Fall Prevention: Connecting Research to Evidence-Based Nursing Care

Patricia C Dykes PhD, RN, FAAN, FAMCI

Fall Prevention: Connecting Research to Evidenced-based Practice

- Workshop goal: To provide attendees with the knowledge, skills, strategies, tools, and tactics to successfully implement and sustain the evidence-based Fall TIPS* program.

Fall TIPS (*T*ailoring *I*nterventions for *P*atient *S*afety)

Disclosure Statement

Schedule for Today

- Welcome/Introductions
- Pre workshop knowledge assessment
- Overview of the problem of patient falls/challenges/review of the evidence
- Evidence-based fall prevention: Fall TIPS
- Components of an evidence-based fall prevention program
- Strategies, tools, and tactics for implementing the Fall TIPS toolkit
- Wrap-up and next steps
- Post workshop knowledge assessment

Overview slides

Overview

1. Describe the extent of the problem of patient falls

2. Discuss the components of an evidence-based fall prevention program using Fall TIPS as a model

3. Identify strategies, tools, and tactics for integrating fall prevention research into practice
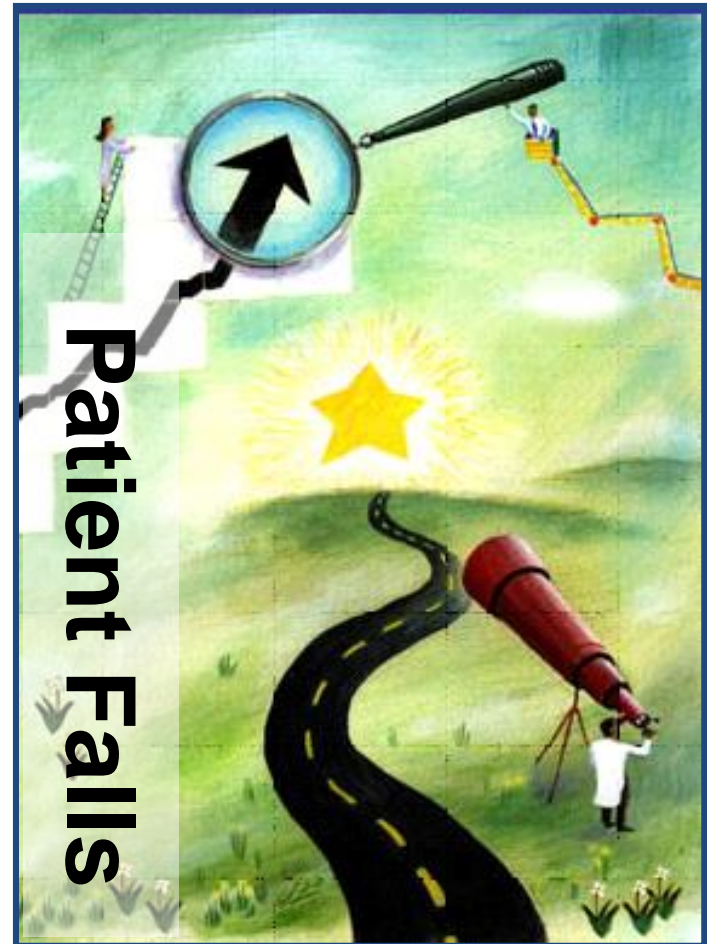
Patient Falls

The Problem of Patient Falls

- Falls are a leading cause of death and disability.
  - ~ 33% of older adults fall each year
- Hospitalization increases the risk for falls.
  - ~ 3% hospitalized patients fall
  - ~ 30% of inpatient falls result in injury
- Patient falls and injurious falls are employed as national metrics for nursing care quality.
  - The incidence of patient falls and related injuries are publicly reported by acute care hospitals.
  - As of October 2008, costs associated with fall-related injuries in hospitals are no longer reimbursable under Medicare.

Fall Prevention in Acute Care Hospitals: The Evidence Circa 2007

- Fall risk factors well established
  - Inpatient fall prevention research identified risk factors and fall risk assessment tool validation
  - Risk assessment insufficient for preventing falls
- Paper-based fall prevention guidelines recommended multifaceted, tailored interventions

Insufficient evidence to support a specific protocol that links nursing fall risk assessment to a tailored plan to prevent falls.

Example: Using the EHR for Fall Prevention Care Planning

- Fall TIPS *(Tailoring Interventions for Patient Safety)*
  - 2 year mixed methods study funded by Robert Wood Johnson Foundation:
    - Qualitative phase:
      - why hospitalized patients fall?
      - what interventions are effective and feasible in hospital settings?
    - Randomized control trial: to test an EHR-based fall prevention toolkit designed to address issues identified during qualitative phase.

Fall TIPS (2007-2009): Qualitative Results Summary

- Communication related to fall risk status and the plan to prevent falls is highly variable.
- Inconsistent communication across team members is a barrier to fall prevention collaboration and teamwork.
  - Non-nursing team members do not view fall risk assessment/plan in medical record.
  - Inadequate, incomplete, or incorrect information at the bedside (i.e., generic "high risk for falls" signs are not useful).
- All stakeholders (care team members, patients and family members) must work together to prevent patient falls.

