


Falls Prevention Program
HSAG Physical Restraint Collaborative
Learning Session 2

**The Falls Management
Program**
**A Quality Improvement Initiative for
Nursing Homes**

Emory Center for Health in Aging and the
Rollins School of Public Health, Emory University


Ethica Healthcare and Retirement Communities



The Falls Management Program
A Quality Improvement Program for Nursing Facilities - 2003

**THE EMORY-ETHICA
FALLS
MANAGEMENT TEAM**

Jo Taylor
Holly Brown
Diane Greene
Jonathan Hawley
Pamela O'Rourke
Joseph Ouslander
Patricia Parmelee
Kimberly Rask
Lucy Rogers
Laura Schild
Mary Shotwell
Harry Strothers



The image shows the cover of a report titled "The Falls Management Program: A Quality Improvement Program for Nursing Facilities - 2003". The cover features a blue background with a close-up photograph of an elderly woman with white hair and glasses. In the top left corner, there is a small logo for "Produced for The Falls Management Program". In the bottom right corner, there is a larger version of the same logo. The text "EMORY" and its logo are visible in the bottom right corner of the cover.

What is the FMP?

- FMP = Falls Management Program, designed to help nursing homes (NHs) reduce falls and their consequences
- Based on Vanderbilt Falls Reduction Program (JAMA, 1997)
- Expansion of accepted standards of practice reported in literature and reflection of staff input during 12 years of field work



FMP History (1993-present)

- Two randomized controlled trials funded by CDC, National Center for Injury Prevention and Control
- Contracts with Beverly Enterprises, Inc. and National Healthcare Corporation
- Contracts with Alabama QIO in 6th Scope of Work and with TN QIO in 7th Scope of work
- Two AHRQ funded grants for improving patient safety



Goals of the FMP

- Reduce falls and related injuries
- Increase staff awareness of causes, consequences & management of falls
- Improve accuracy of fall reporting for data based decision making
- Improve staff organization and participation of primary care providers
- Improve documentation of care processes



FMP targets key processes

- Organizational commitment & culture change
- Team formation & function
- Education & training
- Medical director/primary care provider involvement
- Quality improvement tools



FMP provides structured tools

- Self assessment
- 8-step falls response protocol
- Standardized assessment, care planning & monitoring tools
- Tracking Record for Improving Patient Safety (TRIPS): falls reporting, investigation & documentation
- Relational data base for quality monitoring & improvement
- Provider communication tools
- Staff training and information for families and residents



FMP Self Assessment

Systematic review of care processes

- Culture, organizational commitment and team skills
- Data collection and analysis
- Staff training and information for primary care providers, families and residents
- Environment and equipment safety



FMP Self Assessment (cont.)

Chart Audit to assess documentation

- Screening and assessment
- Care plan development
- Monitoring implementation and resident response



The 8 Step Fall Response

- Evaluate & monitor for 72 hrs
- Investigate fall
- Record circumstances, outcomes & staff response (TRIPS)
- FAX Alert to physician
- Implement immediate intervention
- Complete Falls Assessment
- Develop plan of care
- Monitor implementation & resident response



Falls Assessment

■ Five areas of risk

- High risk medications (antipsychotics, antidepressants, benzodiazepines, sedative/hypnotics, digoxin)
- Orthostatic hypotension
- Vision
- Mobility
- Unsafe behaviors



Fall Intervention Plan – Possible interventions are listed under each area of risk on the Falls Assessment. Selection of interventions is based on resident's individual risks.

Fall Interventions Monitor – Record of implementation by unit staff and resident response



TRIPS

Section A

- Name, medical record number
- Date, time, location, severity level, treatment
- Physician and family notification



TRIPS

Section B

- Type of incident
- Causes, activity, staff present footwear
- Aid in use, restraint use, side rails, alarm use
- Change in mental status, level of consciousness
- Blood glucose, pulse, BP, temperature
- Injury (site and type)



Relational Data Base

- Monitor falls, fallers, recurrent fallers and injuries over time
- Analyze falls by selected variables such as time, shift, day of week, activity, type and cause



Provider Communication Tools

- **Fax Alert** – alerts MD about resident’s current fall and total number of falls within past 180 days
- **Three page Primary Care Provider Fax Report and Orders** – cover sheet, one page summary of Falls Assessment, one page of suggested orders under each area of risk
- Facts and Flow Sheet, suggestions for further assessment and/or interventions, resources



Staff Training and Information for Residents and Families

Staff Training

- Two 15 minute programs on single video tape
- Companion handouts (English and Spanish)
- Pre and post tests (English and Spanish)

Families and Residents

- Family presentation
- Two handouts, *Ways Families Can Help Reduce Fall Risk* and *Reducing Falls: A Safety Checklist for the Home*



FMP Manual

- 54 page manual
- Appendix A – List of training manuals, videos, books, professional guidelines, articles, websites, and equipment sources
- Appendix B – All forms necessary for FMP
- Appendix C – Case history, discussion guides for inservices & sample forms
- Appendix D – Instructions for engineer



Realistic Expectations

Can we change organizational culture?

Can we improve awareness, reporting and clinical processes?

Can we reduce falls and serious injuries?



Successes

- Improves care processes
- Promotes teamwork
- Facilitates use of data
- Increases staff awareness
- Improves documentation



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Identified barriers

- Limited resources for purchase of wheelchairs, seating adaptations and other equipment
- Limited time
- Duplicative documentation
- Lack of staff buy-in, staff turnover
- Lack of administrative support
- Low participation from therapy staff
- Lack of clinical decision making skills



Lessons Learned

- Administrative support is crucial
- Stability & commitment by nursing staff can make (or break) a program
- Staff skills may need supplementation
 - Clinical decision-making
 - Quality improvement process
- Physicians may resist involvement
- Paperwork/documentation demands can undercut success



Goal Within 8th SOW

- Provide a process of individualized assessment and care planning including specific details to address a resident's fall risk in order to facilitate restraint reduction efforts and help ensure positive outcomes during survey and in case of litigation.
- Provide a multifaceted FMP from which staff can select components to address weak areas identified during self assessment.



FMP Materials

Manual and all of the forms necessary for the program are available on www.medqic.org

Click **Physical Restraints** → **Tools** → **The Falls Management Program**

4 pdf files (instructions for printing, manual, cover, and spine art)

Staff training video tape

Relational data base under development



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Jo A. Taylor, RN, MPH
jotaylorqa@aol.com
(828) 681-8887

