

The Fall TIPS (Tailoring Interventions for Patient Safety) Program: *A Collaboration to End the Persistent Problem of Patient Falls*

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This article describes how nurse leaders in one organization led an interdisciplinary team to develop an evidence-based fall prevention program, Fall TIPS (Tailoring Interventions for Patient Safety), that is now used in hospitals across the country. A common barrier to fall prevention is developing new programs rather than adopting and using evidence-based approaches. The Fall TIPS program overcomes this barrier by providing a comprehensive suite of tools that nurse leaders can use to promote adoption and spread of evidence-based fall prevention best practices in their organization. This article is a call to action to inform nurse leaders about the decade of evidence behind the Fall TIPS program, how they can join the Fall TIPS Collaborative, and how they can access Fall TIPS resources to support implementation at their hospitals.

The problem of patient falls has been studied for decades¹ and is addressed in many systematic reviews,^{2,3} yet falls and related injuries remain a persistent challenge in hospitals. According to The Joint Commission, fall-related injuries are consistently among the top 10 sentinel events reported to their database.⁴ Regardless of degree of harm, falls increase hospital lengths of stay and costs.⁵ The patient fall rate, which is classified as a nurse-sensitive clinical indicator, needs to be consistently below the national average for a hospital to achieve Magnet designation.⁶ Fall TIPS (Tailoring Interventions for Patient Safety) is a novel, evidence-based program that is becoming a standard for engaging patients and families in the 3-step fall prevention process that consists of conducting a fall risk assessment, developing a personalized prevention plan, and consistently carrying out the fall prevention plan (www.falltips.org).⁷ The program was developed at Partners HealthCare (PHS) in Boston, Massachusetts, by an interdisciplinary team of physicians, physical and occupational therapists, and pharmacists that is led by nurses. Partners HealthCare was founded by Massachusetts Gen-

eral and Brigham and Women's hospitals and is the largest health care system in Massachusetts; employing over 9000 nurses. Fall TIPS is rapidly spreading well beyond Boston. Fall TIPS is a substantial evidence-based program coupled with an intuitive, straightforward workflow that makes sense to clinicians and patients. This article is a call to action to inform nurse leaders about the evidence behind the Fall TIPS program, how they can join the Fall TIPS Collaborative, and how they can access Fall TIPS resources for use in their hospitals.

NURSING LEADERSHIP FOUNDATION FOR THE FALL TIPS PROGRAM

Nurse leaders across PHS have long been proactive with implementing fall prevention best practices to support benchmarking and reliable, safe patient care. In 2004, under the leadership of Jeanette Ives Erickson, RN, DNP, FAAN, chair of the PHS Chief Nurse Council, and Linda Flaherty, RN, PCNS, chair of the PHS Fall Prevention Committee, all PHS hospitals adopted the National Database of Nursing Quality Indicators (ND-

NQI) definitions for patient falls and falls with injury to ensure that these NDNQI outcomes were measured consistently across PHS. In 2005, after a rigorous evaluation of fall risk assessment tools, the Morse Fall Scale⁸ was implemented to standardize fall risk assessment in all PHS hospitals. However, at that time, there was no rigorous evidence related to hospital-based fall prevention interventions. In collaboration with the PHS Fall Prevention Committee, PHS nurse scientists wrote a grant to fill this gap, which was funded by Robert Wood Johnson's Interdisciplinary Nursing Quality Research Initiative. The Fall TIPS (Tailoring Interventions for Patient Safety) study aimed to develop linkages between the fall risk assessment routinely completed by nurses, nursing-driven and evidence-informed interventions, and the prevention of patient falls.

EVIDENCE SUPPORTING FALL TIPS

The nurse-led interdisciplinary Fall TIPS research team used a mixed methods research approach and found that patient falls were largely due to problems in communication and not individualizing patient care plans. Nurses routinely conducted fall risk assessments on hospitalized patients, but the degree to which they used assessment data to develop a tailored or personalized fall prevention plan and communicated the plan with the all care team members (including patients and family) was variable. Inconsistent information about each individual patient's fall risk status and personalized plan at the bedside was a barrier to fall prevention.

On the basis of these findings, the team developed the Fall TIPS Toolkit, which integrates clinical decision support into the electronic health record to link each area of risk on the Morse Fall Scale to evidence-informed interventions that are both effective and feasible in a hospital setting. Using Fall TIPS, nurses can further modify the interventions based on their knowledge of the patient. The Fall TIPS Toolkit is also used to print personalized bed posters and patient education handouts to ensure that the patient, family, and care team all have the information that they need at the bedside to prevent a fall.