Fall TIPS (2007-2009): Toolkit Requirements

The Fall TIPS Toolkit:
Fall Risk Assessment/Tailored Plan

FALL T.I.P.S.
TAILORING INTERVENTIONS FOR PATIENT SAFETY

PARTNERS HEALTHCARE

BWH BRIGHAM AND WOMEN'S HOSPITAL

Patient Name: Jane Doe   MRN: 12345678 (BWH)   Location: 14-10A

Morse Fall Scale: For more info, scroll over each response below

History of Falls- past 3 months: ☑ Yes (25)

Secondary Diagnosis: ☐ Yes (15)

Ambulatory Aid:
○ None / Bed Rest / Nurse Assist (0)
◉ Crutch / Cane / Walker (15)
○ Furniture (30)

IV or Hep Lock Present: ☐ Yes (20)

Gait:
○ Normal / Bed Rest / Wheel Chair (0)
◉ Weak (10)
○ Impaired (20)

Mental Status:
○ Oriented to own ability (0)
◉ Overestimates, forgets limitations (15)

Morse Fall Score: 65

For more information about Fall prevention visit our website.   For Fall TIPS Training Guide   Go To Status Dashboard
For more information about Fall TIPS project contact our team.

Interventions

Safety documentation
☑ *Safety Precautions
☑ Document previous fall
☐ Review Medication List

Consultations
☐ Consult with MD/Pharmacist
☑ PT consult

Assistance with toileting
☐ Toileting schedule using:
○ Bed Pan
○ Commode
○ Assist to bathroom

Print Documents
☑ Bed Poster ☑ Plan of Care

Assistance with ambulating
☑ Provide Ambulatory aid:
○ Crutches
○ Cane
◉ Walker   ○ Other Device
☐ IV assistance when walking
☑ Out of bed with assistance:
◉ 1 Person
○ 2 Persons

Bedside assistance
☑ Bed/Chair alarm turned on
☑ Bed close to nurse station
☑ Frequent checks; re-orientation

Patient Education:
☑ English ☐ Spanish

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Fall risk assessment   Tailored plan

FALL T.I.P.S.

TAILORING INTERVENTIONS FOR PATIENT SAFETY

Fall Prevention Plan of Care

Problem: ***Patient is at risk for falls***

Patient Name: Jane Doe   **MRN: 12345678**   **Printed: March 04, 2009**

Patient has a history of falls	☐ Safety Precautions ☐ Document circumstances of previous falls	**History of Falls**
Patient uses ambulatory aid	☐ Place WALKER at bedside	**Ambulatory Aid: Walker**
Patient's gait is Weak	☐ Patient needs AssistX1	① **Out of Bed with Assist**
Patient overestimates ability; forgets limitations	☐ Bed/Chair alarm turned on ☐ Move pt. close to nurse station ☐ Freq Checks; re-orientation; distractions	**Bed/Chair Alarm On**

Total Morse Fall Score: 65

Sign/Credentials _Patricia C. Dykes RN_   **Date/Time** _3/04/09_

Fall T.I.P.S. Research Study Plan of Care Documentation Form October 1, 2008 - June 30, 2009
Medical Record Copy

Fall TIPS: Findings

Patient falls were significantly reduced on intervention units

Fall Prevention in Acute Care Hospitals
A Randomized Trial

Patricia C. Dykes, RN, DNSc; Diane L. Carroll, RN, PhD, BC; Ann Hurley, RN, DNSc; Stuart Lipsitz, ScD; Angela Benoit, BComm; Frank Chang, MSE; Seth Meltzer; Ruslana Tsurikova, MSc, MA; Lyubov Zuyov, MA; Blackford Middleton, MD, MPH, MSc

There were fewer falls in intervention units than in control units

Patients aged 65 or older benefited most from the Fall TIPS toolkit
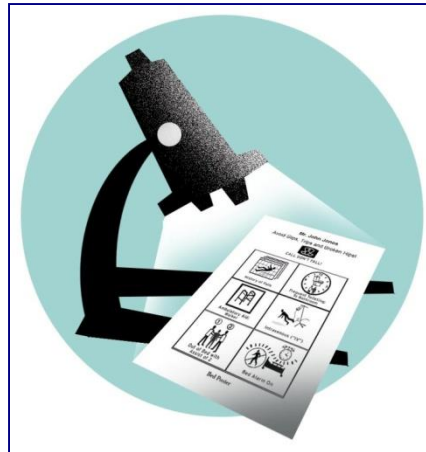
No significant effect was noted in fall related injuries

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Fall Prevention Lessons Learned

- Fall prevention in hospitals is a 3-step process:
    1. Conducting fall risk assessment using a prospectively validated tool.
    2. Developing a plan of care that is tailored to patient-specific areas of risk.
    3. Implementing the plan CONSISTENTLY.

Strategies and tools to facilitate the 3-step fall prevention process will prevent patients from falling!

Fall Prevention Lessons Learned

- Components of an Evidence-based Fall Prevention Program:
  - Leadership support Hospital/unit/champion levels
  - Patient and family engagement
  - Valid/reliable fall risk assessment
  - Tailored fall prevention care planning
  - Consistent implementation of the tailored care plan
  - Post fall management

Fall TIPS Next Steps

1. Identify ways to disseminate Fall TIPS outside of the electronic health record.

   – Can be used in any hospital

   – Provides clinical decision support

2. Develop tools and strategies to engage patients and families in the 3-step fall prevention process.

Laminated Paper Fall T.I.P.S.

