



**KHC HIIN
Falls Sprint**

*A targeted focus among Kansas hospitals
on preventing Falls with Injury*

*Session #3
December 13, 2018*

**UP↑
CAMPAIGN**

WAKE UP → GET UP → SOAP UP → SCRIPT UP

↓ ↓ ↓ ↓

SEDATION AND OPIOID SAFETY PLANS PROGRESSIVE MOBILITY FOR ALL PATIENTS HAND HYGIENE OPTIMIZE INPATIENT MEDICATIONS



**Welcome to the
KHC HIIN Falls Sprint**

- Our Goals
 - Create a learning community
 - Support ACTION!
 - Testing
 - Innovation
 - Sharing

Mobility PFE Post Fall Huddles

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Introductions

Sprint Coach



Jackie Conrad
MBA, BSN, RN
Cynosure Health

Support team:

- Betsy Lee, Cynosure Health
- Michele Clark, Kansas Healthcare Collaborative
- Chuck Duffield, Kansas Healthcare Collaborative

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21 Kansas Hospital Sprinters

▶ Clara Barton Hospital	▶ Olathe Medical Center
▶ Coffey County Hospital	▶ Osborne County Memorial Hospital
▶ Ellsworth County Medical Center	▶ Phillips County Hospital
▶ F.W. Huston Medical Center	▶ Rush County Memorial Hospital
▶ Greenwood County Hospital	▶ Scott County Hospital
▶ Hillsboro Community Hospital	▶ South Central Kansas Medical Center
▶ Hodgeman County Health Center	▶ Sumner County Hospital District No. 1
▶ Jewell County Hospital	▶ Washington County Hospital
▶ Lawrence Memorial Hospital	▶ Wichita County Health Center
▶ Mitchell County Hospital Health Systems	▶ William Newton Hospital
▶ Norton County Hospital	

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Timeline

October 24	Introduction and kick-off webinar Introduction to Falls Discovery Tool, Creating a Culture of Mobility
November 30	Learnings from using Falls Discovery Tool, Develop AIM, Plan PDSA
December 13	PDSA Learnings and intro to Teach-back
January 24	PDSA Learnings and intro to post-fall huddles
February 28	PDSA Learnings and next steps
March 22	Wrap up and celebration!

Recordings for previous Sprint sessions are available in the KHC HIIN Education Archive at:
<https://www.khconline.org/initiatives/hiin/education/khc-hiin-past-educational-events>

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Measuring Success

Outcome:


- HIIN Falls with Injury Measure

Processes:

- Development of a SMART aim statement for preventing falls with injury
- Completion of monthly PDSA cycles
(Brief feedback via SurveyMonkey and/or KHC check-in calls)
- Share a summary of your experience and learnings
(Completion of brief summary template)

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Steps Taken Since Last Time

- ▶ Write your aim statement
- ▶ Finish chart audits using process discovery tool
- ▶ Conduct tracer observations:
 - ▶ Post fall huddle
 - ▶ Bedside handoff
 - ▶ Bedside rounds for hazards and delirium prevention
 - ▶ Unit call light observation
- ▶ Identify ONE SMALL test of change

