

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

VHA – NCPS – VISN 8

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.



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

Hospital Falls: we know.... (D. Oliver, et al. Falls and fall-related injuries in hospitals. (2010, Nov). *Clinics in Geriatric Medicine*.

- 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.*)

Morse Fall Scale		
Risk Factor	Scale	Score
History of Falls	Yes	25
	No	0
Secondary Diagnosis	Yes	15
	No	0
Ambulatory Aid	Furniture	30
	Crutches / Cane /	15
	None / Bed Rest / Wheel Chair / Nurse	0
IV / Heparin Lock	Yes	20
	No	0
Gait / Transferring	Impaired	20
	Weak	10
	/ Bed Rest / Immobile	0
Mental Status	Forgets Limitations	15
	Oriented to Own Ability	0

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

Reminder Dialog Template: VANOD Fall Risk

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)

Visit Info Finish Cancel

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

Implementation of safer environment of care

Identification of specific modifiable fall risk factors

Implement interventions targeting those risk factors so as to prevent falls

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 Toolkit Menu

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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:

Falls Notebook	Media Tools	Resources	Contact Us
The complete Falls Notebook in PDF and MS Word format for easy viewing and downloading.	Posters, fliers, and button designs to promote fall-injury prevention.	Educational materials and links to helpful web sites.	Support for your questions and feedback concerning the toolkit.



IHI RWJF 2006

Transforming Care at the Bedside How-to Guide: Reducing Patient Injuries from Falls (2008)

Boushon B, Nielsen G, Quigley P, Rutherford P,
Taylor J, Shannon D. Cambridge, MA: Institute
for Healthcare Improvement; 2008. Available
at: <http://www.IHI.org>.

- 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**

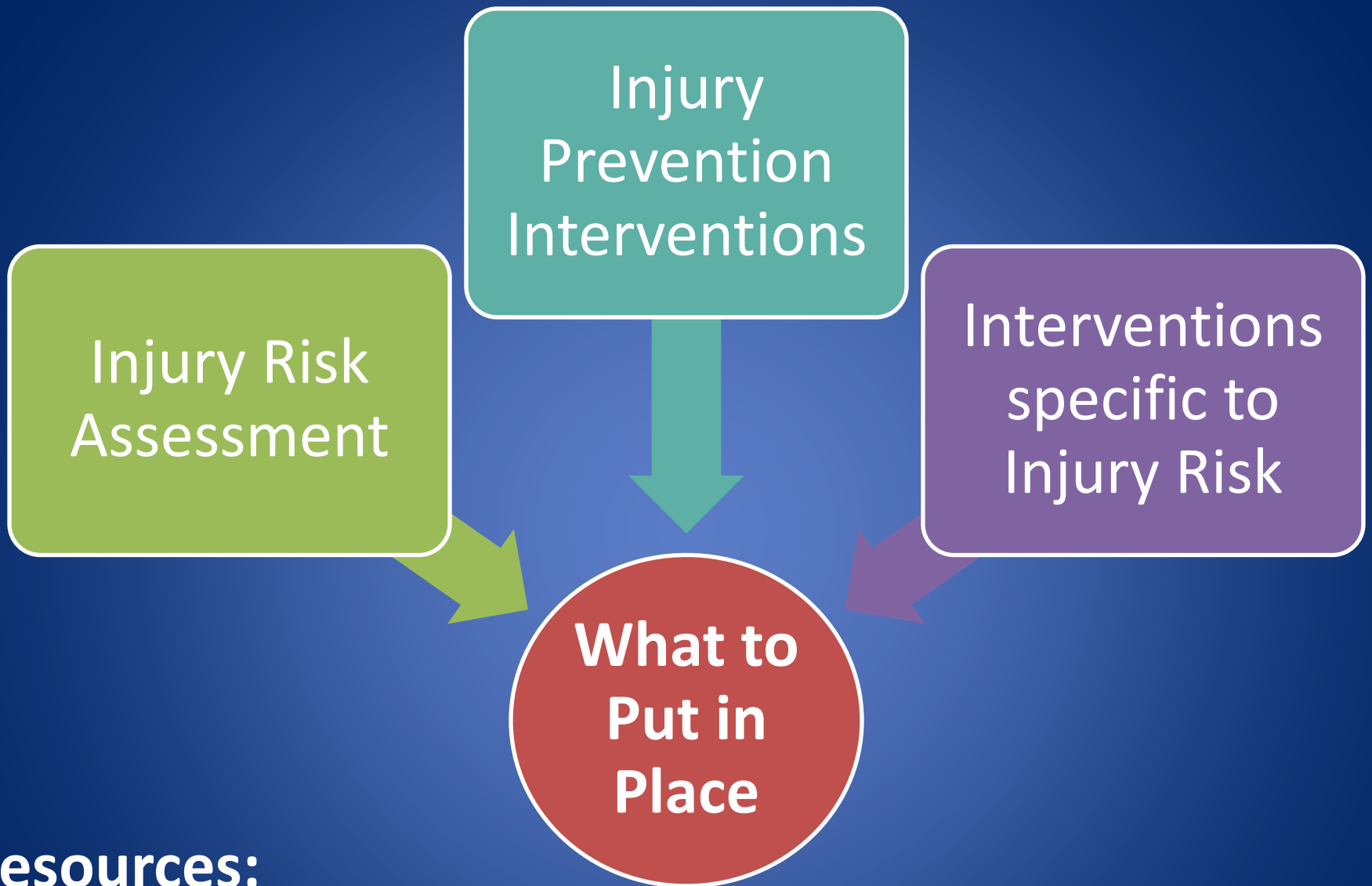
**Change in
assessment
structures: add
risk for FRI and
Hx of FRI**

