CAPTURE Falls

Collaboration and Proactive Teamwork Used to Reduce

Quarterly Collaborative Call #39

April 27th, 2021 2:00 – 2:30 p.m. CT

How Does Human Behavior Fit into Fall Risk Reduction?

UNMC

AGENDA

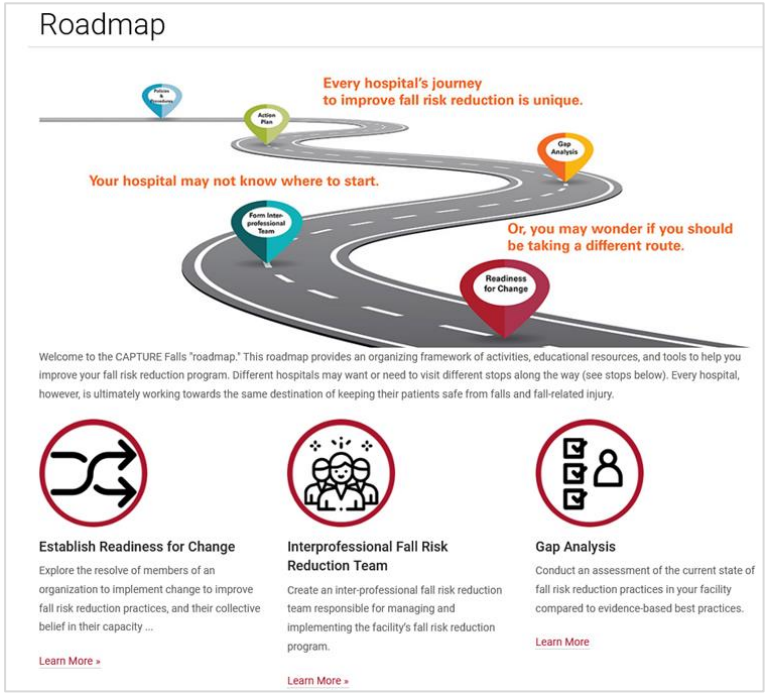
- Housekeeping
- Understanding human behavior and fall risk reduction
- Discussion of your challenges and potential solutions

Housekeeping

1. Available Now! New Roadmap Feature of CAPTURE Falls website

https://www.unmc.edu/patient-safety/capturefalls/index.html

https://www.unmc.edu/patient-safety/capturefalls/roadmap/index.html



- 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 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, let us know!

Housekeeping

2. Event Reporting
    - Fall Data Reports through the 1st quarter of 2021 will be sent out within the next week. 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.
    - Complete Fall Rate Excel Worksheet (for benchmarking) and return to Anne by May 14.
    - Contact Anne at askinner@unmc.edu with REDCap issues (add users, remove users, password resets) and special report requests.

Housekeeping

3. Late Spring-Early Summer 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?

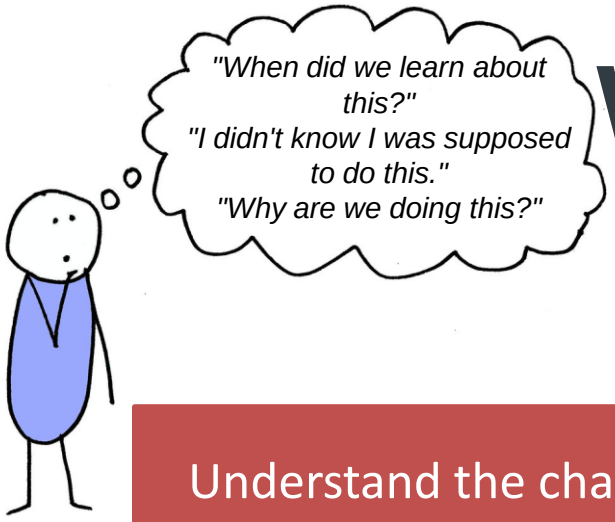
Housekeeping

4. Coming soon – request for success stories
    - We want to highlight the great work you all have done within the CAPTURE Falls Program
    - We are creating a success stories template you can use to showcase your successes
    - More to come!

