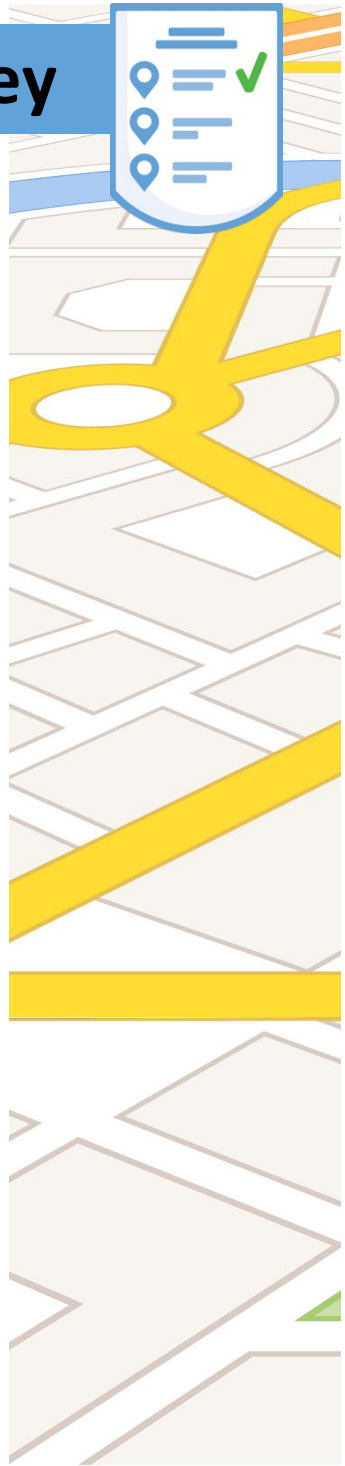
The Roadmap to Success:

Falls With Injury

HSAG HQIC

Preparing for Your Journey



Any successful journey begins with planning and preparation. Three key areas should be addressed before beginning any quality improvement or patient safety initiative.

Leadership Commitment

The success of a project can be determined by the level of commitment and support from leadership. It is important for hospital leaders to communicate a consistent, frequent message in support of the project. The executive project champion can establish accountability, dedicate resources, and break through barriers.

Project Champion

It is important to have a person(s) who is a significant influence with frontline staff, physicians, and other key personnel. Frequently, we think of a physician as a champion as they are instrumental in garnering provider buy-in and practice change. However, depending on the project, it can be any key personnel with the authority and skills to influence change, lead by example, and assist in essential messaging of the goals and vision for a project.

Multidisciplinary Project Team

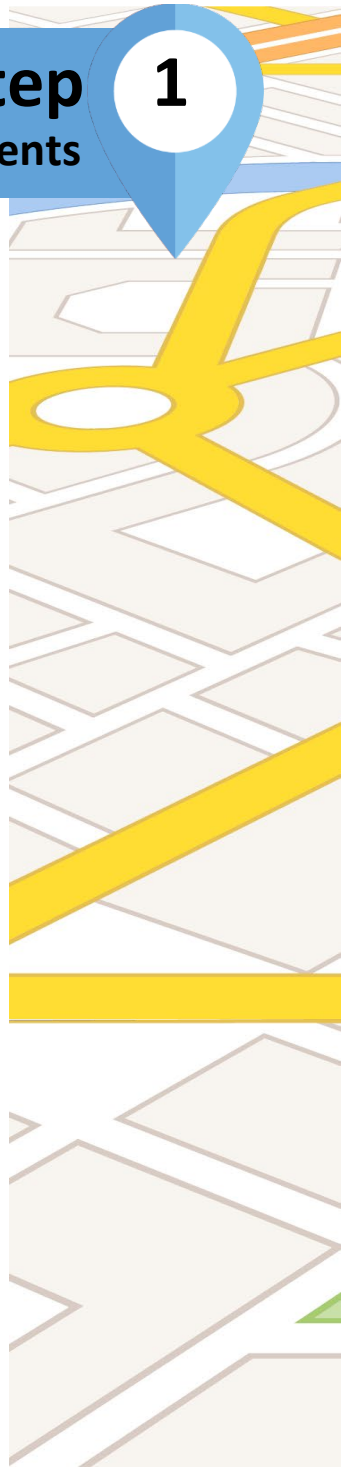
The project team should consist of representatives from key areas throughout your facility with the skills, knowledge, and experience in their fields of expertise. A team member should possess strong communication skills, have a collaborative mindset, and show a commitment to change. It is vital to **have representation from frontline staff who will be impacted most by the change**. It is also important to keep the size of your team manageable. Remember, a team can have ad hoc members whose role is to provide expertise in a specific area for a short period of time.

