

# Falls: The Series

May-October 2023

Coaching Session 1 – May 17, 2023

*This material was prepared by the IPRO NQIIC, a Network of Quality Improvement and Innovation Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication #IPRO-HQIC-Tsk56-23-312*



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# IPRO HQIC

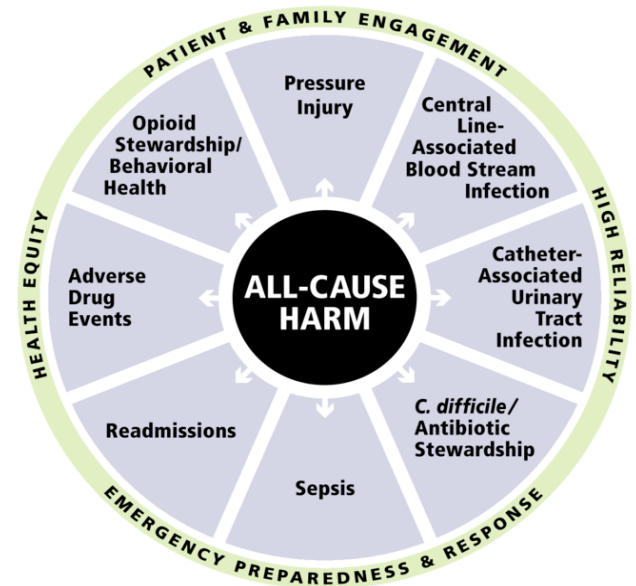
## What are HQICs?

**Data-driven.** It's the data that help hospitals measure progress toward quality improvement (QI) gains. Hundreds of thousands of patients and families benefit from CMS-supported QI projects that make today's hospital stays safer and improve the quality of hospital care.

**Dynamic and collaborative.** HQICs partner with small, rural and critical access hospitals and facilities that care for vulnerable and underserved patients. Their quality improvement consulting and expertise – offered at no cost to the hospitals – help hospital leaders and clinical teams develop local QI projects designed to:

- Reduce opioid misuse and adverse drug events.
- Increase patient safety with a focus on preventing hospital-acquired infections.
- Refine care coordination processes to reduce unplanned admissions.

HQICs also share their QI resources to assist hospitals with pandemic responses and emergency preparedness.



## The federally funded Medicare Hospital Quality Improvement Contractor (HQIC) in 12 states

### IPRO (joined by)

- Healthcentric Advisors
- Kentucky Hospital Association
- Qlarant
- Q3 Health Innovation Partners
- Superior Health Quality Alliance
- American Institutes for Research (AIR)
- QSource

