

Sustaining Quality:
Reducing Fall Risk in Senior Living Communities



"Help, I'm Falling Into Financial Burden From Falls!"

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- > Has 33+ years in HC safety/risk (28+ years in post-acute care)
- > Serves on the AHCA Professional Development Work Group
- > Is a former corporate safety director for several LTC companies
- > Spent his career developing risk & safety strategies, programs & solutions
- > Is a founding member of the Direct Supply-sponsored Loss Prevention Forum

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Sustaining Quality:
Reducing Fall Risk in Senior Living Communities

Falls Session Agenda

1. **Introduction**
2. Claims, Costs, Considerations
3. Assessments and Interventions
4. People, Technology and Strategies
5. Quality Assessment Performance Improvement

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Disclaimer

The materials, comments and other information contained in this presentation are intended to provide **general information but not advice** about certain regulations and initiatives.

This information **is not and not intended as legal or other advice** and each situation may vary depending on the particular facts and circumstances.

You should not act upon this information without first **consulting with qualified legal counsel**.

Thank You.

Bloom's Taxonomy of Action Verbs

Objectives

Participants will be better able to:

1. NAME (*Knowledge*) ... To remember previously learned information
2. EXPLAIN (*Comprehension*) ... To demonstrate an understanding of facts
3. CHANGE (*Application*) ... To apply knowledge to actual situations

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2012
CDC Stats

1. How BIG is the "falls" problem?

2012 = \$30 B*

65+ = 1 in 3 fall

20-30% < morbidity and mortality

65+ = Hospitalized 5x for falls than other causes

*Actual direct costs but not long term disabilities, lost wages, quality of life Δ's

CDC Centers for Disease Control and Prevention
1601 Clifton Road, NE Atlanta, GA 30333
http://www.cdc.gov/homeandrecreationalafety/falls/fallcost.html

2012
CDC Stats

2. How do these COSTS break down?

- Increase rapidly with age
- Higher for women than for men (both fatal and nonfatal)
- Costs for women* = 2-3x's higher** than the costs for men

* 58% of older adults ** based on 2000 medical costs

CDC Centers for Disease Control and Prevention
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2012
CDC Stats

3. TYPE of fall-related injuries
(in 2012 dollars)

- Av. hospitalization = \$34,294
- 44% of direct medical costs = hip fractures
- Hip fractures = most serious and costly fracture
- Fractures (nonfatal injury) = most common [(33%) & costly (61%)]
- 78% of deaths & 79% of costs = TBI* and lower extremities (hips??)

*traumatic brain injuries

CDC Centers for Disease Control and Prevention
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http://www.cdc.gov/homeandrecreationalafety/falls/fallcost.html

Current
Corporate
Perspectives

5. What do other say?

- Most claims are settled
- Large Corporation's Experience:
 - \$137K av. spent to "settle" falls claims
 - 41 claims settled 9/30/2011 to 8/31/2014
- Residents that fall = 18% / month (National LTC av. ≈ 20%)

CDC Centers for Disease Control and Prevention
1601 Clifton Road, NE Atlanta, GA 30333
http://www.cdc.gov/homeandrecreationalafety/falls/fallcost.html

Claims and
Outcomes

6 a. What are they worth?

- (03/23/02) **\$1.99 million verdict** ... struck her head ... died 6 days after admission. Assessed as "high risk for falls" ... failure to supervise ... transported to hospital 10 hrs. after fall
- (date unpublished) **\$200,000 settlement** ... 80-yr-old NH resident ... died < 1 month after she fell ... frx. femur ... alarm NOT turned on
- (date unpublished) **\$862,500 settlement** ... subdural hematoma ... 76-year-old AL resident ... fell ... struck her head

http://www.wilkesmchugh.com/nursing-home-abuse.html

Claims and
Outcomes

Status: Dementia, required assistance with mobility, unsteady gait ... walker/wheelchair. Passed 11/23/11; Death Certificate: "complications from L hip fracture due to a fall on 11/17/11 as immediate cause of death
Demand \$1.1 million; **Settlement** \$ 127,500

Status: Osteoporosis, syncope, hypertension, depression, hyperlipidemia, peripheral neuropathy, history of hip frx, chronic hip/leg pain, osteoarthritis of knee and hip. Passed 10/23/08. . Death Certificate: complications of R femur frx due to a fall as cause of death.
Arbitration Verdict: \$195,475¹²

6 b. SO, what is a claim worth?
 NO average settlement
 NO simple "approximate number"

Claim Evaluations Basics

What actually determines how much, if any, you're going to pay?

