Fall Prevention: Perseverance Pays Off!

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Setting

- Moffitt Cancer Center, an NCI Comprehensive Cancer Center
- 206 bed facility with over 370,000 outpatient visits a year

Objectives

- Describe the implementation of a series of initiatives aimed at reducing falls and the development of a fall prevention toolkit

- Discuss engaging patients and families and using an interdisciplinary approach as important strategies in reducing falls

What We Are **NOT** Going to Talk About

- Hourly rounds or purposeful rounding
- Bedside change of shift report
- Safety equipment: helmets and hip protectors
- Bed alarms, chair alarms

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Background

- Nearly 1 million people fall in hospitals each year; almost one-third of falls are preventable (AHRQ)
- A fall may result in injuries and lead to increased utilization of healthcare resources
- Across the nation, and in our healthcare organization, falls have a significant quality, safety, and financial impact

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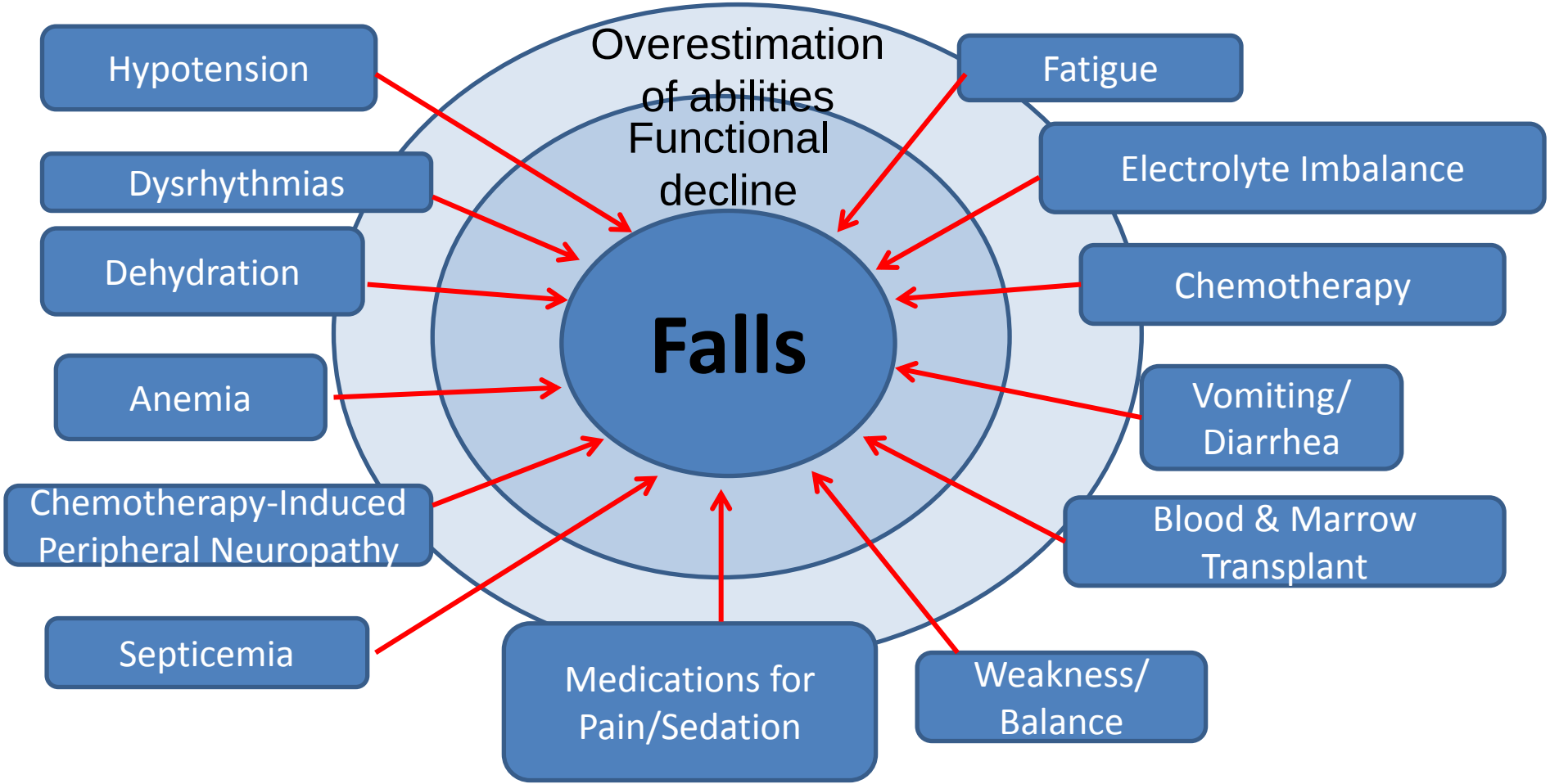
Falls and the Cancer Patient



