

Piloting a Falls Strategy



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Calgary Fall Risk Management Program

ISFL Strategy Development

- Align with AHS level I policy and Accreditation ROP
- Promote standardization and continuity of care
- Outlined as a table of **resources** and **tools**
- Strategy and toolkit on continuing care desktop (CCD)

Supportive Living Falls Risk Management Strategy

Process Step	Tools	Reason for Use	Responsibility	Timeframe
Post Fall Management (continued)	Monitoring (i.e. monitoring forms, fall report, head injury tip sheet for HCA's)	To identify injury that is not initially evident and provide ongoing assessment	Contracted Service Provider	As per guidelines in the framework
	Huddle (i.e. 5 Why's)	Root Cause Analysis	Contracted Service Provider to initiate and involve Interdisciplinary Team as required	Within 24 hours of a fall event
	Current approved transfer form (i.e. Interfacility Transfer Form # 09277)	Transfer to Acute Care	Contracted Service Provider	Prior to transfer to acute care
Documentation	Care Plan	Captures interventions to address prevention strategies and management of falls	Interdisciplinary Team	Initiated within first business day for clients with an identified risk for falls and updated as required upon assessment or within 48 hours post fall event
	Case Notes	Document client-specific details related to prevention measures, interventions and post fall management/strategies	Interdisciplinary Team	Within first business day of admission for clients with an identified risk for falls and updated as required upon assessment or within 48 hours post fall event

Working group!



Pilot Site Engagement



Falls Risk Management Process Inventory (Gap Analysis)

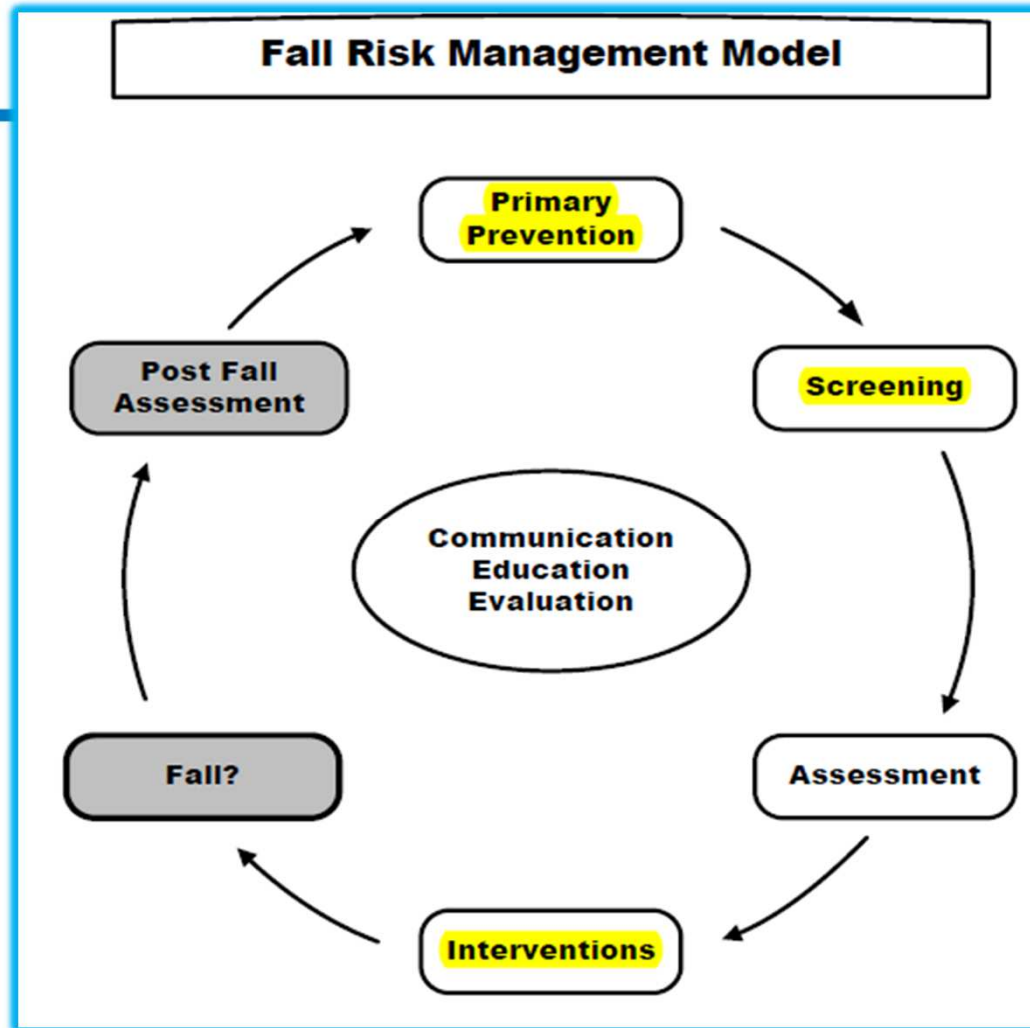
Assessment of site fall risk management strategy