### States

- MA
- NE
- NY
- OH
- KY
- NJ
- PA
- DE
- MD
- MI
- MN
- WI



# The IPRO QIN-QIO

## The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO)
- 12 regional CMS QIN-QIOs nationally

### **IPRO:**

New York, New Jersey, and Ohio

### **Healthcentric Advisors:**

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

### **Qlarant:**

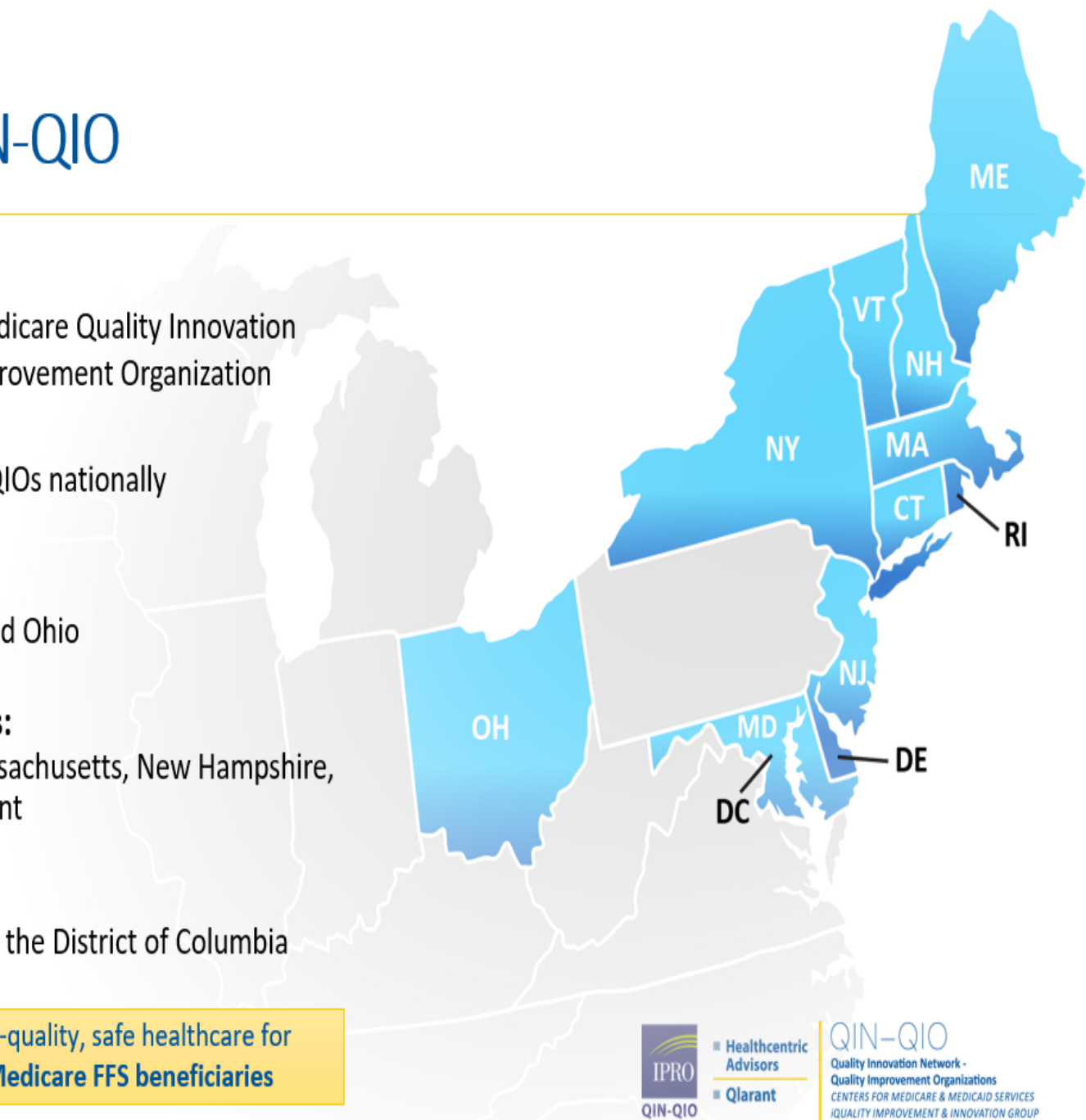
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for  
**20% of the nation's Medicare FFS beneficiaries**



■ Healthcentric  
Advisors  
■ Qlarant

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Quality Innovation Network -  
Quality Improvement Organizations  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
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# Series Schedule: 2-3p.m. EST

Date	Session #/Topic
Wednesday, May 3	1. Enhancing Capacity – Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability
Wednesday, June 7	2. Redesigning Post-Fall Management: Prevent Repeat Falls
Wednesday, July 5	3. Best Practices to Reduce Falls Associated with Toileting
Wednesday, August 2	4. Safe Mobility is Fall Prevention
Wednesday, September 6	5. Population-Specific Fall and Injury Prevention
Wednesday, October 4	6. Reducing Fall-Related Injuries: Protective Interventions’ Evidence, Application and Success



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## Your participation will:

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- Support organizational systems and teams to expand program infrastructure and capacity;
- Help you redesign your fall prevention and injury reduction program;
- Complement your evaluation program; and
- Provide access to an online learning community to increase exchange of experiences, innovations, and best practice implementations.



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# Series Speaker

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## **Patricia A. Quigley, PhD, APRN, CRRN, FAAN, FAANP, FARN**

### **Nurse Consultant**

- Dr. Quigley is the President and Managing Member of Patricia A. Quigley, Nurse Consultant, LLC, which provides consultation to healthcare systems and patient safety organizations to advance patient safety programs and re-engineer integration of innovation at the point of care.
- For more than 45 years, Dr. Quigley has practiced in the field of rehabilitation nursing. She is recognized for her leadership as a speaker, scholar, researcher, author, educator, and mentor.
- Dr. Quigley's contributions to patient safety, nursing, and rehabilitation are highly respected both nationally and internationally. She is known for her emphasis on clinical practice innovations designed to promote independence and safety for the elderly.
- Dr. Quigley is currently a member of the National Quality Forum's Prevention and Population Health Committee.