For more information on team forming, access the following resource at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Team Forming

Create the Right Environment—Step 1

Implement Universal Fall Precautions and Engage Patients



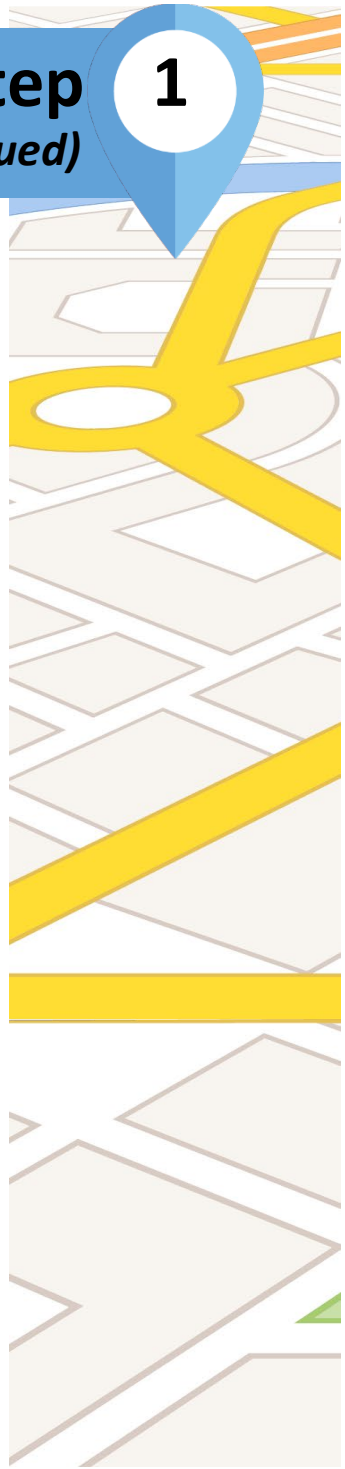
Rationale:

Universal fall precautions constitute the basics of patient safety; they apply across all hospital areas and help safeguard not only patients, but also visitors and staff. Implementing universal fall precautions requires training all hospital staff who interact with patients, regardless if they are clinicians.

	Strategies to Implement	Tools and Resources
☐	Familiarize the patient with the environment. • Have the patient demonstrate call light use and keep the call light within reach. • Keep the patient's personal possessions within safe reach. • Have sturdy handrails in the patient's bathroom, room, and hallway. • Place the hospital bed in low position when the patient is resting in bed; raise the bed to a comfortable height when the patient is transferring out of bed. • Keep hospital bed brakes locked. • Keep wheelchair wheel locks in "locked" position when stationary. • Keep nonslip, comfortable, well-fitting footwear on the patient. • Use night lights or supplemental lighting. • Keep floor surfaces clean and dry. Clean up all spills promptly. • Keep patient care areas uncluttered.	• Agency for Healthcare Research and Quality (AHRQ) Preventing Falls in Hospitals—A Toolkit for Quality Improvement: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/index.html • AHRQ Scheduled Rounding Protocol: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/rounding-protocol.html • AHRQ Tool Covering Environmental Safety at the Bedside: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/environmental-safety.html • AHRQ Assessing Current Fall Prevention Policies and Practices: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/assessing-current-policies.html • AHRQ Clinical Pathway for Safe Patient Handling: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/safe-clinical-pathway.html
☐	Follow safe patient handling practices. • Complete hourly rounding to ensure that universal fall precautions are implemented and that the patients' needs are being met. *(Continued on next page)*	

Create the Right Environment—Step 1 *(Continued)*

	Strategies to Implement	Tools and Resources
☐	*(Continued from previous page)* Implement training on fall prevention and regularly assess staff knowledge. • Bed/chair alarms • Color armband **Special considerations with physical distancing during COVID-19:** Increase staff awareness to provide the patient with everything out of reach and a adopt plan to avoid excessive entering/exiting of the patient's room. Be cognizant of the lack of family presence.	• National Center for Patient Center Safety Falls Toolkit (Veterans Affairs): https://www.patientsafety.va.gov/professionals/onthejob/falls.asp • Institute for Healthcare Improvement (IHI) Transforming Care at the Beside How to Guide: Reducing Patient Injuries from Falls: http://www.ihi.org/resources/pages/tools/tcabhowtoguidereducingpatientinjuriesfromfalls.aspx