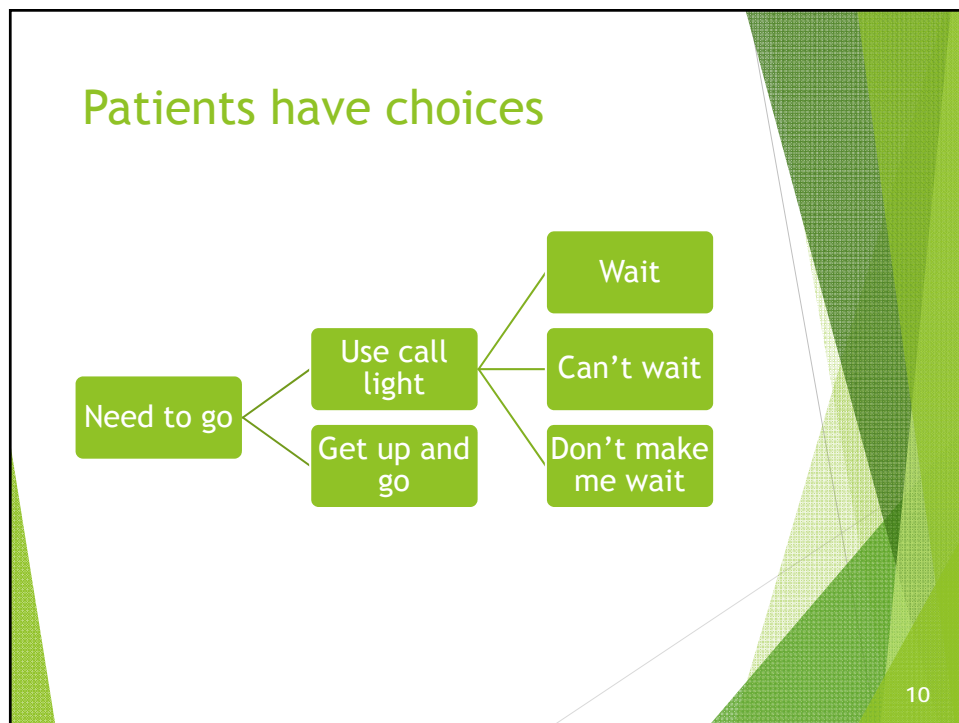
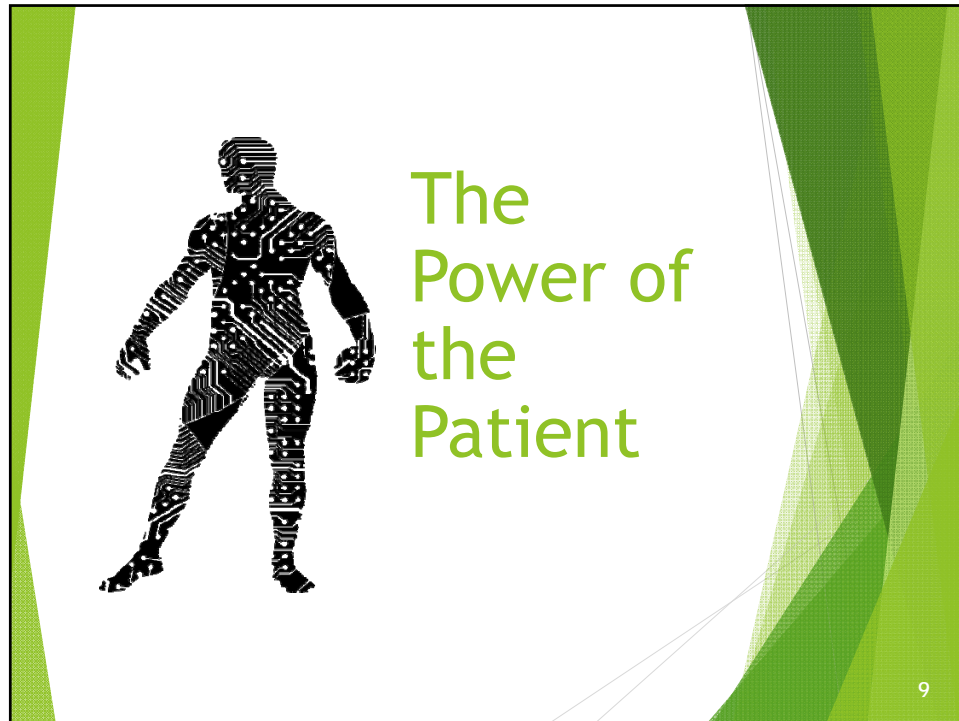
We will hear updates shortly

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Hospital Aim Statements

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Through the eyes of the patient

- ▶ Patients over-estimate their abilities and minimize their fall risk
- ▶ Patients over-estimate our ability to keep them safe
- ▶ Patients want privacy in the bathroom
- ▶ Patients respond positively to a nurses authentic caring and concern

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Changing Your Conversation with Patients

- ▶ Do you label Patients / Caregivers: Non-Compliant?
- ▶ What does Non-Compliant Mean to You?
- ▶ How do you measure your effectiveness?
- ▶ How do you evaluate effectiveness of your teaching?