Fall risk assessment

Tailored plan based on patient's determinants of risk

Fall TIPS Pilot Test Results: BWH

Average Fall Rate 2015 vs. 2016 with Average Fall TIPS Completion

Pre-intervention mean fall rate: 3.28
Post-intervention mean fall rate: 2.80
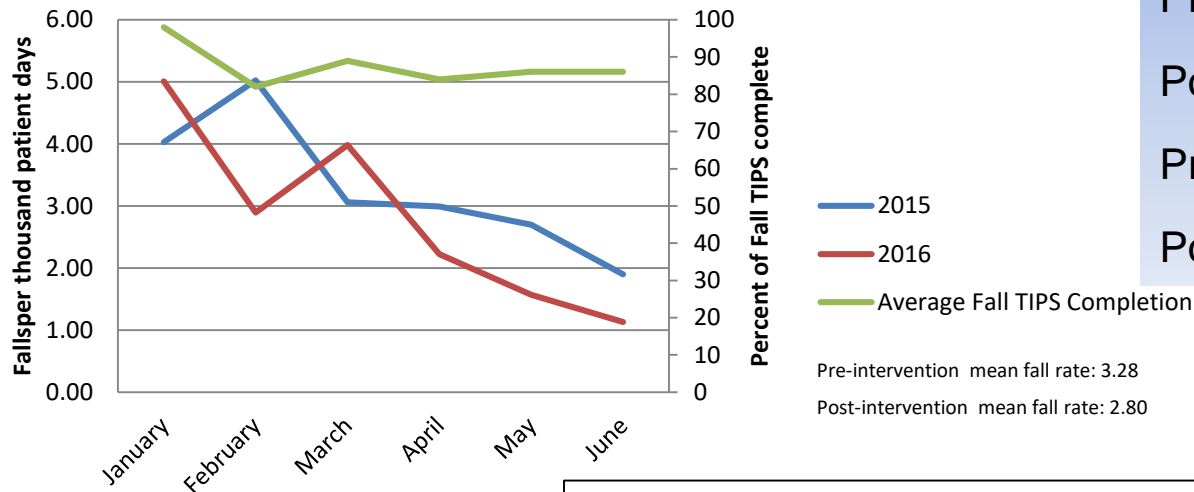
Fall TIPS Adherence: 82%

Pre-Fall TIPS Fall Rate: 3.28

Post Fall TIPS Fall Rate: 2.80

Pre-Fall TIPS Injury Rate: 1.00

Post Fall TIPS Injury Rate: .54

Average Fall Rate with Injury 2015 vs. 2016 with Average Fall TIPS Completion

Pre-intervention mean fall with injury rate: 1.00
Post-intervention mean fall with injury rate: 0.54
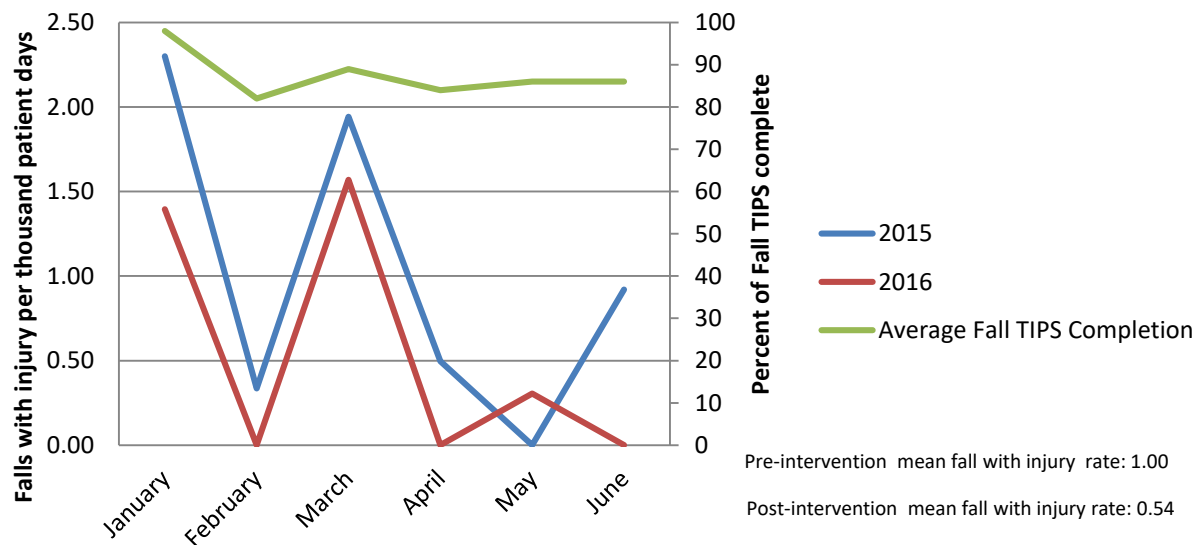
Fall TIPS Pilot Test Results: MMC

Klau 4 Fall Rates 2015 vs. 2016 with Fall TIPS Completion Rates

Pre-intervention mean fall rate: 3.04
Post-intervention mean fall rate: 3.10
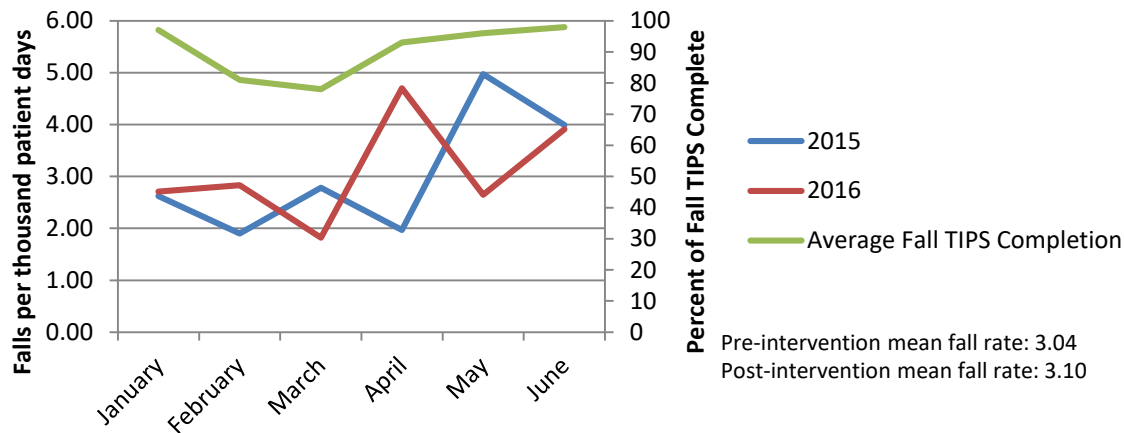
Fall TIPS Adherence: 91%

