Falls: The Series

May-October 2023

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IPRO ■ QIN-QIO ■ HQIC

NQIIC
Network of Quality Improvement and Innovation Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES iQUALITY IMPROVEMENT & INNOVATION GROUP

IPRO HQIC

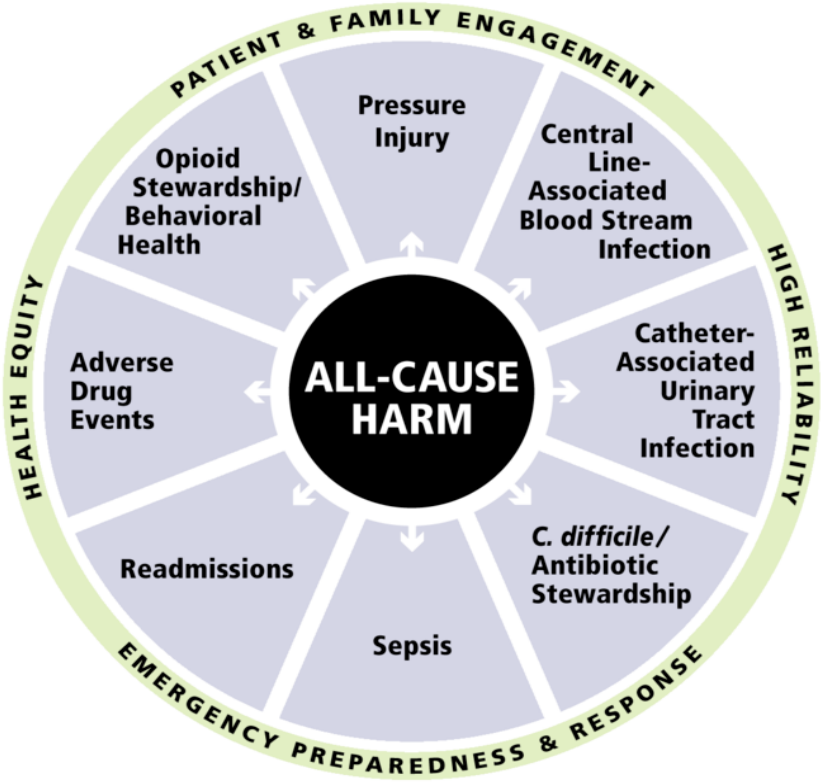
What are HQICs?

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

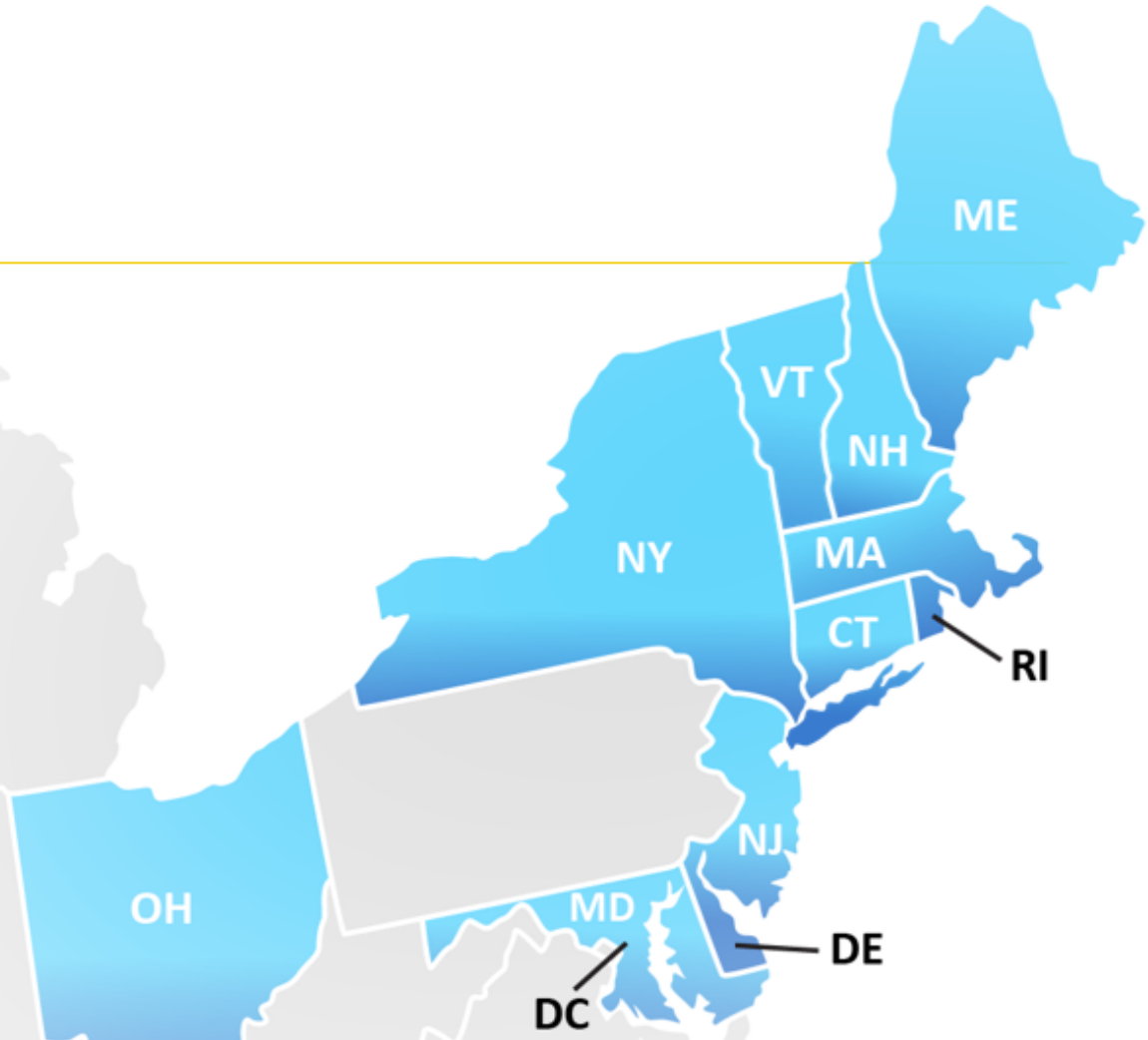
- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO)
- 12 regional CMS QIN-QIOs nationally

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**



IPRO QIN-QIO
Healthcentric Advisors
Qlarant
QIN–QIO
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

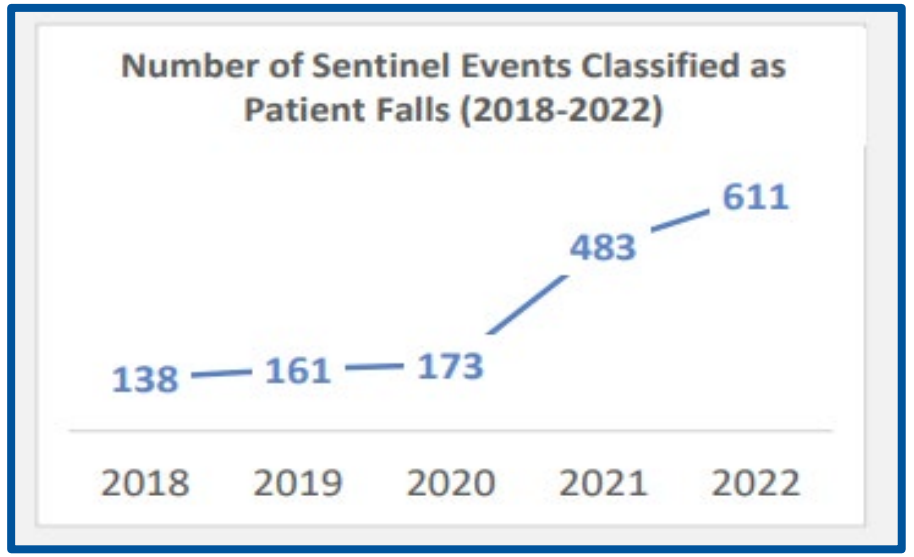
Your participation will:

- 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.