Collaborative Member Sharing and Discussion

What fall risk reduction practices have you found are most challenging for staff to adopt at the bedside?

What strategies have you tried to support behavior change?



What do they know?

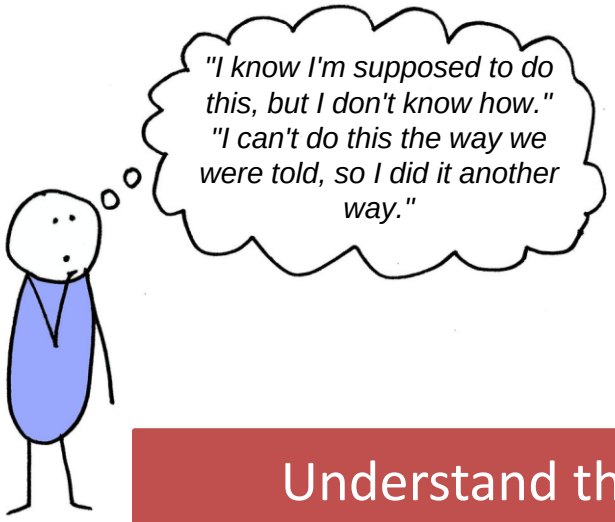
Understand the challenge

- What do staff know?
- Do staff know that they should be doing this?
- Do staff know ***why*** they should be doing this?

Action to encourage behavior change

- Match the education method to the type of knowledge
- Evaluate what was (and wasn't) learned (e.g., post-test, pre-post test)
- Is the knowledge used on an infrequent or irregular basis? Consider use of reference guides, alerts/reminders, cognitive aids, etc.

Michie et al. (2005)



What can they do?

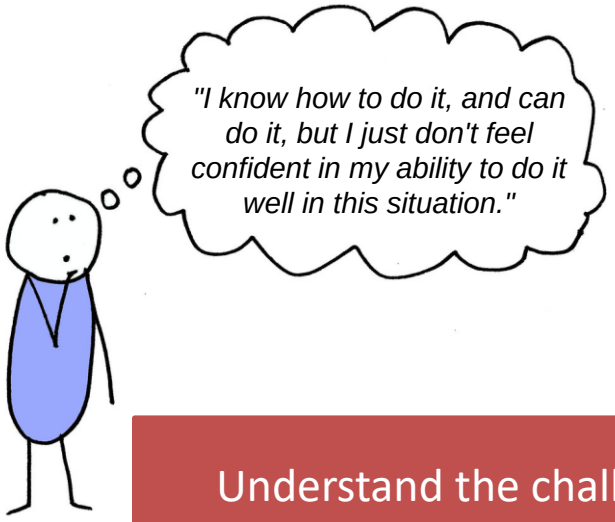
Understand the challenge

- Do staff know **how** to do this?
- How easy/difficult is it for staff to do this so that their action meets the desired standards?

Action to encourage behavior change

- Offer opportunities for staff to practice or demonstrate the skill, and receive feedback
- Identify the workarounds used, and remove barriers to encourage action consistent with desired protocols

Michie et al. (2005)



What do they believe about their capabilities?

Understand the challenge

- Do staff believe that they can do this?
- How confident are staff in doing this in this specific situation?

Action to encourage behavior change

- Provide ample opportunities to practice under different circumstances
- Pair staff with role models who can assist and demonstrate successful completion of the activity
- Offer positive verbal feedback and encouragement
- Encourage staff to visualize themselves performing this activity successfully

Michie et al. (2005)

What are their professional roles and identities?

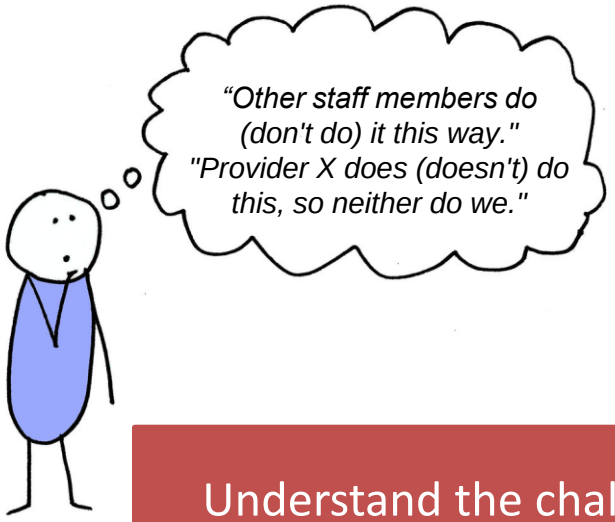
Understand the challenge

- How does doing this align (or create conflict) with staff professional identity?
- Do staff perceive this activity as 'beyond' or 'beneath' their role?

