Advances in Protecting Patients from Fall Injury:
VHA Innovation Community

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Objectives

- Prioritize strategies to examine falls by type of fall
- Differentiate fall risk screening from fall assessment
- Link fall program redesign strategies to a best practice framework
- Define 3 strategies to integrate fall risk into practice
- Segment high-vulnerable populations to protect from fall related injury
FOCI:

- Preventing Injurious Falls
- Preventing Adverse Events Associated with Wandering

MISSION:

To support clinicians in providing safe patient care by designing and testing safety defenses related to the patient, provider, technology, and organization.
Prevent serious injurious falls

Promote the safe use of technology

Promote a culture of safety
Must Read!

Clinics in Geriatric Medicine
Nov. 2010

Clinical Nursing Research, An International Journal
21(1) Feb. 2012
Special Issue:
Falls in the Older Adult
Limits to Science

• Failure to Differentiate Type of Fall
  – Accidental
  – Anticipated Physiological
  – Unanticipated Physiological (Morse 1997)

• Failure to Link Assessment with Intervention

- 30% to 51% of falls result with some injury
- 80% - 90% are unwitnessed
- 50%-70% occur from bed, bedside chair *(suboptimal chair height)* or transferring between the two; whereas in mental health units, falls occur while walking
- Risk Factors: Recent fall, muscle weakness, behavioral disturbance, agitation, confusion, urinary incontinence and frequency; prescription of “culprit drugs”; postural hypotension or syncope
Best Practice Approach in Hospitals

- Implementation of safer environment of care for the whole patient cohort (flooring, lighting, observation, threats to mobilizing, signposting, personal aids and possessions, furniture, footwear)
- Identification of specific modifiable fall risk factors
- Implementation of interventions targeting those risk factors so as to prevent falls
- Interventions to reduce risk of injury to those people who do fall

(Oliver, et al., 2010, p. 685)
Types of Falls

• Until Organizations Know Types of Falls occurring, they cannot know the effectiveness of your program.

• Types of falls are:
  – Accidental
  – Anticipated Physiological
  – Unanticipated Physiological
    (Morse, J. 1997. Preventing patient falls. Sage publication.)
  – Intentional Falls

• Failure to Link Assessment with Intervention
Morse Fall Scale  (Morse, 1997, *Preventing patient falls.*)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Scale</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td><strong>History of Falls</strong></td>
<td>Yes</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td><strong>Secondary Diagnosis</strong></td>
<td>Yes</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td><strong>Ambulatory Aid</strong></td>
<td>Furniture</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Crutches / Cane /</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>None / Bed Rest / Wheel Chair / Nurse</td>
<td>0</td>
</tr>
<tr>
<td><strong>IV / Heparin Lock</strong></td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gait / Transferring</strong></td>
<td>Impaired</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Weak</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>/ Bed Rest / Immobile</td>
<td>0</td>
</tr>
<tr>
<td><strong>Mental Status</strong></td>
<td>Forgets Limitations</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Oriented to Own Ability</td>
<td></td>
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Screening to Assessment

• History of Falls
  – Screen: yes or no
  – Assessment: based on positive or negative screen response

• Assessment must be comprehensive

• Required for rest of nursing process
OTHER RISK FACTORS

Other risks (choose 1 or more)

- History of falling (if 'yes' response to Morse Fall Scale Q1)

  Answer both questions

  1. Obtain additional fall history:
     contributing factors to falls
     frequency of falls in the last three months
     any other pertinent history

     Fall History:

     *

  2. Did patient/resident have a history of injury with prior falls?

     - No
     - Yes - Injury with Fracture
     - Yes - Injury without Fracture
     - Unknown history of injury or injuries

- Secondary Diagnosis (if 'yes' response to Morse Fall Scale Q2)
- Neither of the above (no history of falling and no secondary diagnosis)

FALL RISK ASSESSMENT

OTHER RISK FACTORS
- History of Falling
What About?

• The 85 yo who says No to a history of recent falls?
• The patient who gets admitted because of a fall?
• The patient who falls in our care?
Best Practice Approach in Hospitals

1. Implementation of safer environment of care
2. Identification of specific modifiable fall risk factors
3. Implement interventions targeting those risk factors so as to prevent falls
4. Implement interventions to reduce risk of injury to those people who do fall
Protect from Injury

Protecting Patients from Harm: Our Moral Imperative
The Falls Toolkit Website

www.patientsafety.gov/fallstoolkit

National Center for Patient Safety 2004 Falls Toolkit

Falls are one of the most common adverse events in hospitals.

Many facilities are working to find ways to reduce the number of falls as well as the severity of the falls that do occur. In an effort to help facilities, we created the Falls Toolkit.

The Falls Toolkit provides information on:

- Designing a falls prevention and management program
- Effective interventions for high-risk fall patients
- Implementing hip protectors for high-risk fall patients
- Educating patients, families and staff on falls and fall-injury prevention

The web edition of the Falls Toolkit includes:

<table>
<thead>
<tr>
<th>Falls Notebook</th>
<th>Media Tools</th>
<th>Resources</th>
<th>Contact Us</th>
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<tbody>
<tr>
<td>The complete Falls Notebook in PDF and MS Word format for easy viewing and downloading.</td>
<td>Posters, fliers, and button designs to promote fall-injury prevention.</td>
<td>Educational materials and links to helpful web sites.</td>
<td>Support for your questions and feedback concerning the toolkit.</td>
</tr>
</tbody>
</table>
Transforming Care at the Bedside How-to Guide: Reducing Patient Injuries from Falls (2008)


• Updated 2012
How to Guide: Revision
6 Steps (2012)

• Screen risk for anticipated physiological falls on admission
• Screen risk for injury (history of FRI) on admission
• Complete multifactorial fall risk assessment
• Assess Multifactorial Risk Factors for Anticipated Physiological Falling with members of the interdisciplinary team, and Risk for a Serious or Major Injury from a Fall
• Communicate and Educate About Patients’ Fall and Injury Risk
• Implement Universal Fall and Injury Prevention Interventions for Patients at Risk for Injury
5 Essentials to Protect from FRI

Programmatic Shift

Change in assessment structures: add risk for FRI and Hx of FRI

Change in interventions: Environmental Redesign

Assess to protective interventions

Organizational Support

You can protect patients from injurious falls
What to Put in Place

Injury Risk Assessment

Injury Prevention Interventions

Interventions specific to Injury Risk

Resources:
http://www.visn8.va.gov/patientsafetycenter/fallsTeam/default.asp
Moderate to Serious Injury

Those that limit function, independence, survival

Age (85 yoa)

Bones (fractures)

antiCoagulation (bleeds/hemorrhagic injury)

Surgery (post operative)
Best Practice:
Hip Protector Toolkit
Best Practice: Patient Education Video
Osteoporosis in Men

This 15 minute video is targeted for men with osteoporosis, addressing myths, diagnosis, treatment, and healthy living for prevention of osteoporosis in men.
Best Practice
Patient Education Brochure
“Anticoagulation: Preventing Injurious Falls”

- Risk for falls
- Practical strategies to prevent injuries
- Actions to take if one falls
- Fall prevention strategies
Best Practice
Clinical Tools for Preventing Falls in Gero-Psychiatry

Peer Leader Toolkit
Organizational Self Assessment
Communication Handoff Tool
Criteria for Bed Selection
What to do When you Fall...