1. Facts
2. Medical expenses
3. How many next of kin
4. Available insurance coverage
5. Time between accident and death

<http://www.wilkesmchugh.com/nursing-home-abuse.html>

Plaintiff: *accuser, complainant, litigant, applicant, pretender*

Defendant: *perpetrator, offender, respondent, suspect, culprit*

US Legal System

Designed to:

- a. Resolving the dispute without going to jury trial
- b. Encourage extensive discovery and negotiations between adversarial parties

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The Plaintiff Must Prove:

Four Elements

1. Professional **DUTY** owed to the resident
Dignity, Safety, Standards of Care
2. **BREACH** of that professional duty
Elopement, Fall, Infection, Weight Loss
3. **INJURY** caused by the breach
Malnutrition, Bedsore, Fracture, Death
4. Resulting **DAMGES**
 - a. Noneconomic loss (*pain, suffering*)
 - b. Economic Loss (*lost wages, related health care costs*)

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As Taught by Plaintiff Attorneys

A Caution

Signs of Nursing Home Abuse and Neglect:

1. Bedsores
2. Malnutrition
3. Dehydration
4. Broken Bones
5. Unexplained Injuries
6. Unexpected Deaths

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6. Claim topics we won't discuss

?

1. Tort Reform?
2. Toughest states?
3. Labor hours involved in costs?
4. Hard or Soft Med Mal insurance market?
5. Will a Dem or Rep White House or Congress make a difference?

"Fear of Falling"

WHAT:
 A lasting concern ... can lead to an individual avoiding activities that he/she remains capable of performing

WHO:

- 46% of NH residents
- More women than men
 - Underreported by men?

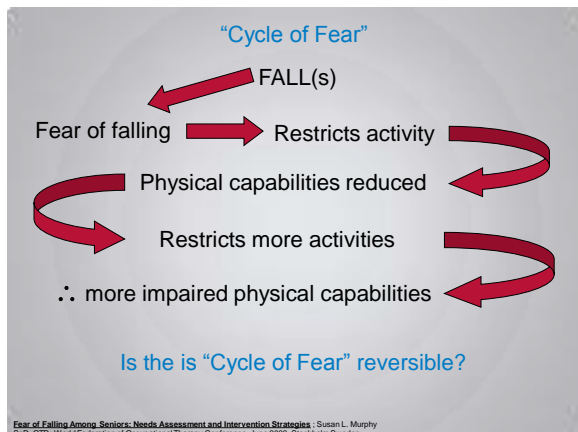
WHEN:

- Post-fall
- Age = 80+
- Visual impairment
- Sedentary lifestyle
- Lack of emotional support

Troen and Powell, 1993

Fear of Falling Among Seniors: Needs Assessment and Intervention Strategies : Susan L. Murphy ScD, CTR, World Federation of Occupational Therapy Conference, June 2002, Stockholm Sweden

Murphy, Dublin, & Gill



How did Ruth succeed?

Success

- 1] She and her healthcare Team had a clear purpose
- 2] They were committed to that purpose
- 3] They consistently followed through
- 4] They had the resources (*time, training, tools*)

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FUNDEMENTALS of "Risk"*

What we're use to:

1. Risk
2. Risk Assessment
3. Risk Management

Some newer ideas:

1. Risk Benefit
2. Risk Enablement
3. Risk Enablement Plans

"Nothing Ventured, Nothing Gained": Risk Guidance For People With Dementia

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What is the one thing, if you could change it,
that would have the greatest impact on
reducing falls in your communities?

ASSESSING: Your Perceptions

SIDEBAR:
Assess
My Mom



"Elinor Miller, 83 years old, talked herself out of a speeding ticket by telling the young officer that she had to get there before she forgot where she was going."

Clinical Frailty Scale

- 1. Very Fit** - People who are robust, active, energetic and motivated. These people normally exercise regularly. They are among the fittest for their age.
- 2. Well** - People who have no active (subjective symptoms) but are less fit than Category 1. Often they exercise or are very active occasionally, e.g. seasonally.
- 3. Managing Well** - People whose medical problems are well controlled, but are not regularly active beyond routine walking.
- 4. Vulnerable** - While not dependent on others for daily help, often complains of being "winded up" and/or being tired during the day.
- 5. Mildly Frail** - These people often have more evident slowing, and need help in high order OADL (bathing, transportation, heavy household, medications). Typically need help progressively on tasks involving and walking outside alone, most preparation and food/beverage.
- 6. Moderately Frail** - People need help with all the tasks at home and with keeping house. Often, they often have problems with sleep and need help with bathing and might need minimal assistance (using standing) with dressing.
- 7. Severely Frail** - Completely dependent for personal care. Even whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of slipping further - 6 months.
- 8. Very Severely Frail** - Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
- 9. Terminally Ill** - Approaching the end of life. This category applies to people with a life expectancy < 6 months, who are not otherwise evidently frail.

Where dementia is present, the degree of frailty usually corresponds to the degree of dementia.

- Mild dementia** - includes forgetting the details of a recent event, though still remembering the overall "gist" regarding the same event/activity and social adjustment.
- Moderate dementia** - recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care well, progressing.
- Severe dementia** - they cannot do personal care without help.