Action to encourage behavior change

- Reinforce the importance of 'task assistance,' 'mutual support,' and 'back-up behavior' as key aspects of team-based care
- Identify opportunities for cross-training
- Revisit job descriptions and task responsibilities

Michie et al. (2005)



What do they see others do?

Understand the challenge

- Do staff see others doing this? Do others like them do this?
- Are social norms encouraging or discouraging staff from doing this?

Action to encourage behavior change

- Have well-respected role models, champions share information in support of the desired behavior, against the undesired behavior
- Show staff how their performance compares against others
- Offer verbal/non-verbal rewards for effort and/or progress

Michie et al., 2005; Tang et al., 2021

What are their goals and motivations?

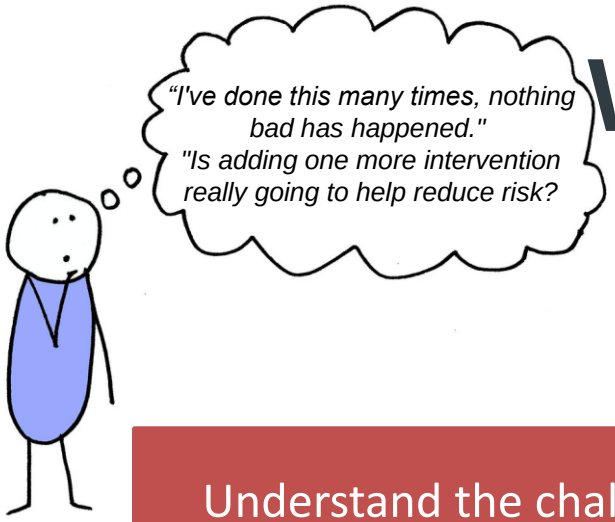
Understand the challenge

- Do staff feel like they need to do this?
- Do staff understand the goal of this action?
- What competing goals influence staff behavior?
- What incentives exist to motivate staff to act?

Action to encourage behavior change

- Ensure goals are clearly defined, explained, and understood
- Identify areas where goals are in competition, in conflict with one another
- Help staff with goal prioritization
- Revisit how you recognize, reward new behavior

Michie et al. (2005)



What do they think will (or won't) happen if they do (or don't) act?

Understand the challenge

- What will happen if staff do this?
- What are the perceived costs of doing this? What are the perceived costs of the consequences of doing this?
- Do the benefits outweigh the costs?
- What will staff feel like if they do, or don't do, this?

Action to encourage behavior change

- Understand staff perceptions of costs vs. benefits of the action
- Understand staff perceptions of risk and the why behind them; educate accordingly to ensure perceptions of risk reflect reality
- Help staff draw connections between their actions and outcomes

Michie et al. (2005)

Collaborative Member Sharing and Discussion

What fall risk reduction practices have you found are most challenging for staff to adopt at the bedside?

What strategies have you tried to support behavior change?

Assistance is an email away!

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

REMINDERS

1. Future Collaborative Calls/Educational Opportunities:
    - July 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!

References

- Michie S, Johnston M, Abraham C, et al. Making psychological theory useful for implementing evidence based practice: a consensus approach. *Qual Saf Health Care*. 2005;14(1):26-33. doi:10.1136/qshc.2004.011155
- Tang, M.Y., Rhodes, S., Powell, R. *et al.* How effective are social norms interventions in changing the clinical behaviours of healthcare workers? A systematic review and meta-analysis. *Implementation Sci* 16**,** 8 (2021). https://doi.org/10.1186/s13012-020-01072-1