**Change in
interventions:
Environmental
Redesign**

**Assess to
protective
interventions**

**Organizational
Support**

You can protect patients from injurious falls



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)

Technology Resource Guide: Bedside Floor Mats



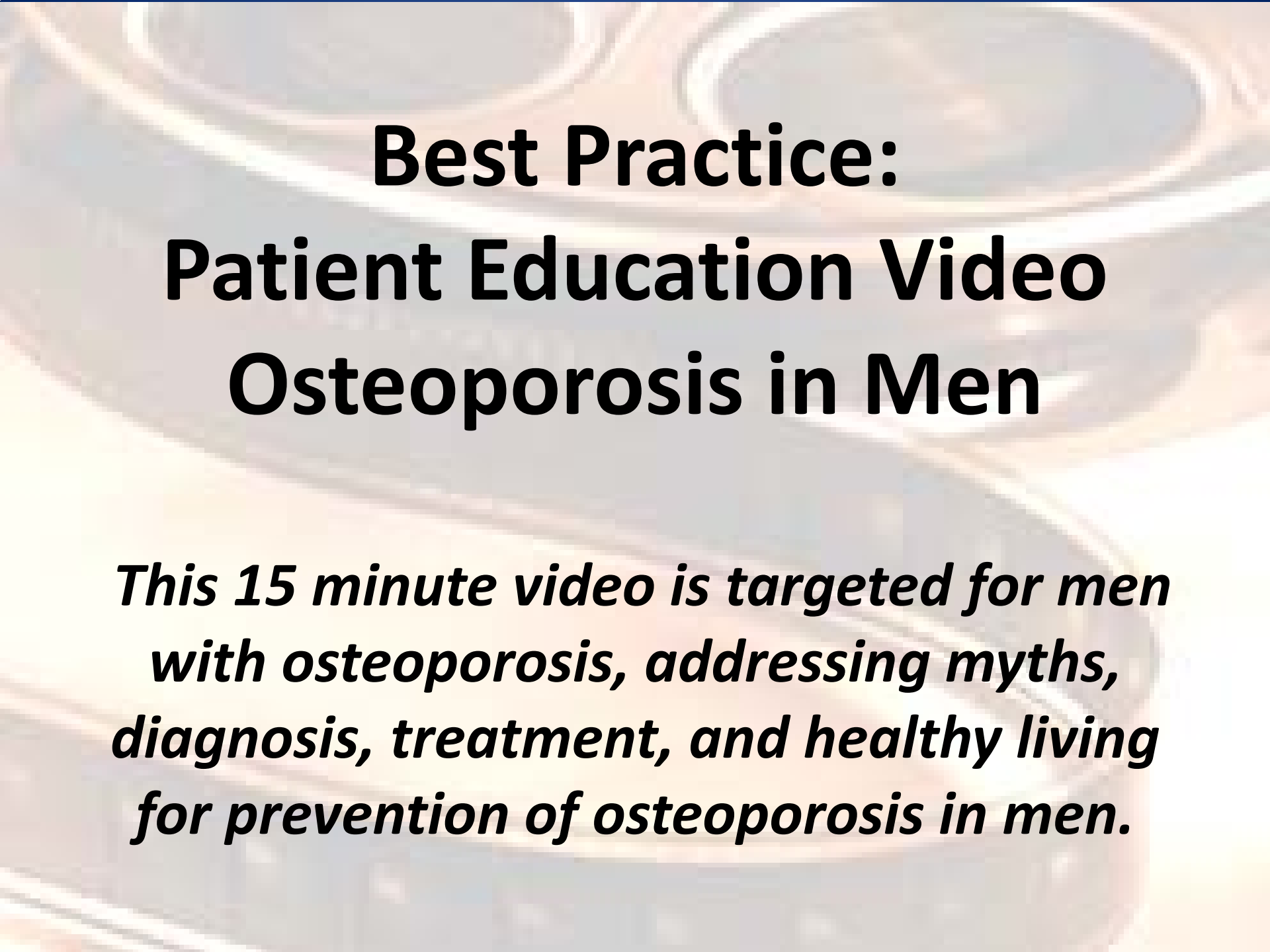


Hip Protector Toolkit Resource

<http://www.visn8.va.gov/patientsafetycenter/fallsTeam/default.asp>



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”



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...



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Tampa, FL

What to do When you Fall...