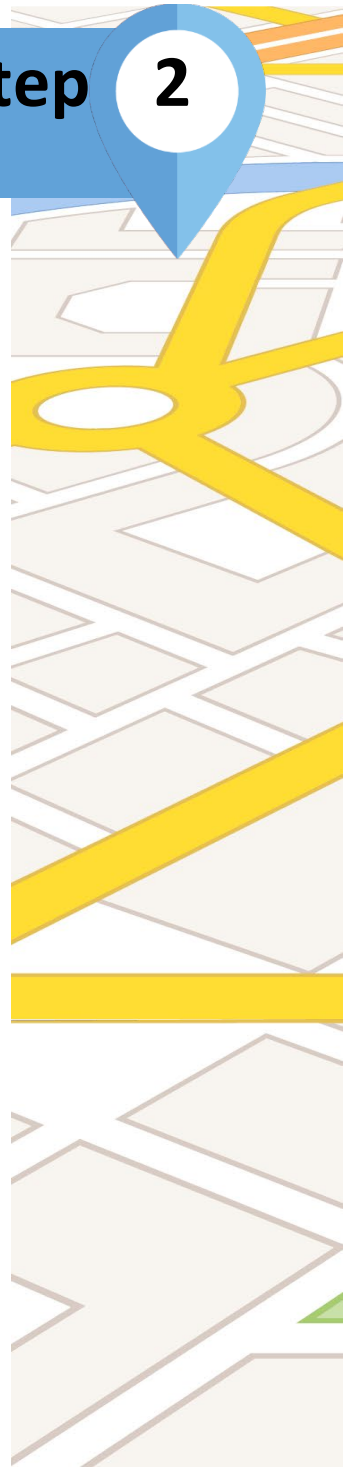


Determine Patient Risk for Falls—Step 2

Use a Standardized Assessment Tool

Rationale:
Assessing the patient for fall risks gives your organization the information it needs to develop an individualized care plan. Use of a standardized assessment helps ensure that key risk factors are identified and, therefore, can be acted upon.

	Strategies to Implement	Tools and Resources
☐	Identify patients at high risk for falling with a standardized fall risk assessment tool. Prioritize the assessment based on: • Individuals with limited mobility and/or activity. • Cognitive status (assess for delirium). • Medication review.	• AHRQ STRATIFY Risk Assessment Tool: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/stratify-scale.html • AHRQ Morse Fall Scale: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/morse-fall-scale.html • AHRQ Medication Fall Risk Score and Evaluations Tool: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/medication-risk-score.html • AHRQ Orthostatic Vital Sign Measurement: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/orthostatic-vital-sign.html • Minnesota Hospital Association—Assess for Delirium with Confusion Assessment Method (Long CAM): https://www.mnhospitals.org/Portals/0/Documents/ptsafety/LEAPT%20Delirium/Confusion%20Assessment%20Method%20-%20CAM.pdf • Centers for Disease Control and Prevention (CDC) Timed Up & Go (TUG) Assessment: https://www.cdc.gov/steadi/pdf/TUG_test-print.pdf • Duke University Hospital System—Adult Bedside Mobility Assessment Tool (BMAT) for Nurses: https://www.safety.duke.edu/sites/default/files/BMAT-Adult.pdf • IHI Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults: http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf • Johns Hopkins Fall Risk Assessment Tool: https://www.hopkinsmedicine.org/institute_nursing/models_tools/fall_risk.html
☐	Perform a fall risk assessment on admission, on transfer from one unit to another, with a significant change in a patient's condition, or after a fall.	
☐	Provide staff training on using the assessment tool to insure inter-rater reliability. Require an actual assessment of a real patient (as opposed to a chart review).	
☐	Check how the fall risk assessment is being performed on each unit. • Look at the patient record and see if the risk factors are unusual in stable patients. • Similarly, when there is a major change in clinical condition, check whether the patient's risk factors have changed.	
☐	Engage patients, families, and caregivers in identifying the patient's fall risk on admission as partners in the fall prevention program.	



Implement a Fall Prevention Program—Step 3
Use Identified Risk Factors and Individualize Care Plans

Rationale:
Because all patients, to a certain extent, are at risk for falls, the plan of care and interventions must be specific to the patient to mitigate fall risk factors. Tailor interventions to target patient-specific risk factors.

