CAPTURE Falls

Quarterly Collaborative Call #48 July 25, 2023 2:00 – 2:30 p.m. CT

Topic: Reconnecting with Resources – Interventions and Auditing



AGENDA

- Housekeeping
- Reconnecting with Resources
 - Interventions
 - Auditing







- 1. Know Falls Event Reporting
 - 2023 Quarter 2 reports will be sent early August
 - Continue reporting to help facilitate learning from fall events and track your outcomes.
 - Reminder for NCPS members: reporting to Know Falls = reporting to NCPS
 - Contact us with REDCap issues (add users, remove users, password resets).





2. Recent publication: <u>Venema DM, Hester A, Clapper K, et al. Description and Implications of Falls in Patients</u> <u>Hospitalized Due to COVID-19 [published online ahead of print, 2023 Jun 20]. *J Nurs Care Qual.* <u>2023;10.1097/NCQ.0000000000000733. doi:10.1097/NCQ.00000000000733</u></u>

Nebraska CAHs continue to contribute to generalizable knowledge about falls! Thank you!

Key results and conclusions include:

- Patient factors that contributed to falls among patients hospitalized with COVID-19 included patients' lack of safety awareness, impaired physical function, and respiratory concerns.
- Organizational factors that contributed to falls among patients hospitalized with COVID-19 related to staff and the isolation environment.
- Recommendations for managing fall risk in patients hospitalized with COVID-19 include:
 - Consideration of respiratory function as a fall risk factor...which is often not captured in current assessments of fall risk,
 - ✓ Frequent reassessment of fall risk,
 - ✓ Ongoing patient education about individual fall risk factors and relevant interventions,
 - \checkmark Assisted mobility, and
 - ✓ Adequate staff training.





- 3. 2022 Fall Rate Benchmarks
 - Reports initially sent early June. Updated version resent recently.
 - Thank you to those who shared/confirmed data!





- 4. New Resource in Roadmap for Fall Risk Assessment
- Visual Screening of Transfers and Gait for Fall Risk
- Tool for non-rehab staff to help identify common movement deviations specific to sit↔stand transfers and gait.
- Can be used to identify need to refer to rehab, as these deviations usually signal lower extremity weakness and/or balance deficits.
- Includes video links when available.





- 5. National Fall Prevention Week is September 18-23, 2023
- Ideas to help you promote your work on fall risk reduction both within and outside your organization
 - Employee education about falls program
 - Story in local newspaper
 - Drop additional ideas in the chat!
 - <u>CAPTURE Your Falls Story Flow Chart</u>
 - National Council on Aging Toolkit



Reconnecting with Resources: Part 3 of 4!





CAPTURE Falls Roadmap

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

Roadmap



Welcome to the CAPTURE Falls "roadmap." This roadmap provides an organizing framework of activities, educational resources, and tools to help you improve your fall risk reduction program. Different hospitals may want or need to visit different stops along the way (see stops below). Every hospital, however, is ultimately working towards the same destination of keeping their patients safe from falls and fall-related injury.



Reconnecting with Resources



Fall Risk Reduction Interventions

Implement interventions to reduce the influence of patient risk factors for falls and fall-related injury.

Learn More



Auditing Fall Risk Reduction Practices

Identify if fall risk reduction practices are being implemented as intended in your facility.

Learn More



Fall Risk Reduction Interventions



CAPTURE Falls Roadmap Fall Risk Reduction Interventions: <u>https://www.unmc.edu/patient-safety/capturefalls/roadmap/interventions/index.html</u>

Actions taken with or on behalf of a patient to maintain the patient's safety



Universal Interventions

Ensure a safe environment for <u>all</u> patients, regardless of fall risk status.