KEY POINTS

- **Fall TIPS (Tailoring Interventions for Patient Safety) a fall prevention program supported by over a decade of evidence including a randomized control trial**
- **Nurse leaders have chosen Fall TIPS as their fall prevention program because it is intuitive and tailored to patient-specific areas of risk**
- **Join the Fall TIPS Collaborative to implement the tool and reduce preventable falls**

The Fall TIPS Toolkit was tested in 4 PHS hospitals and demonstrated a 25% reduction in patient falls.⁹ This Fall TIPS study was the first randomized clinical trial in the United States that demonstrated a significant reduction in patient falls in acute hospital settings. According to a systematic review of inpatient fall prevention programs, the Fall TIPS study was given the highest quality score reflecting its rigorous design (cluster randomized clinical trial), large number of patients (10,264 patients), and the fact that it was conducted in multiple hospitals (4 hospitals).¹⁰

Decades of work by Morse and her team of researchers^{11,12} suggest that over 90% of falls are preventable.¹³ Although Fall TIPS successfully reduced fall rates by 25%, the issue was raised as to why some patients on intervention units did fall. To address this gap, the team conducted a case control study, and the team learned that a common reason patients fell was that they did not follow their fall prevention plan.¹⁴ Patient interviews revealed that although nurses often tell patients that they are at risk for falls, patients may not believe that they are at risk.^{15,16} This is especially true for younger patients and patients who are independent at home. On the basis of these findings, the team hypothesized that patients should be engaged in all 3 steps of the fall prevention process (*Figure 1*): completing the fall risk assessment so they understand their personal risk factors, developing a tailored plan so they understand the rationale for that plan and their role in carrying out the plan, and implementing their fall prevention plan consistently as a partnership between patients, families, and the care team.

COLLABORATION TO IMPROVE GENERALIZABILITY OF THE FALL TIPS TOOLKIT

With the support of a grant from the Agency for Healthcare Research Quality (AHRQ), leaders from Montefiore and New York-Presbyterian health care systems partnered with the Fall TIPS team and systems engineers from Northeastern University to further refine the Fall TIPS toolkit to be used in all settings—regardless of their technical capacity—and to enhance the patient engagement capabilities for non-English-speaking patients. One outcome of this collaboration was a laminated paper Fall TIPS Toolkit that is independent of the electronic health record and that can be implemented in any hospital setting.¹⁷ The laminated Fall TIPS is available in both English and Spanish, and uses color to provide clinical decision support to link patient-specific risk factors to evidence-based interventions (*Figure 2*) and has demonstrated effectiveness with reducing both falls and fall-related injuries.⁷

Leaders across these health care systems choose Fall TIPS as their fall prevention program because it is intuitive, tailored to patient-specific areas of risk (rather than a bundled set of interventions that applies the same set of interventions to all patients regardless of

Fall Prevention is a 3-step Process



Figure 1. The 3-Step Fall Prevention Process. Falls are prevented when all three steps are consistently followed; 1. Conducting a fall risk assessment, 2. Developing a tailored or personalized fall prevention plan, and 3. Consistently implementing tailored interventions along with universal fall precautions.

need), and because its evidence base included the only randomized clinical trial conducted in the United States that showed a significant reduction in falls.¹⁰

THE FALL TIPS PARTNERSHIP FOR SPREAD

Through the Fall TIPS partnership with Montefiore and New York-Presbyterian health care systems, a suite of tools has been developed and tested to promote adoption and use by diverse hospitals. These tools are summarized in [Table 1](#) and are based on over a decade of research and practice, support efficient implementation, and lead to an effective and sustainable fall prevention program. Committed to eliminating preventable falls in hospitals, the Fall TIPS team has provided the Fall TIPS Toolkit to organizations across the United States and worldwide. The Fall TIPS team has provided its fall prevention program resources to more than 125 hospitals in the United States, Canada, China, and Taiwan.

LESSONS LEARNED AND CALL TO ACTION

As nursing and multidisciplinary leaders from Partners HealthCare, Montefiore, and New York-Presbyterian

health care systems reflect on the development, implementation, adoption, and spread of the Fall TIPS program, there are several key lessons learned that are worth sharing:

- Nursing leadership support is essential for spawning innovation with persistent patient safety problems such as patient falls. As described by the Institute for Healthcare Improvement (IHI) Framework for Spread, leaders must first set up the “expectation for change” by prioritizing the implementation of fall prevention best practice.¹⁸ Continued leadership is needed to ensure staff engagement and validation of Fall TIPS.
- Staff need to be involved in the process of selecting and implementing Fall TIPS and redesigning their workflow to engage patients and family in the 3-step fall prevention process. Providing staff with the evidence base behind Fall TIPS is an important part of this process.
- The Fall TIPS program provides the unique opportunity for clinical nurses to lead improvement on their units using evidence-based practices.

