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Health Quality Innovation Network



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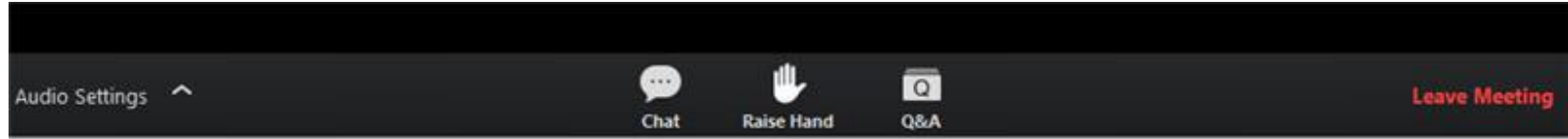
A Fresh Start to Managing Falls

March 29, 2023

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Today's Presenters



Judy Carte
RN-BC, LNHA
Quality Improvement Advisor



Jackie Elliott
RN, RAC-CT, RAC-CTA
Quality Improvement Advisor

Objectives

- Review the prevalence and cost of falls in long-term care
- Apply evidence-based practices to successfully manage falls and prevent injury
- Utilize fall data and translate it into information that can be used to manage successfully
- Explore key components for fall management and reduction
- Review evidence-based tools and resources for fall management



Fall Statistics

- 1 out of 4 persons (65 and older) fall each year
- Falling once doubles your chance of falling again
- 1 out of 5 falls causes serious injury such as broken bones or a head injury
- Each year, 3 million older people are treated in the ER for falls
- More than 95% of hip fractures are caused by falling, usually falling sideways
- In 2015, the cost of falls totaled more than \$50 billion



Fall Statistics

More than 1 in 4 older adults fall each year, leading to:

- 36,000 deaths
- 3 million ER visits
- 1 million hospitalizations
- 100-200 falls occur per year per average size nursing home



Fall Statistics

In 2022 F-Tag 689 (accident hazards/supervision/devices) was the third most common citation nationally

According to the Agency for Healthcare Research and Quality (AHRQ):

- 1.6 million residents in U.S. nursing facilities
- Approximately half fall annually
- 1 in 3 will fall two or more times in a year
- Residents who fall often develop a fear of falling
- 1 in every 10 residents who fall has a serious related injury
- About 65,000 residents suffer a hip fracture each year

Components of a Successful Fall Management Program – Team Approach

- Assessment
- Planning
- Interventions/Implementation
- Evaluation
- Performance Improvement (QAPI)



Types of Assessments


- Risk
- MDS/CAA
- Situational
 - Clinical
 - Investigative



Risk Assessment


- Recent fall history
- Ambulation/continence
- Mental status
- Vision
- Balance
- Blood pressure
- Medications
- Pre-disposing conditions

CHECKLIST		Patient
Fall Risk Factors		Date
		Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Fall Risk Factor Identified	Present?	Notes
FALLS HISTORY		
Any falls in past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Worries about falling or feels unsteady when standing or walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICAL CONDITIONS		
Problems with heart rate and/or arrhythmia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cognitive impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foot problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other medical problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICATIONS (PRESCRIPTIONS, OTCs, SUPPLEMENTS)		
Psychoactive medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Opioids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medications that can cause sedation or confusion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medications that can cause hypotension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GAIT, STRENGTH & BALANCE		
Timed Up and Go (TUG) Test ≥ 12 seconds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30-Second Chair Stand Test: Below average score based on age and gender	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4-Stage Balance Test: Full tandem stance < 10 seconds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VISION		
Acuity $< 20/40$ OR no eye exam in > 1 year	<input type="checkbox"/> Yes <input type="checkbox"/> No	
POSTURAL HYPOTENSION		
A decrease in systolic BP ≥ 20 mm Hg, or a diastolic BP of ≥ 10 mm Hg, or lightheadedness, or dizziness from lying to standing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER RISK FACTORS (SPECIFY BELOW)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

2017



Stopping Elderly Accidents,
Deaths & Injuries

Risk Assessment Tips

- Evaluate the frequency in which the assessment will be completed; this may be different for your short-stay rehab residents than your long-term care residents
- Validate accuracy – not just that the form is complete
- Respond to the identified risk – don't let the total score guide your critical thinking – all risks need to be assessed and have responsive interventions in place



What is a Fall? MDS Coding for Falls

According to the MDS 3.0 RAI Manual v1.17.1



A fall is an unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat).