K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. *JAMA*. 2005;293(11):1168-75.
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Geriatric Medicine Branch, Dalhousie University, Halifax, Canada

ASSESSING: Your Residents

Multi-factorial Assessment Process



CHECKLIST 180		CHECKLIST 180		CHECKLIST 180		CHECKLIST 180	
MEDICAL PROBLEMS (SELECT ALL THAT APPLY)		FUNCTIONAL PROBLEMS (SELECT ALL THAT APPLY)		SOCIAL PROBLEMS (SELECT ALL THAT APPLY)		PSYCHIATRIC PROBLEMS (SELECT ALL THAT APPLY)	
CHARACTER 180	CHARACTER 180	CHARACTER 180	CHARACTER 180	CHARACTER 180	CHARACTER 180	CHARACTER 180	CHARACTER 180
<input type="checkbox"/> Acute Myocardial Infarction	<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Falls	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Nutritional Status	<input type="checkbox"/> Pain
<input type="checkbox"/> Atrial Fibrillation	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Dementia	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Grief/Bereavement	<input type="checkbox"/> Polypharmacy	<input type="checkbox"/> Safety	<input type="checkbox"/> Personality Disorder
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Delirium	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Isolation	<input type="checkbox"/> Transportation	<input type="checkbox"/> Self-Harm	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Living Alone	<input type="checkbox"/> Driving	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Lack of Support	<input type="checkbox"/> Mobility	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Borderline Personality Disorder
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Falls	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Major Depressive Disorder
<input type="checkbox"/> COPD	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Insurance	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Generalized Anxiety Disorder
<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Panic Disorder
<input type="checkbox"/> Dementia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> Polypharmacy	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Living Alone	<input type="checkbox"/> Transportation	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Obsessive Compulsive Disorder
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Support	<input type="checkbox"/> Falls	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Specific Phobia
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Agoraphobia
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Insurance	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Social Anxiety Disorder
<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Polypharmacy	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Panic Disorder
<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Living Alone	<input type="checkbox"/> Transportation	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Support	<input type="checkbox"/> Falls	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Obsessive Compulsive Disorder
<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Specific Phobia
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Insurance	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Agoraphobia
<input type="checkbox"/> Pain	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Polypharmacy	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Panic Disorder
<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Living Alone	<input type="checkbox"/> Transportation	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Peptic Ulcer Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Support	<input type="checkbox"/> Falls	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Obsessive Compulsive Disorder
<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Specific Phobia
<input type="checkbox"/> Stroke	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Insurance	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Agoraphobia
<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Polypharmacy	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Panic Disorder
<input type="checkbox"/> Ulcer	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Living Alone	<input type="checkbox"/> Transportation	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Support	<input type="checkbox"/> Falls	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Obsessive Compulsive Disorder
<input type="checkbox"/> Weight Gain	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Specific Phobia
<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Lack of Insurance	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Agoraphobia
<input type="checkbox"/> X-ray Abnormal	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Legal Issues	<input type="checkbox"/> Polypharmacy	<input type="checkbox"/> Suicide Risk	<input type="checkbox"/> Panic Disorder

<http://axenty.com/resources/Checklists/Piper%20Cherokee%20180.pdf>

Multi-factorial Fall Assessment

ASSESSING:
Your
Residents

1. Focused History
2. Physical Examination
3. Timed Up-and-Go Test
4. Orthostatic Hypotension
5. Where do you find Clinical Practice Guidelines?

AMDA Clinical Practice Guidelines, 2011; AGS Clinical Practice Guidelines, 2010

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Clinical Practice Guidelines

- American Medical Directors Association (AMDA)
 - Clinical Practice Guidelines: Falls & Fall Risk (Revised 2011)
- American Geriatrics Society (AGS)
 - Clinical Practice Guidelines: Prevention of Falls in Older Persons (Rev. 2010)
- Agency for Healthcare Research & Quality (AHRQ)
 - The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities (2010)

1. An important predictor of future falls
2. Ask the RESIDENT about the fall

History of Falls

1. Did you have a recent change in medications?
2. What do you think caused you to fall?
3. What were you doing before the fall?
4. How were you feeling before the fall?
5. Were you injured due to the fall?
6. Did you seek treatment?

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Another Kind of Resident Assessment

Clues & Cues

- | | | |
|---|------|----------------------|
| 1. Pain | WHO? | WHY? |
| 2. New cough | | |
| 3. "Color" change | | Early Identification |
| 4. Posture change | | = |
| 5. Change in routines | | Early Response |
| 6. Off patterns or habits | | |
| 7. Less visible in the community | | |
| 8. Hospitalization / physician visit: check for changes in meds | | |

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Assessing the Environment: Internal

Environmental Assessments

1. **Lighting:**
2. **Walking:**
3. **Equipment:**
4. **Furnishings:**
5. **Monitoring Systems:**
6. **Risks in specific spaces:**

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Assessing the Environment: External

Environmental Assessments

1. Patios
2. Vehicles
3. Sidewalks
4. Parking lot
5. Grassy areas
6. Weather-related
7. Seating and benches

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What do you see?