	Strategies to Implement	Tools and Resources
☐	Standardize and implement interventions based on patient risk for falling. Align individualized interventions to respective risk: • Previous fall history – Determine circumstances of a previous fall – Implement tailored interventions to prevent a similar fall • Gait instability/lower-limb weakness – Nonskid footwear – Assistive devices – Physical therapy – Assistance getting out of bed and with ambulation – Avoid bedrest • Urinary incontinence, frequency, and/or the need for toileting – Hourly rounding – Toileting schedule – Incontinence briefs • Agitation, confusion, impaired judgment – Frequent rounding/surveillance plan – Continuous virtual monitoring – Bed/chair alarm – Floor mats to reduce trauma from bed-related falls – Assess for alcohol/ drug withdrawal and place patient on appropriate protocol – Rule out delirium • Medications, especially sedative hypnotics – Consult pharmacist about medications – Assess for/treat orthostatic hypotension (adequate fluid intake, slow position changes, compression stockings) • Advanced age • Poor vision and/or difficulty hearing *(Continued on next page)*	• AHRQ Delirium Evaluation Bundle: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/delirium-evaluation.html • AHRQ Algorithm for Mobilizing Patients: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/algorithm.html • AHRQ Patient and Family Education: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/family-education.html • AHRQ Sample Care Plan: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/sample-care-plan.html • CDC—STEADI (Stop Elderly Accidents, Deaths and Injuries) Toolkit: A Fall Prevention Resource for Health Care Providers: https://www.cdc.gov/steadi/ • Fall TIPS (Tailoring interventions for Patient Safety) Training Resources: https://www.falltips.org/ • Brigham and Women's Hospital—Fall TIPS Instructions Sheet for Nurses: http://www.ashnha.com/wp-content/uploads/2018/02/Fall-TIPS-instructions.pdf

Implement Fall a Prevention Program—Step 3 *(Continued)*

	Strategies to Implement	Tools and Resources
☐	*(Continued from previous page)* Use a standardized hand-off communication process for communicating patient risk for falls. • Use a white board to communicate fall risks to staff on all shifts. • Incorporate alerts, tasks, records, and prompts into the electronic health record (EHR). • Initiate a bedside shift report with the patient that includes fall risk concerns.	• Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults: http://files.hgsitebuilder.com/hostgator257222/file/ags_2019_beers_pocket_printable_rh.pdf • National Council on Aging (NCOA)—A Matter of Balance (MOB) Program: https://www.ncoa.org/article/evidence-based-program-a-matter-of-balance • Preventing Falls Targeted Solutions Tool: https://www.centerfortransforminghealthcare.org/products-and-services/targeted-solutions-tool/preventing-falls-tst/ • HSAG HQIC—For additional tools, (e.g., safe toileting, fall prevention agreement) contact your HSAG HQIC Quality Advisor.
☐	Optimize mobility for all patients. • Address potential impacts of immobility: loss of muscle mass and strength, loss of independence, potential for chronic pain, and potential loss of confidence following a fall. • Address fear of falling, which can result in decreased mobility and impaired cognition over time. • Solicit the voice of patients and family members to partner in mitigating risks in the hospital and their homes. • Recognize limitations of select interventions: bed alarms, sitters, and signage, incorporate reflective practice to take next step in fall prevention.	
☐	**Alternative considerations for critical assess and rural hospitals:** The Implementation of a falls quality improvement program can be more effective through an existing quality committee in which the goals of the fall prevention quality improvement will be discussed, defined, and evaluated.	

Conduct Post-Fall Management—Step 4

Rationale:
Post-fall evaluation is key to maintaining the patient's safety and for the organization learning how to prevent future falls.

	Strategies to Implement	Tools and Resources
☐	Conduct a post-fall huddle as soon as possible after the fall. • Involve staff at all levels—and, if possible, the patient—to discuss the fall, how it happened, and why (such as physiological factors due to medication or medical condition). • Ensure the huddle includes: – Whether appropriate interventions where in place. – Specific considerations as to why the fall may have occurred, including: whether the call light was on and for how long, staffing at the time of fall, and which environment-of-care factors were in play (e.g., toilet height, slip and trip hazards). – How similar outcomes can be avoided. – How the care plan has changed. ○ Revise care plan to prevent falls with referrals to appropriate services (physical therapy, occupational therapy, etc.) as needed.	• AHRQ Post-Fall Assessment Clinical Review: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/postfall-assessment.html • AHRQ Post-Fall Assessment for Root Cause Analysis: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/root-cause.html • Washington State Hospital Association (WSHA) Post-Fall Huddle Tool: https://www.wsha.org/wp-content/uploads/WSHA-post-fall-huddle-tool.pdf

Assess Your Progress—Step 5

Aggregate and Analyze Contributing Factors on an Ongoing Basis

Rationale:
Using a systematic, data-driven approach leads to solutions that target contributing factors. The goal is to continually re-evaluate and improve the approach to patient fall prevention.