What is a Fall? MDS Coding for Falls



Does not include falls as a result of an overwhelming external force



Does include any fall whether it occurred at home, in the community, in an acute hospital or a nursing home



May be witnessed, reported or identified when resident is found



An intercepted fall occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person – this is still considered a fall

What is a Fall? MDS Coding for Falls

Section J		Health Conditions
J1700. Fall History on Admission/Entry or Reentry Complete only if A0310A = 01 or A0310E = 1		
Enter Code <input type="checkbox"/>	A. Did the resident have a fall any time in the last month prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	
Enter Code <input type="checkbox"/>	B. Did the resident have a fall any time in the last 2-6 months prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	
Enter Code <input type="checkbox"/>	C. Did the resident have any fracture related to a fall in the 6 months prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine	
J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent		
Enter Code <input type="checkbox"/>	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent? 0. No → Skip to J2000, Prior Surgery 1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)	
J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent		
Coding: 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
	<input type="checkbox"/>	B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	<input type="checkbox"/>	C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Using the RAI Process – More Assessment Opportunities



MDS
COMPLETION



CAA
COMPLETION



FALL
ASSESSMENT



CARE PLAN
MEETING

Falls: Causal Factors

Intrinsic Factors:

- Advanced age
- Previous falls
- Muscle weakness
- Gait and balance problems
- Poor vision
- Postural hypotension
- Chronic conditions including arthritis, stroke, incontinence, diabetes, Parkinson's, dementia
- Fear of falling



Falls: Causal Factors

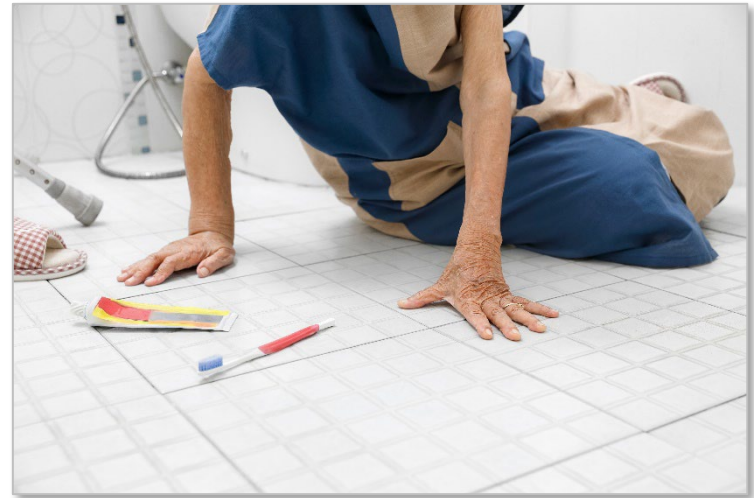
Extrinsic Factors:

- Lack of stair handrails
- Poor stair design
- Lack of bathroom grab bars
- Dim lighting or glare
- Obstacles and tripping hazards
- Slippery or uneven surfaces
- Psychoactive medications
- Improper use of assistive devices



Post-Fall Assessment

1. Clinical Assessment
2. Situational Assessment
3. Investigation



Clinical Post-Fall Assessment

Vital signs - blood pressure [sitting and standing]; temperature, pulse and respiration

Bilateral **pupil** check - BEST PRACTICE - NeuroChecks for falls in which resident hit head and unwitnessed falls in which it cannot be determined if resident hit head

Visual observation of body alignment and position

Observe for **dislocation** or **fracture**

Range of motion (when not contraindicated by obvious dislocation or fracture)

Skin condition – abrasions/lacerations/skin tears, bruising, redness, etc.