The patient is non-compliant!
The patient won't listen!



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What works?

This is not Enough!



Structured Education

- ▶ Fall risks
 - ▶ Medications
 - ▶ Tripping hazards
 - ▶ Orthostatic hypotension, especially in morning
 - ▶ Footwear
 - ▶ Rolling equipment and furniture
- ▶ Risks for injury
- ▶ Consequences of a Fall
 - ▶ Serious injury
 - ▶ Increased length of stay
 - ▶ Discharge to rehab or SNF
- ▶ Safe ambulation
 - ▶ Level of assistance needed
 - ▶ Assistive devices¹³
 - ▶ Promote progressive ambulation

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“Teach Back”

“Teach Back” Testing:

- ▶ Ask the patient to describe or repeat [back](#) in his or her own words what has just been told or taught. [Return demonstration](#) is a similar technique used by diabetic educators, physical therapists, and others. Never ask whether patients understand; they always say “yes”.



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Teach Back Language

"I want to be sure I explained everything clearly. Can you please explain it back to me so I can be sure I did?"

Teach Back Question Card #1

"I want to make sure I explained this clearly. When you get back home in a few days, what will you tell your [friend or family member] about [key point just discussed]?"

Teach Back Question Card #2

"We covered a lot today about preventing falls, and I want to make sure that I explained things clearly. So let's review what we discussed. What are three strategies that will help you prevent falls?"

Teach Back Question Card #3

"I want to be sure that I did a good job of teaching you today about risk for falls. Could you please tell me in your own words what you are doing to prevent falls? How you will prevent falls in the future?"

Teach Back Question Card #4

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Teach Back for Fall Safety

TEACH-BACK TOOL for Fall Prevention

PURPOSE OF TOOL: TO GUIDE NURSES IN KEY COMPONENTS OF TEACHING FALL PREVENTION TO PATIENTS AND FAMILIES AND PROVIDE TEACH-BACK QUESTIONS THAT CAN BE USED TO EVALUATE THE PATIENT'S UNDERSTANDING.

Reference: O'Quinn, P (2016, December) Autonomy and the patient's right to choose falls prevention. American Nurse Today, 11(12). Retrieved on July, 2017 at: www.americannursetoday.com/for-nurses/patients-right-choose-falls-prevention

Using Teach-Back to Redesign Patient Teaching: Fall Prevention and Injury Protection Educate the Patient and Family within the first 24 hours of Admission.

KNOWLEDGE TEST AFTER AND RETURN DEMONSTRATION CHECKLIST:

WHAT ARE THE TOP 3 REASONS YOU ARE AT RISK FOR FALLING AND/OR INJURY? (Based on your fall risk assessment and history of injury risk)			
WHAT ARE THE 3 MAIN REASONS FALL PREVENTION IS IMPORTANT?			
WHAT ARE 2 ACTIONS CAN YOU TAKE TO STAY SAFE?			
WHAT ARE 2 IMPORTANT SAFETY REASONS YOU SHOULD ASK FOR HELP WHEN GOING TO THE BATHROOM?			
WHAT ARE THE THREE MAIN POINTS YOU NEED TO KNOW ABOUT USING YOUR CALL LIGHT?			
WHAT IS THE MAIN REASON WE WANT YOU TO WEAR YOUR NON-SLIP FOOTWEAR?			
WHAT COULD HAPPEN IF YOU CHOOSE NOT TO CALL FOR HELP?			