	Strategies to Implement	Tools and Resources
☐	Monitor your progress on identifying and implementing best practices in fall prevention. • Assess and monitor your fall rates, repeat fall rates, and severity of fall-related injury rates and practices regularly. • Measure percent of falls and injury-risk factors treated (mitigated or eliminated) as a result of individualized care planning. • Present your performance to leadership and other key stakeholder groups. • Assess patient satisfaction with the fall-prevention plan of care upon discharge and with a follow-up call. • Provide unit-level data feedback to relevant unit staff to implement strategies for motivation and continuous monitoring and improvement. • Make system modifications for repetitive themes (e.g., limiting use of sleeping medications after certain hours, sitter program budget allowance for confused patients).	• AHRQ Best Practice Checklist: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/best-practices.html • AHRQ Information to Include in Incident Reports: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/incident-reports.html • AHRQ Assessing Fall Prevention Care Processes: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/assessing-procedures.html • AHRQ Measuring Progress Checklist: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/measure-progress-checklist.html • AHRQ Falls Prevention Audit Tool: http://patientsafety.pa.gov/pst/Documents/Falls/audit.pdf

Hardwire Fall Safety Culture & Patient/Family Engagement—Step 6

Rationale:
Research has shown that an organization's ongoing involvement in quality improvement initiatives is associated with lower fall incidence. Similarly, research shows that patients who are active participants in their care experience better outcomes than those who are not engaged.

	Strategies to Implement	Tools and Resources
☐	Hardwire safety processes, such as safety huddles, post-fall huddles, and bedside handoffs. • Regularly reassess staff knowledge. • Enlist leaders with focused safety huddles to include at-risk patients. • Promote a blame-free environment. • Tell a patient story.	• AHRQ Preventing Falls in Hospitals Sustainability Tool: https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/sustainability-tool.html • WSHA—Patient Safety, Transforming Culture Toolkit: http://www.wsha.org/wp-content/uploads/Transforming_Culture_Toolkit.pdf • American Hospital Association (AHA)/ Health Research & Educational Trust (HRET)—Improving Patient Safety Culture through Teamwork and Communication: TeamSTEPPS®: https://www.aha.org/system/files/2018-01/2015_teamstepps_FINAL.pdf • AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety: https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/guide.html
☐	Reinforce patient and family education. • Teach fall-prevention and harm-reduction strategies. • Solicit the voice of patients and family members to partner in mitigating risks in the hospital and their homes. • Address heath literacy and develop targeted educational materials. • Consider use of a fall-prevention video for risk awareness education. • Invite a patient family advisor to be a member of the fall/mobility multidisciplinary improvement team. • Use a patient agreement to promote compliance and ensure the patient feels like part of the team.	
☐	Encouraging participation in community-based mobility programs after discharge.	

Your Final Destination

Now that you've reached your destination, it is important that your efforts are not futile. One of the most challenging aspects of quality improvement and change is sustaining the gains. These key tactics will help you ensure ongoing success.

Ensuring Your Process Is Stable

Most projects involve monitoring of both process and outcome measures. These data play an important role in identifying when you've achieved change. It is important to review your data to identify and address special cause variation; recognize positive trend changes (six to eight data points at or above goal); and achieve predictable, consistent results.
Remember: *"Every system is perfectly designed to get the results it gets."*—W.E. Deming

For more information on data, variation, and change, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Data, Variation, and Change

Control Plan/Sustainability Plan

A control or sustainability plan is a method for documenting the key elements of quality control that are necessary to assure that process changes and desired outcomes will be maintained. At a minimum, this plan should include ongoing monitoring of process steps that are critical to quality, frequency of monitoring, sampling methodology, and corrective actions if there is noted variation.

For more information on control and sustainability plans, access the following resources at www.hsag.com/hqic-quality-series:

- Quality and Safety Series Video on Control and Sustainability Plans

Project Hand-Off

Depending on the size of your facility and resources that are available, it may be necessary to hand off your project to a "process owner." A process owner is a person or department responsible for monitoring a process and sustaining the changes according to the control or sustainability plan. The person or department should be the entity that will most significantly experience the gains of the improved process or project.

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