 Patient Name: _____		Date: _____		
 Increased Risk of Harm If You Fall <input type="checkbox"/>		Fall Interventions (Circle selection based on color)		
Fall Risks (Check all that apply)		Communicate Recent Fall and/or Risk of Harm		
 History of Falls <input type="checkbox"/>	 	Walking Aids		
 Medication Side Effects <input type="checkbox"/>		 Crutches	 Cane	 Walker
 Walking Aid <input type="checkbox"/>		Toileting Schedule: Every _____ hours		
 IV Pole or Equipment <input type="checkbox"/>	 IV Assistance When Walking	 Bed Pan	 Assist to Commode	 Assist to Bathroom
 Unsteady Walk <input type="checkbox"/>		Assistance Out of Bed		
 May Forget or Choose Not to Call <input type="checkbox"/>	 Bed Alarm On	 Bed Rest	 1 person	 2 people
<small>Fall TIPS ©Brigham & Women's Hospital 2016; do not alter without written permission.</small>				

Figure 2. The Laminated Paper Fall TIPS Toolkit (English). Color provides clinical decision support to link patient-specific fall risk factors to evidence-based interventions.

The Fall TIPS program is most successful when championed by nurses on the units, a requirement also included in the IHI's Framework for Spread. The Fall TIPS nurse champions are critical for modeling the practice change, providing peer-to-peer feedback and targeting gaps in education on the unit.

- Fall TIPS is a program that requires a change in practice. Most nurses do not currently engage patients and families in all 3 steps of the fall prevention process and this is needed to consistently eliminate preventable falls. Routine audits and peer feedback are needed to support the practice change and to sustain patient safety gains.
- Once the decision is made to implement Fall TIPS, leadership must keep the focus on successful implementation and use of Fall TIPS as the evidence-based fall prevention program, and not be distracted by tangents that often arise and do not have a strong evidence base.
- Leaders should emphasize that unlike other adverse events such as catheter-associated urinary tract infection (CAUTI) and central line-associated blood stream infection (CLABSI) where a standard "bundle" of interventions should be used with all patients, fall prevention requires interventions that are tailored to each individual

patient. This ensures that all risk factors are addressed and that scarce resources are not used to unnecessarily implement interventions that will not mitigate risk.

With support of AHRQ, PHS in collaboration with Montefiore and New York-Presbyterian health care systems have formed a Fall TIPS Collaborative to spread the Fall TIPS Toolkit to ensure that all patients have access to evidence-based fall prevention care. Fall TIPS is straightforward to implement and to integrate into routine clinical practice. We encourage interested nursing leaders to log onto our website (www.falltips.org) or e-mail the Fall TIPS team at PHSFallTIPS@partners.org to join the Fall TIPS Collaborative. As a Fall TIPS Collaborative community member, your hospital will have ongoing access to the Fall TIPS Toolkit, Fall TIPS training webinars, and the implementation materials that our team has developed and refined over the past decade. There is no cost to join the Fall TIPS Collaborative, but participating hospitals are asked to submit via REDCap (a secure database) monthly, deidentified data related to engaging patients in the 3-step fall prevention process, patient falls, and fall-related injuries. All participating sites can access monthly reports related to their team's progress with engaging patients and family in the 3-step fall prevention process relative to other hospitals in our database.

Table 1. The Fall TIPS Toolkit: A Suite of Tools to Promote Adoption and Spread of Evidence-Based Fall Prevention Best Practices

Resources

General

- Fall TIPS Website
- Fall TIPS Implementation Protocol
- Fall TIPS Rollout Guide
- Laminated Paper Fall TIPS Template (English)
- Laminated Paper Fall TIPS Template (Spanish)

Leadership

- Fall TIPS Leadership Talking Points
- Fall TIPS Gap Analysis Form
- Fall TIPS SWOT Analysis Form
- Fall TIPS Implementation Checklist
- Fall TIPS Patient Engagement Monthly Report Template

Training

- Fall TIPS Training Slides
- Fall TIPS Super User Training Slides
- Fall TIPS Instruction Sheet for Nurses
- Fall TIPS Instruction Sheet for Nursing Assistants
- Fall TIPS Information Sheet for Patients
- Fall TIPS Quality Audit and Audit Instructions

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