Implementation Guide for Falls

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1. Introduction

This implementation guide was created to support the Partnership for Patients, a national initiative sponsored by the Department of Health and Human Services to reduce harm in health care facilities. Military Health System leadership has pledged its support to the PfP, and has made a commitment to specific, identified aims. Improving the quality and safety of health care in all Department of Defense facilities will only be possible with universal support at *every* level in the MHS.

This guide is one of 10 harm-specific guides designed to assist you as you implement identified evidence-based practices to improve patient care. Common to all guides are resources that support efforts to educate the health care team by providing MHS-selected EBPs and quality improvement strategies.

In addition, implementation strategies and tools relevant to all harm categories are included in a guide titled "Practical Applications for Process Improvement and Change Management." This guide supports efforts to equip the health care team with rapid-cycle process improvement methods and engage the health care team through the use of change management strategies.

2. Falls Prevention Evidence-Based Practices

2.1 Background Information

According to the National Quality Forum, a fall is a sudden, unintended, uncontrolled downward displacement of a patient's body to the ground or other object. This includes situations where a patient falls while being assisted by another person, but excludes falls resulting from a purposeful action or violent blow.[1]

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[1] *National Quality Forum Patient Safety Terms and Definitions*. www.qualityforum.org/Topics/Safety_Definitions.aspx. Accessed 6/11/2012.

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Falls Burden of Illness

- Falls among older adults cost the U.S. health care system more than $23.6B in 2005
- Falls are a serious public health problem among older adults. More than a third of adults age 65 years or older fall each year
- A study of people age 72 and older found that the average health care cost of a fall injury was $19,440
- Of those who fall, 20 to 30 percent suffer moderate to severe injuries that reduce mobility and independence, and increase the risk of premature death

Sources:

1. CDC Falls-Older Adults Data and Statistics. http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html Accessed 6/12/12.
2. Rizzo JA, Friedkin R, Williams CS, Nabors J, Acampora D, Tinetti ME. *Health Care Utilization and Costs in a Medicare Population by Fall Status. Medical Care* 1998; 36(8):1174–88.

2.2   Risk Factors

The following factors are commonly associated with falls and are often used to determine a patient's risk of fall[23]

- Older age
- Polypharmacy
- Impaired gait
- Ambulatory aid
- Cognitive impairment

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[2] *Morse Fall Scale. http://www.patientsafety.gov/CogAids/FallPrevention/index.html#page=page-1.* Accessed 8/31/2012.
[3] Degelau J, Belz M, Bungum L, Flavin PL, Harper C, Leys K, Lundquist L, Webb B. Institute for Clinical Systems Improvement. Prevention of Falls (Acute Care)

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2.3   Evidence-Based Practice Guidelines

To reduce the prevalence of falls in adults, the evidence-based practice selected for standardized implementation across all MHS direct care hospitals is the Johns Hopkins tool for adult patients. Each Service maintains licensing for these tools; contact your Service Lead to gain access to the tools.

- *Clinical Protocol and Procedures: Fall Risk Assessment, Prevention and Management, Adult*

    o   The Johns Hopkins Fall Risk Assessment tool – one page document outlining fall risk factors

    o   Fall Prevention Guidelines by Risk Category (Low Fall Risk, Moderate Fall Risk, High Fall Risk)

    o   Suggested Format for Comfort and Safety Rounds – Strategy for conducting patient safety rounds

    o   Management of Falls Events – Actions to take immediately following a fall event

- Patient Safety: A Guide to Preventing Falls in the Hospital – an educational tool for the inpatient

- Patient Safety: A Guide to Preventing Falls at Home – an educational tool for the patient being discharged to home

- Patient Information Guide to Preventing Falls in the Hospital.