Pre-Fall TIPS Fall Rate: 3.04

Post Fall TIPS Fall Rate: 3.10

Pre-Fall TIPS Injury Rate: .47

Post Fall TIPS Injury Rate: .31

Klau 4 Fall with Injury Rates 2015 vs. 2016 with Fall TIPS Completion Rates

Pre-intervention mean fall with injury rate: 0.47
Post-intervention mean fall with injury rate: 0.31
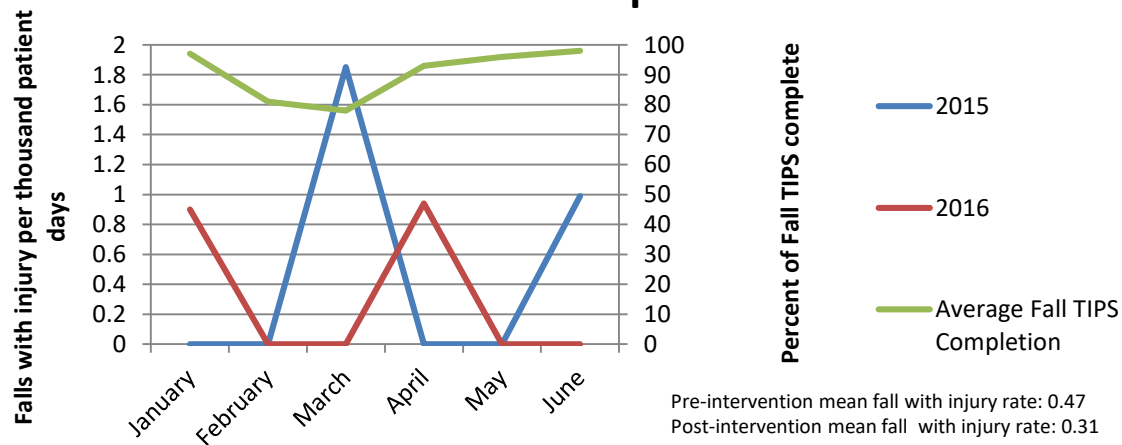
Methods, Tools, and Strategies

Pilot Testing Fall TIPS (Tailoring Interventions for Patient Safety): a Patient-Centered Fall Prevention Toolkit

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Background

Patient falls during an acute hospitalization cause injury, reduced mobility, and increased costs. The laminated paper Fall TIPS Toolkit (Fall TIPS) provides clinical decision support at the bedside by linking each patient's fall risk assessment with evidence-based interventions. Strategies were needed to integrate this evidence into clinical practice.

Methods

The Institute for Healthcare Improvement's Framework for Spread is the conceptual model for pilot implementation of Fall TIPS at Brigham and Women's Hospital (BWH; Boston) and Montefiore Medical Center (MMC; Bronx, New York). The key to translating the evidence into practice was engaging stakeholders by leveraging existing shared governance structures, identifying unit champions, holding training sessions for all staff, and implementing auditing to assess and provide feedback on protocol adherence and patient outcomes.
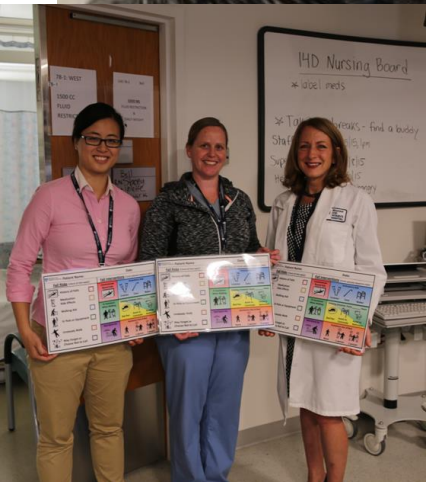
…Personalized fall prevention assessment, planning and patient education
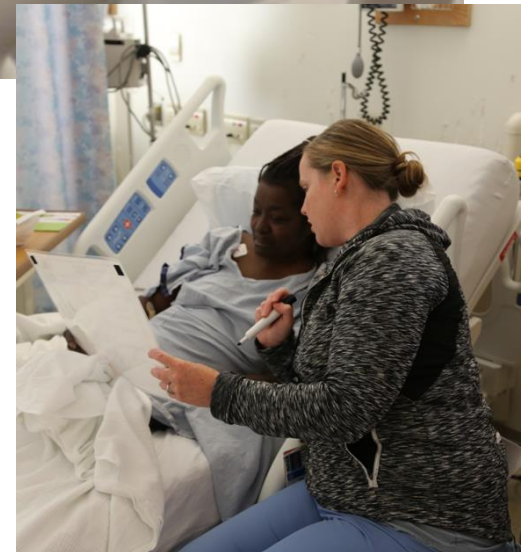
Fall Prevention in Acute Care Hospitals: The Evidence Circa 2018

- Patient falls are a common problem and can be prevented using the 3-step fall prevention process.

- EHR clinical decision support can link patient-specific risk factors to interventions most likely to prevent a fall.

- Tools are available for use in clinical care to integrate the 3-step fall prevention process into the workflow.

- Engaging patients and family in the 3-step fall prevention process ensures that they understand their risk factors and can play a role in ensuring that the fall prevention plan is implemented consistently.