Consultation With Experts

- Florida Hospital Engagement Network
  - FHA and AHA partnered to provide support and education through the Hospital Engagement Network
  - Seventy-seven Florida hospitals have worked to improve care through this collaborative
- Pat Quigley, PhD, MPH, ARNP, CRRN, FAAN, FAANP
  - Fall Prevention Committee
  - Nursing Leadership
- Literature review

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Fall Prevention Toolkit Development

- Web-based Resources
- Fall Prevention Committee Activities
- Safety Champion Program
- Friday Fall Review Newsletter
- Partnership for Safety Agreement
- Patient Education Tools
- Fall Precautions

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Fall Prevention Committee Restructure

Before

- Nursing
- Safe Patient Handling

Expanded Committee Structure

After

- Nursing
- Nursing Quality
- Environmental Services
- Pharmacy
- Physical Therapy
- Risk Management
- Valet Services
- Safe Patient Handling
- Patient Advisor

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Environmental Assessment & Changes

- Collaborative effort between Nursing & Facilities
- Examples of changes implemented include:
  - Wall mounted safety arm rails for toilets and showers
  - Thresholds to bathroom removed
  - Gait belt hooks installed in every room
  - Cobblestone pavers in parking area replaced with even surface
- Other recommendations:
  - Matte floor finish to reduce glare
  - Slip resistant strips on bathroom floor
  - Nightlights in bathroom
  - Raise toilet seats

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Fall Prevention Strategies: Education Roll Out

April	Safety Champions Identified	Fall data analysis Goal Statement	Implement Safety Huddles		
May/June	E-Module - Fall Prevention	Hourly Rounds Postural Vital Signs	PT/OT/Safe Patient Handling		
July/August	Morse Fall Scale	Risk for Injury	Hand-Off Communication	Patient Education	
September	Fall Prevention Week	"EMR/Falls Program "Go Live"			
October	Audit				

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Friday Fall Review


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September 2014

National Fall Prevention Week September 22– 26

FALLS FREE

Fall

Friday Fall Review

Friday Fall Review (FFR) occurs bi-weekly and provides a collegial venue for evaluating patient falls with a focus on identifying causes, contributing factors, and measures that could have been taken to prevent them. This newsletter features the highlights from these meetings. Direct care nurses interested in attending are welcome! Please check with your manager for meeting dates and location.

Jane Smith
Chief Nursing Officer

Hourly Rounding

Is a systematic approach to rounding that can improve patients' experience of care and build their trust, ensure that care is safe and reliable. Purposeful Hourly Nurse Rounds Help to Reduce Falls, Pressure Ulcers, and Call Light Use, and Contribute to Rise in Patient Satisfactionhttp://www.ahrq.gov/

Ask the patient direct questions regarding pain and personal needs hourly during the day and every 2 hours at night while sharing the plan to return within the next hour.

Pain

Personal needs
(bathroom, personal items with in reach)

Positioning

Purposeful Rounding is a team effort. Communicating with care team and identifying high risk patients can reduce patient falls

The post fall huddle is an opportunity for the care team to reflect on assessment, intervention and individual patient outcomes related to the fall.