Ask for Return Demonstration, Show me:

1. Location of call light — bedside
2. Use of call light — bedside
3. Location of call light — bathroom
4. Use of call light — bathroom
5. Non-slip slippers correctly on feet
6. Others?

Be sure to cover:

1. What is my main problem?
2. What do I need to do (for that problem)?
3. Why is that important?

Patient Name: _____ Date: _____

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Delivery matters

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Tools and Best Practices

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Fall TIPS Tool

BRIGHAM AND WOMEN'S HOSPITAL		Patient Name: <i>John</i>	Date: <i>05/12/2016</i>
Increased Risk of Harm If You Fall <input type="checkbox"/>		Fall Interventions (Circle selection based on color)	
Fall Risks (Check all that apply)		<div> <div> Communicate Recent Fall and/or Risk of Harm </div> <div> Walking Aids Cane Walker </div> </div>	
History of Falls <input checked="" type="checkbox"/>		<div> <div> IV Assistance When Walking </div> <div> Toileting Schedule: Every <u>1</u> hours </div> </div>	
Medication Side Effects <input checked="" type="checkbox"/>		<div> <div> Bed Pan </div> <div> Assist to Commode </div> <div> Assist to Bathroom </div> </div>	
Walking Aid <input checked="" type="checkbox"/>		<div> <div> Bed Alarm On </div> <div> Assistance Out of Bed </div> </div>	
IV Pole or Equipment <input checked="" type="checkbox"/>		<div> <div> Bed Rest </div> <div> 1 person </div> <div> 2 people </div> </div>	
Unsteady Walk <input checked="" type="checkbox"/>			
May Forget or Choose Not to Call <input checked="" type="checkbox"/>			

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FACT SHEET FOR PATIENTS AND FAMILIES

Prevent a Fall: Patient Agreement

Your safety is our first concern
It's our privilege to serve you in the hospital. While you're here, our first concern is your safety and well-being.

Our experience has shown that patients in the hospital are often surprised by how difficult it is to do simple things such as:

- Get out of bed
- Get on the bathroom in a hurry
- Reach for objects while lying down
- Get dressed
- Put on braces or equipment

Trying to do these things by yourself can lead to a fall, which may cause a serious injury. This is true for people of all ages—and it's true for people who have had only a small problem or procedure, or who feel just fine.

Please don't try to do these things alone. We want to help prevent a fall.

Please be our partner in keeping you safe!

Please ask for our help every time you need to get out of bed, reach for something, get dressed, or do a similar activity. We'll be there to help.

Please sign below that you have read and understand our Patient Assistance Agreement.

FALLS RISK

Patient or family member: _____ Date: _____ Time: _____

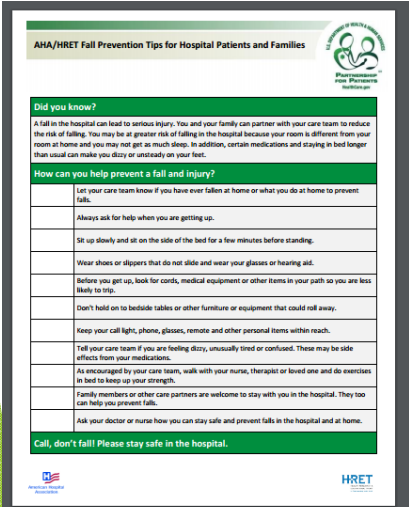
Staff: Please copy and post in room as a reminder to the patient and family.

Patient agreement

A pie chart divided into three equal segments. The top-left segment is labeled 'FAMILY' and is light blue. The top-right segment is labeled 'STAFF' and is red. The bottom segment is labeled 'PATIENT' and is dark blue.