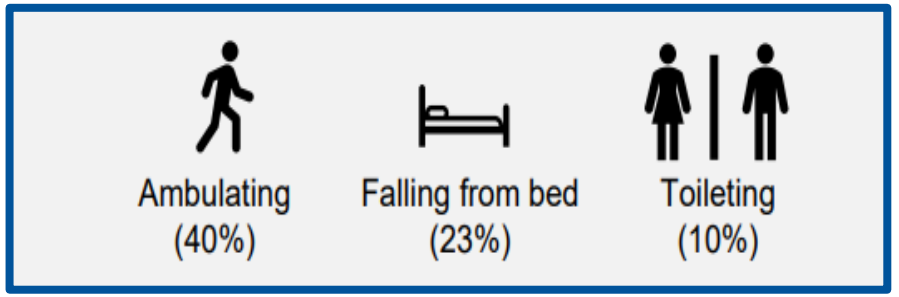
The Challenge: The Joint Commission Sentinel Event Data 2022 Annual Review

Top 10 Leading Reviewed Sentinel Event Types (CY2022)

Event Types	N	% of Total
Fall	611	42%
Delay in treatment	89	6%
Unintended retention of a foreign object	88	6%
Wrong surgery*	85	6%
Suicide	73	5%
Assault/rape/sexual assault/homicide	60	4%
Fire/burns	49	3%
Perinatal event	33	2%
Self-harm	30	2%
Medication management	30	2%



Reported contributors to falls included policies not being followed (e.g., fall risk assessment), inadequate staff-to-staff communication during handoffs or transitions of care, and lack of shared understanding or mental model regarding plan of care.



Series Speaker

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.

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

IPRO Webinar 1.

Pat Quigley,PhD,MPH,ARNP,CRRN,FAAN,FAANP
Nurse Consultant

May 3, 2023

E-Mail: pquigley1@tampabay.rr.com

Our Webinar Schedule

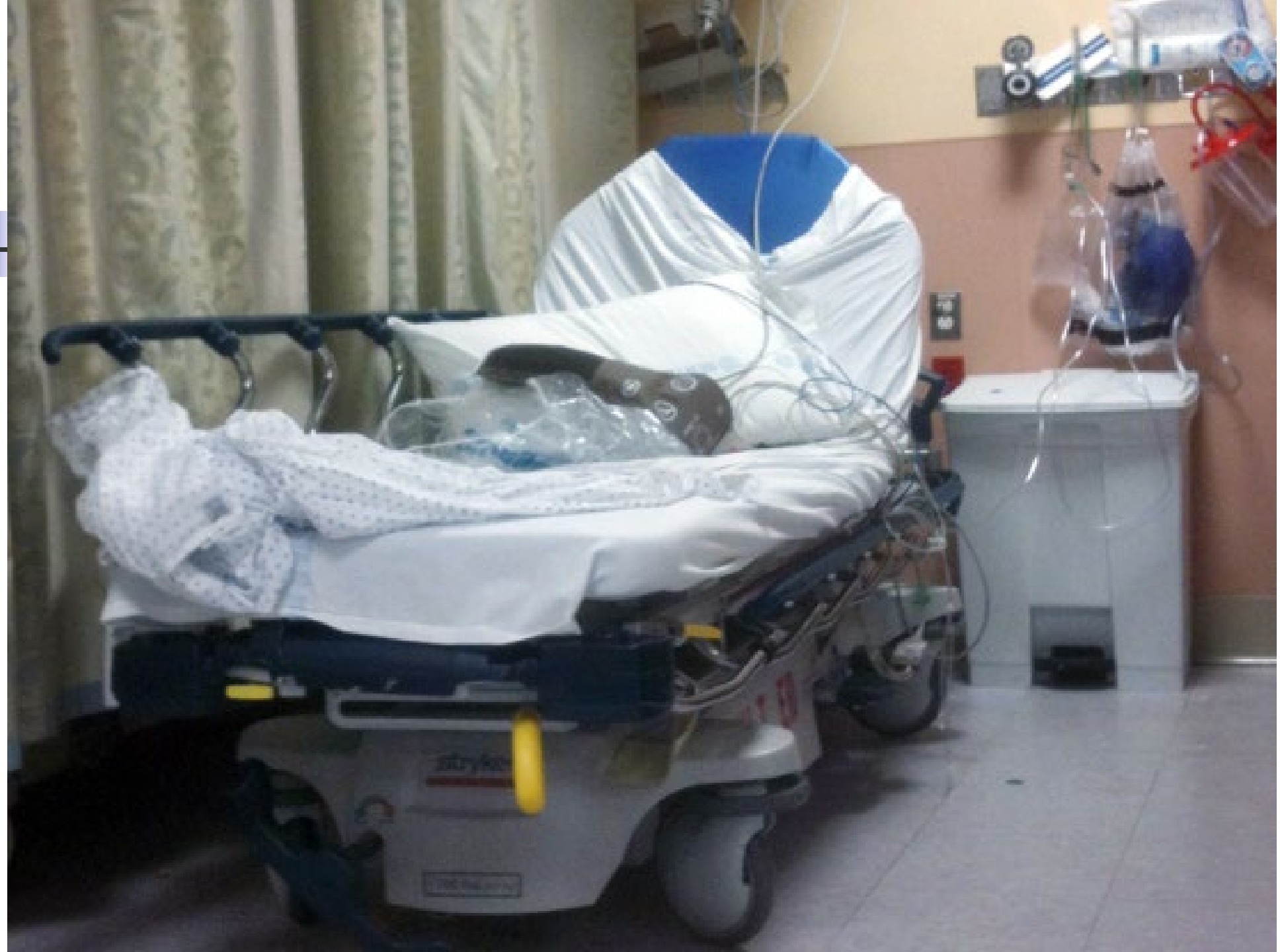
- Webinar 1: May 3. Enhancing Capacity: Reengineering Fall and Fall Injury Programs: Infrastructure, Capacity and Sustainability,
  - Coaching Session: May 17, Open Forum, Discussion
- Webinar 2: June 7. Redesigning Post Fall Management
  - Coaching Session: June 21, Open Forum, Discussion
- Webinar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

Our Webinar Schedule (con't)

- 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!

Objectives

- 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

- 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

- 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

- 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

- 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

- 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

- 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.

Nationally Adopted Interventions to Reduce Preventable Falls and Fall-related Injuries

- Identify and address each patient's specific fall and injury risk factors (Lelaurin & Shorr, 2019)
- Integrate new systems and devices (webcams, video telesitter technology) that better predict and prevent falls than bed alarms (Lelaurin, et al; Quigley, et al, 2019)
- System-based interventions work: Toileting (i.e. wake em, take em; timed toileting; assist in and out of bed) (Resnick & Boltz, 2019)

Nationally Adopted Interventions to Reduce Preventable Falls and Fall-related Injuries

- Interventions to increase physical activity (motivate and engage patients in activity) increase function and mobility (Resnick & Boltz, 2019)
- Function-focused care – increases physical activity (Resnick & Boltz)
- Frequent medical review minimizes the effects of treatments (ACE units; Acute Care for Elders) (Resnick & Boltz)

So… let's get STARTED!