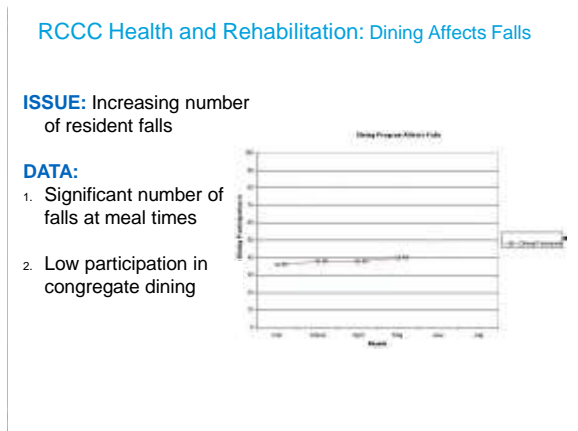
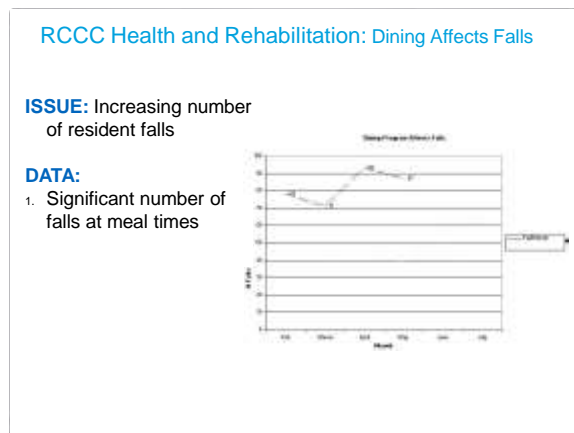
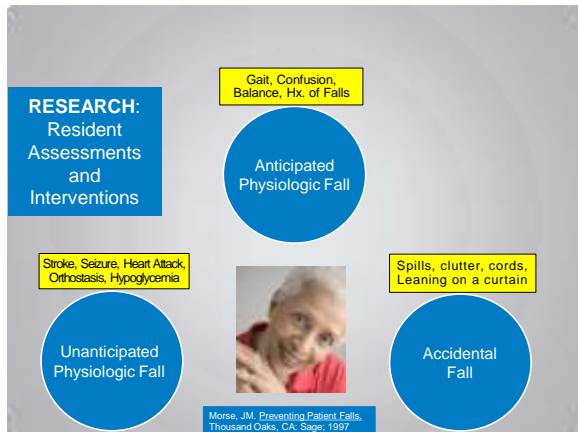
Keeping Your Fall Prevention Program Successful

Program Assessment

1. GIVEN: Patient safety is an ORGANIZATIONAL PRIORITY
2. Two fundamental, consistent Falls Prevention messages:
 - a. EVERY patient is at risk for falls
 - b. EVERY employee has a role
3. Easy-to-understand data that drives unit level change
4. Ongoing assessment of plan effectiveness
5. Proper support equipment and resources
6. Simplified and standardized approach
7. Designated resources for managers
8. Staff education and training

SizeWise, Understanding Fall Risk, Prevention, & Protection; 1600 GENESSEE, STE. 950 KANSAS CITY, MO 64112; 800.514.9399

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- RCCC Health and Rehabilitation: Dining Affects Falls
- ANALYSIS and FINDINGS:**
- Meal time
 - Social Diner Served First
 - Assisted Dining Served Last
 - Staff location at time of falls
 - Staff was charting
 - Call lights not answered
 - Staff not available to assist
 - Negative staff and resident perceptions
 - RESIDENTS: Meal served sooner in resident rooms
 - STAFF: "Meal-to-resident" easier than "resident-to-meal"

RCCC Health and Rehabilitation: Dining Affects Falls

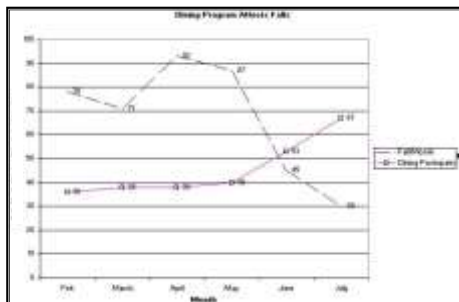
DESIRED OUTCOMES:

1. Increase dining participation to **REDUCE**:
 - a. Falls
 - b. Weight loss
 - c. Food Complaints
 - d. Behaviors/Increase socialization
 - e. Pressure ulcers/ Increase movement
2. Increase the number of residents eating in dining room

INTERVENTIONS:

1. Mandated change for chart times
2. Re-education of staff & resident perception

RCCC Health and Rehabilitation: Dining Affects Falls



Case Study: Mr. B*

INCIDENT: 84-year-old NH resident. Recently tripped and fell on a step ... did not see the step, "my vision seems to be growing fuzzier." Referred to optometrist to confirm eyeglass prescription for distance vision. The optometrist diagnosed macular degeneration.

