.kennel@unmc.edu](mailto:victoria.kennel@unmc.edu))
  - General questions or not sure?: [CAPTURE.Falls@unmc.edu](mailto:CAPTURE.Falls@unmc.edu)



# REMINDERS

## 1. Future Collaborative Calls/Educational Opportunities:

- April 27, 2021; 2:00-2:30pm CT
- Topic – TBA
  - ***What would you like to discuss?***

## 2. Looking for fall risk reduction resources?

**Click here:** <https://www.unmc.edu/patient-safety/capturefalls/index.html>

Still can't find what you are looking for? Let us know what we are missing!

CAPTURE

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Falls

# References

- Blain H, Rolland Y, Benetos A, Giacosa N, Albrand M, Miot S, Bousquet J. Atypical clinical presentation of COVID-19 infection in residents of a long-term care facility. *Eur Geriatr Med*. 2020 Dec;11(6):1085-1088.
- Goethals L, Barth N, Guyot J, Hupin D, Celarier T, Bongue B. Impact of home quarantine on physical activity among older adults living at home during the COVID-19 pandemic: qualitative interview study. *JMIR Aging* 2020;3:e19007.
- Kerr AD, Stacpoole SR. Coronavirus in the elderly: a late lockdown UK cohort. *Clin Med (Lond)*. 2020 Nov;20(6):e222-e228.
- Liang SC, Wei PC, Ma HL, Hsiao SH. Higher Fall Rate of Admitted Patients During the Ongoing COVID-19 Epidemic: Is It Coincidence or Not? *J Patient Saf*. 2021 Jan 1;17(1):e45-e46.



All references are freely available through <https://pubmed.ncbi.nlm.nih.gov/>

# References

- Loyd C, Markland AD, Zhang Y, et al. Prevalence of hospital-associated disability in older adults: a meta-analysis. *J Am Med Dir Assoc*. 2020;21(4):455-461.e5.
- Martinez MS, Robinson MR, Arora VM. Rethinking Hospital-Associated Disability for Patients With COVID-19. *J Hosp Med*. 2020 Dec;15(12):757-759.
- Sacco G, Foucault G, Briere O, Annweiler C. COVID-19 in seniors: Findings and lessons from mass screening in a nursing home. *Maturitas*. 2020 Nov;141:46-52.
- Yamada M, Kimura Y, Ishiyama D, Otobe Y, Suzuki M, Koyama S, et al. Effect of the COVID-19 epidemic on physical activity in community-dwelling older adults in Japan: a cross-sectional online survey. *J Nutr Health Aging* 2020:1–3.



All references are freely available through <https://pubmed.ncbi.nlm.nih.gov/>