Fall Prevention: Perseverance Pays Off!

Jane Fusilero, MSN, MBA, RN, NEA-BC
Sheila Ferrall, MS, RN, AOCN
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
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
Falls and the Cancer Patient

- Hypotension
- Dysrhythmias
- Dehydration
- Anemia
- Chemotherapy-Induced Peripheral Neuropathy
- Septicemia
- Chemotherapy
- Vomiting/Diarrhea
- Blood & Marrow Transplant
- Medications for Pain/Sedation
- Weakness/Balance

Overestimation of abilities
Functional decline

Falls
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
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
Fall Prevention Committee Restructure

Before
• Nursing
• Safe Patient Handling

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

Expanded Committee Structure
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
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
Friday Fall Review

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

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

---

**Fall Risk & Prevention Agreement**

Falls can occur in any age group, at any time and most anywhere. 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 unstable 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 WE may do to keep you safe:**

- Remind you to use your call bell to ask for assistance
- Make sure you are oriented to your surroundings
- Make sure there is enough light
- Put your bed rails up
- Put your bed in a low, locked position
- Give you a yellow non-skid bath mat
- Give you yellow non-skid shoes
- Place a yellow sign on your door

**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. It is essential 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 or hear clearly in the room.

---

**Patient/Family Signature**

**Nurse Signature**

Produced by the Patient Education Department

M. Lee Moffitt Cancer Center & Research Institute
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
Accountability: Incident Decision

Incident Decision Guide

Start

Deliberate Act Test
- Did the individual intend the act?
  - Yes
  - Malevolent or willful misconduct
    - Actions to consider
      - Disciplinary action
      - Report to professional group or regulatory body
      - Law enforcement referral
      - Identify Contributing System Factors
  - No
    - Did the individual act with malicious intent (i.e., to cause individual harm or other damage)?
      - Yes
        - Actions to consider
          - (Consult Human Resources)
          - Occupational health referral
          - Adjustment of duties
          - Leave of absence/FMLA
          - Substance abuse:
            - Substance abuse testing
            - Identify Contributing System Factors
      - No
        - Medical condition and/or substance abuse
          - Actions to consider
            - (Consult Human Resources)
            - Occupational health referral
            - Adjustment of duties
            - Leave of absence/FMLA
            - Substance abuse:
              - Substance abuse testing
              - Identify Contributing System Factors

Incapacity Test
- Is there evidence of all health or substance abuse?
  - Yes
    - Did the individual have a known medical condition?
      - Yes
        - Actions to consider
          - (Consult Human Resources)
          - Coaching
          - Counseling
      - No
        - Medical condition and/or substance abuse
          - Actions to consider
            - (Consult Human Resources)
            - Occupational health referral
            - Adjustment of duties
            - Leave of absence/FMLA
            - Substance abuse:
              - Substance abuse testing
              - Identify Contributing System Factors
  - No
    - Did the individual depart from policies, procedures, protocols, or generally accepted performance expectations?
      - Yes
        - Did the individual depart from policies, procedures, protocols, or generally accepted performance expectations?
          - Yes
            - Substitution Test
              - Would individuals in the same profession and with comparable knowledge, skills, and experience act the same under similar circumstances?
                - No
                  - Were there deficiencies in related training, experience, or supervision?
                    - Yes
                      - Possible system/organizational induced error
                        - Actions to consider
                          - (Consult Human Resources)
                          - Educate, coach, and/or console the individual AND find & fix process problems
                          - Identify Contributing System Factors
                          - Adjustments of duties
                          - Increased supervision
                          - Performance improvement plan
              - No
                - Were there significant mitigating circumstances? Unclear policies, expectations?
                  - Yes
                    - Possible un intended error
                      - Actions to consider
                        - (Consult Human Resources)
                        - Consulate coaching
                        - Identifying contributing system factors
                      - Identify Contributing System Factors
                  - No
                    - Possible lack of or negligent behavior
                      - Actions to consider
                        - (Consult Human Resources)
                        - Coaching
                        - Counseling
                        - Written counseling
                        - Job-fit considerations
                        - Identify Contributing System Factors

Compliance Test
- Is there evidence that the individual has a history of unsafe acts, a trend in poor performance and/or poor decision making?
  - Yes
    - Were there significant mitigating circumstances? Unclear policies, expectations?
      - Yes
        - Possible unintended error
          - Actions to consider
            - (Consult Human Resources)
            - Consulate coaching
            - Identifying contributing system factors
          - Identify Contributing System Factors
      - No
        - Possible lack of or negligent behavior
          - Actions to consider
            - (Consult Human Resources)
            - Coaching
            - Counseling
            - Written counseling
            - Job-fit considerations
            - Identify Contributing System Factors
  - No
    - Did the individual depart from policies, procedures, protocols, or generally accepted performance expectations?
      - Yes
        - Substitution Test
          - Would individuals in the same profession and with comparable knowledge, skills, and experience act the same under similar circumstances?
            - Yes
              - Possible system/organizational induced error
                - Actions to consider
                  - (Consult Human Resources)
                  - Educate, coach, and/or console the individual AND find & fix process problems
                  - Identify Contributing System Factors
                  - Adjustments of duties
                  - Increased supervision
                  - Performance improvement plan
              - No
                - Were there deficiencies in related training, experience, or supervision?
                  - Yes
                    - Possible system/organizational induced error
                      - Actions to consider
                        - (Consult Human Resources)
                        - Educate, coach, and/or console the individual AND find & fix process problems
                        - Identify Contributing System Factors
                        - Adjustments of duties
                      - Identify Contributing System Factors
                  - No
                    - Possible unintended error
                      - Actions to consider
                        - (Consult Human Resources)
                        - Consulate coaching
                        - Identifying contributing system factors
                      - Identify Contributing System Factors

Organization Culpability


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
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

Balance and Mobility Clinic
Outcomes: Inpatient Falls

- 2011: 150
- 2012: 160
- 2013: 143
- 2014: 119
- 2015: 127
Outcomes: Outpatient Falls

- 2011: 121
- 2012: 94
- 2013: 86
- 2014: 55
- 2015: 60
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