INTERVENTIONS:

1. Given instructions re/ walking
2. Staff supervises Mr B when negotiating steps
3. Staff took measures to provide a safe environment
4. Checked room lighting and added a light by his bed
5. Encouraged to call for help when lacking confidence
6. Walker positioned by the bedside at night (self-toilets)



How are you going to implement them?

45

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"HELP, I'm Falling Into Financial Burden"

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What is important to prevent falls?



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Falls Prevention

- Exercise
- Daily "contracting" with residents*
- Mitigation
- Review/reduce medications
- Alert systems
- Remove obstacles
- Track/Share trends
- Low beds w/o rails

- **ASSUMPTION:** You can't prevent falls.
- **REBUTTAL:** Falls prevention can be effective.
- **EXAMPLES:** Important falls prevention elements?

PEOPLE

"Daily Contracting" with Residents

SAFE from FALLS Toolkit

Resident and Family Engagement

- Verbal "contracting" by each shift's care giver:
 - i.e. "We don't want you to fall, Mr. Smith. We're a Team, right? Will you promise to call me for some help before you get up?"
- Resident and Family Education and Involvement:
 - i.e. "You know Mom just had a medication change. If you notice anything different, please let us know."

PEOPLE http://www.mnhospitals.org/index/tools-app/tool_362?view=detail 49

Other things that Staff could remind a Resident of?


- Ask for help! It is OK.
- Book ... glasses ... water ... etc.
- Wear your glasses / hearing **aids**
- It's OK to pause before you stand up.
- Wear your **shoes / slippers** / non-skid socks
- Keep your **walker/cane/WC** within reach and use it
- Use the **handrails** in the bathroom and hallways
- Make sure your **pathway** is clear
- Tell us about any **spills**

PEOPLE http://www.mnhospitals.org/index/tools-app/tool_362?view=detail

"Daily Contracting" with Residents "Family Tips"

Sample tips:

- Before you go home, please make sure (*glasses, water, call light, over bed table, phone, Kleenex, etc.*) are within reach.
- Please notify staff / us before leaving if you **notice confusion or disorientation** in your Dad.
- Please remind Mom to ask for help when she gets up.

PEOPLE 

How can People "HELP" to prevent falls?

RESIDENTS:

- PARTICIPATE IN** their Quality of Care
- SEEK and ENGAGE IN** their Quality of Life

STAFF and FAMILY:

- IDENTIFY** resident's barriers to preventing falls
- LEARN** the changes a resident is willing to make
- DEVELOPE** an individual falls prevention program
- VERIFY** the residents' understanding and retention
- ENGAGE** family members in falls prevention strategies
- DEFINE** "falls prevention" as staying independent longer
- EMPOWER** Residents and Families to discuss and decide

PEOPLE 52

Authority v. Familiarity*

Staff dynamics

Administrator ↓ RN Therapies ↓ CNAs	CNAs Therapies ↑ RN Administrator
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PEOPLE http://www.apbs.org/conference/denver/files/A18-Bird.ppt#969,13.FederalRegulations.Potentialareasofcitations

"Technology will be the key driver for Senior Living providers looking to reposition their communities in the future."

CXO Long Term Care Summit, 2013, Las Vegas, NV

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"Between the health care that we now have, and the health care we could have, lies not just a gap, but a chasm."

Institute of Medicine
Washington, DC
National Academy Press 2001

Crossing the Quality Chasm: A New Health System for the 21st Century. Institute of Medicine: Washington, DC: National Academy Press 2001. Copyright ©2000 by the National Academy of Sciences. All rights reserved. Permission is granted to reproduce this document in its entirety, with no additions or alterations. Copyright 2014-2015 Direct Supply, Inc. All rights reserved.

"The last national study of IT nursing homes was completed nearly a decade ago, and since then, NHs ... have shifted the types of technologies being used. " **

** Greg Alexander,
AP, MU Sinclair School of Nursing,
2013

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Recent Clinical Technology Advances

Tracking Wound Healing with Sensors



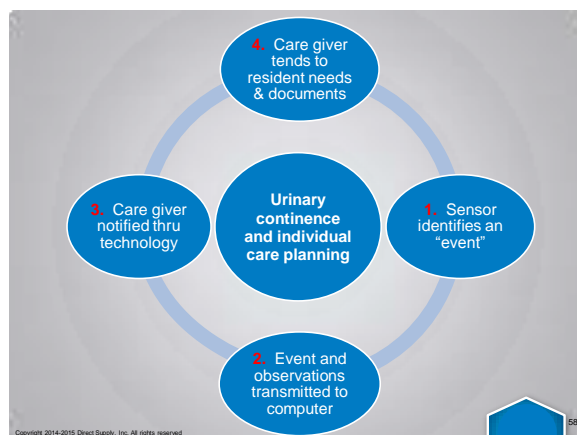

Using Cell Phone Cameras to Measure Vital Signs



Managing Continence in Nursing Homes



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Mike Millard, Managing Editor
Mike Millard is Managing Editor at Healthcare IT News. Mike covers topics such as health information exchange, privacy and security, analytics and ICD-10. Follow Mike on Twitter @MikeMillard3171.