<http://www.hret-hiin.org/resources/display/prevent-a-fall-patient-agreement>

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AHA/HRET Fall Prevention Tips for Hospital Patients and Families

Did you know?
A fall in the hospital can lead to serious injury. You and your family can partner with your care team to reduce the risk of falling. You may be at greater risk of falling in the hospital because your room is different from your room at home and you may not get as much sleep. In addition, certain medications and staying in bed longer than usual can make you dizzy or unsteady on your feet.

How can you help prevent a fall and injury?

- Let your care team know if you have ever fallen at home or what you do at home to prevent falls.
- Always ask for help when you are getting up.
- Sit up slowly and sit on the side of the bed for a few minutes before standing.
- Wear shoes or slippers that do not slide and wear your glasses or hearing aid.
- Before you get up, look for cords, medical equipment or other items in your path so you are less likely to trip.
- Don't hold on to bedside tables or other furniture or equipment that could roll away.
- Keep your call light, phone, glasses, remote and other personal items within reach.
- Tell your care team if you are feeling dizzy, unusually tired or confused. These may be side effects from your medications.
- As encouraged by your care team, walk with your nurse, therapist or loved one and do exercises in bed to keep up your strength.
- Family members or other care partners are welcome to stay with you in the hospital. They too can help you prevent falls.
- Ask your doctor or nurse how you can stay safe and prevent falls in the hospital and at home.

Call, don't fall! Please stay safe in the hospital.

Bedside Handout Reinforced at least Daily

- When is the best time to teach?
 - Initial teaching
 - Reinforcement in bedside handoffs
- Who is the best person to teach?
- How to engage families?

www.hret-hiin.org/Resources/falls/16/2014_PFE-Fall_Prevention_Tips

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PREVENTING FALLS IN THE HOSPITAL

Anesthesia, medication, surgery and decreased mobility increase your chances of falling. Special precautions will help prevent fall-related complications, including increased pain, additional surgery, a longer hospital stay or extended recovery.

CALL

Press call button for nurse

Don't fall

Get help before getting up

TIPS TO AVOID A FALL

- Ask for assistance before getting out of bed—every time.
- Use the call light when you need assistance at any time.
- Use the toilet when you need assistance. Always ask for staff assistance. Do not get up from the toilet without assistance.
- Take your time when sitting, standing up or lying down. Let your nurse know if you feel dizzy or lightheaded.
- Wear safety footwear—non-slip socks or supportive shoes—at all times.
- Avoid long nightgowns and robes.
- Use a walking aid or walker as needed. Staff may use safety devices, such as a gait belt, to assist you.
- Wear your glasses and hearing aids, if applicable.
- Use only stable objects to steady yourself. Never use an IV pole, tray table or wheelchair for this purpose.
- Let staff know if there is a spill or slippery spot on the floor.
- Ask your nurse what activities you can perform on your own.
- Keep important items—call light, phone, glasses—within easy reach.

WHAT FAMILY MEMBERS CAN DO:

- Wait for staff to assist your loved one.
- Help keep the room free of clutter.
- Share your safety concerns with the nursing staff.
- Leave safety alarm settings alone (or set).
- Before leaving the room, make sure:
 - The bed is in the low position with side rails up.
 - The call light and bedside table are within easy reach.