Alertness/level of consciousness

Compare to level prior to incident or change

Signs/symptoms of **pain/discomfort** - verbal; facial or gestures; guarding or protective actions

Medications that may predispose to falls

Situational Post-Fall Assessment

Resident activity
prior to fall

Physical or mental
conditions that
pre-dispose risk factors

Incontinence

Weakness

Confusion/dementia or
psychiatric conditions

Cardiovascular or
neuromuscular conditions

Use of assistive devices

Environmental issues
(i.e., wet floor; clutter; glare;
crowds or other resident
involvement; location, time,
staff accessibility, etc.)

Situational Post-Fall Assessment



Take a moment to observe the resident, location and surrounding area or activity



Document timely, while it is fresh in your memory



Recreate the scene

Post-Fall Investigation

Needs to be started immediately on discovery

- Interview the resident as soon as possible
- Interview staff as soon as possible
- Include any staff who may have seen or heard something



Fall Huddles

Involve staff with knowledge of the fall

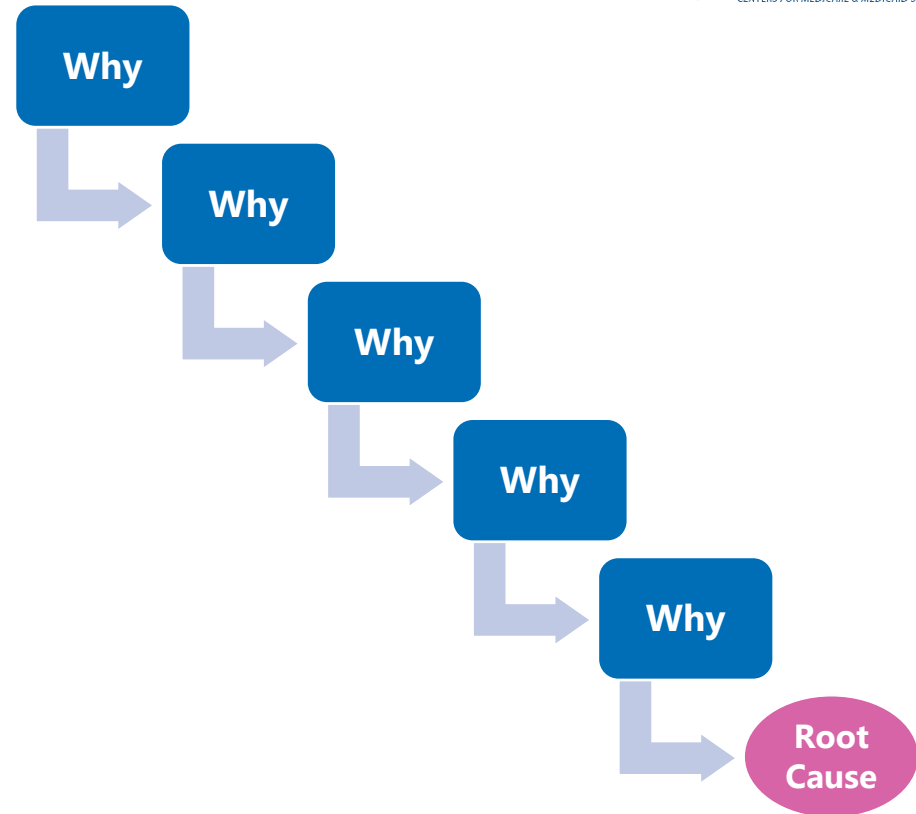
Involve staff caring for that resident

Review the findings of clinical and situational assessments

- Were current fall interventions in place?
- Has there been a change in risk factors?
- What could have prevented the fall?
- What could have prevented any injuries?
- Were needs related to any of the 4 Ps unmet? (pain, position, potty, possessions)
- Embrace the 5 Whys