Web-based tool was first to spot Ebola

Crowd-sourced technology saw the outbreak taking place in real-time, before WHO announcement

8/11/14 | August 12, 2014

The West African Ebola outbreak – already the largest, longest-lasting such contagion yet – continues to worsen. While the World Health Organization will be essential to stop it, one online database was the first to see it start.

Launched in 2008, HsaMap is a joint project from Harvard Medical School and Boston Children's Hospital.

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How El Camino reduced pressure sores

Technology helps caregivers move patients more frequently

MOUNTAIN VIEW, CA, August 11, 2014



El Camino Hospital, known for its advanced use of health information technology, is using wireless technology to reduce the risk of pressure ulcers for patients. Pressure ulcers – often called bedsores – have been one of the most elusive problems hospitals across the nation are attempting to solve.

They used a small, lightweight, wearable sensor that electronically monitors a patient's position and movements. Data collected by the sensor is communicated wirelessly to central monitoring stations on mobile devices so that caregivers can check on patient position and movement. The system provides alerts when necessary

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Tripping seniors on purpose to stop future falls

Technology

1. **Tripping seniors on purpose to stop future falls** By LINDSEY TANNER; Aug. 28, 2014 1:22 AM EDT; <http://bigstory.ap.org/article/tripping-seniors-purpose-stop-future-falls>

TECHNOLOGY 81

Data/Analysis Challenges --

The Mishap Reporting Pyramid

STRATEGY

Data/Analysis Challenges -- Near-Miss Analysis

The Mishap Occurrence Pyramid

STRATEGY

Data/Analysis Challenges -- Near-Miss Analysis

St. Joseph Medical Center (II):

- Enabled informal **reporting of errors and near-misses** among nursing staff
 - Holding safety briefings at shift changes (*What did you see?*)
 - Implementing "walk rounds" by hospital's executives
 - Instituting a telephone hotline to simplify reporting adverse drug events
- This resulted in a **91%** drop in the rate of adverse drug events.

Stories from the Ship: End-Case Studies in Safety Improvement Authors: Douglas McCarthy, M.B.A., and David Blumenthal, M.D. Summary Writer(s): Linda Prager and Deborah Lober March 27, 2006 | Volume 34

STRATEGY

Near-Miss Analysis

Near-Misses:
"Trivial events in non-trivial systems should not go unremarked."
 Perrow, 1984

- Precursors of possible adverse events
- Employee choices make the difference between harm and no harm ...
- So, how can we use it?

STRATEGY

Near Miss Analysis -- An adapted use

Rounding on Staff

- Relationship question.
- What is working well?
- Are there any individuals whom I can recognize?
- What systems or processes can be working better?
- Do you have the tools and equipment to do your job?

LEADERSHIP

From: *Revisiting Excellence* page 144-147, First Starco Publishing 2009

Presbyterian Senior Care

STRATEGY

Mnemonics

“Every Good Boy Does Fine”

+

“FACE”

“ROYGBIV”

STRATEGY #2

“Hand-off” Mnemonics

1.	9. Just Go NUTS
2.	
3.	
4.	
5.	13. SBAR
6.	14. I-SBAR
7.	15. SBARR
8. I PASS the BATON	16. SBAR-T

STRATEGY #2

I-PASS the BATON

- Introduction:
- Patient:
- Assessment:
- Situation:
- Safety
- Background:
- Actions:
- Timing:
- Ownership:
- Next:

STRATEGY #2

Just go NUTS

- Name
- Unusual or unique
- Tubes
- Safety

STRATEGY #2

S-BAR Iterations *

<p>SBAR</p> <ul style="list-style-type: none"> ▪ Situation ▪ Background ▪ Assessment ▪ Recommendation 	<p>SBAR-T</p> <ul style="list-style-type: none"> • Situation • Background • Assessment • Recommendation • Thank residents (note: handoff done at bedside)
<p>I-SBAR</p> <ul style="list-style-type: none"> • Introduction • Situation • Background • Assessment • Recommendation 	<p>SBAR-D</p> <ul style="list-style-type: none"> • Situation • Background • Assessment • Recommendation • Documentation

STRATEGY #2


Sustaining Quality:
Reducing Fall Risk in Senior Living Communities

Falls Session Agenda

1. Introduction
2. Claims, Costs, Considerations
3. Assessments and Interventions
4. People, Technology and Strategies
5. **Quality Assessment Performance Improvement**

“HELP, I’m Falling Into Financial Burden”

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I want to talk about "RCA". WHY?

