CAPTURE Falls

Collaboration and Proactive Teamwork Used to Reduce

Getting Back to Basics:
Linking Bedside Interventions to Patient Risk Factors

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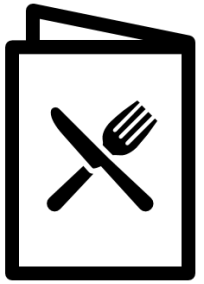
Interventions for Fall Risk and Fall Injury Risk Reduction What's on the Menu? A LOT!

- Assistive devices/equipment
- Bed/chair alarms
- Bed in low position
- Bedside floor mats
- Call light in reach
- Declutter environment
- Delirium prevention or mitigation
- Documentation of mobility/ADL assistance
- Floor clean and dry
- Gait belt
- Handoff tool
- Handrails in bathroom, hallway, etc.
- Hearing aids
- Hip protectors
- Lighting
- Locked wheels on bed, wheelchair
- Medication review by pharmacy
- Nonslip footwear

Interventions for Fall Risk and Fall Injury Risk Reduction What's on the Menu? **A LOT!**



- Orthostatic blood pressure checks
- OT evaluation
- Pain management
- Patient close to nurses' station
- Patient/family education
- PT evaluation
- Purposeful hourly rounding
- Seating assessment
- Sitter
- Supervised mobility and ADLs
- Supervised toileting
- Top bedrails up
- Video monitoring
- Visible identification of risk
- Vision correction

Interventions for Fall Risk and Fall Injury Risk Reduction – What to Do?

Throw everything but the kitchen sink at the patient? (No!)

Be more selective in your choices of interventions? (Yes!)

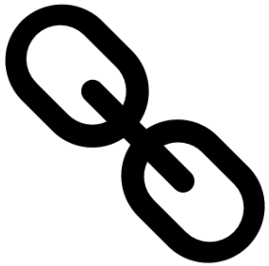
Are there times we want to do the same thing for every patient? Yes!

- **Universal Interventions:** common sense interventions for every patient all the time, regardless of risk status
- Rationale: ANYONE can fall, given the right circumstances
- Can also reduce risk for visitors and staff
- Focus largely on the physical environment, but also on how patients and staff interact

Common Universal Interventions

- Bed in low position
- Call light and personal belongings within reach
- Declutter environment
- Floor clean and dry
- Handrails in bathroom, hallways, etc.
- Locked wheels on hospital bed and wheelchair
- Night lights/supplemental lighting
- Nonslip, well-fitting footwear
- Patient/family education
- Purposeful hourly rounding
- Top bedrails up

Linking Targeted Interventions to Risk Factors

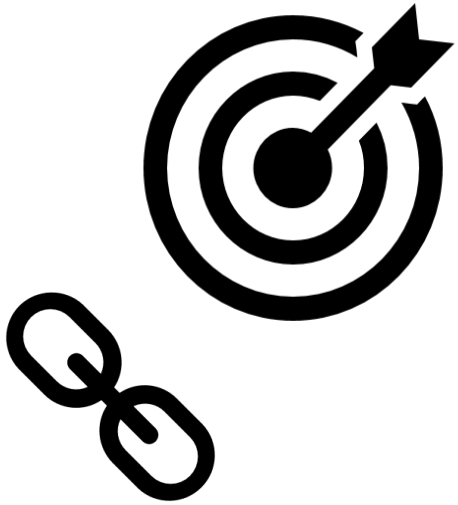


- Cognitive or Emotional Impairments
- Difficulty with Mobility or Activities of Daily Living (ADLs)
- Medications
- Risk of Injury
- Sensory Impairment
- Toileting Needs

Linking Targeted Interventions to Risk Factors

Cognitive or Emotional Impairments

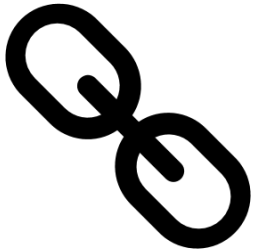
- Bed and/or chair alarm
- Delirium prevention or mitigation
- Medication review by pharmacy
- Patient/family education
- Patient placed close to nurses' station
- Purposeful hourly rounding
- Sitter
- Supervised mobility and/or activities of daily living
- Supervised toileting
- Video monitoring



Linking Targeted Interventions to Risk Factors

Difficulty with Mobility or Activities of Daily Living (ADLs)