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# IPRO Coaching Webinars

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Pat Quigley, PhD, APRN, CRRN, FAAN, FAANP, FARN  
Nurse Consultant

*E-Mail: [pquigley1@tampabay.rr.com](mailto:pquigley1@tampabay.rr.com)*



# Open Forum / Coaching Webinar Series

## Objectives:

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- Provide an open forum for sharing, collaboration and support
- Compose strategies to reduce barriers and enhance facilitators to short-term and long-term program implementation
- Address additional areas of fall program management as a community of learning



A Refresher:

Enhancing Capacity: Reengineering Fall  
and Fall Injury Programs: Infrastructure,  
Capacity and Sustainability



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Patricia A. Quigley, PhD, MPH, APRN, CRRN,  
FAAN, FAANP, FARN, Nurse Consultant

May 17, 2023

e-mail: [pquigley1@tampabay.rr.com](mailto:pquigley1@tampabay.rr.com)



# Objectives

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- Integrate program evaluation and implementation science.
- Discuss essential elements and guidelines for fall and injury prevention programs.
- Examine expected fall and fall injury program attributes
- Identify opportunities to enhance fall and fall with injury prevention program infrastructure, capacity and how to sustain improvements





# National Guidelines: Shifting

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- Reduce Individual Fall and Injury Risk Factors (Individualized Care)
- Integrate Injury Risk /History on Admission
- Implement Universal Injury Reduction Strategies
- Implement Population-Specific Fall Injury Reduction Intervention
- Reduce Harm from Falls

# Sept 28, 2015: TJC #55 Sentinel Alert: Preventing Falls and Fall Injuries

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- Lead efforts to raise awareness of the need to **prevent falls resulting in injury**
- Establish an **interdisciplinary falls injury prevention team** or evaluate the membership of the team in place
- Use a standardized, validated tool to identify risk factors for falls, assess fall and injury risk factors
- Develop an individualized plan of care **based on identified fall and injury risks**, and implement interventions specific to a patient, population or setting



# Program Evaluation Process

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- Process by which individuals work together to improve systems and processes with the intention to improve outcomes.\*

\*Committee on Assessing the System for Protecting Human Research Participants. *Responsible Research: A Systems Approach to Protecting Research Participants*. Washington, D.C.: The National Academies Press: 2002.

# Program Effectiveness:

## Fall Prevention

- ▶ Organizational Level: expert interdisciplinary all team, population-specific fall prevention, leadership, environmental safety, safe patient equipment, post fall huddles
- ▶ Unit Level: education, communication-handoff, universal and population-based fall-prevention approaches
- ▶ Patient Level: exercise, medication modification, orthostasis management, assistive mobility aides

# Program Effectiveness: Protection from Serious Injury

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- Organizational Level: available helmets, hip protectors, floor mats, height adjustable beds; elimination of sharp edges
- Staff Level: education, adherence, communication-handoff includes risk for injury
- Patient Level: adherence with hip protector use, helmet use, etc.





# Evaluations Methods

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- Prevalence Studies
- Formative and Summative Evaluation Methods
  - Type of Falls
  - Severity of Injury
    - How are you assessing for injury? Duration?  
Extent of Injury?
  - Repeat Falls
  - Survival Analysis
  - Annotated Run Charts



# Reconsider Overall Falls as Outcome

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- If focus on falls, measure **preventable** falls
- Otherwise, measure effectiveness of interventions to **mitigate or eliminate fall risk factors** (remember Oliver article, recommendation 2 and 3): Number (and type) of modifiable fall risk factors modified or eliminated upon DC.



# So... let's get STARTED!

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The Evidence supports **Opportunities** to enhance fall and fall with injury prevention program infrastructure

- What will you do to *Change Practice?*

That's **Implementation Science**

- Focus on Risk Factors
- Focus on Preventing Injury
- Learn from Falls
- Partner with Patients and Family Members



# Opportunities to enhance fall and fall with injury prevention program infrastructure and capacity

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- Select a Model
- Set Goals
- Conduct Baseline Assessment
- Identify Gap between what is expected and what exists in practice
- Prioritize opportunities for improvement
- Develop a Strategic Plan
- Develop Implementation Plan
- Determine Feasibility: Continue or Terminate
- To continue, develop strategies for sustainability and enculturation
- Celebrate Success



# Set Goals

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- Reduce Preventable Falls by 50% in 1 year
  - Accidental
  - Anticipated Physiological Falls
- Reduce Fall Related Injuries by 60% in 1 year
- 100% completion of post fall huddles in 4 months



# Align Interventions to Goals

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- Reduce Preventable Falls
  - Accidental Falls
  - Anticipated Physiological Falls
- Reduce Injurious Falls

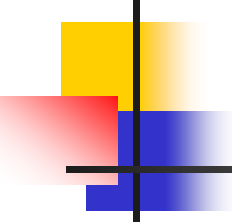


# Preparation Phase

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- Assess effectiveness of current team and change membership and/or leadership to bring fresh ideas
- Reinvent the team if needed.
- Select Unit Based Champions for local accountability
- Safe Environment Checks and Opportunity to catch hazards; clutter rounds
- Determine Data to be collected and data collection and analysis tools

And much more.....