Lutheran Health Network
lutheranhealth.net

Check Your Risk of Falling

Circle yes or no for each statement below:			Why it matters:
I am in a new, unfamiliar environment.	Yes	No	Being in a new, unknown environment increases risk for falls.
I am weaker than usual.	Yes	No	Not being as strong as you expect increases risk for falls.
I am having issues with pain.	Yes	No	Guarding against pain can affect balance.
I am on medication for pain.	Yes	No	Pain medication can cause sedation and dizziness.
I have fallen in the past year.	Yes	No	People who have fallen once are likely to fall again.
I have recently been instructed to use assistive devices to walk.	Yes	No	Improper use of new devices increases risk for fall.
Sometimes I feel unsteady when I am walking.	Yes	No	Periods of unsteadiness increase risk for fall.
I steady myself by holding onto furniture.	Yes	No	Using furniture for support is not always reliable.
I need to push with my hands to stand up from a chair.	Yes	No	This increases the chance of instability and falls.
All times, I have to rush to the toilet.	Yes	No	Rushing decreases awareness of environment and safe practices.
I have lost some feeling in my legs or feet.	Yes	No	Lost feeling in the legs or feet decreases stability.
I take medications that sometimes makes me feel tired, lightheaded or weak.	Yes	No	Sedation, lightheadedness and weakness increase potential for falls.
I take medicine to help me sleep or improve my mood.	Yes	No	This may cause sedation, dizziness or weakness.
I wear bifocals or transitional lenses or have periods of impaired vision.	Yes	No	This may increase the chance of visual impairment in judging stable footing.
I am currently eating or drinking less than usual.	Yes	No	Dehydration and low blood sugar can cause weakness and dizziness.
I take medication for diabetes.	Yes	No	Fluctuations in blood sugar can cause weakness and dizziness.
I have a pressure-reduction mattress.	Yes	No	Sitting too close to the edge of the mattress can cause a fall.
I have IVs or compression devices.	Yes	No	Being tethered to a device while walking can affect balance.
I tend to move very quickly.	Yes	No	Impulsive movement can decrease stability.
I don't like to bother the staff. I can do it myself.	Yes	No	Not asking for help when needed increases chances for falls.
I bend forward in my wheelchair to pick up items off the floor.	Yes	No	Bending forward in a wheelchair can cause it to tip over.

I acknowledge that I have read and understand the education provided on how I can help prevent myself or my loved one from falling.

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Fall Questionnaire

Bedside handoffs

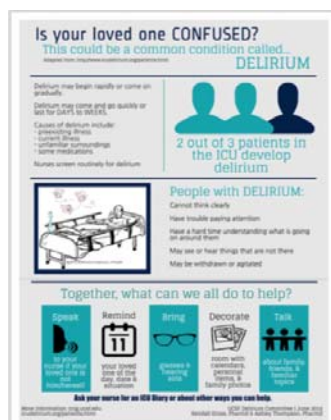
- ▶ Engage the patient and family
- ▶ Validate information with patient
- ▶ Reinforce, use teach back for safety
- ▶ Semi private rooms accommodations
 - ▶ Keep voices low
 - ▶ Pull curtain
 - ▶ Be alert of surroundings and information being discussed
 - ▶ [HHS.gov: Incidental uses and disclosures guidelines](https://www.hhs.gov/ohrt/2017/01/12/incidental-uses-and-disclosures-guidelines)



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Families as an intervention



- ▶ Phone calls
- ▶ Mealtime visits
- ▶ Mobilization
 - ▶ Wrist band once trained
- ▶ Hand off to the family

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Time to hear from you

- ▶ What have you learned from the discovery tool and tracer observations?
- ▶ Any surprises?
- ▶ What SMALL test of change are you considering?



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Go Slow to Go Fast



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Next Steps

- ▶ Submit your First PDSA Cycle to Michele
- ▶ Present your PDSA learnings at session January 24, 2019

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Resources

Tools to Test:

- HRET HIIN Falls Discovery Tool
- Progressive Mobility Tools
 - [Banner Mobility Assessment Tool for Nurses \(BMAT\) video and Tool](#)
 - [Timed Get up and Go Test](#)
 - [Get Up and Go Test](#)
 - [Project HELP Mobility Change Package - multiple tools included](#)
 - [Med Surg Mobility Protocol](#)
 - [ICU Mobility Protocol](#)

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Resources - future topics

Tools to Test:

Post-fall huddle

CAPTURE Falls mobility training videos, mobility tools - includes Post Fall Huddle training videos and documentation tools

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Resources

Collaborative Tools:

- Monthly Virtual Learning Sessions
- List-serv
- Subject Matter Expert - Coach Jackie



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