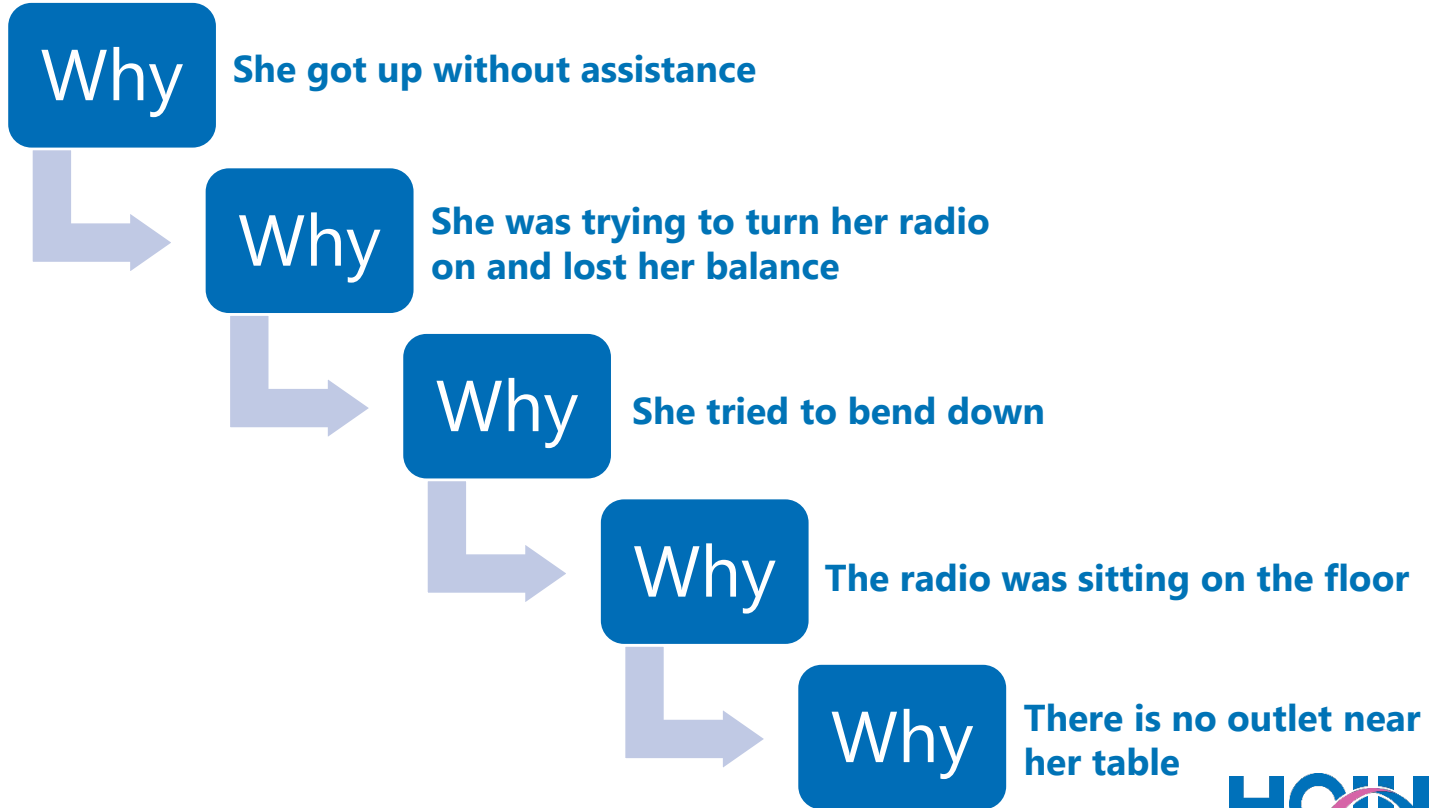
The Five Whys

- The Five Whys is a simple problem-solving technique that helps get to the root of a problem quickly
- Involves looking at any problem and drilling down by asking: "Why?" or "What caused this problem?"
- One of the simplest tools, easy to complete without statistical analysis



Five Whys After a Fall

A resident was found on the floor in her room



Interventions/Care Plan

Interventions in a resident's plan of care can be added on admission, after a fall and any other time

Interventions should be:

- Meaningful
- Person-centered
- Achievable



Interventions/Care Plan

Involve the whole team

- Resident/family
- Physician – primary/consulting
- Nursing – licensed/CNA/restorative
- Rehab – PT/OT/speech
- Activities
- Social work
- Pharmacy
- Environmental services
- Engineering
- Others



Interventions/Care Plan



Medication Evaluation

Can medications be eliminated, dosages decreased or timing changed?



Pain

Is pain causing increased restlessness or poor mobility? Could alternative pain interventions or intervention timing changes assist with pain?