Thank You: BWH/NEU Patient Safety Learning Lab Team

Making Acute Care More Patient-centered

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Components of an Evidence-based Fall Prevention Program

Components of an Evidence-based Fall Prevention Program

- Universal fall precautions
- 3-Step Fall Prevention Process:
  - Fall risk assessment
  - Tailored fall prevention care planning
  - Consistent implementation of the tailored care plan
- Post fall management strategy
- Implementation strategies
  - "Framework for spread"
  - Fall prevention/Quality committee
  - Standardization
  - Unit-based champions
  - Competency
  - Continuous quality improvement audits

Evidence-based Fall Prevention

TYPES OF FALLS

Types of Falls and How to Prevent Them

Accidental falls:

- Occur in those who have no risks for falling
- Usually caused by environmental hazard/error in judgment
- 14% of falls

Prevented through universal fall precautions

Source: Morse, J.M. (2008). *Preventing patient falls.* (2nd ed). New York: Springer. Published, 2008.

Types of Falls, cont.

Anticipated physiological falls:

- Occur in those who have risk for falling
- MFS includes 6 items that can predict this type of fall.
- 78% of falls

Prevented through fall risk assessment using validated tool and tailored care planning/ interventions

Source: Morse, J.M. (2008). *Preventing patient falls*. (2nd ed). New York: Springer. Published, 2008.

Types of Falls, cont.

Unanticipated physiological falls:

- Occur in those who have no risks for falling
- Caused by physiologic changes
  —Such as seizure
- 8% of falls

Most difficult to prevent. Some may not be preventable.

Source: Morse, J.M. (2008). *Preventing patient falls.* (2nd ed). New York: Springer. Published, 2008.

Evidence-based Fall Prevention

FALL PREVENTION STRATEGIES

Evidence-based Fall Prevention Strategies

- Universal Fall Precautions
- 3-Step Fall Prevention Process
    1. Fall risk assessment (FRA)
    2. Tailored fall prevention care planning
    3. Consistent implementation of the tailored care plan
- Post fall management

Universal Fall Precautions

- Cornerstone of any hospital fall prevention program
- Train **all** hospital staff who interact with patients.
- Apply to all patients at all times
  - Clear pathways.
  - Wipe up spills immediately.
  - Provide access to call bell.
  - Provide non-skid footwear.

Creates hospital culture that values fall prevention

3-Step Fall Prevention Process

1. **Conducting fall risk assessment**

2. Completing tailored fall prevention care planning

3. Consistently implementing the plan

Step 1- Fall Risk Assessment

- Identifies patients at risk for falling
- Provides baseline measure of patient-specific areas of risk
- Aids in clinical decision making
- Informs tailored or personalized preventative measures, care plans, and communication strategies

Standardized fall risk assessment is prerequisite to implementing evidence-based fall prevention intervention protocol.

Completion of the MFS

- MFS requires a chart review and **direct** observation of the patient
- MFS should be completed at least once per shift
  - Scores may fluctuate from daytime to night time
- Completion of the MFS requires training
- MFS requires competency assessment

Risk Factors for Falls Identified by Morse Fall Scale

- History of falling
- Secondary diagnosis
  —Associated with incontinence, vision problems, multiple medicines, orthostatic hypotension
- Ambulatory aid
- IV therapy/heparin (saline) lock
- Gait
- Mental status

Areas of Risk	Numeric Values	
1. History of falling	No Yes	0 25
2. Secondary diagnosis	No Yes	0 15
3. Ambulatory aid None/bed rest/nurse assist Crutches/cane/walker Furniture		0 15 30
IV or IV access	No Yes	0 20
5. Gait Normal/bed rest/ wheelchair Weak Impaired		0 10 20
6. Mental status Oriented to own ability Overestimates or forgets limits		0 15

Source: Morse, JM. *Predicting Patient Falls*. CA: Sage Publications, 1997.

Risk 1: **History of Falling**

- **Score 0** if <u>none of the following</u> are true:
  - Patient has fallen during this hospitalization.
  - Patient has immediate history of falls within the past 3 months. **This is *the most significant indicator for falling.***
- **Score 25** if <u>one or more</u> of the above are true.

History of Falls	No	0
	Yes	25

Interventions:

- Use safety precautions.
- Communicate risk status via plan of care, change of shift report, and signage.
- Document circumstances of previous fall.

Risk 2: **Secondary Diagnosis**

- **Score 0** if only **1 active** medical diagnosis.

- **Score 15** if **more than 1** medical diagnosis is active for current admission.

Think about factors that may increase risk for falls
that are related to multiple medical problems:
- •Illness/multiple medications
- •Side effects such as dizziness, frequent urination, and unsteadiness
- •Vision problems

Secondary Diagnosis	No	0
	Yes	15

Interventions:

- •Consider implementing a toileting and rounding schedule
- •Review medication list

Patients with multiple medical diagnoses are often on multiple medications. Along with the physical symptoms from the secondary diagnoses, this increases their risk for falls.

Risk 3: **Ambulatory Aid**

- **Score 0** if patient walks without a walking aid or uses a wheelchair or is on bed rest and does not get up at all.
- **Score 15** if patient uses crutches or a walker.
- **Score 30** if the patient walks clutching onto furniture for support (e.g., needs help, but does not ask or does not comply with order for bed rest or to use an ambulatory aid).

Ambulatory Aid	None/ bed rest/ nurse assist	0
	Crutches/ cane/walker	15
	Furniture	30

Interventions:

- Use ambulatory aid at bedside if needed.
- Review dangers of using furniture or hospital equipment as an ambulatory aid.
- Assess ability to use ambulatory aid.
- Consider PT consult.