"Not a change is improvement, but all improvement is change."
— Buckminster Fuller, Architectural Knowledge

Element 5: Systematic Analysis and Systemic Action

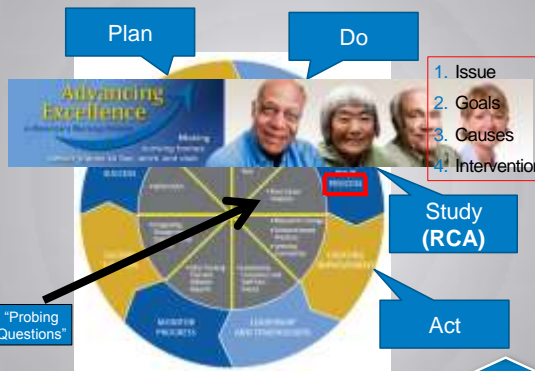
The facility... uses a systematic approach:

- To fully understand the **problem**, its **causes**, and **implications of a change**.
- To determine ... how identified problems may be caused or exacerbated **by the way care and services are organized or delivered**.
- The facility will ... **demonstrate proficiency** in the use of RCA ... to **prevent future events** AND promote **sustained improvement**.

Element 11: Getting to the Root of the Problem

"Use the RCA process to look at the system rather than individuals when something breaks down"

Circle of Success



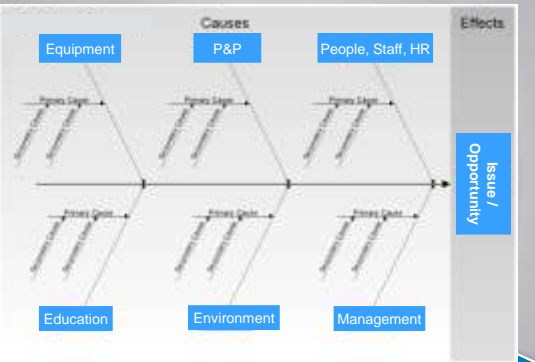
- Issue
- Goals
- Causes
- Interventions

What is RCA?

A process to figure out:

- What happened
- Why did it happen
- How to prevent it from happening again
- OR, to prevent it from happening the **1st time**

SIDEBAR: Ishikawa / Fishbone-ing

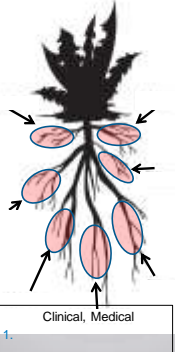


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Change to Contracted Laundry Services – Asking "WHY"

People, Hiring, HR

-

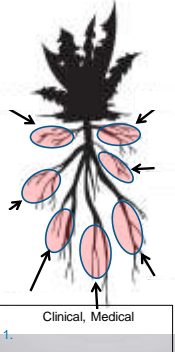


Management

-

P&P

-

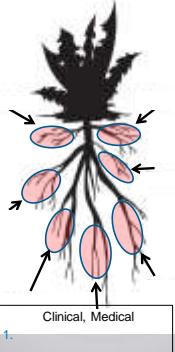


Environmental

-

Education

-



Equipment

-

Clinical, Medical

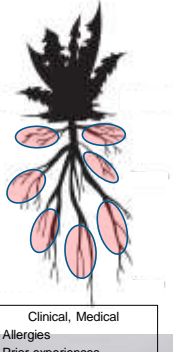
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Retrospective vs. Prospective RCA

Change to Contracted Laundry Services – Asking "WHY"

People, Hiring, HR

- Payroll
- Schedule
- TB / Criminal / Drug

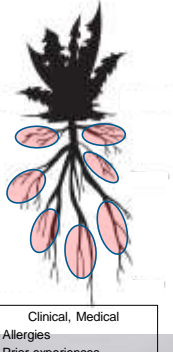


Management

- ROI
- Staffing
- Survey issues
- Personal Laundry
- Monitoring outcomes

P&P

- Infection Control
- HIPAA
- Lost Laundry
- Halfway Management

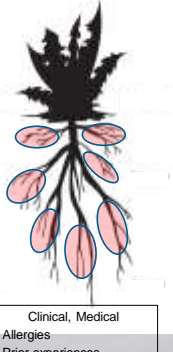


Environmental

- Spills
- Waste
- Chemicals
- Staff Smoking

Education

- Not our necessarily our responsibility BUT still our concern



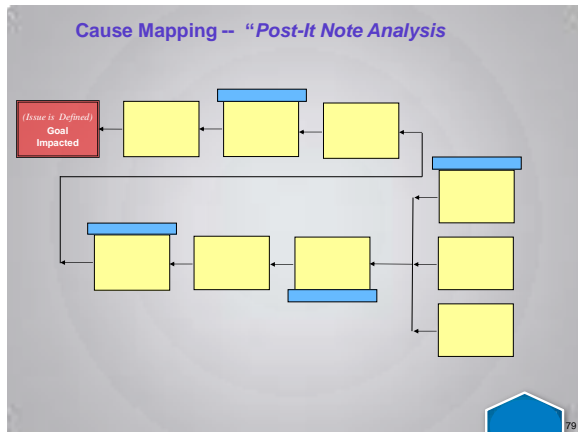
Equipment

- Care
- Expenses
- Maintenance

Clinical, Medical

- Allergies
- Prior experiences

Retrospective vs. Prospective RCA



Think Reliability

Step 1. Issue / Problem

Form fields include: What, When, Where, Description, Date, File, Address, Family Name, Location, Process, etc.