Vision

Are glasses clean and well-fitting? Are glasses available and appropriate? Could cataracts be removed?

Interventions/Care Plan



Bed Accessibility

Are personal items within reach? Is there adequate storage within reach for resident's personal items? Would a larger bed or mobility aids better accommodate the resident's movement needs?



Wheelchair Accessibility

Are personal items within reach? Could furniture or closet be changed to allow access from wheelchair level? Are adjustments needed for fit or positioning? Are anti-rollback or anti-tip additions needed?



Ambulatory Accessibility

Could furniture or grab bars be moved or repositioned to improve accessibility? Is a nightlight needed?

Interventions/Care Plan



Call Light

Is the call button within reach?
Can the resident locate it?
Would an alternative call button be easier for the resident to use? Would a different colored call button be easier for the resident to find or remember?



Toileting

Has toileting frequency changed? Are incontinent products sufficient? Is the resident receiving PT, OT or restorative nursing? Is a toileting program indicated? How does staff know when resident needs assistance? Would a different room or bathroom better accommodate resident's needs?

Interventions/Care Plan



Environment

Is the floor wet? Could different incontinent products or alternative cups help prevent wet floors? Are floors uneven? Could flooring transitions or obstacles be minimized?



Boredom

Does the resident need prompting or assistance to attend activities? Are personalized independent activities available? Are primary caregivers aware of activity preferences or options?


So Much Data!

- Logs
- Spread sheets
- Quality measures
- Clinical operations report
- Advancing excellence
- And more!



Tracking and Trending Data in One Place

NURSING HOME FALLS TRACKING TOOL



The following workbook is a template for nursing homes to track and trend falls over time and their potential causal factors.

This workbook is divided in multiple tabs:

Falls Data Entry: Please enter each new fall incident in a new line. Data from this tab will feed into the "Falls Summary" tab to generate graphs for the current month and year-to-date.

Unit Designation: Please list your units or neighborhoods within your facility which will be included in this report.

AMDA Potential Causal Factors: Please review this sheet for guidance on fall incident evaluation and determining causal factors of the fall. Categories listed are included on the Falls Data Entry tab for multiple selection as causal factors from fall review.

Falls Summary tabs: In the Falls Summary tab, select timeframe and up to 3 units/neighborhoods to compare general statistics, fall locations & times, causal factors, injury types, etc. Selected units and facility wide statistics are summarized in the Falls Summary, Time Location Falls Summary, & Falls Injury Summary tabs.

This tool can be used over several months or across years as needed. Please select the month/year you plan to begin tracking below to populate.

Please enter your nursing home state, name, CCN and start date of tracking falls.
The Tracking Start Date must be entered for the Summary tabs to populate correctly.

STATE
(two letter abbreviation):

NURSING HOME NAME:

CCN NUMBER
(6 digit number):

TRACKING START DATE
(mm/dd/yyyy):

[Nursing Home Falls Tracking Tool | HQIN](#)