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General Strategies for Falls Prevention in Adult Patients

Low Risk:
- Conduct a fall risk assessment utilizing the Johns Hopkins Hospital Fall Risk Assessment Tool
- Conduct a fall risk assessment initially at admission (within time prescribed by policy) and every shift or when needed based on patient status changes
- Maintain a safe unit environment with limited excess equipment and supplies
- Orient patients to their room and bathroom
- Educate the patient and his/her family and visitors regarding falls risk and prevention activities
- Place bed in lowest position with wheels locked
- Place side rails in an upright position as needed
- Ensure patients wear snug-fitting, non-slip footwear while ambulating
- Ensure personal items and ambulatory devices are within easy reach at all times

Moderate Risk:
- Identify patients at risk for falling with visual cues
- Discuss and identify all patients deemed at risk for falling during nursing shift reports
- Conduct patient-centered bedside rounds every 2 hours
- Use a bed exit or personal alarm

High Risk:
- Remain with the patient while toileting
- Conduct patient-centered bedside rounds every hour
- Move patient to a room with the best visual access to the nursing station
- Encourage the family to stay with the patient or consider using a sitter
- Provide diversion therapy such as TV or a volunteer reader

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General Strategies for Falls Prevention in Pediatric Patients

<u>Low Risk:</u>
- Conduct a fall risk assessment utilizing an evidenced-based fall risk assessment tool
- Conduct a fall risk assessment initially at admission (within time prescribed by policy) and every shift or when needed based on changes in patient status
- Keep hand contact with infants, young children, developmentally delayed or cognitively impaired children on treatment tables or scales
- Educate the patient and his/her family and visitors regarding falls risk and prevention activities
- Place bed or crib in lowest position with wheels locked
- Place side rails in an upright position as needed
- Ensure patients wear snug-fitting, non-slip footwear while ambulating
- Maintain direct surveillance of children in bathtub/shower
- Fasten safety belts on high chairs, strollers and swings

<u>High Risk:</u>
- Identify patients at risk for falling with visual cues
- Discuss and identify all patients deemed at risk for falling during nursing shift reports
- Conduct patient-centered bedside rounds every hour
- Accompany patients with ambulation
- Move patient to a room with the best visual access to the nursing station
- Encourage the family to stay with the patient or consider using a sitter
- Provide diversion therapy such as (age appropriate) TV, lacing cards or volunteer reader

2.4   MHS Falls Performance Measures

In order to collect and interpret data that documents success in reducing the incidence of falls, it is imperative that process and outcome measures be utilized. The MHS has committed to using the measures listed below. MTFs are expected and encouraged to report facility-wide falls to the Patient Safety Reporting System.

Description	Data Source	Metric
Percentage of patients that had the initial falls assessment: $$\frac{\text{Patients with initial falls risk assessment}}{\text{total number of patients}} \times 100$$	Essentris	Process Measure
Patient Fall Rate: (Tracked by month) $$\frac{\text{Total Number of Patient Falls}}{\text{Total Number of Patient Bed Days}} \times 1000$$	PSR System/M2	Outcome Measure
Patient Falls with Harm Rate: (Tracked by month) $$\frac{\text{Total Number of Patient Falls with Harm}}{\text{Total Number of Patient Falls}} \times 100$$	PSR System	Outcome Measure

Numerators for the above metrics will be calculated using the following PSR data parameters:

Patient Fall Rate

Numerator: PSR data where event type= "fall"; patient status="inpatient"; degree of harm="no harm", "emotional distress or inconvenience", "additional treatment", "temporary harm", "permanent harm", "severe permanent harm", or "death"

Patient Falls with Harm Rate

Numerator: PSR data where event type="fall"; patient status="inpatient"; degree of harm="additional treatment", "temporary harm", "permanent harm", "severe permanent harm", or "death"

3. References

Army. (2011). Fall Prevention Clinical Practice Guideline (For Adult and Pediatric Inpatients of Military Medical Treatment Facilities). https://www.qmo.amedd.army.mil/NurseCPG/NurseCPG.html

Center for Disease Control. (2011). *Falls- Older Adults Data and Statistics*. Retrieved April 26, 2012, from Center for Disease Control: http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html
Accessed 7/11/12.

Degelau J, Belz M, Bungum L, Flavin PL, Harper C, Leys K, Lundquist L, Webb B. Institute for Clinical Systems Improvement. Prevention of Falls (Acute Care). Updated April 2012.
http://www.icsi.org/guidelines_and_more/protocols_/patient_safety___reliability_protocols/falls__acute_care___prevention_of__protocol_/falls__acute_care___prevention_of__protocol__24254.html   Accessed 7/11/12.