Step 1. Problem Outline

What Description _____

When Date _____
Time _____
Different, unusual _____

Where Facility Name _____
Location _____
Care / Work _____
Process _____

Think Reliability

Step 2. Goals

Form fields include: What, When, Where, Description, Date, File, Address, Family Name, Location, Process, etc.

Sidebar: Examples of Quality Improvement Goal Categories and Goals

Goal Categories	Specific Goals	Goal Categories	Specific Goals
Clinical	Mobility Pressure Ulcers Pain Management Infections (C. difficile) Medications (Antipsychotics)	Risk and Safety	Severity Patterns Frequency
Resident Choice	Bathing Mobility Discharge	Regulatory	osha F Tags K Tags Life Safety Code
Organizational Infrastructure	Staff stability Hospitalizations Person-Centered Care Consistent Assignments	Education	Orientation Family education Annual re-in-service Mandatory inservices Continuing Education

Think Reliability

Step 3. Finding the Causes
RCA and Cause Mapping
("The Weed" and "Post-It Note Analysis")

Step 3a. Asking Why

Step 3b. Cause Mapping
"Post-It Note Analysis"

Form fields include: What, When, Where, Description, Date, File, Address, Family Name, Location, Process, etc.

Step 4. Interventions / Solutions

The screenshot shows a software interface with several sections: 'Person Information', 'Incident Details', 'Investigation Details', and a flowchart area at the bottom. A red arrow points from the 'Step 4. Interventions / Solutions' text to the flowchart area.

Fall Scenario: Mr. Regis, 77 y.o., active, alert, visually impaired due to macular degeneration, slipped and fell on ice getting out his daughter's car, returning to building (fx elbow and shoulder)

Step 1. Problem Outline

What	Description	Fall on parking lot pavement due to snow and ice
When	Date	XX / XX / XXXX (Sunday)
	Time	11:20 AM
	Different, unusual	Unusual snow storm and unexpected thaw and refreeze
Where	Facility Name	The Center for Hope, Care and Recovery
	Location	North entrance drive way
	Care / Work Process	Resident, unescorted, returning to facility coming back from Church

Step 3a. Asking WHY

Fall Scenario: Mr. Regis

<p>People, Hiring, HR</p> <ol style="list-style-type: none"> Newly contracted snow/ice removal 	<p>Management</p> <ol style="list-style-type: none"> Maintenance monitors conditions ongoing Contract compliance in question
<p>P&P</p> <ol style="list-style-type: none"> Parking lot snow starts removal @ 3' & ongoing Ice melt applied based on conditions 	
<p>Education</p> <ol style="list-style-type: none"> 	
<p>Environmental</p> <ol style="list-style-type: none"> Unseasonal storm Sunday morning event Saturday thaw and refreeze lead to unusual ice build-up 	<p>Equipment</p> <ol style="list-style-type: none"> Broken weather radio
<p>Clinical, Medical</p> <ol style="list-style-type: none"> 	

Step 3b. Cause Mapping

Step 4. Interventions / Solutions

```

    graph TD
      PP[Physical Plant snow / ice] --> RF[Resident Fall]
      RF --> RNC[Resident not aware of unsafe conditions]
      RNC --> S1[Staff to inform or escort resident to car]
      RNC --> S2[Communicate with family about calling or escorting Dad]
      S1 --> S3[Family drops resident off near the entryway door of community]
      S2 --> S3
      S3 --> R2[Review contract with current vendor and replace if necessary]
      R2 --> S4[New snow removal contractor]
      S4 --> S5[Replace bix weather radio]
      S5 --> S6[Unseasonal storm]
      S6 --> S7[Thaw/ freeze prior day]
      S7 --> S8[Ice and snow build up]
      S8 --> S9[Conditions not monitored Maintenance offsite]
      S9 --> S10[Establish weekend policy]
      S10 --> S11[Staff to inform or escort resident to car]
  
```

Step 4. Interventions/Solutions

Owner	Cause	Intervention/Solution	Due Date
Admin	New snow removal contractor	Review contract with current vendor and replace if necessary	
Maintenance	Conditions not monitored (Maintenance offsite)	Replace weather radio	
Admin	Conditions not monitored (Maintenance offsite)	Establish weekend policy	
Nursing	Family drops resident off near front door	Communicate with family about calling or escorting	
Nursing	Resident not aware of unsafe conditions	Staff to prepare to escort resident back in	

Sustaining Quality: Reducing Fall Risk in Senior Living Communities

Falls Session Agenda In Review

1. Introduction
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“HELP, I’m Falling Into Financial Burden”

We're Done