MORSE FALL RISK SCORING

DID YOU KNOW a patient with a saline lock is scored the same as a patient with an IV fluid infusion according to the Morse Fall scoring

- Bi-weekly meeting, Friday mornings at 0730
- Led by CNO; includes managers, directors, direct care staff, inter-professional team members
- Focused on identifying causes, contributing factors, and measures that could have been taken to prevent falls
- Highlights captured in a newsletter

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Result of Friday Fall Review

- Reeducation of HoverMatt
- Reeducation of bariatric bed functions
- Reflective Report Worksheet
- Reeducation on Morse Fall Risk Assessment Tool scoring
- Change in documentation of safety modalities used in patient care

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Mobility Cards

MOBILITY RECOMMENDATIONS

Date: _____

Use the following equipment when **transferring** or **ambulating** with this patient:

[ ] Gait belt [ ] Walker

[ ] Lift Equipment [ ] Cane

Assistance level required:

_____

[ ] Bed Alarm [ ] Chair Alarm

Special instructions:

_____

PF: [ ] Yes [ ] No

ASSISTANCE LEVEL CODES

I = Independent. May complete all tasks without anyone present or use of assistive device.

SBA = Stand by assistance: **Gait Belt Required:** Staff member or family member should be near by when patient walking to assist if needed with gait belt utilized. Hands on contact not required.

CGA = Contact guard assistance: **Gait Belt Required** to transfer and/or walk with patient in case of loss of balance.

Min A = Minimal assistance: **Gait Belt Required:** Patient requires minimal assistance to stand and/or walk (staff needs to provide < 25% of work for patient to stand)

Mod A = Moderate assistance: **Gait Belt Required:** Patient requires moderate assistance to stand (staff needs to provide 25-50% of work for patient to stand)

Max A = Maximum assistance: **Gait Belt Required:** Patient requires maximum assistance to stand (staff needs to provide > 50% of work for patient to stand). 2 people should always be utilized for safety.

Assist x 2 : **Gait Belt Required:** = Patient has history of falling, knees buckling without warning, etc. making patient unsafe for only 1 person to be present when assisting patient with any standing.

Do not use IV pole when walker is checked!
Walker required for stability when patient is walking.

PF = Prior Fall (during hospitalization or within past 3 months)

Fall Risk & Prevention Agreement Partnership for Patient Safety

Fall Risk & Prevention Agreement
Partnership for Patient Safety

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Falls can occur in any age group, at any time and most any place. While in the hospital, EVERYONE is at an increased risk for a fall. This happens because you are in a new, unfamiliar environment and medications, side effects of treatment or your illness itself may make you unsteady on your feet. We are here to help and want to prevent you from having a fall during your hospitalization.

Our health care team has placed you at a _____ Moderate _____ High risk for having a fall.
This is based on one or more of the following risk factors that we have observed. These risk factors increase your chances of falling:

- Your age
- Medications you are taking
- A history of falls
- Difficulty getting to and from the bathroom
- Decreased ability to move
- Decreased mental awareness
- Hospital equipment

What YOU can do to help us keep you safe:

Make sure to use your call bell to ask for assistance EVERY TIME you need to get up. Call before your need becomes urgent. Make sure to tell your care team when you are feeling weak, lightheaded, faint or dizzy.

Since most falls occur going to and from the bathroom, ask for help from a care team member EVERY TIME you need to use the bathroom. In order to keep you safe, a care team member will need to stay with you the entire time.

Speak with your nurse about your bathroom habits so that we can anticipate your needs. A member of your care team will round every hour to ask about your comfort, discuss safety measures, and address any personal needs you might have.

Store personal items you need in easy reach. When your care team member comes to your room for hourly rounds, they will help make sure your essential items (call light, phone, remote, snacks, water, book) are positioned close to you.

Wear your glasses and hearing aids. Ask for help from a care team member when you cannot see clearly in the room.

Patient/Family Signature

Nurse Signature

Produced by the Patient Education Departme

- Vetted through patient advisors
- Signed by patients and/or families
- Placed on the whiteboard in each patient room as a safety reminder

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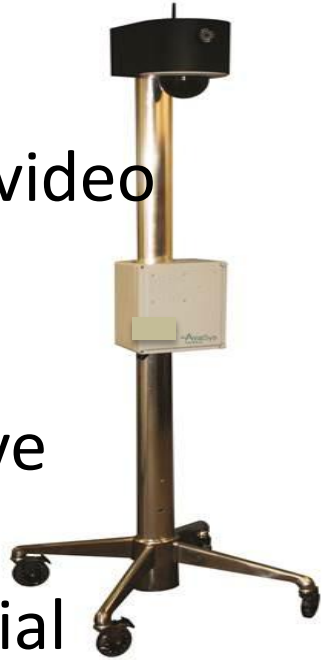
Remote Visual Monitoring