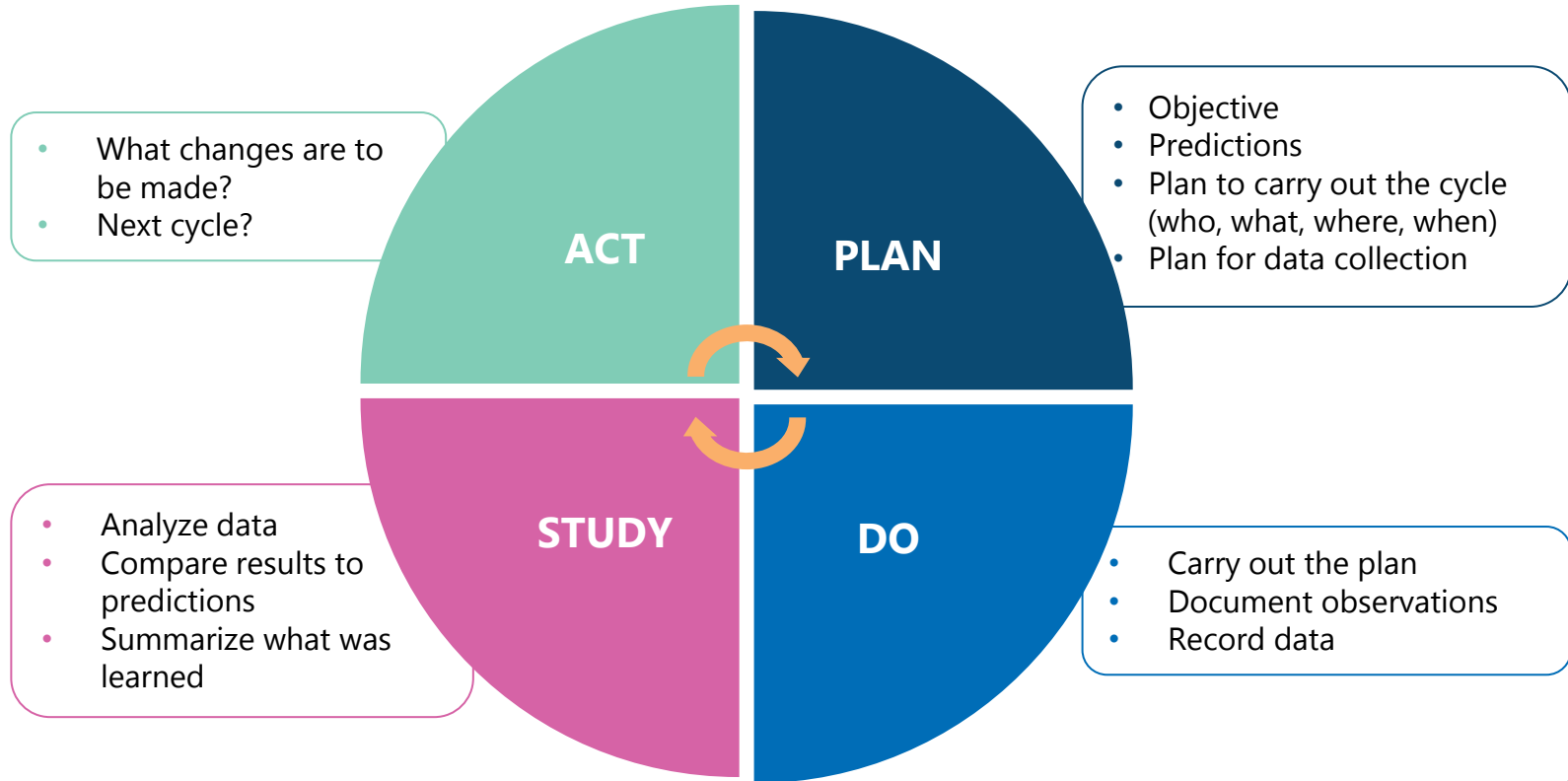
Developing a Falls Team/QAPI "Culture of Safety"

- A "culture of safety" describes the facility that creates **coordinated, proactive systems** to provide for resident safety
- The facility that promotes this culture takes a **team** approach in identifying and analyzing risks and hazards, implementing practices to reduce risk or remove hazards, and to prevent avoidable accidents
- **All levels of staff are educated** to carry out the program; it is a facility-wide initiative that requires tools and – most of all – teamwork
- The facility that has a "culture of safety" keeps accident prevention as a **realistic, high priority goal for all staff and residents**