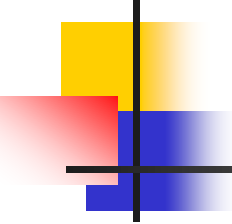


## Accidental Falls Due to Falls from Low Beds

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- Structure Goal: Develop a Safe Bed Program (Height Adjustable Beds, Safe Exit Side, Concave Mattresses)
- Outcome Goal: Reduce Bed-related Patient Falls by 70 % on rehab unit within 1 year
- Set up your Task Force/Work Group





# Anticipated Physiological Falls due to Postural Hypotension

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- Structural Goal: Implement a Postural Hypotension Program (P&P, EMR Templates; pt assessment and care management) by 5 months
- Outcome Goal: Reduce falls due to OH by 80% in 1 year
- Set up your Task Force/Work Group



## Reduce Injurious Falls from Bed

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- Structure Goal: Implement a Floor Mat Program (product selection, pilot test, P&P Development, EMR Template, Staff Education, Patient Education) by 6 months
- Outcome Goal: within 1 year, 90% of patients who fall from beds will fall on a floor mat
- Set up your Task Force/Work Group



# Implement the Post Fall Huddle

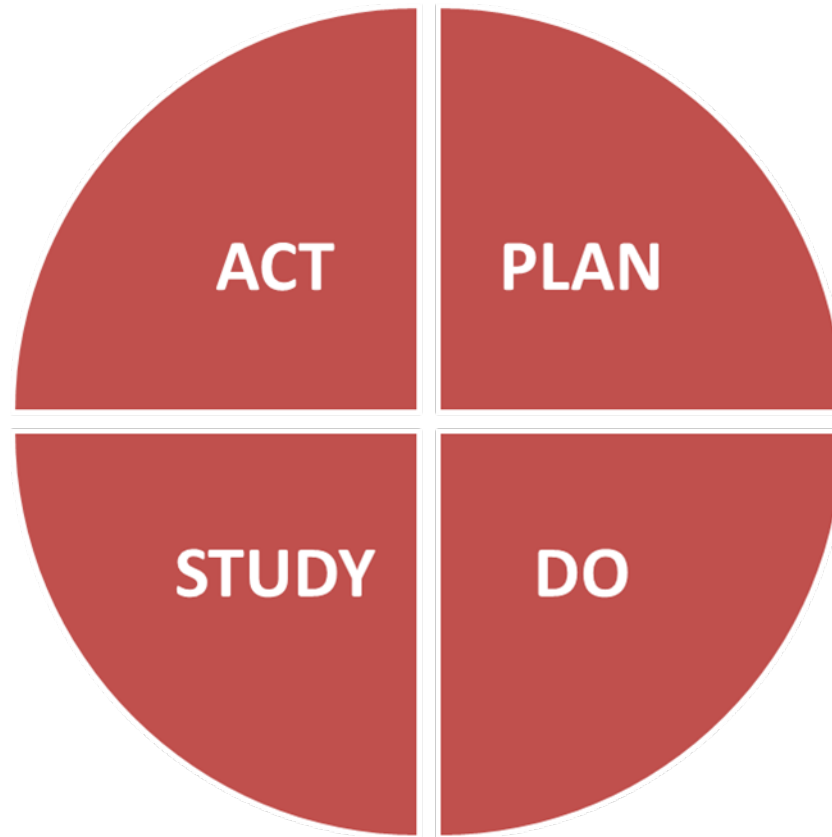
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- Structure Goal: PFH Processes implemented in P&P, education program, and QI
- Outcome Goal: within 4 months, 100% of patients who fall from beds will fall on a floor mat
- Set up your Task Force