National Quality Forum. (2011). *NQF Patient Safety Terms and Definitions.*
http://www.qualityforum.org/Topics/Safety_Definitions.aspx   Accessed 7/11/12.

[4] Department of Veterans Affairs National Center for Patient Safety Falls Toolkit, Measuring Success.
http://www.patientsafety.gov/SafetyTopics/fallstoolkit/notebook/07_measuringsuccess.pdf   Accessed 8/31/2012.

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4. Appendix

Attachment A: Adult Falls Guideline Compliance Form

Adult Falls Guideline — Compliance

Objective: Suggested tool to provide documentation of compliance with implementation of Adult Falls Guidelines

Falls Guideline Compliance Checklist	Yes	No	Identified Barriers/ Plans to Overcome Barriers
Patients at Low Risk:			
1. Remove excess equipment / supplies from rooms and hallways			
2. Coil and secure excess telephone and electric wires			
3. Clean spills in patient room or hallway immediately			
4. Place signage to indicate wet floor damage			
5. Restrict window openings			
6. Orient patient to their room and the bathroom			
7. Show the patient how to use the call bell and ensure it is within reach			
8. Educate the patient and family on falls risk prevention			
9. Encourage patient and families to call for assistance if needed			
10. Place bed in the lowest position with the wheels locked			
11. Ensure the patient is wearing snug-fitting, non-slip footwear while ambulating			
12. Clearly identify any hazardous areas or obstacles upon which the patient might trip			
Patients at Moderate Risk:			
1. Consider additional yellow fall risk indicators (such as identification bracelet, blanket or socks) as per Service policy			
2. Conduct patient bedside rounds at least every 2 hours and check patient for pain, positioning, elimination, possessions			
3. Remind patient to request assistance whenever necessary			
4. Reorient patient as necessary			

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5. Supervise and/or assist bedside sitting, personal hygiene and toileting			
6. Place side rails up (no more than 3 rails at a time)			
7. Communicate factors influencing the patient's risk to licensed independent provider			
8. Post an at-risk indicator in a visible area within/outside the patient's room			
Patients at High Risk:			
1. Remain with the patient while toileting			
2. Offer toileting every 2 hours while awake			
3. Conduct patient-centered bed rounds every hour			
4. Use seatbelt when in a wheelchair			
5. Move the patient to a room with best visual access to the nursing station			

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Attachment B: Pediatric Falls Guideline Compliance Checklist

Pediatric Falls Guideline — Compliance

Objective: Suggested tool to provide documentation of compliance with implementation of Pediatric Falls Guidelines

Pediatric Falls Guideline Compliance Checklist	Yes	No	Identified Barriers/ Plans to Overcome Barriers
Patients at Low Risk:			
1. Orient patient to the room			
2. Ensure the bed is in a low position with the brakes on			
3. Ensure the side rails are up and assess large gaps			
4. Fasten straps on wheel chair, stroller, swing or high chair			
5. Use non-skid footwear and appropriate size clothing			
6. Check patient for pain, positioning, pottying and possessions			
7. Ensure the call light is within reach and the patient/family is educated on its functionality			
8. Environment is clear of hazards (unused equipment, furniture)			
9. Assess for adequate lighting			
10. Educate patient and parents on falls protocol precautions			
11. Include fall prevention in plan of care			
Patients at High Risk:			
1. Consider additional yellow fall risk indicators (such as identification bracelet, blanket or socks) as per Service policy			
2. Post an at-risk indicator in a visible area within the patient's room			
3. Accompany patient with ambulation			
4. Place patient in appropriate bed			
5. Move patient closer to nursing station			
6. Remind patient and parents to request assistance when necessary			
7. Offer toileting every 2 hours while awake			
8. Assess need for a 1:1 supervisor			
9. Evaluate medication administration times			
10. Remove all unused equipment out of the room			
11. Protective barriers to close out all spaces and gaps in the bed			
12. Ensure door is open at all times			
13. Ensure bed is in the lowest position			
14. Document in nursing narrative teaching and plan of care			

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