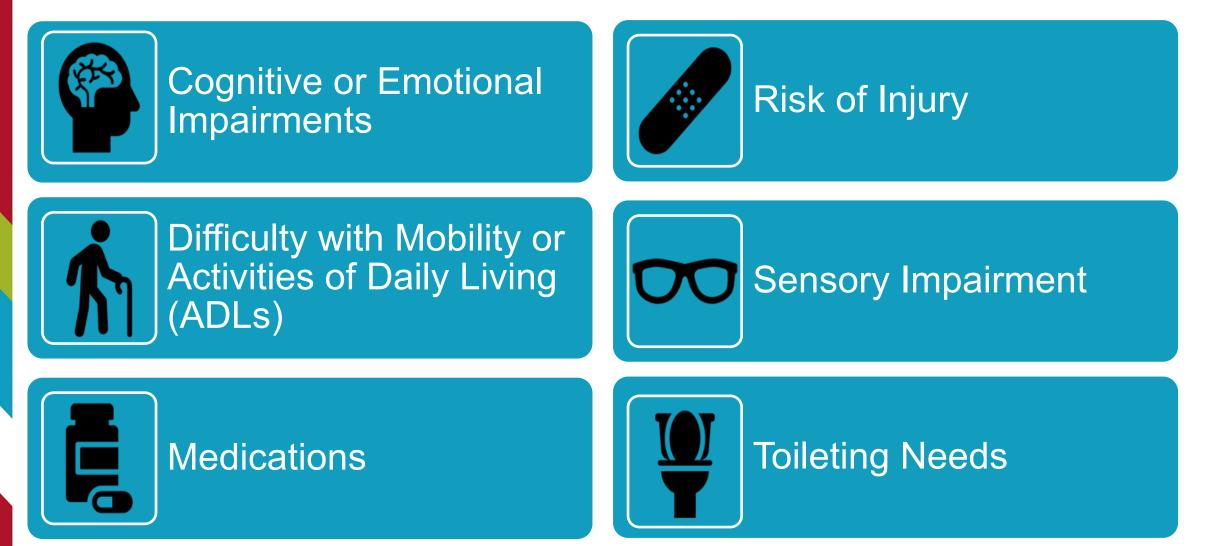
Targeted Interventions

Directed at those patients identified at risk. Also directed to address specific risk factors.



Linking Targeted Interventions to Risk Factors





Linking Targeted Interventions to Risk Factors - Examples





Cognitive or Emotional Impairments

 Supervised mobility and/or activities of daily living



Risk of Injury

Supervised toileting

Difficulty with Mobility or Activities of Daily Living

Assistive devices/equipment

Sensory ImpairmentVision correction

Medications

Medication review by pharmacy

Toileting Needs

Purposeful hourly rounding

Other common targeted interventions for patients identified at risk for falls:

- Visual identification (e.g. bracelet, signage, sock color)
- · Handoff tool specific to falls to use between staff



Resources: Interventions



- ✓ Linking Interventions to Risk Factors
- ✓ Quick Reference Guide: Linking Interventions to Risk Factors
- ✓ <u>Universal Interventions</u>

Interventions for Specific Risk Factors:

- ✓ Cognitive or Emotional Impairments
- ✓ Difficulty with Mobility and/or ADLs
- ✓ Medications
- ✓ Risk of Injury
- ✓ <u>Sensory Impairment</u>
- ✓ <u>Toileting Needs</u>



Resources: Example Targeted Intervention Page

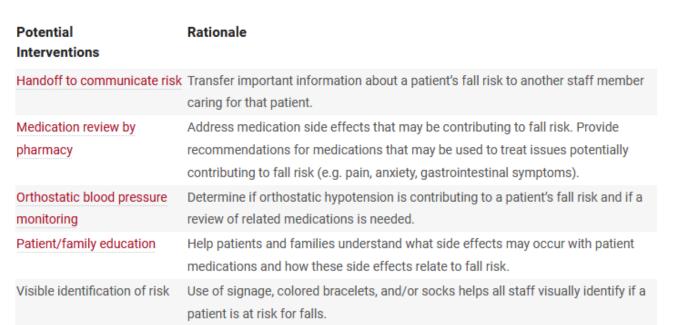
UNMC > Patient Safety > CAPTURE Falls > Roadmap > Fall Risk Reduction Interventions > Interventions to Reduce Fall Risk Related to Medication Use

Interventions to Reduce Fall Risk Related to Medication Use

Roadmap

- Establish Readiness for Change
- Fall Team
- Gap Analysis
- Action Plan
- Fall Risk Reduction Policies and Procedures
- Fall Definition
- Fall Risk Assessment
- Fall Risk Reduction Interventions
- Auditing Fall Risk Reduction Practices
- Post-Fall Clinical Assessment
- Post-Fall Huddle
- Fall Event and Rate Reporting
- Learning from Data
- Sustainment Strategies
- Learning Modules

Medications, while intended to cause a positive change in the patient's medical status, often come with side effects that may increase a patient's risk of falls. These side effects may include, but are not limited to, sedation, cognitive changes, impaired balance, orthostatic hypotension, or urinary or gastrointestinal effects. Pharmacists play an important role in reviewing a patient's current medications and making recommendations for change to reduce risk of falls if possible. A list of interventions that may be of benefit to these patients include:







Resources: Review Articles about Interventions

- Preventing Falls in Hospitalized Patients: State of the Science: published in 2019 in *Clinics of Geriatric Medicine* describes the challenges in conducting well-designed research on hospital fall-riskreduction interventions and summarizes some of the current evidence for common interventions.
- Interventions for Preventing Falls in Older People in Care Facilities and Hospitals: published in 2018 in the Cochrane Database of Systematic Reviews summarizes research evidence about the effects of interventions for preventing falls. (pages 52-54 provide concise summary)
- Interventions to reduce falls in hospitals: a systematic review and meta-analysis: published in 2022 in Age and Ageing summarizes research evidence about a variety of fall prevention interventions. Patient and staff education, as well as multifactorial interventions, were found to have favorable effects on reducing hospital falls in this review.

Auditing Fall Risk Reduction Practices



CAPTURE Falls Roadmap Auditing Fall Risk Reduction Practices: https://www.unmc.edu/patient-safety/capturefalls/roadmap/fall-audit/index.html

systematic process to obtain evidence in order to verify that activity is being conducted in compliance with policies and procedures





Auditing Fall Risk Reduction Practices



CAPTURE Falls Roadmap Auditing Fall Risk Reduction Practices: https://www.unmc.edu/patient-safety/capturefalls/roadmap/fall-audit/index.html

What to audit?	Who to conduct audit?	Which patients to audit/When to audit?	How to audit?	What to do with results
 ✓ Completion of fall risk tool per policy 	 Members of fall risk reduction team 	• Select random sample on a regular, recurring	 Use an existing checklist or modify 	 ✓ Immediately address issues for
 ✓ Implementation of interventions to ensure routinization 	 Consider using staff that do not provide routine care; patients 	 basis Number or percentage of patients depends 	 one for your needs Combine direct observation, 	 individual patients ✓ Document changes made
 Patient/family awareness of limitations and role of interventions 	may be more comfortable responding to those	on your typical census and feasibility	medical record review, and patient and staff interviews	after audit (e.g. update care plan, patient/family
 Absences of interventions identified by reflecting on fall events/past audits 	who do not provide routine care		depending on items being audited	education) ✓ Reflect on reason for gaps and develop plan to
 ✓ Environment and equipment 				 address ✓ Share results (positive and
				negative) with staff

Resources: Auditing



Education Resources

- ✓ Auditing Fall Risk Reduction Interventions
- ✓ Human Behavior and Fall Risk Reduction

Example Auditing Tools:

- ✓ Process Audit Tools from CAPTURE Falls Hospitals
- ✓ Assessing Fall Prevention Processes
- ✓ Fall Interventions Audit
- ✓ Equipment Safety and Environmental Checklist



Resources: Consultations with the UNMC CAPTURE Falls Team

We are here to support YOU!

Initial Steps

- Begin engagement or reengagement with UNMC team on a rolling basis
- Form your team
- Complete gap analysis
- Form action plan

Resources Available

- At least one consultative meeting with UNMC team to review gap analysis and action plan
- Use of CAPTURE Falls online roadmap
- Additional consultation with UNMC team "ondemand"
- Quarterly collaborative calls for education and program updates
- Know Falls database for reporting and learning from falls

Sustainment

- Monitor progress towards goals on action plan
- Monitor fall rates; compare with benchmarks
- Update gap analysis
 when appropriate

Can also "jump in" anywhere in your fall risk reduction process for focused topic-specific support

Reminders

- 1. Future Collaborative Calls/Educational Opportunities: Reconnecting with Resources Series
 - Tuesday October 24, 2023, 2:00-2:30pm CT: Post-Fall Clinical Assessment, Post-Fall Huddles, Reporting
- 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!

Assistance is an email away!

Contact us for more information about:

- Fall risk reduction best practices: Dawn (<u>dvenema@unmc.edu</u>)
- Team performance, quality improvement and implementation challenges: Vicki (victoria.kennel@unmc.edu)
- Know Falls and Online Learning (REDCap): Dawn (<u>dvenema@unmc.edu</u>) and/or Matt (<u>matthew.mcmanigal@unmc.edu</u>)
- General questions or not sure?: <u>CAPTURE.Falls@unmc.edu</u>