- Promotes safety and fall prevention
- DOES NOT record audio or video
- DOES NOT require provider order
- Monitors are portable; move from room to room
- Monitor Techs receive special training on safety monitoring and re-direction



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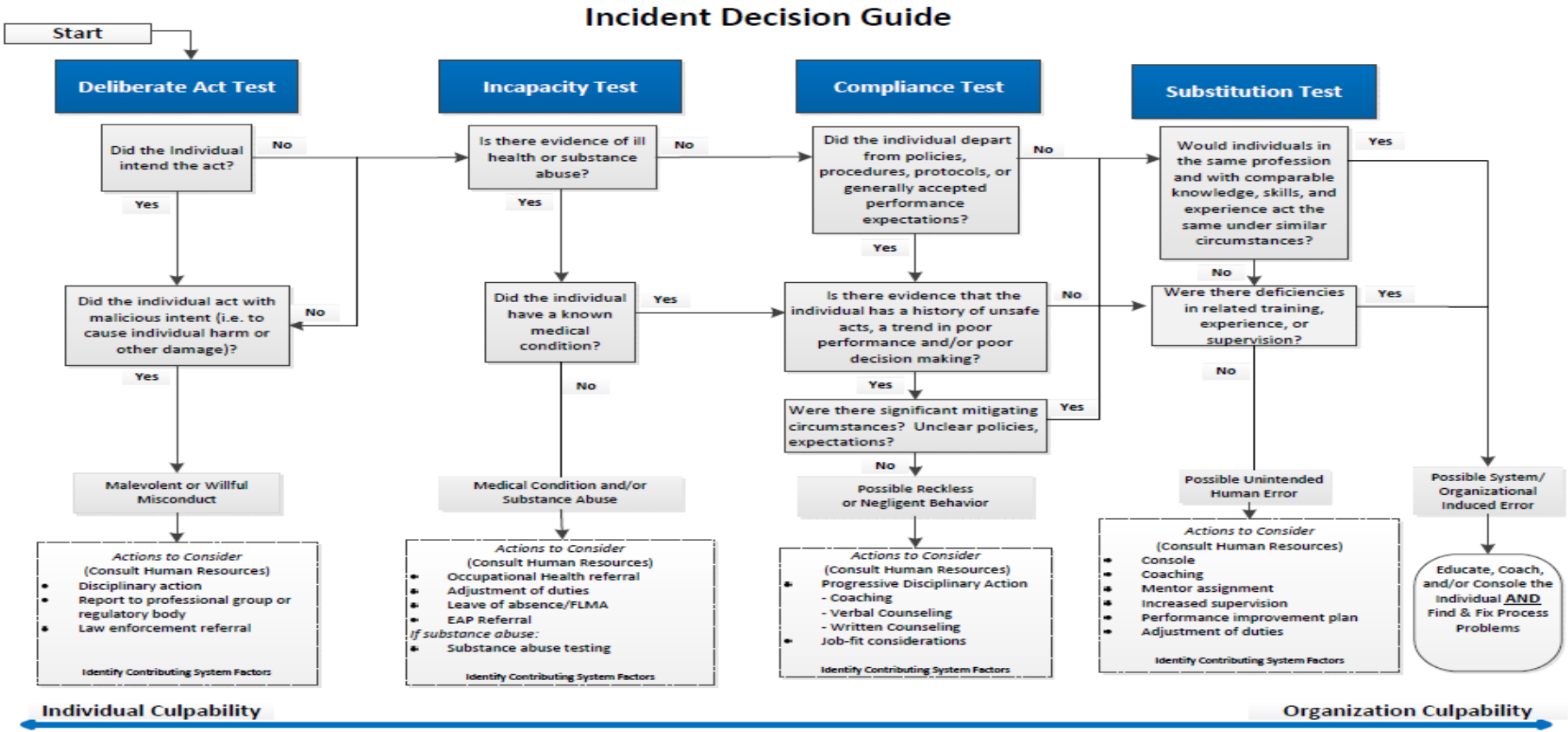
Accountability: Incident Decision



Adapted from James Reason's *Decision Tree for Determining the Culpability of Unsafe Acts* and the *Incident Decision Tree of the National Patient Safety Agency*. United Kingdom National Health Service; *Performance Management Guide*. Healthcare Performance Improvement, LLC; Hobbs, A. 2008. *Human Performance Culpability Evaluations*. University of Tennessee, Knoxville, TN.