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

Focus on Identifying Risk Factors and Activating Interventions to Address Each Risk Factor

- Medication Review
- Urinary catheter or IV discontinuation ASAP
- Mobility aids and assistance with walking
- Scheduled toileting
- Appropriate footwear
- More frequent rounding
- Patient engagement in identifying risks, consequences of a fall and needed safety interventions

Focus on Identifying Risk Factors and Activating Interventions to Address Each Risk Factor

- Identify high risk or vulnerable populations to conduct a multifactorial assessment
  - Patients admitted for a fall
  - High risk for injury – A,B,C,S
  - Known faller
- Complete 65 and older, pre-mobility admission mobility assessment
- Capture known faller status to EMR banner

Focus on Preventing Injuries from Falls

- Use A,B,C,S to screen for populations at injury risk
- Use floor mats, hip protectors, helmets
- Assess and mitigate unsafe environmental hazards: thresholds, sharp edges, hard surfaces, water on floors

Focus on Learning From and Preventing UNASSISTED Falls

- Establish criteria for toileting supervision: arms length, foot in the door, help staff stay on task
- Provide more frequent, purposeful rounding for patients high risk for fall or injury
- Schedule toileting for patients needing assistance ambulating to the toilet. Toilet before pain meds, at bedtime. “I have the time”

Partner with Family Members in the Safety of their Loved One

- Assure family attendance in bedside handoffs
- Structure family education with teach back
- Use teach back for fall safety
- Provide structured education by a designated staff

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

- 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

Let’s Look at Opportunities

- See the Organizational Assessment Tool
- Find 3 Opportunities

Set Goals

- 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

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

Preparation Phase

- 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……

Data is Essential

- Use trended data to dispel myths or confirm theories about who is falling, when, where and why.
- Identify fall characteristics to identify who is falling, environmental and patient factors contributing. Use this data to inform tests of change.
- Drill down on unwitnessed falls.
- Share trended data with leadership, staff, pts and visitors.

Accidental Falls Due to Falls from Low Beds

- 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

- 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

- 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

- 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

VA's Organizational Assessment tool: **Injurious Fall Prevention Organizational Self-Assessment**

Injurious Fall Prevention Organizational Self-Assessment

This self-assessment is voluntary; please complete one per facility. Please do not identify any individual by name; this is confidential as to individuals.

Hospital Name and station number: _____

Unit Type (s): Circle One or more (for units that you have a team for in the breakthrough series)
Med Surg
ICU/CCU/SICU
LTC
Rehab
Psych
Outpatient / Community Care

Directions: Score the level of implementation for each component of your fall-injury prevention program, completing Section 1: Organizational-Level Assessment and Section 2: Unit-Level Assessment. Select a unit and score each item. Consider level of implementation of each component from no activity (0), discussed not implemented (1), partially implemented (2), to fully implemented (3). Circle a numeric score for each item.

Fall Injury Prevention Program Attributes	No Activity	Discussed, not Implemented	Partially Implemented	Fully Implemented
SECTION 1. Organizational Level				
A. Leadership				
1. Executive "walk-arounds" with targeted question about fall injury prevention	0	1	2	3
2. Senior management and clinical representatives facilitate periodic, announced, focus groups (unit briefings) of front line practitioners to learn about perceived problems with fall-related injuries.	0	1	2	3
3. Employees are provided with timely and routine feedback on fall injury data, improvement results, significant events and near misses*	0	1	2	3
4. Fall-Injury Prevention strategies target the organizational and unit system, patient populations *	0	1	2	3
5. Fall-related injuries are discussed openly without fear of reprisal or undue embarrassment *	0	1	2	3
6. All fall-related injuries are discussed with patients and families regardless of injury severity *	0	1	2	3
7. One or more specifically trained practitioners are identified to oversee the analysis of fall-related injuries, their causes and coordinate fall injury prevention activities *	0	1	2	3
8. Employees voluntarily report fall injury hazards*	0	1	2	3
9. A non-blaming immediate post fall assessment (Safety	0	1	2	3

- https://www.patientsafety.va.gov/professionals/onthejob/falls.asp

MHA Safe From Falls Road Maps:

Building infrastructure

Universal fall precautions,

Fall prevention by **type of fall (accidental and anticipated physiological falls** (which is the precision that is needed),

Fall injury prevention, and

***Behavioral Health, advanced anticipated physiological fall**, which gets into orthostasis etc.

Falls Road Map - Minnesota Hospital Association

Create action plan while sharing with peers on how to overcome barriers and achieve successes.

- Develop 3 Opportunities for Your Action

Reduce Accidental Falls

Reduce Anticipated Physiological Falls

Reduce Repeat Falls based on Same Root Cause

Increase QI Program Precision

Enhance Patient Engagement

Falls Strategic Plan: Integration Timeline

				Dec 19						
Pre-Design Phase (~ 1 month)										
Task Force Co-Chairs meet, develop initial plans										
Create integrated Charter, measures, & communications										
Design Phase (~ 2 months)										
Assess interventions, resources, & requirements										
Falls Collaborative Kickoff 2-10-2022 2pm EST										
Implementation Phase (~ 4 months)										
Monthly integrated Collaborative meetings										
TF Co-Chairs begin to implement selected interventions										
Sustain & Improve										
Transition active work, ready for next implementation cycle										