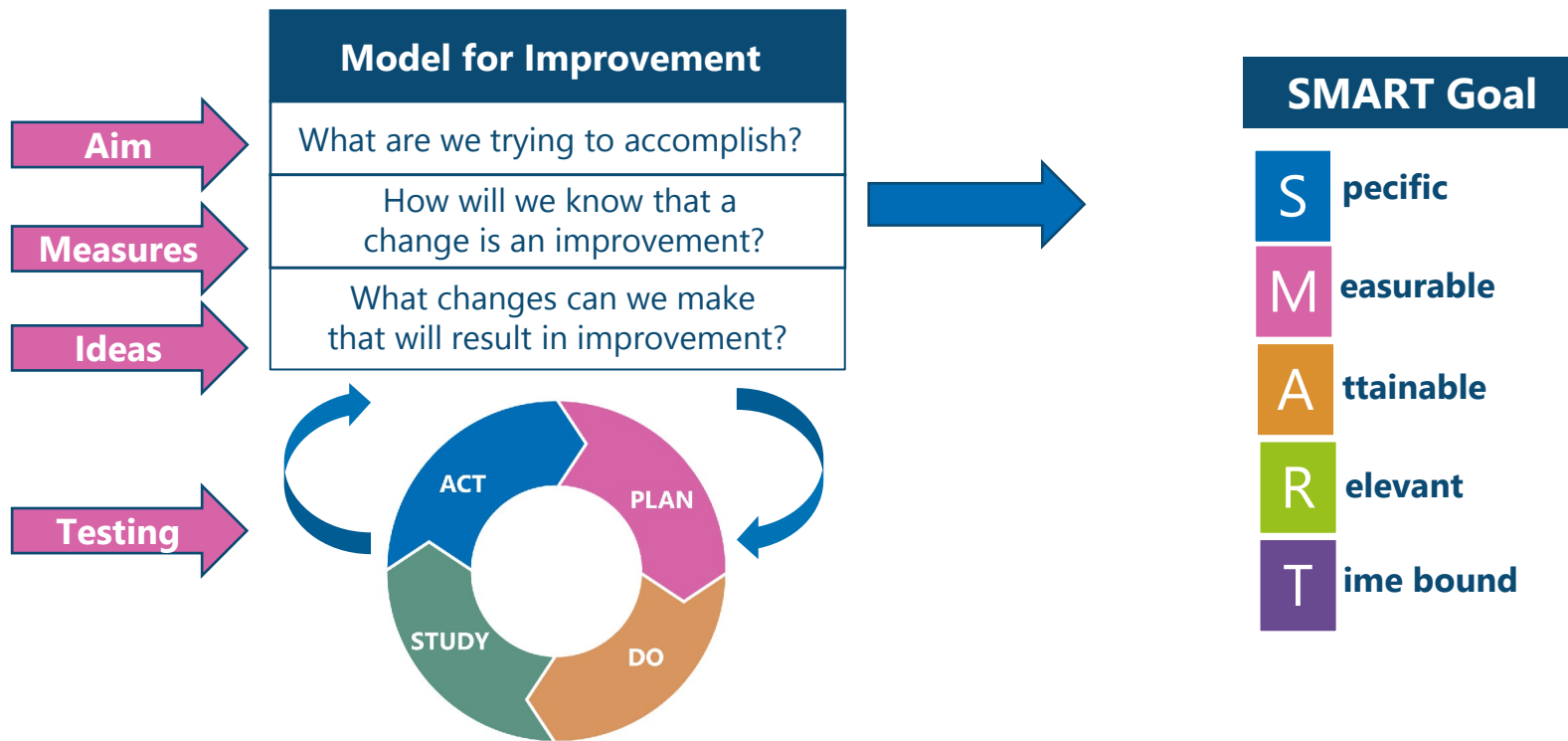
Create a "Culture of Safety"

- Acknowledge the high-risk nature of an organization's activities and model determination to achieve consistently safe operations
- Foster a blame-free environment where individuals can report errors or near misses without fear of reprimand or punishment
- Encourage collaboration across ranks and disciplines to seek solutions to patient safety problems
- Demonstrate an organizational commitment of resources to address safety concerns

Model for Improvement



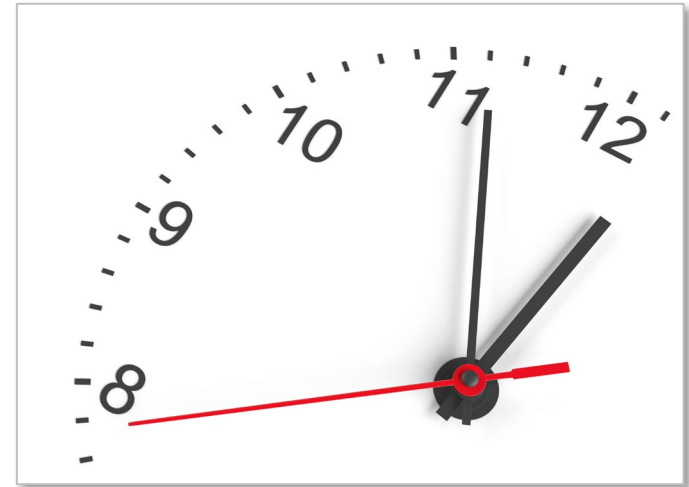
Performance Improvement Project (PIP)