References:
Disciplinary Action: W-02

Patient Contributions

- Participate in monthly Fall Prevention Committee meetings
- Review and make recommendations regarding patient education tools and processes
- Provide input into policy development and revisions

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Inter-Professional Practice

Discuss with your primary care physician and see if these specialized therapy services are right for you.

For more information, please call Moffitt Rehabilitation Services
813-745-8449

Rehabilitative Services
Moffitt Cancer Center
12902 USF Magnolia Drive
Tampa FL 33612

For Appointments Call
813-745-8449

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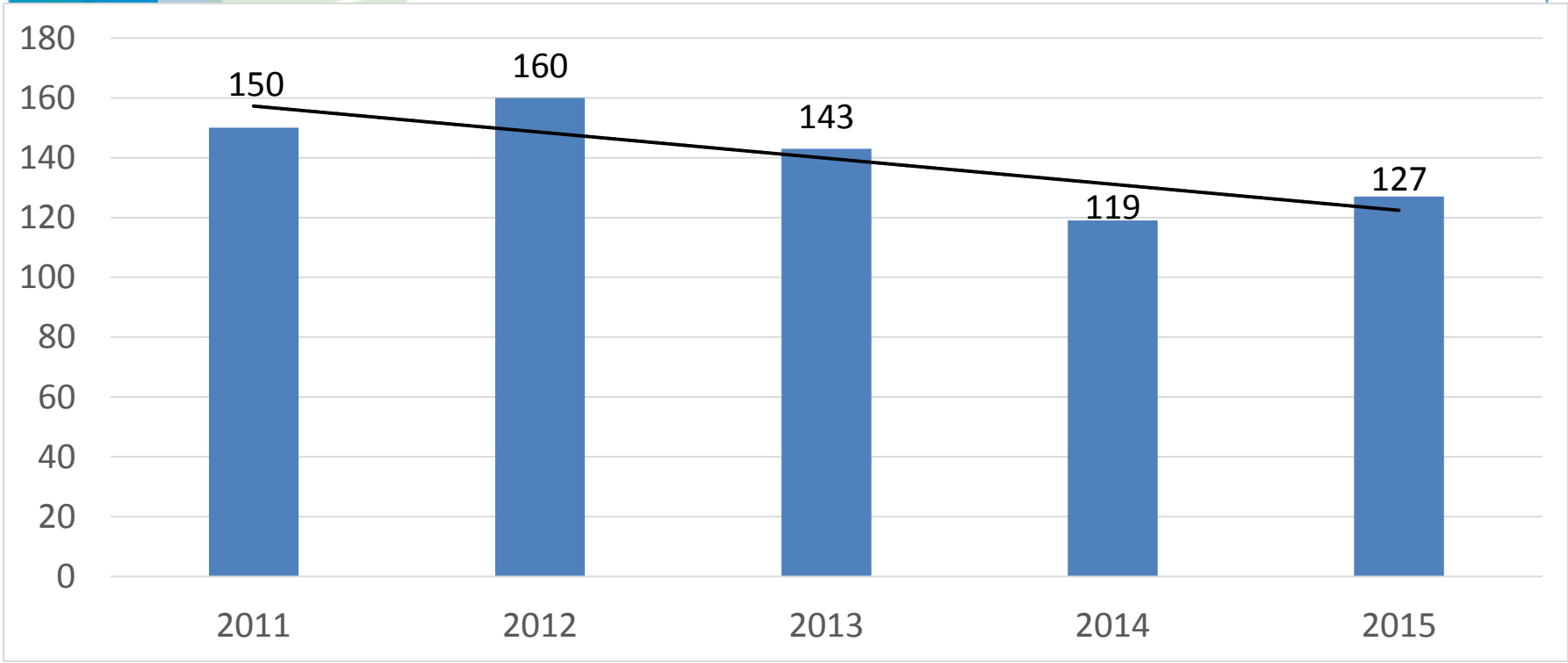
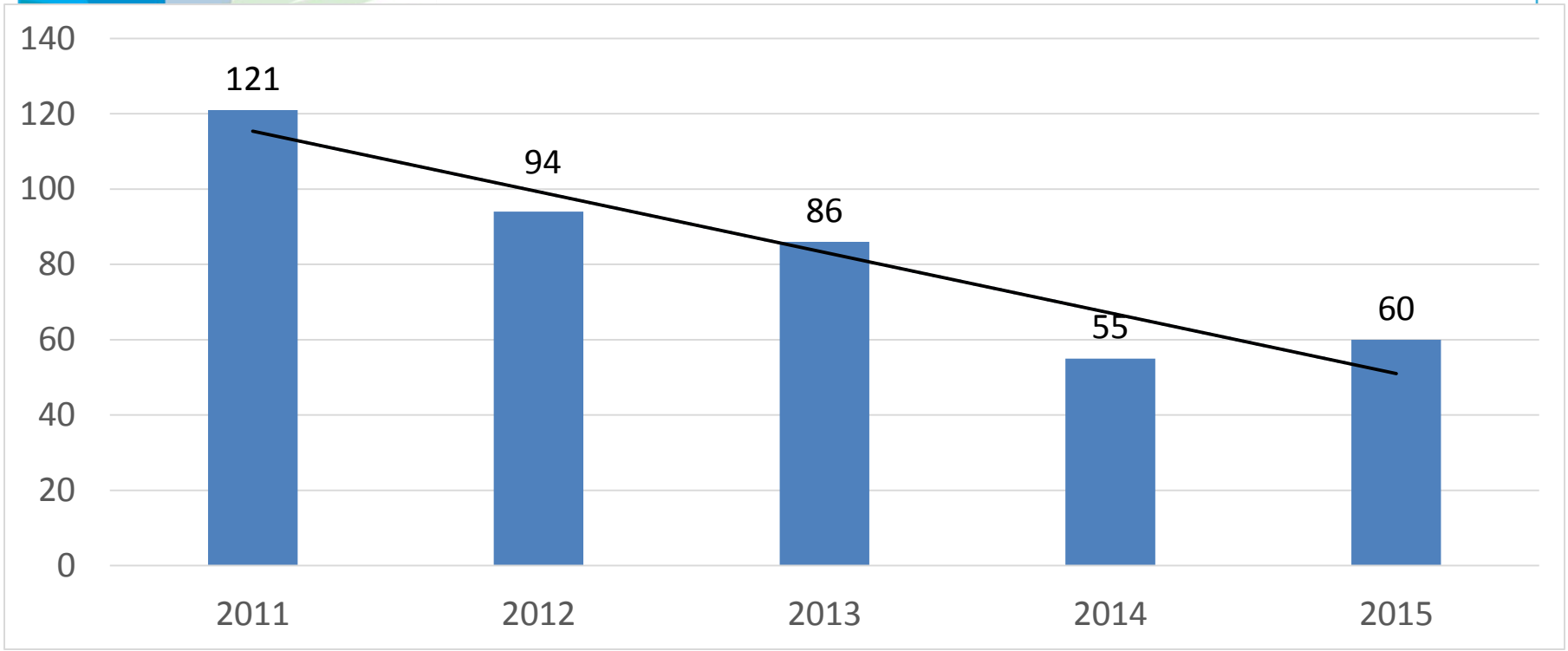
Physical and Occupational Therapy

Balance and Mobility Clinic

Outcomes: Inpatient Falls



Outcomes: Outpatient Falls



Examples of Individual Unit Improvements

- 4 North: Malignant Hematology Unit
  - Change in practice when patients receive Lasix as a result of discussion at Friday Fall Review
  - Education of all patients about availability of safety equipment (helmets and hip protectors) including demonstration
- Outpatient Infusion Center
  - First outpatient area to implement screening for patients at risk
  - Patients identified at risk by wrist bands and on patient tracking board

Summary

- No magic bullet
- Keep abreast of other organizations' progress and literature
- Tailor interventions to fit your setting
- Acknowledgement that this is important from highest leaders
- Don't let up

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