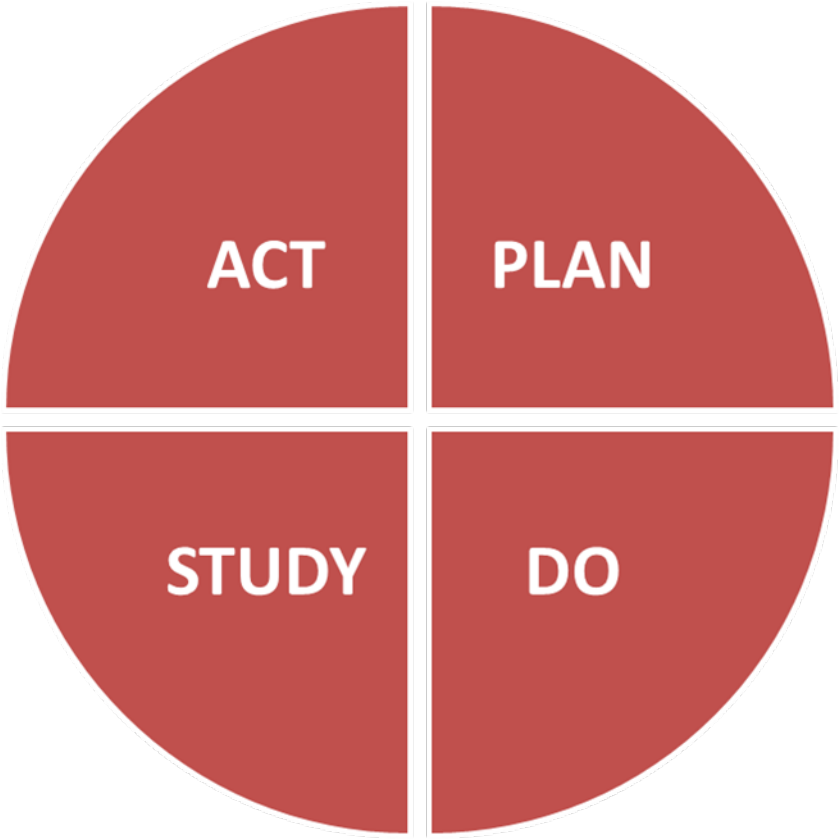
Measuring the Change

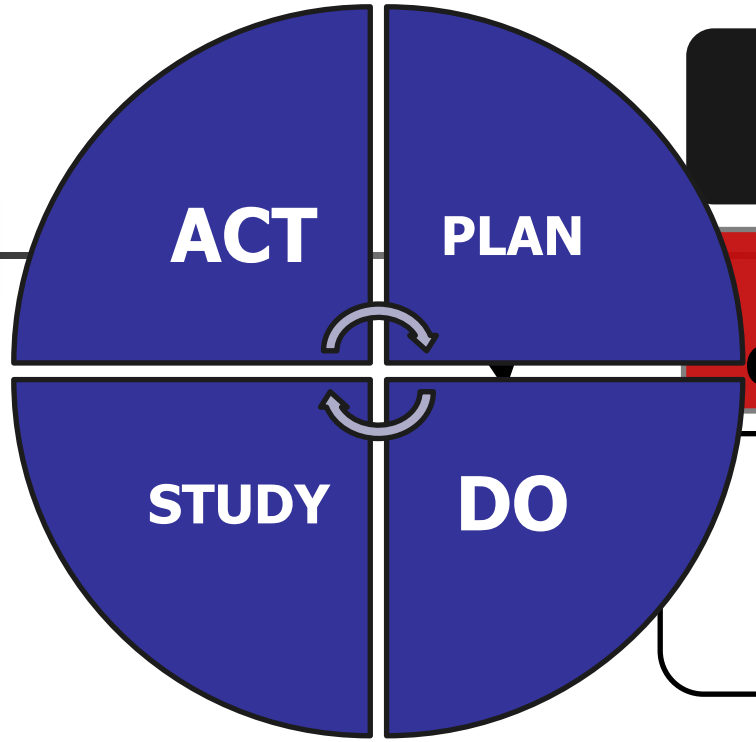
- Patient focus?
- Aim?
- Find a measure that captures that change?
  - How to measure process changes?
  - How to measure outcomes?
  - Chart review, medical tests, interviews, behavioral change, questionnaire, phone calls.

Align Interventions to Goals

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

PDSA CYCLE





What are we trying to accomplish?

How will we know that a change is an improvement?

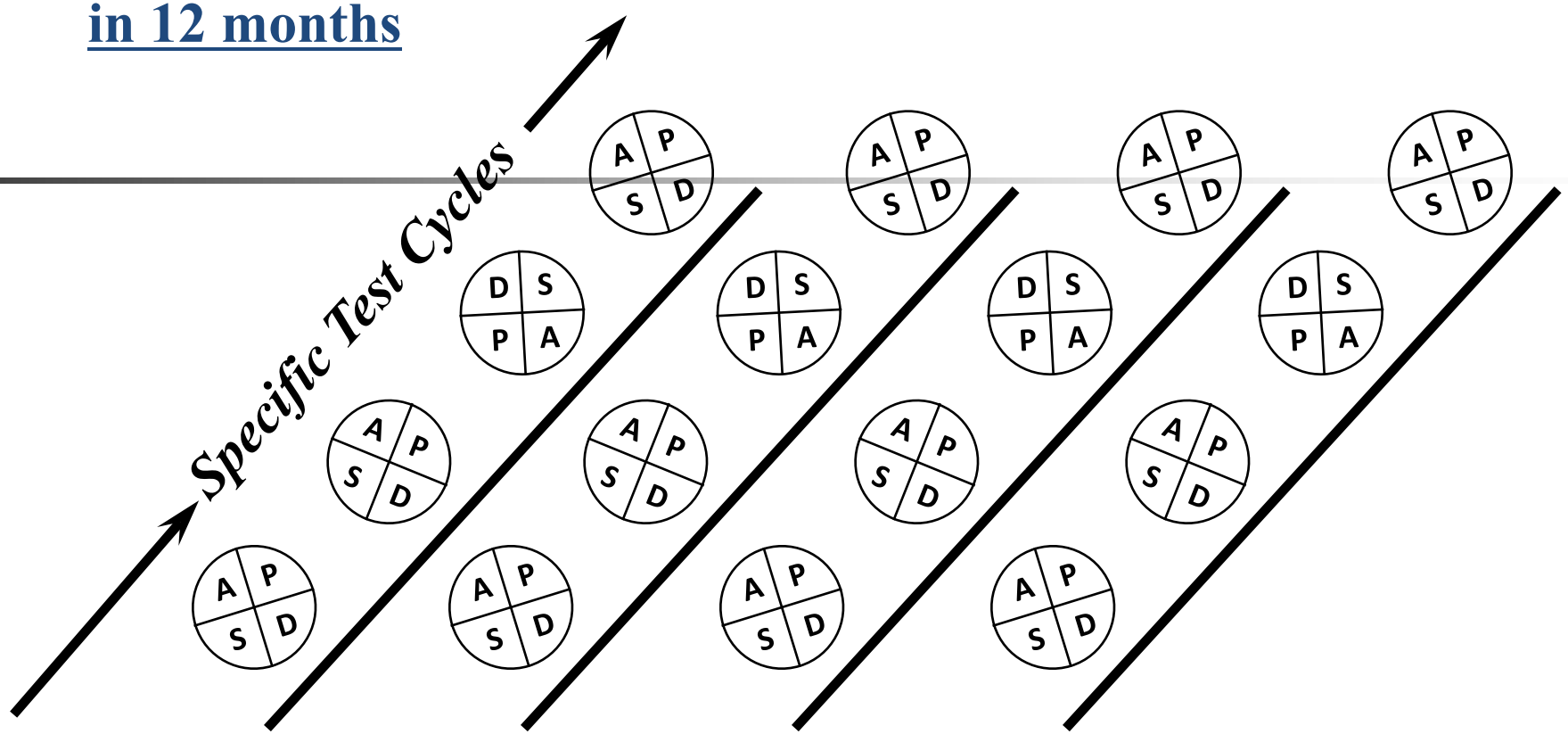
What change can we make that will result in improvement?

A Model for Improvement

Testing on a Small Scale

- Have others that have some knowledge about the change review and comment on its feasibility.
- Test the change on the members of the team that helped developed it before introducing the change to others.
- Conduct the test in one facility or office in the organization, or with one patient.
- Conduct the test over a short time period.
- Test the change on a small group of volunteers.

Overall Aim: Decrease Preventable Falls Rate by 50% in 12 months



Develop assess. protocol

Develop Knowledge of falls

Develop Envron.-mental Assess.