Risk 4: **Intravenous/Heparin (Saline) Lock**

- **Score 0** if the patient does not have an IV, heparin (saline) lock.

- **Score 20** if the patient has an IV, heparin (saline) lock.

IV/Heparin (Saline) Lock	No	0
	Yes	20

Interventions:

- Implement toileting/rounding schedule.
- Tell patient to call for help with toileting.
- Review side effects of IV medications.

Risk 5: **Gait**

- **Score 0** if the patient has a normal gait.
  - Walks with head erect. Arms swinging freely at the side. Striding without hesitation.
- **Score 10** if the patient has a weak gait.
  - Stooped, but able to lift head without losing balance. If furniture required, uses as a guide (feather-weight touch). Short steps, may shuffle.
- **Score 20** if the patient has an impaired gait.
  - Difficulty rising from chair (needs to use arms; several attempts to rise). Head down; watches ground while walking. Cannot walk without assist; grabs at furniture or whatever available. Short, shuffling gait.
  - Wheelchair: score according to gait used at transfer.

Interventions:

- Help patient get out of bed.
- Consider PT consult.

	Normal	0
Gait	Weak	10
	Impaired	20

Assess your patient's gait while they are walking <u>with</u> their ambulatory aid

Risk 6: **Mental Status**

<u>To test mental status:</u> Ask the patient, "Are you able to go to the bathroom alone or do you need assistance?"

- Normal: patient response is consistent with orders or kardex.
- Overestimates/forgets limitations: patient response is inconsistent with ambulation order or unrealistic.

- **Score 0** if the patient's mental status is normal.
- **Score 15** if the patient is considered to overestimate his/her abilities or is forgetful of limitations.

Mental Status	Normal	0
	Forgets or overestimates	15

Interventions:

- Use bed/chair alarm or virtual monitoring.
- Place patient in visible location.
- Encourage family presence.
- Do frequent rounding.

ABCs of Harm

- Patient is at high risk for injury if they fall with:
  - **A**ge: 85 years old or older, frailty
  - **B**ones: osteoporosis, risk or history of fracture, etc
  - **C**oagulation: risk for bleeding, low platelet counts, or taking anticoagulation
  - **S**urgery (recent): lower limb amputation, major abdominal or thoracic surgery

Interventions:

- Communicate that the patient is at an increased risk for injury if they fall.
- Emphasize the importance of following their personalized fall prevention plan.

3-Step Fall Prevention Process

1. Conducting fall risk assessment

2. **Completing tailored fall prevention care planning**

3. Consistently implementing the plan

Step 2- Tailored Fall Prevention Care Planning

- Review areas of risk identified by Morse Fall Scale for specific patient.

- Select interventions to address each area of risk.

- Communicate tailored fall prevention plan to all staff who interact with patient. Also share it with patient and their family members.

3-Step Fall Prevention Process

1. Conducting fall risk assessment
2. Completing tailored fall prevention care planning
3. **Consistently implementing the plan**

Carry out the plan consistently to prevent falls– patient engagement can help!

Step 3- Consistently Implementing the Plan

Patient engagement

- Engaging patients and family in the 3-step fall prevention process ensures that they understand their risk factors and can play a role in making sure that the fall prevention plan is implemented consistently.

- Conduct the fall risk assessment with the patient then develop the tailored prevention plan together based on the risk factors identified.

- Consistently educate and remind the patient how to implement the plan.

Summary: To perform the 3-step fall prevention process:

- Perform the MFS risk assessment and develop a tailored prevention plan with the patient using the laminated Fall TIPS poster.

- Hang the Fall TIPS poster at the bedside to communicate the prevention plan to the care team.

- Use the Fall TIPS poster to educate the patient and to reinforce their personal fall risk factors and plan daily.

Evidence-based Fall Prevention

3-STEP FALL PREVENTION PROCESS CASE STUDIES

Case 1: John

- John, an 82-year-old man with diabetes was admitted to BWH medical unit with chest pain and shortness of breath. On admission, the patient was found to be alert and oriented. He had an IV and was placed on a cardiac monitor.

- During the admission interview, John reported that with his cane, he was independent with walking and transfers. However, the nurse noted that the doctor's order was for walking with cane and assistance only.

- With further questioning, the patient reported that he had fallen at home several times over the past year, most recently last month.

- As the nurse assisted the patient to the bathroom, she noted that initially he used the bedside table and other furniture as guides and needed to be reminded to use his cane.

- Once he was given a cane, John walked with short, steady steps to the bathroom.

BRIGHAM AND WOMEN'S HOSPITAL

Patient Name:

Date:

Increased Risk of Harm If You Fall ☐

Fall Risks (Check all that apply)

History of Falls ☐

Medication Side Effects ☐

Walking Aid ☐

IV Pole or Equipment ☐

Unsteady Walk ☐

May Forget or Choose Not to Call ☐

Fall Interventions (Circle selection based on color)

Communicate Recent Fall and/or Risk of Harm

Walking Aids

Crutches — Cane — Walker

IV Assistance When Walking

Toileting Schedule: Every _____ hours

Bed Pan — Assist to Commode — Assist to Bathroom

Bed Alarm On

Assistance Out of Bed

Bed Rest — ① 1 person — ① ② 2 people

Fall TIPS ©Brigham & Women's Hospital 2016; do not alter without written permission.