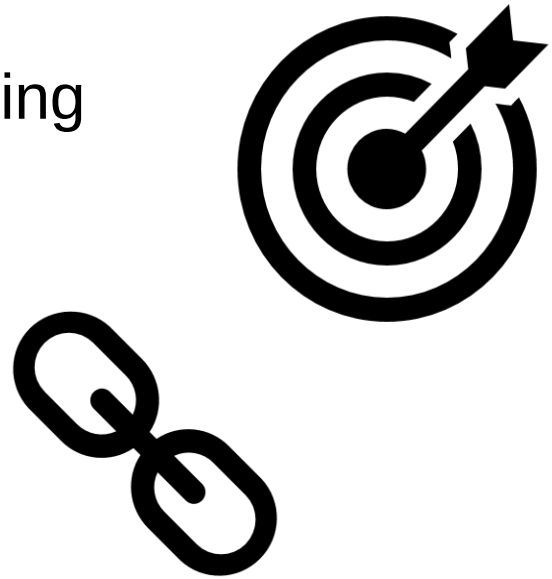
- Assistive devices/equipment
- Documentation of mobility/ADL assistance
- Gait/transfer belt
- Medication review by pharmacy
- Nonslip, well-fitting footwear
- Occupational therapy evaluation
- Pain management
- Patient/family education
- Physical therapy evaluation
- Seating assessment
- Supervised mobility and/or ADLs
- Supervised toileting



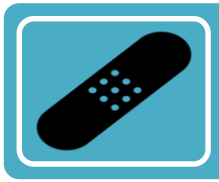
Linking Targeted Interventions to Risk Factors

Medications

- Medication review by pharmacy
- Orthostatic blood pressure monitoring

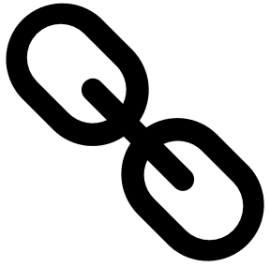


Linking Targeted Interventions to Risk Factors



Risk of Injury

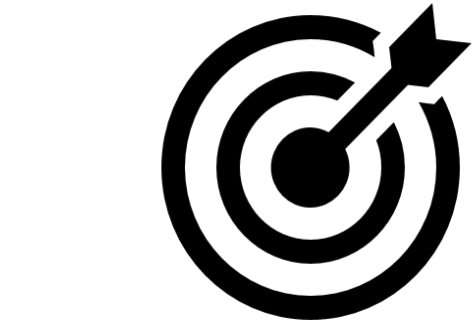
- Bed in low position
- Bedside floor mats
- Hip protectors
- Medication review by pharmacy
- Supervised toileting

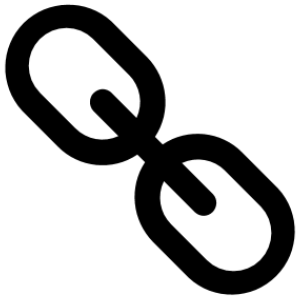


Linking Targeted Interventions to Risk Factors

Sensory Impairment

- Patient/family education
- Hearing aids
- Interventions to address difficulty with mobility or activities of daily living
- Night lights/supplemental lighting
- Occupational therapy evaluation
- Physical therapy evaluation
- Vision correction





Linking Targeted Interventions to Risk Factors

Toileting Needs

- Assistive devices/equipment
- Call light and personal belongings within reach
- Interventions to address difficulty with mobility or activities of daily living
- Medication review by pharmacy
- Occupational therapy evaluation
- Physical therapy evaluation
- Purposeful hourly rounding
- Supervised toileting

Other common (and common-sense) interventions for patients identified at risk for falls:

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

What does the research say about the efficacy of our interventions for hospitalized patients?

- Mostly inconclusive and/or weak evidence for several:
  - Exercise
  - Medication review
  - ID bracelets
  - Low beds
  - Multifactorial interventions (evidence stronger for subacute vs. acute)
  - Patient education
  - Sitters
  - Rounding
  - Non-slip socks

- Cameron ID, Dyer SM, Panagoda CE, Murray GR, Hill KD, Cumming RG, Kerse N. Interventions for preventing falls in older people in care facilities and hospitals. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD005465. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005465.pub4/epdf/full
- LeLaurin JH, Shorr RI. Preventing Falls in Hospitalized Patients: State of the Science. *Clin Geriatr Med*. 2019;35(2):273-283. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6446937/pdf/nihms-1519397.pdf

Why is the research inconclusive and/or weak for so many of our interventions for hospitalized patients?

- It is difficult to do well-controlled experimental research on this topic!
  - Quality of study design (randomized controlled trials vs. quality improvement case reports)
  - Ethics of control groups
  - Confounding variables (patient factors, staff factors, organizational factors, etc.)

LeLaurin JH, Shorr RI. Preventing Falls in Hospitalized Patients: State of the Science. *Clin Geriatr Med*. 2019;35(2):273-283.
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Should we stop these interventions in the absence of strong research? Not necessarily….

Keep an eye out for new strong evidence that something doesn't work (or is even harmful). Be willing to change!

But, remember that **Evidence-Based Practice** includes the integration of

- the best available evidence
- clinical expertise
- and patient values and preferences

to support decisions related to patient and policy decision-making.

The content in this document was originally shared as part of a CAPTURE Falls Collaborative Support Call on August 11, 2020.

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