Objectives

1. Review the regulatory interpretive guidelines for accidents and injury investigation.
2. Discover the key components of completing an accident root cause analysis.
3. Apply the quality improvement components to the investigative process.

F323 Definition of a Fall

"Fall" refers to unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of an overwhelming external force (e.g., resident pushes another resident).
An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall.
Key F323 Components - QAPI

• Identifying hazard(s) and risk(s);
• Evaluating and analyzing hazard(s) and risk(s);
• Implementing interventions to reduce hazard(s) and risk(s); and
• Monitoring for effectiveness and modifying interventions when necessary.

SOM Interventions (1/3)

Interventions that the facility might incorporate in care planning include:
• Providing restorative care to enhance abilities to stand, transfer, and walk safely;
• Providing a device such as a trapeze to increase a resident’s mobility in bed;
• Placing the bed lower to the floor and surrounding the bed with a soft mat;

SOM Interventions (2/3)

Providing frequent monitoring by staff with periodic assisted toileting for residents who attempt to arise to use the bathroom;
• Furnishing visual and verbal reminders to use the call bell for residents who are able to comprehend this information and are able to use the call bell device; and/or
Providing exercise and therapeutic interventions, based on individual assessment and care planning, that may assist the resident in:

- achieving proper body position
- balance and alignment
- without the potential negative effects associated with restraint use.

Key features of RCA:

- Blameless problem-solving
- Involvement of those most affected by the issue
- Willingness & means to coach & mentor after training
- Person-centered care

• How effective is your restorative program?
• Do residents lose function through reduced mobility?
• Could you review ambulation status to find out?
1. Run a report of Current Mobility Status for this quarter and last quarter – *walk in room, walk in corridor*
2. Compare it to report from last quarter
3. Have there been changes, declines?

**MDS 3.0**
*ACTIVITIES OF DAILY LIVING*

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**Use Your Data – MDS**

**QAPI Definition**

*Quality Assessment & Performance Improvement is a data driven & pro-active approach to quality improvement.*

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**What to Look For - Trending**

Look for trends in conjunction with – wing, diagnosis, falls, behaviors – *the more granular, the more effective your root cause analysis will be.*

- Location - room, hallway, bathroom
- Devices in use, call lights, alarms, etc.
Reasons for the mobility decline-Root Cause Analysis
Interview direct care-giving staff, family, resident for their perspectives regarding why the decline happened
Document interview results & analyze

QAPI aims to help nursing home residents realize their own goals for care and how they live their lives, including these areas:

• health and safety
• quality of life
• exercise of choice
• effective transitions

Establish commitment to Falls and Injury Prevention:

• Market your commitment
• Pre-admission considerations
• Admission assessment in-put
ALWAYS include them in assessment findings & Education if responsible, or with resident permission.
Risk assessment tools by themselves do not prevent patient falls - they predict them...*

*National Patient Safety Foundation Professional Learning Series

When to Assess

- On admission
- Upon transfer from one unit to another
- With any status change
- Following a fall
- At regular intervals

www.cdc.gov/injury/STEADI
Assessment | Recommendations

History & Root Causes Documentation

Current Status

- Footwear
- Seating
- Standing
- Transfers
- Toileting status

*Resident & family response to commitment, immediate care plan measures*

Seating Challenges

- Ideal sitting posture is unnatural
- People slide into a position of comfort and support. However . . . everyone fatigues out of the ideal sitting posture
- Body type and disability often prevent ideal sitting posture

Pain

Untreated, pain leads to:

- Restlessness
- Irritability
- Depression
- Reduced mobility
- Atrophy
What’s Your Response to Alarms

- Remain in place, wait for direction
- Get up to see what’s wrong
- See what you can do to help

Why Alarms Don’t Work

“The body registers noise pollution as assaultive. The automatic tightening of muscles to armor (protect) and defend themselves produces sensations that range from mild discomfort to extreme pain. Gentle, appropriate touch can help the body to relax without more intrusive intervention.

Caring touch can restore equilibrium and balance.”