Answers

Patient Name: *John*

Date: *05/12/2016*

Increased Risk of Harm If You Fall ☐

Fall Risks (*Check all that apply*)

History of Falls		☑
Medication Side Effects		☑
Walking Aid		☑
IV Pole or Equipment		☑
Unsteady Walk		☑
May Forget or Choose Not to Call		☑

Fall Interventions (*Circle selection based on color*)

Communicate Recent Fall and/or Risk of Harm

Walking Aids

Crutches | Cane | Walker

IV Assistance When Walking

Toileting Schedule: Every ___1___ hours

Bed Pan | Assist to Commode | Assist to Bathroom

Bed Alarm On

Assistance Out of Bed

Bed Rest | ① 1 person | ① ② 2 people

Evidence-based Fall Prevention

CASE STUDY BREAKOUT SESSION

Directions

- Complete Morse Fall Scale
- Engage patient in identifying interventions to address each of his/her fall risk factors
- Demonstrate how you would educate the patient and use motivational interviewing to partner with him to consistently implement the plan
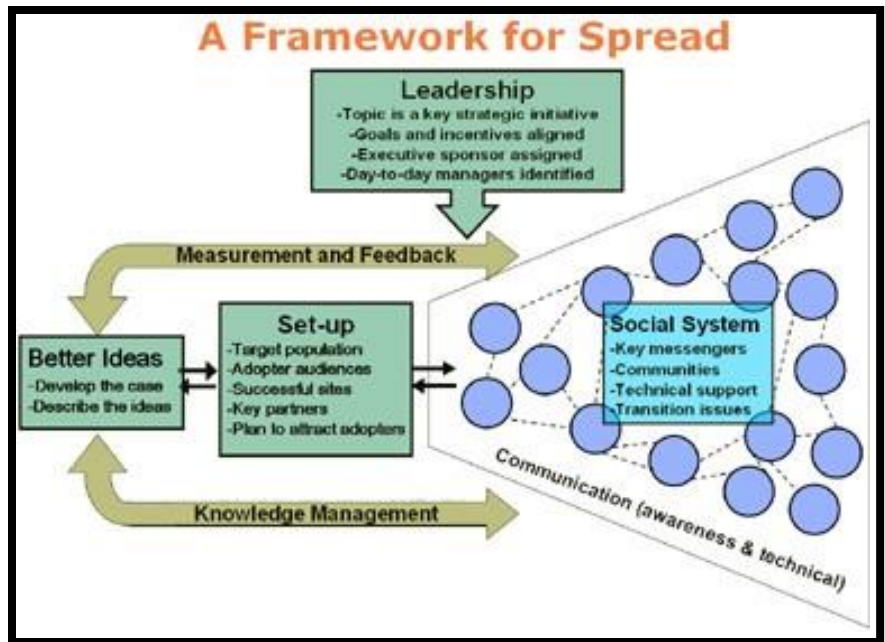
Evidence-based Fall Prevention

IMPLEMENTATION STRATEGIES

Conceptual Framework: Framework for Spread

- Key Components:
  - Set-up expectation for change
  - Involvement of "peer champions"
  - Continuous monitoring and feedback

A Framework for Spread

Leadership
- Topic is a key strategic initiative
- Goals and incentives aligned
- Executive sponsor assigned
- Day-to-day managers identified

Measurement and Feedback

Better Ideas
- Develop the case
- Describe the ideas

Set-up
- Target population
- Adopter audiences
- Successful sites
- Key partners
- Plan to attract adopters

Social System
- Key messengers
- Communities
- Technical support
- Transition issues

Knowledge Management

Communication (awareness & technical)

Framework for Spread: helps participants consider implementation requirements, develop a communication plan, and design strategies to promote adoption by staff.

Implementation Strategies

- **Fall prevention committee**
  - Role: establish standards of practice
    - Definitions
    - Metrics
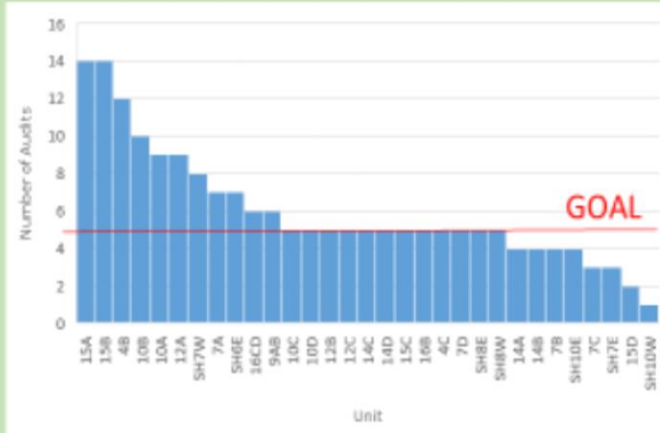   - Competency

Fall TIPS: Spread Practices and Tools

Implementation Strategies

- Unit-based champions
  - Role: Lead unit-based adoption
    - Competency
    - Peer education/support
    - Communication of unit based metrics

Tools to Support Fall TIPS Rollout

- Fall TIPS training module (HealthStream or power point)
- Fall TIPS audit tool
- Fall TIPS RN Guide
- Fall TIPS website: www.falltips.org

Fall T.I.P.S.* Guide

Fall TIPS Workflow

1. Perform the Morse Fall Scale (MFS) assessment with the patient at the bedside.

2. Tailor the fall prevention plan to the patient-specific risk factors with the patient at the bedside.

3. Document the risk assessment and the tailored intervention in Epic.

4. Use Fall TIPS (either the printed poster or the bedside screensaver) to educate the patient on his/her fall prevention plan. If using the poster, be sure to hang it at the bedside to communicate the plan to all members of the care team.

Remember to engage the patient throughout the 3-step fall prevention process: 1) conducting the risk assessment, 2) creating the tailored plan and 3) implementing the plan.

