

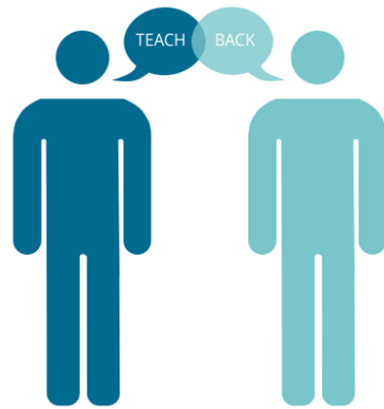
CAPTURE Falls

Collaboration and Proactive Teamwork Used to Reduce

**Fall Risk Reduction from the
Perspective of Patients and Families**

Ideas to Engage Patients and Families in Fall Risk Reduction

Teach Back



“We discussed a lot today about preventing falls while you are in the hospital. I want to make sure I explained things clearly. What are three things we will do that will help to prevent you from falling while you are here in the hospital?”

Create an open dialogue with patients and family members about falls

What are your fears about falling?

How confident are you in moving around without falling?

How will you change your behavior to minimize fall risk?

Ask Me 3

Every time you talk with a health care provider

ASK THESE 3 QUESTIONS



What is my main problem?

That puts them at fall risk



What do I need to do?

To keep from falling in the hospital



Why is it important for me to do this?



Ideas to Engage Patients and Families in Fall Risk Reduction

Bedside shift report

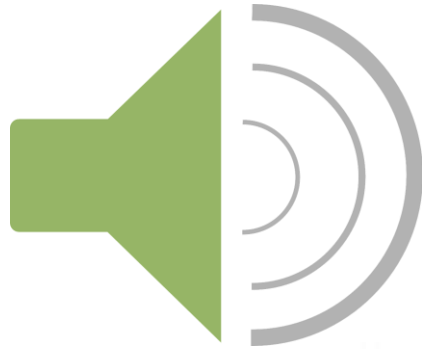


Handoffs



Ideas to Engage Patients and Families in Fall Risk Reduction

Report concerns and falls to staff



Participate in post-fall huddles



Ideas to Engage Patients and Families in Fall Risk Reduction

Engage Patient and Family Advisory Council on fall risk reduction initiatives



Invite patient/family advisors to join your fall risk reduction team



Ask patient/family advisors to review fall risk reduction education materials/documents/tools received by patients



Ideas to Engage Patients and Families in Fall Risk Reduction

Integrate their voice or participation into staff education on fall risk reduction

Ask a patient who experienced a fall in your facility to share their experience with staff

Ask a patient who was at high risk for falls but did not fall in your facility to share their experience with staff

Share patient and family member feedback on fall risk reduction program



Resources

- Teach Back Resources <https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool5.htm>
- Ask me 3 Resources <http://www.ihi.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>
- Patient Family Advisory Councils
 - AHRQ Working with Patient and Families as Advisors Implementation Handbook https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy1/Strat1_Implement_Hndbook_508_v2.pdf
 - Institute for Patient and Family Centered Care Mini Toolkit for Partnering with Patients and Families to Enhance Safety and Quality <https://www.ipfcc.org/resources/Patient-Safety-Toolkit-04.pdf>
 - AHA Partnering to Improve Quality and Safety: A Framework for Working with Patient and Family Advisors <https://www.aha.org/system/files/2018-01/partnering-improve-quality-safety-framework-working-patient-family-advisors.pdf>



Patient and Family Perspectives on Fall Risk Reduction – Review of Literature

- Qualitative Research – uses narrative data via interviews or focus groups to document perceptions
 - Richer information than what can be captured quantitatively
- Caveat #1: People are individuals! Perceptions of your patients may differ from individuals in these studies.
- Caveat #2: Patients in these studies were free of cognitive impairment



Review of Literature



Patients want to know:

- Why they are at risk for falling
- What staff is doing about it
- What they can do to reduce their own risk



Review of Literature

Patients want:

- Consistent messaging from all staff
- Repetition of information
- Input on their plan of care
 - Prefer two-way conversation vs. one-way (staff to patient) flow of information
 - Even worse is being made to feel like a child or threatened



Review of Literature



Patient's don't want:

- To be incontinent
 - More embarrassing than a fall
- To burden staff
 - Emphasize that you want to help
 - Don't send implicit message that you're too busy by acting rushed or impatient



Review of Literature

Patient perception of their own risk is an important factor in how they feel about fall risk reduction efforts:

- Those who recognize their risk are more likely to seek help
- Individualized information preferred to generalities
- May not understand how/why mobility status could change suddenly
- Falls happen to other people, not me
- Messages are better received if focus is on achieving positive outcome (e.g. retain/regain strength; go home) vs. only preventing a negative outcome (fall)



List of Literature Reviewed

- *1: Carroll DL, Dykes PC, Hurley AC. Patients' perspectives of falling while in an acute care hospital and suggestions for prevention. *Appl Nurs Res*. 2010 Nov;23(4):238-41. doi: 10.1016/j.apnr.2008.10.003.
- 2: Gettens S, Fulbrook P, Jessup M, Low Choy N. The patients' perspective of sustaining a fall in hospital: A qualitative study. *J Clin Nurs*. 2018 Feb;27(3-4):743-752. doi: 10.1111/jocn.14075.
- 3: Lim ML, Ang SGM, Teo KY, Wee YHC, Yee SP, Lim SH, Ang SY. Patients' Experience After a Fall and Their Perceptions of Fall Prevention: A Qualitative Study. *J Nurs Care Qual*. 2018 Jan/Mar;33(1):46-52. doi: 10.1097/NCQ.0000000000000261.
- 4: Shuman C, Liu J, Montie M, Galinato JG, Todd MA, Hegstad M, Titler M. Patient perceptions and experiences with falls during hospitalization and after discharge. *Appl Nurs Res*. 2016 Aug;31:79-85. doi: 10.1016/j.apnr.2016.01.009.
- 5: Turner N, Jones D, Dawson P, Tait B. The Perceptions and Rehabilitation Experience of Older People After Falling in the Hospital. *Rehabil Nurs*. 2019 May/Jun;44(3):141-150. doi: 10.1097/rnj.0000000000000107.
- *6: Twibell RS, Siela D, Sproat T, Coers G. Perceptions Related to Falls and Fall Prevention Among Hospitalized Adults. *Am J Crit Care*. 2015 Sep;24(5):e78-85. doi: 10.4037/ajcc2015375.
- 7: Tzeng HM, Yin CY. Perspectives of recently discharged patients on hospital fall-prevention programs. *J Nurs Care Qual*. 2009 Jan-Mar;24(1):42-9. doi: 10.1097/NCQ.0b013e31818f557c.

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