Develop specific interventions for fallers

Staff and Patient Education

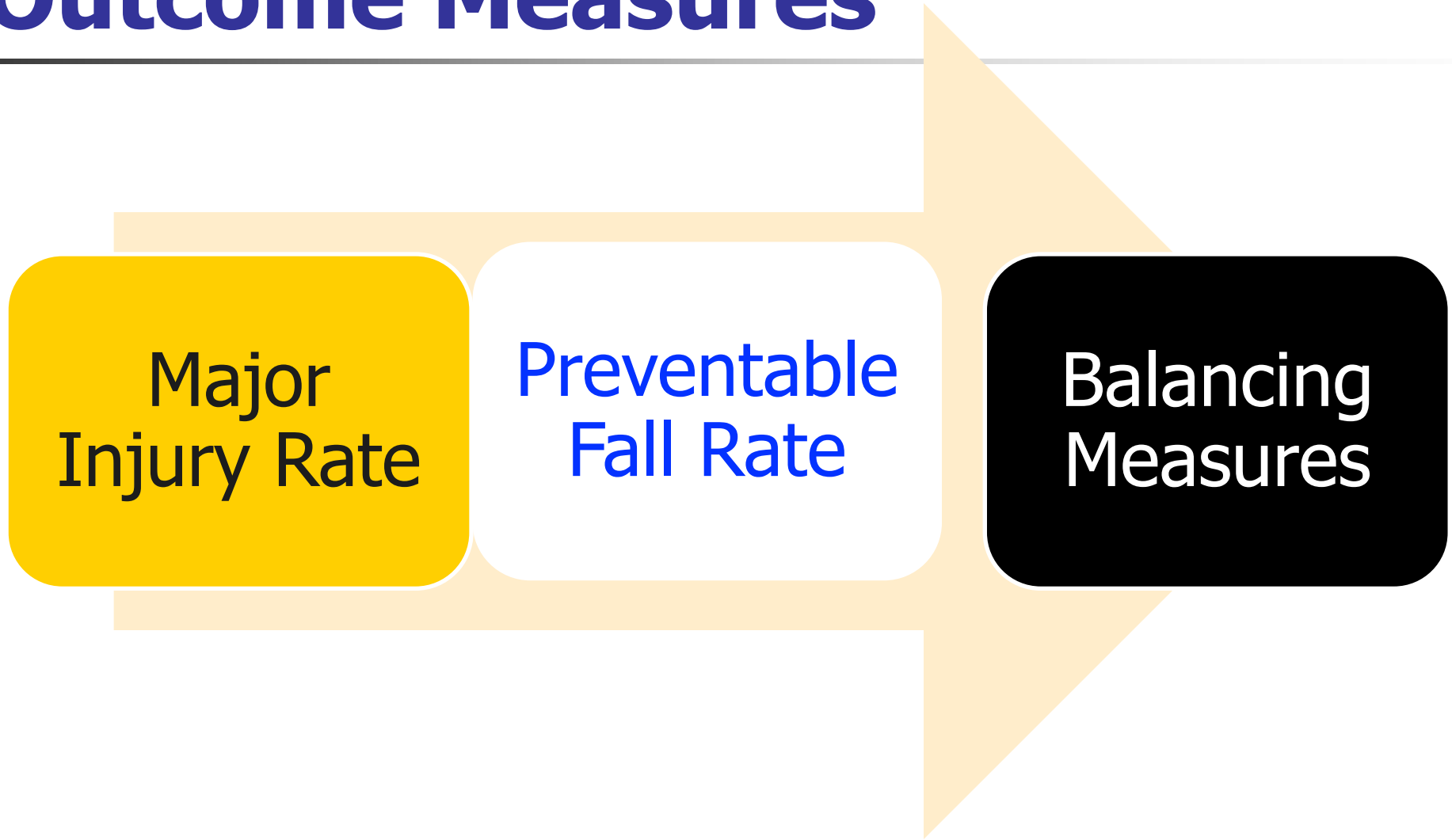
Examples of Process Measures

Percentage of:

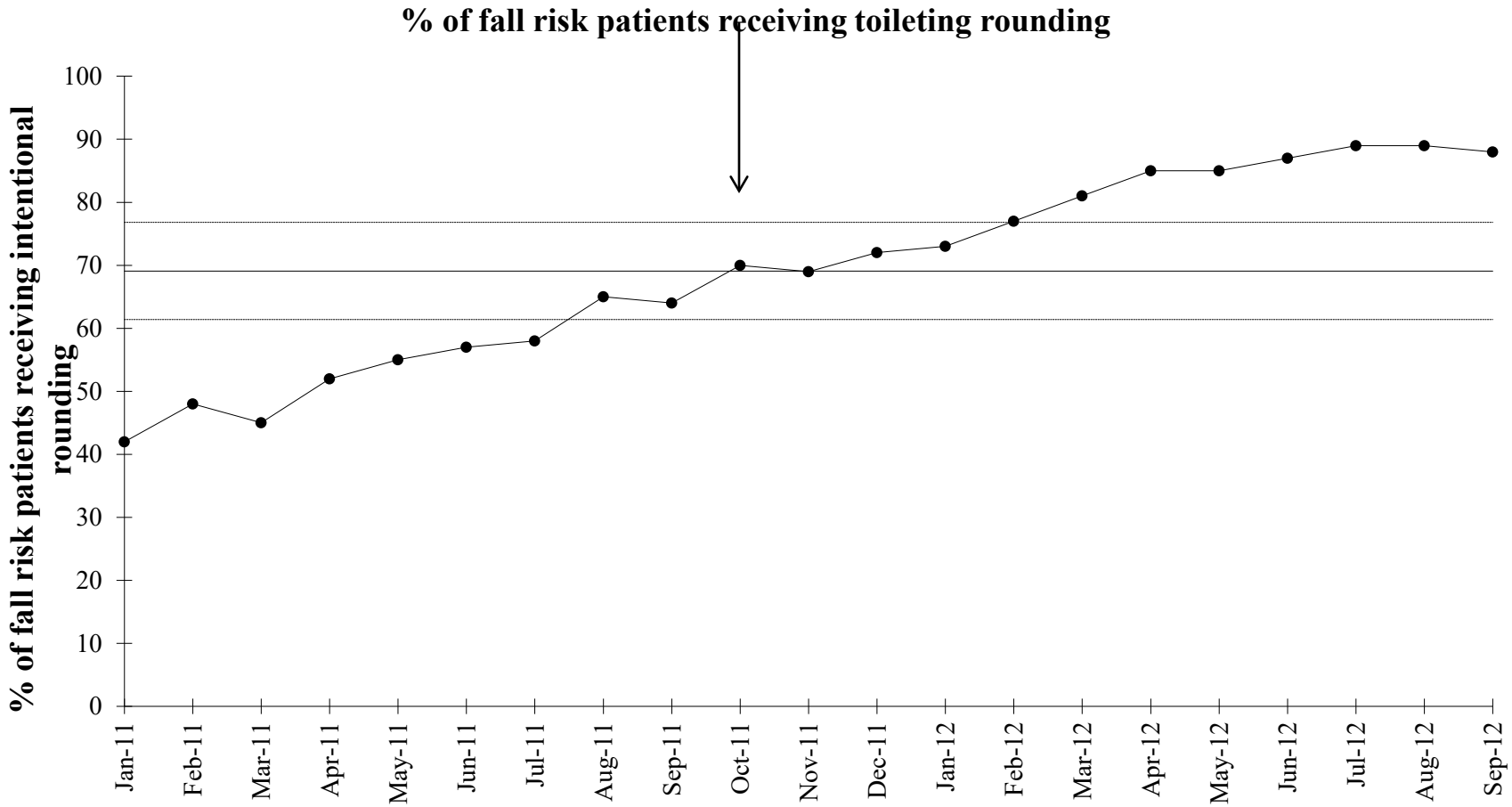
- Patients at risk for falls and fall related injuries with interventions in place
- Patients ≥65 with OH assessed before ambulation
- Observation, chart review

Process measures answer the question:
"Are we doing the things we think will lead to improvement in outcome?"