Accessing Fall TIPS in Epic

5. **Go to:** Summary → Flowsheets → Daily Cares/Safety → Morse Fall Scale

6. **Do your documentation of fall risks and evidence-based interventions**
   - If the patient has a positive score for any of the Morse Fall Scale risk factors, the interventions will cascade out
   - Select the intervention(s) appropriate for the patient

FAQ

1. Do I need to print the Fall TIPS poster every day?
No, you do not need to print it every day. Signs need to be printed at admission and then only with a change in risk status or interventions.

2. Can I do the MFS and create the plan in the nurses' station and then just give the patient educational material and the printed fall prevention plan to the patient, family member and/or caregiver?

- No - It is necessary to engage the patient and/or family in all steps of the 3-step fall prevention process:
  1. doing the risk assessment
  2. creating the tailored plan
  3. carrying out the plan consistently
- Evidence suggests patients are:
  - more likely to believe they are at risk for falls when <u>engaged</u> by their nurses in the risk assessment.
  - more likely to follow the plan if they are <u>involved</u> in developing it.

3. How do I print the Fall TIPS poster?

Go to Summary Activity or Index Report and search for "Fall TIPS" in the report search bar. This displays the patient's Fall TIPS poster, with patient-friendly language and icons corresponding with their fall risks and personalized interventions.

4. Does my patient need a bed/chair alarm?

Ask: Can you go to the bathroom by yourself or do you need assistance?

If patient response corresponds with what you know to be true/the patient will reliably call for help, the patient does **NOT** need a bed alarm.

If patient response is inconsistent with what you know to be true/the patient overestimates or forgets limitations, the patient **DOES** need a bed alarm.

<u>*T</u>ailoring <u>I</u>nterventions for <u>P</u>atient <u>S</u>afety

Have questions? Please email us at PHSFallTIPS@partners.org

Patient Engagement Audits

- Unit champions conduct monthly audits with the following data:

  1. Is the patient's Fall TIPS poster updated and hanging at the bedside?

  2. Can the patient/family verbalize the patient's fall risk factors?

  3. Can the patient/family verbalize the patient's personalized fall prevention plan?

Peer Feedback Exercise

Your unit has recently implemented Fall TIPS and as a champion, you are responsible for rounding and providing peer feedback. You notice that in one of the patient rooms, the Fall TIPS report is for the patient that was discharged yesterday. You remove the outdated Fall TIPS report and look for the current patient's nurse. How do you approach your colleague to address this?

Evidence-based Fall Prevention Recap

- Most patient falls are preventable
- An evidence-based fall prevention program includes the following components:
  - Standard definitions
  - Universal fall precautions
  - 3-Step Fall Prevention Process:
    - Fall risk assessment
    - Tailored fall prevention care planning
    - Consistent implementation of the tailored care plan
  - Post fall management
- Implementation requires a continuous quality improvement, interdisciplinary, team-based approach

Strategies, Tools, And Tactics for Implementing the Fall TIPS Toolkit at Your Site

Fall TIPS Implementation Protocol

1. Organizational Support

        - leadership and unit director support

2. Meet with Practice Committee and unit nurses

        - recruit champions (for peer support/training and data collection)

3. Conduct fall risk assessment competency training with all staff

        - using provided training toolkit

4. Track progress weekly

        - How many days since last fall?

        - Quick 3-question Patient Engagement Audit

5. Provide continuous feedback

        -via emails and posters

        -in person rounding on nurses

        -promote patient engagement and education

Fall TIPS Implementation Exercise: Gap Analysis

Evidenced-based Fall Prevention Program Gap Analysis

Hospital Name:_____   Date:_____

Evidence-based Fall Prevention Strategy	Performance		Comments
	YES	NO	
1. Leadership support: Hospital/unit/champion levels	YES	NO	
• Patient falls/injury important quality metric reported at hospital-wide quality meetings			
• Chief nurse supportive (verbally and through actions) fall prevention efforts			
• Fall prevention committee (can be part of quality committee)			
• Nurse managers focused on improving fall prevention practices			
• Fall prevention nurse champions on each unit			
• Consistent, timely measurement and feedback related to fall prevention processes/outcomes			
2. Patient and family engagement	YES	NO	
• Patient and family are involved in completing fall risk assessment			
• Patient and family are involved in developing a tailored/personalized fall prevention plan			
• Patient and family are involved in executing the plan (they know their role)			
3. Fall risk assessment	YES	NO	
• A valid and reliable fall risk assessment/screening scale is used (and not modified)			
4. Tailored fall prevention care planning	YES	NO	
• Interventions are selected to address each area of risk identified in the risk assessment			
5. Consistent implementation of the tailored care plan	YES	NO	
• Each patient's personalized plan is available at the bedside			
6. Post fall management	YES	NO	
• Post fall physical assessment completed			
• Fall-related details are documented			
• Fall risk assessment updated			
• Fall prevention plan updated			
• Provider notified			
• Family notified			
• Team communication of changes in risk factors and tailored plan			

Evaluating, Communicating and Sustaining the Fall TIPS Program

Fall TIPS Program Communication Plan

- Communication Plan targets major stakeholders that will generate initial and ongoing support for the Fall TIPS program and promote maintenance and spread of positive changes.
  - Goals for communication
  - Who will get the information
  - What information you will communicate
  - When and How you will communicate it (e.g., reports, presentations, e-mails)

Evaluating and Sustaining the Fall TIPS Program at Your Site

- Monitoring Plan: Measures over time if the Fall TIPS program continues to be effective.
  - Measures and target ranges
  - Data source(s)
  - Methods for data collection, analysis, and use for continuous improvement
  - Person(s) responsible

Wrap-Up and Next Steps

- Implementation/action plan
- Post workshop knowledge assessment

Thank you!