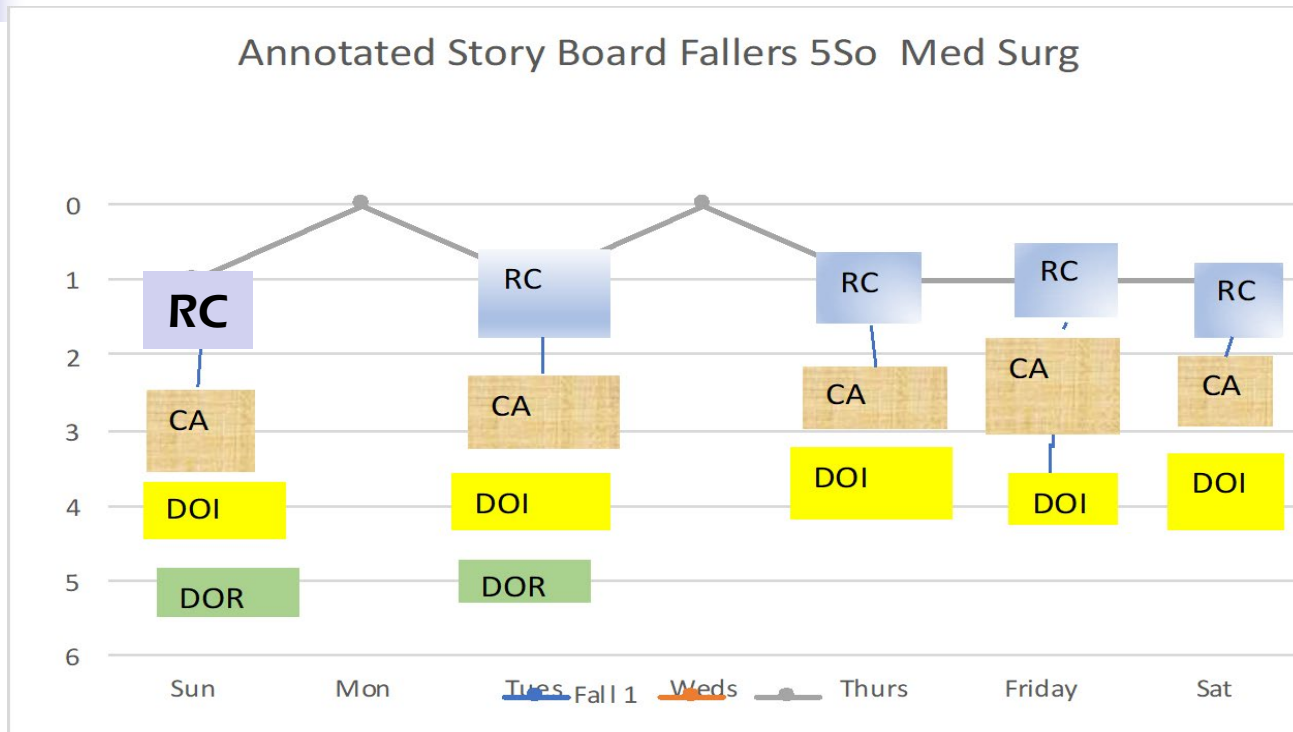


# PDSA CYCLE

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# My Unit Story Board



**RC: Root Cause; CA: Corrective Action; DOI: Date of Implementation; DOR: Date of Resolution**



# Fall Injury Prevention Committee: Action Oriented toward Goals

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- Plan agenda based on Strategic Plan
- Think Quarterly Workflow, Analysis and Support
- Meetings Month 1 and 2: work on the task forces
- Meeting Month 3 of the Quarter: Task Force Chairs report on Progress; Evaluate Strategic Plan



# Your Questions

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- What fall risk tool do you recommend?
  - HD (Hester Davis) Fall Prevention
  - <https://www.hdnursing.com/>



# Alarms

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Alarms are a way to prevent falls however are they still considered a restraint? or is that state specific?

- CMS (2023) State Surveyor Operators Manual. Rev 02-03-23. [h  
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extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf)
- Thoughts on alarms, advantages/disadvantages?





# CMS

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- CMS does allow use of position change alarms as part of a fall prevention program as long as it is not the primary or secondary intervention. Please note:
  - “Facilities must implement comprehensive, resident-centered fall prevention plans for each resident at risk for falls or with a history of falls. While position change alarms are not prohibited from being included as part of a plan, they should not be the primary or sole intervention to prevent falls. If facility staff choose to implement alarms, they should document their use aimed at assisting the staff to assess patterns and routines of the resident. Use of these devices, like any care planning intervention, must be based on assessment of the resident and monitored for efficacy on an on-going basis. Position change alarms have been used to monitor a resident’s movement in chairs or beds, etc. However, there must be sufficient staff and supervision to meet the resident’s needs and staff must be vigilant in order to respond to alarms a timely manner. Alarms do not replace necessary supervision. Facilities must take steps to identify issues that place the resident at risk for falls and implement approaches to address those risks in a manner that enables the resident to achieve or maintain his or her highest practicable physical, mental, and psychosocial well-being.” (CMS, State Survey Operator’s Manual, p. 335)



# Foot Wear

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- Please clarify: do not use non-skid socks for people that have decreased sensation in their feet?
- What footwear should patients with decreased sensation wear on their feet if they don't have shoes available?