Integrating Touch Into Our Daily Interactions
Posted on June 20, 2013 by Glenn Blacklock

Critical Investigation Elements

Environmental review at the time of the event by on-shift staff

- Make immediate modifications
- Add to care plan immediately
- Communicate interventions & rationales immediately
Fall Commonalities

INDEPENDENT WALKING

Can You Predict the Next Fall

Use of Devices

- Watch them in action to assess correct use
- Therapies evaluation to identify modifications
- Do not let the device be a potential cause for falls
Making Rounds / Supervision

Who Should Observe and Correct

Assess As You Go
Safety Rounds

Do not wait until a fall happens to check for:

• Effects
• Side effects
• Interactions

Plan for Falls Prevention!

Anticoagulants

Excessive decrease in ability to form blood clots can cause bleeding, leading to anemia, weakness & dizziness.

Watch for bruising easily, unusual bleeding around gums, blood in urine, or rectal bleeding.

See pamphlet: Blood Thinners: Risk Factors Associated with Falling and What to Do When You Fall
Practice to reinforce

Stand up slowly after sitting or lying down.

If lying down, sit up first, remain seated for a few minutes, then stand slowly

Match Interventions to Risks

Muscle weakness – Exercise, therapy

Arthritis, Degenerative Joint Disease – Exercise, therapy

Gait problems - Exercise, devices, modifications, therapy

Impaired ADLs – Exercise, therapy, devices, modifications

Balance problems-Exercise, therapy, devices

Investigate Immediately

To get the most information out of critical times around an event

Staff on the scene must be coached in:

- skills of observation
- critical thinking
Delaying the investigation until morning or Monday, or whenever the DON or Risk Manager gets around to it will not improve your outcomes or statistics.

QAPI

More eyes & ears = more thorough perspectives + problem-solving

Observations + Questions

- Placement of the person’s body at the time of the fall
- What was the person trying to do?
- Was it unusual or typical – has it happened before?
**What Exactly Happened**

'Person needed to use bathroom' Urgently?
- Why? Does this follow their usual pattern?

Do they usually call for help?
- If they do, but didn’t, what happened this time?
- If they did, why didn’t they wait?

**And Then What**

If they don’t, or didn’t wait
what makes them **unsafe** to do it independently - weakness, stiffness, dizziness...?

**Compensation VS Restriction**

If they are known not to call for help, what are you doing to make it safer for them?

Strengthen, loosen up, address causes of dizziness
Thank You

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Resources

NCOA – Excellent Resources - Falls Prevention Day – September 22, 2013

National initiative web site - videos and educational materials.
Celebrate Fall Prevention Awareness Week - September 22 – 28, 2013.
http://www.stopfalls.org/service_providers/sp_bm.shtml

Michigan Falls in the Elderly rates 2011
**Resources**

Falls Prevention brochure for distribution

Veteran’s Administration projects
http://www.visn8.va.gov/patientsafetycenter/fallsTeam/

VA Falls Prevention Tools and Programs
http://www.patientsafety.va.gov/SafetyTopics/fallstoolkit/index.html

Institute for Person Centered Care
http://ubipcc.com/

http://www.patientsafety.va.gov/SafetyTopics/fallstoolkit/media/morse_falls_pocket_card.pdf

Vibrant Living Concepts


Sue Ann Guildermann, RN, BA, MA. Effective Fall Prevention Strategies Without Physical Restraints or Personal Alarms Empira, 4/24/2012 Webinar for Stratis Health


Illustrations by Chris Willy; Web publication by Mountain Pacific Quality – Wyoming’s 9th Scope of Work CMS; Wheelchair Seating for Elders by BA Willy.

http://www.carf.org/Programs/ProgramDescriptions/AS-Person-Centered-Long-Term-Care-Community/
Resources

- Newsletter & CEUs – Initiatives in Safe Patient Care
- www.cdc.gov/injury/STEADI
- https://www.dhs.wisconsin.gov/publications/p0/p00548.pdf

One More Resource

- Initiatives in Safe Patient Care – Newsletter with CEUs regarding alarms:
  - christine.osterberg@pathwayhealth.com