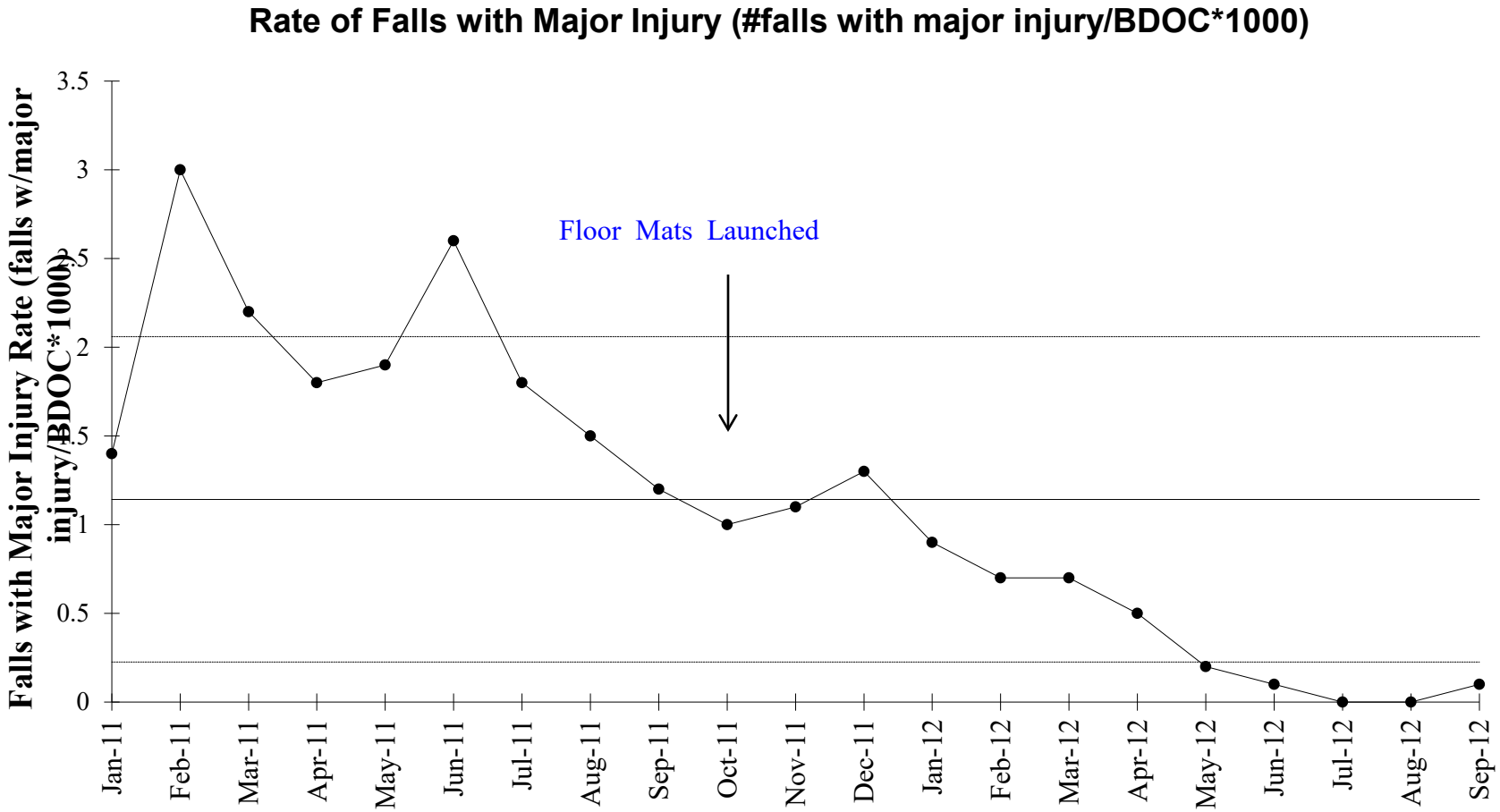
Outcome Measures



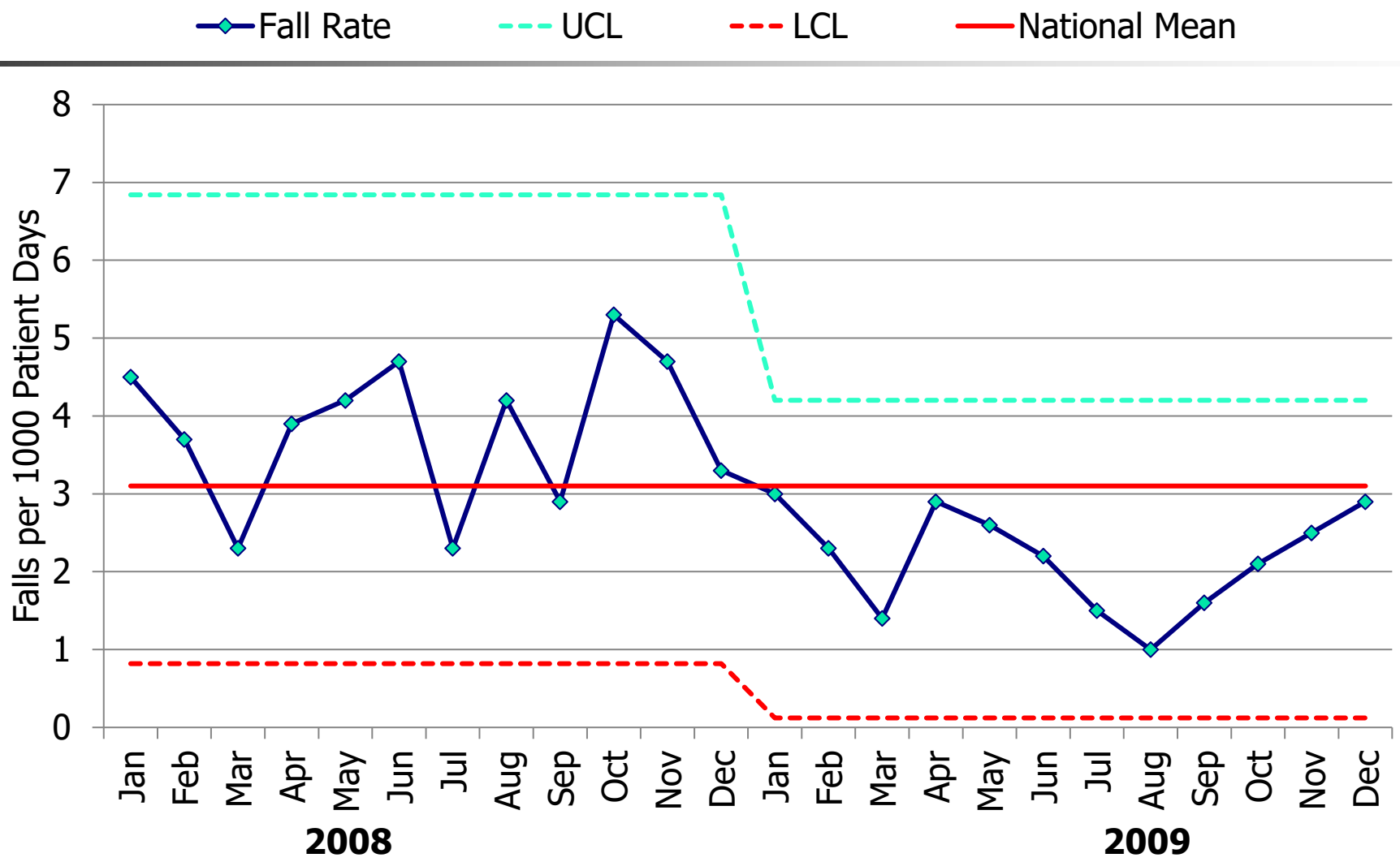
Example of **Process** run chart



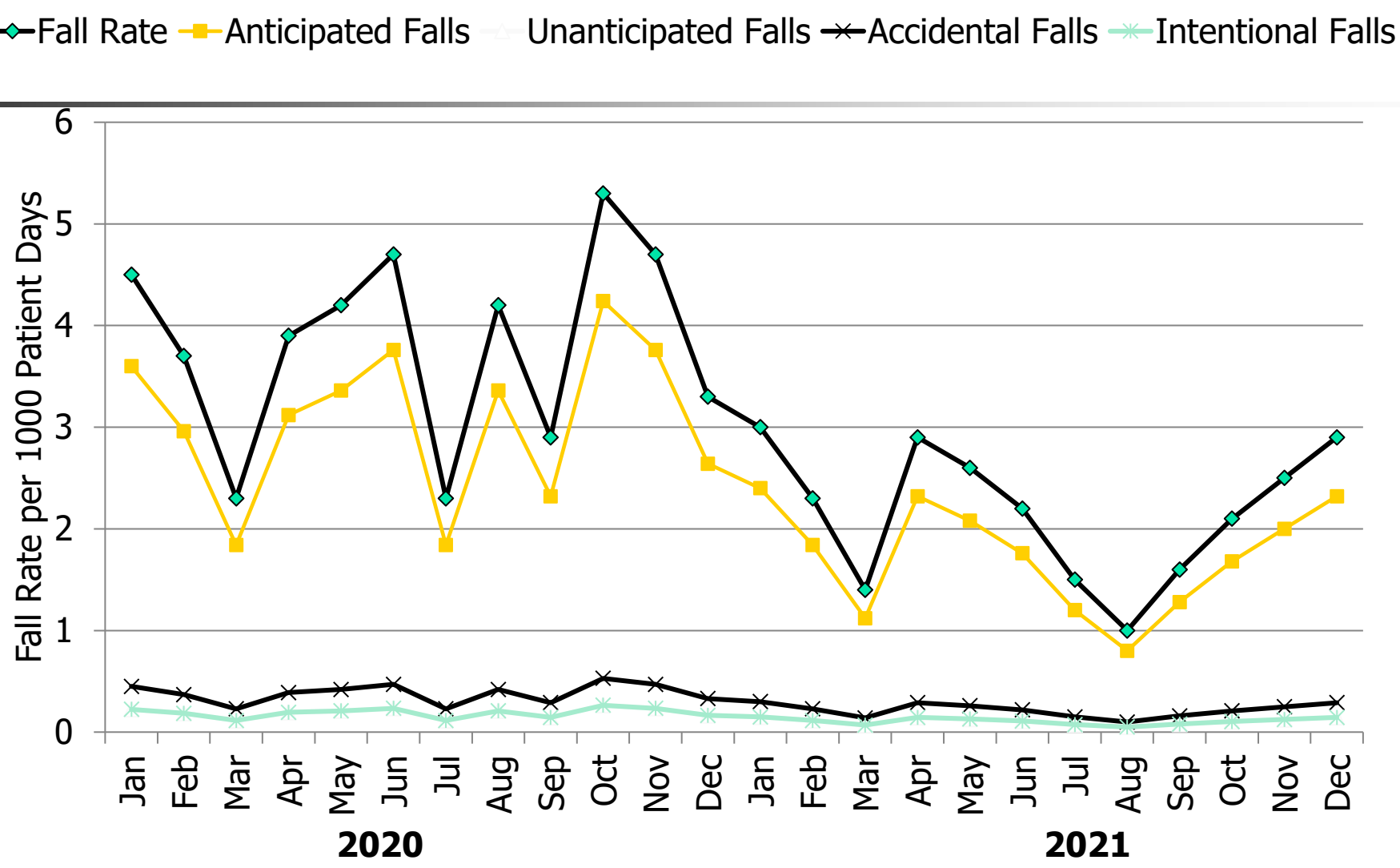
Example of a **Outcome** Run Chart



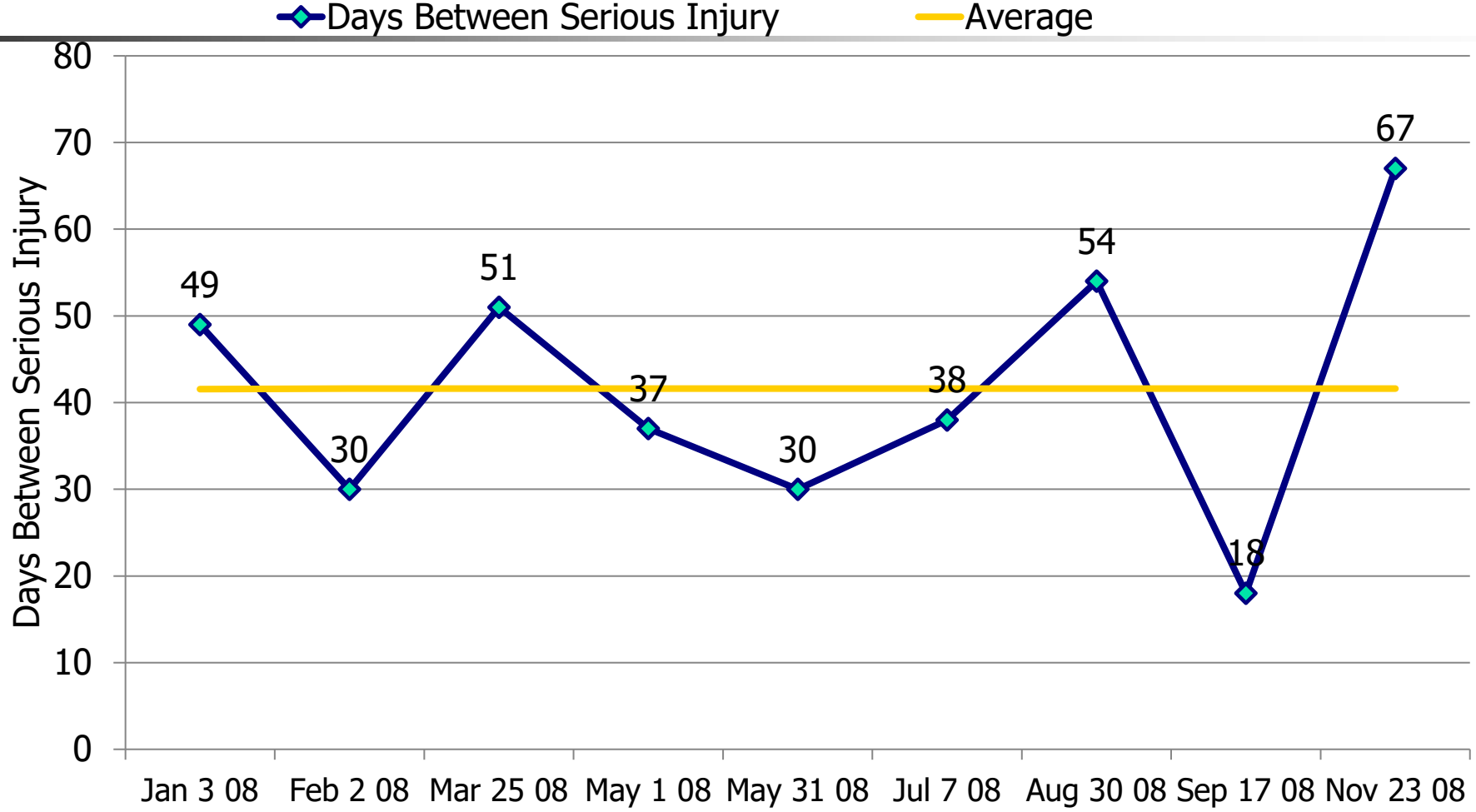
Falls per 1000 Patient Days



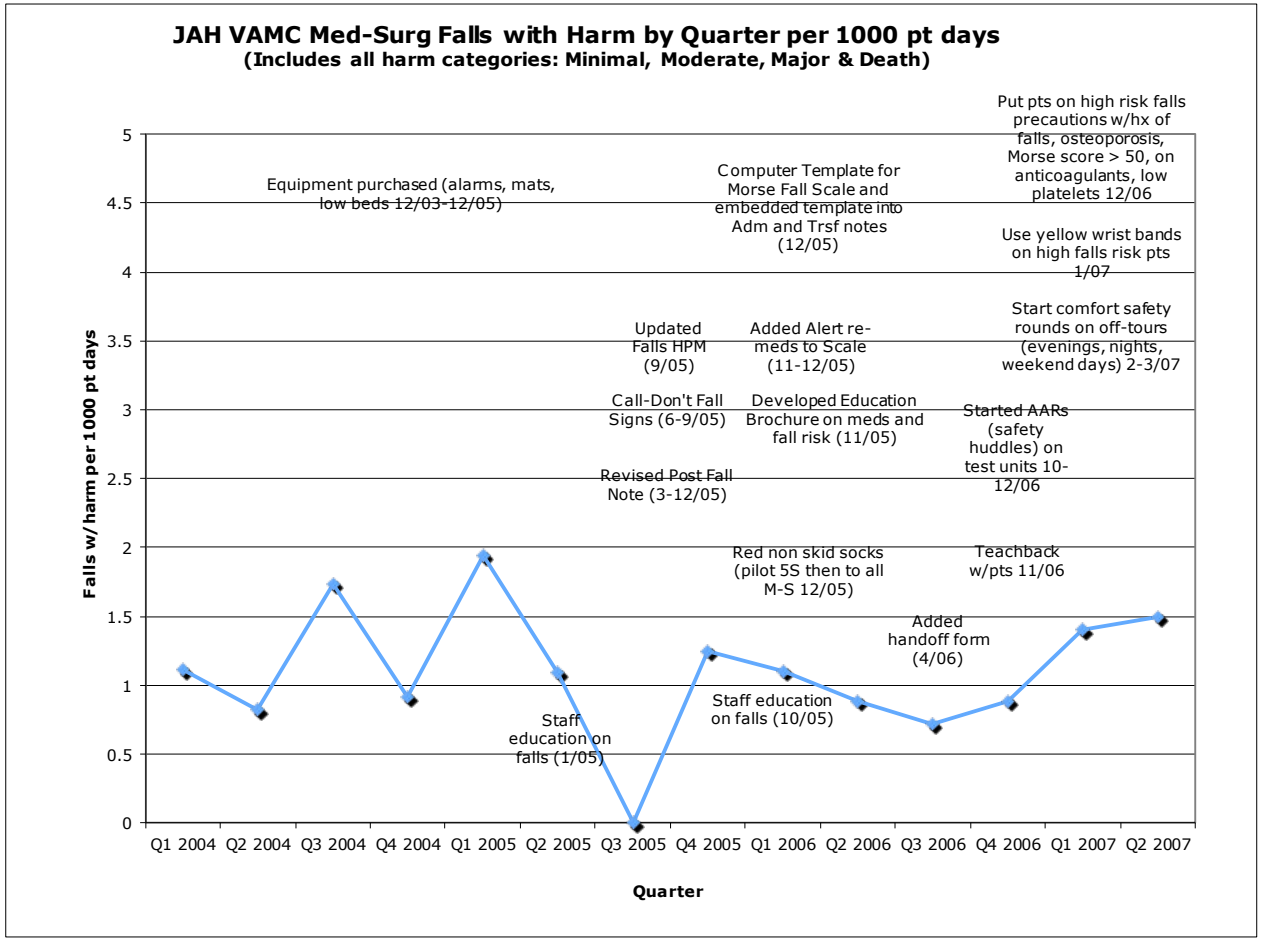
Fall Rate by Type of Fall per 1000 Patient Days



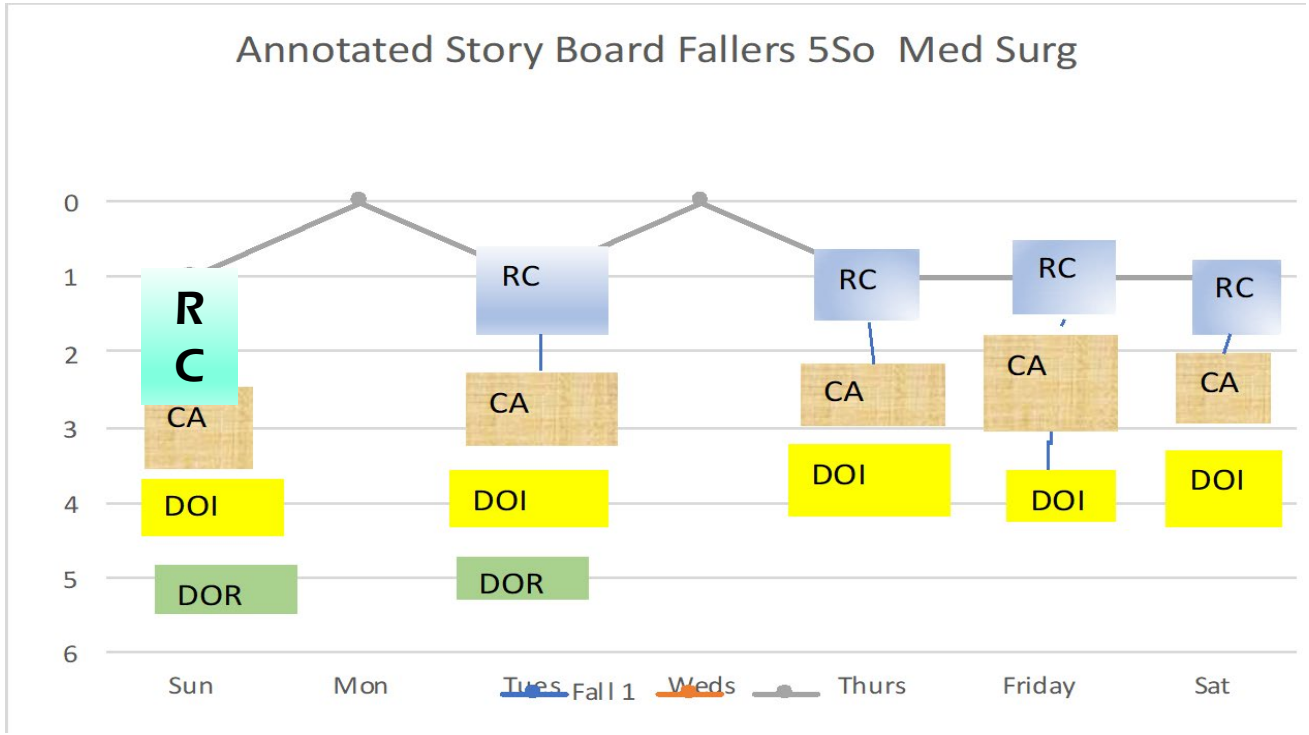
Days Between Serious Injury



Annotated Run Chart



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

- 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

Keep Thinking *Out of the Box*!

- Leadership: Culture of Safety
- Fall Rounds
- Signage
- Frequency of Fall Risk Screening
- Measurements of Effectiveness

Upcoming Schedule

- Open Forum, Coaching Session
  May 17
  - 2pm Eastern
  - Open Forum

Thank You and Please Share More!

- Thank you for attending, be a Champion for Change, and keep me posted – I am here for you!
- pquigley1@tampabay.rr.com

References

Clinics in Geriatric Medicine, May, 2019

Optimizing Function and Physical Activity in Hospitalized Older Adults to Prevent Functional Decline and Falls

- Barbara Resnick, Marie Boltz, p237–251

Preventing Falls in Hospitalized Patients: State of the Science

- Jennifer H. LeLaurin, Ronald I. Shorr, p273–283

Outcomes of Patient-Engaged Video Surveillance on Falls and Other Adverse Events

- Patricia A. Quigley, Lisbeth Votruba, Jill Kaminski, p253–263

AHA HRET 2018: Falls Change Package – Preventing Harm from Injuries from Falls and Immobility

http://www.hret-hiin.org

Next Steps

Join us for our follow up Coaching call:

May 17,2023 2-3p.m. EST

Thank You for Attending Today's Event

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

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