Patients Shoes – Work with Social Service, Volunteers, Churches



# Celebrate Beth Kern

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- Beth Kern, Market Quality Director for Quality and Risk in Scranton PA. So excited for this! I am doing my doctorate (DNP) with a capstone on toileting related falls!
- Congratulations!

# Can you share models?

## Logic Models – Theory Driven

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Adams, J., & Neville, S. Program Evaluation for Health Professionals: What it is, what it isn't and how to do it.

*Easy Evaluation Model*

International Journal of Qualitative Methods, 19, 1-11.

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# Hitting Resistance

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As a new educator, I am hitting resistance with staffing and not wanting to change. Any tips?

- Planned Change Theory
- Unit Based Champions

Falls gets grouped in to risk management with us.

- Good!



# More Questions

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- Will the future sessions expand on the elements presented today? Yes
- Is the recommendation not to assess falls every shift? – Deserves a Conversation



# Do you have any supportive research on hip protectors – Yes

Bulat T, Powell-Cope G, Rubenstein LZ, Perceived barriers and facilitators for the use of external hip protectors. *Gerotechnology*, 2004. 3(1): p. 5-15.

- Bulat, T., Applegarth, S., Wilkinson, S., Fitzgerald, S., Ahmed, S., & Quigley, P. (2008). Effect of multiple impacts on protective properties of hip protectors. Original research. *Clinical Interventions in Aging*, 3(3), 1–5. Evidence Level IV.
- Kannus et al. Prevention of Hip Fracture in Elderly People with Use of a Hip Protector. *The New England Journal of Medicine* (2000) 343(21):p.1506-1513
- Lauritzen JB, Petersen MM, Lund B, Effect of external hip protectors on hip fractures. *Lancet*, 1993. 341(8836): p. 11-3.
- Lin, N., Tsushima, E., & Tsushima H. (2013). Comparison of impact force attenuation by various combination of hip protector and flooring material using a simplified fall-impact simulation device. *J. Biomech*, 46(6). 1140-6



# Your Time to Share

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- What Topics Interested You in Implementing?
- Did you Discuss Topics with Colleagues?
- How about Goals? What are your goals?





# Your Turn to Share

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- What Steps Have You Taken Since Our Webinar?
- What Plans do you have?



# Your Turn to Share

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- What Questions Do You Have?
- What stories would you like to share?



# Open Discussion

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- How Else Can I Help You?



# Our Webinar Schedule

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- Webinar 1: May 3. Enhancing Capacity: Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability,
  - Coaching Session: May 17, Open Forum, Discussion
- **Webinar 2: June 7. Redesigning Post Fall Management**
  - **Coaching Session: June 21, Open Forum, Discussion**
- Webinar 3: July 5. Best Practices to reduce Falls Associated with Toileting
  - Coaching Session: July 19, Open Forum, Discussion



# Our Webinar Schedule (con't)

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- Webinar 4: Aug. 2. Safe Mobility is Fall Prevention
  - Coaching Session: Aug. 16, Open Forum, Discussion
- Webinar 5: Sept. 6. Population-Specific Fall and Fall-injury Prevention
  - Coaching Session: Sept. 20, Open Forum, Discussion
- Webinar 6: Oct. 4. Reducing Fall-related Injuries: Protective Interventions, Evidence and Application
  - Closing Coaching Session: Oct. 18 Open Forum, Discussion
- Thank you!



# Thank you!

## You Can Always Reach Me!

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- Patricia Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP, Nurse Consultant
- [pquigley1@tampabay.rr.com](mailto:pquigley1@tampabay.rr.com)

# Next Steps

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Join us for our next Education call: “Redesigning Post Fall Management”  
June 7, 2023 2-3p.m. EST



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Thank You for Attending Today's Event

**We value your input!**  
**Please complete the brief survey after exiting event.**



# IPRO HQIC & Speaker Contact Information

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