PDSA Tips

Take your time to:

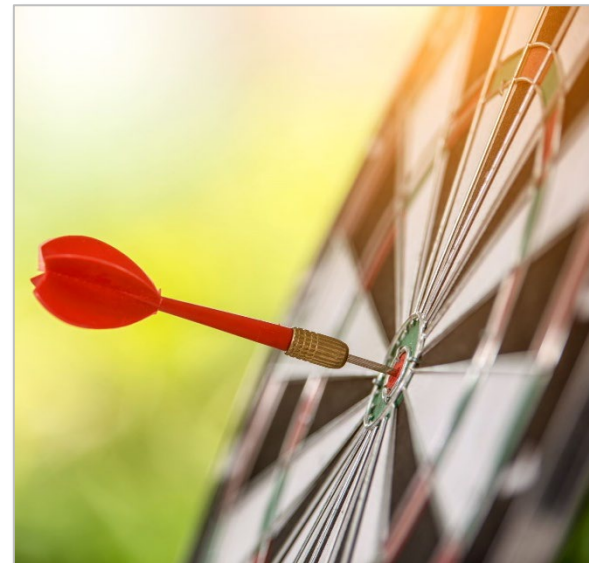
- Identify opportunity
- Design a plan
- Engage the team and stakeholders
- Implement
- Evaluate
- Modify/re-design



Developing a Falls Team/QAPI

Stay focused:

- Establish a “champion(s)”
- Keep your “eye” on the goal – set target goals
- Assess and re-design as needed
- Provide frequent and timely feedback to stakeholders – make fall management part of your routine QAPI meetings



Start Today!

- Establish your falls team
- Designate a falls champion
- Review your current fall tracking system
- Start a PIP



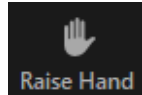
Resources

- **Simple Strategies for Falls Management** offers practical ways to lower the risk of falls among your residents. These education tools can be quickly read and referenced and are great for in-services and huddles, and can be posted throughout your facility.
 - [Simple Strategies - Environmental Safety and Fall Prevention](#)
 - [Simple Strategies - Falls Prevention](#)
 - [Simple Strategies - Engagement and Sleep Hygiene](#)
 - [Simple Strategies - Medication Management](#)
- Share with staff the [Four P's to Purposeful Rounding](#), which describes the benefits of purposeful rounding to prevent falls.

Resources

- [Algorithm for Fall Risk Screening, Assessment, and Intervention | CDC](#)
- [Facts About Falls | Fall Prevention | CDC](#)
- [Older Adult Fall Prevention: CDC's Injury Center Uses Data and Research to Save Lives | CDC](#)
- [Older Adult Fall Prevention | Injury Center | CDC](#)
- [Keep on Your Feet—Preventing Older Adult Falls | CDC](#)
- [The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities | AHRQ](#)
- [The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities, Appendix B1: The FMP Self-Assessment Tool | AHRQ](#)
- [Risk Factors for Falls Fact Sheet | CDC](#)

Questions? Comments? Share What is Working or What is Difficult for Your Team!



Raise your hand to verbally ask a question



Type a question by clicking the **Q&A** icon

*Don't hesitate to ask a question after the webinar is over.
Email LTC@hqi.solutions or your HQIN Quality Improvement Advisor.*

FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

LTC@hqin.solutions

Kansas

Brenda Groves

Quality Improvement Advisor

bgroves@kfmc.org

785.271.4150

Virginia and Missouri

Allison Spangler

Consulting Manager

aspangler@hqi.solutions

804.289.5342

South Carolina

Kristine Williamson

Quality Specialist

kwilliamson@thecarolinascenter.org

919.461.5525

From HQIN:

To all essential care giving teams
supporting residents and families,

Thank you for attending

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