Y N P [Y (Yes), N (No), P (Partial)]

- Primary Prevention/ fall reduction strategies in place
- Universal fall precautions in place for all patients
- Screening tool used on admission
- Clients “at risk” are clearly identified by visual identifier or alert on chart
- Risk communicated to client and family, site staff, and AHS Case Manager
- Collaborative approach to assessment for at risk population
- Care plans identify standard unit protocols as well as individual (targeted) interventions to manage patient-specific fall risks
- Consistent process for communication and documentation of patient’s fall risk, interventions, and fall incidents
- Post-fall process in place and includes all of the following:
 1. Head to toe assessment
 2. Monitoring (as per provincial guidelines)
 3. Post-Fall Huddle
 4. Updating care plan for client assessment in place
- Interdisciplinary staff education in place / staff educator for sustainability
- Incident reports analysed for root causes and injuries
- Processes evaluated for effectiveness and to identify areas for improvement

Currently, are there areas for improvement in the site’s Fall Risk Management Program?

- Primary Prevention Screening Assessment Interventions/Care Planning
- Post-Fall Review Evaluation Communication/Documentation
- Education Other _____







PRIMARY PREVENTION



MAY 2017

St. Marguerite Manor

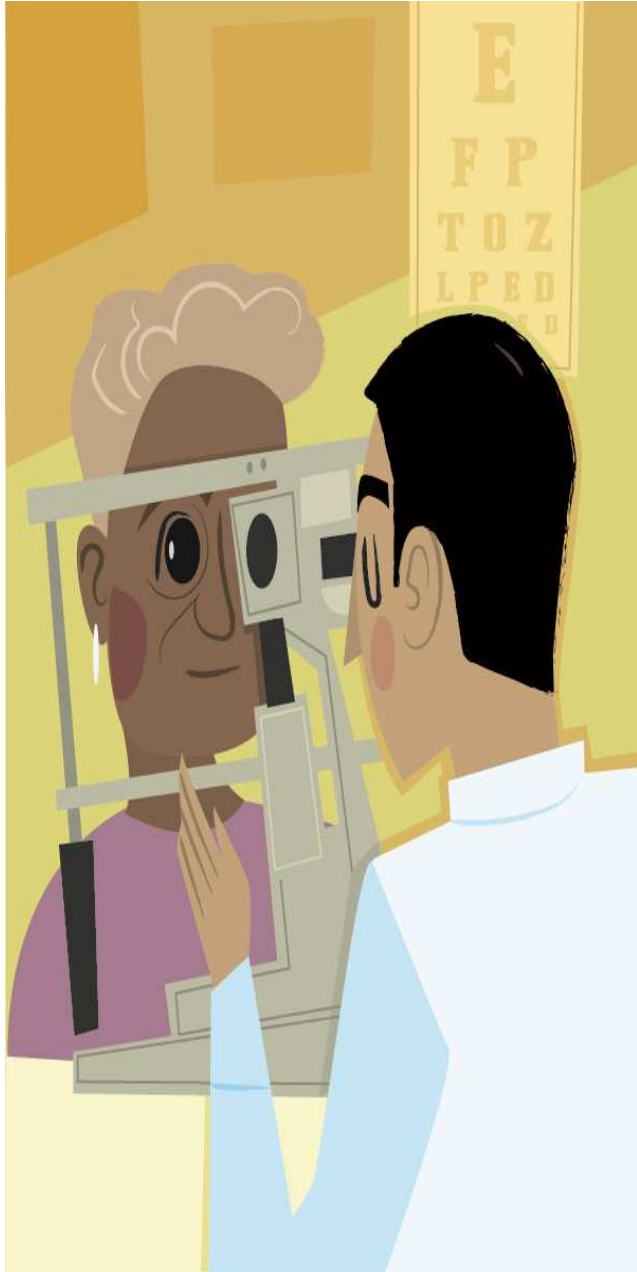
Monthly Newsletter • 110 Evanspark Manor NW • 587-955-9788

1. Resident council presentation May 9
2. Education on 3 key messages @ resident council and monthly newsletter “Education Corner”
3. Resident Suite checklist and admission package



May 2017

Keep active to improve
your strength and
balance.



June 2017

Visit your eye doctor every year for a complete eye exam.




July 2017

Review all your medications with your doctor or pharmacist.

Admission Package


Resident & Family Information Booklet



Finding Balance

STAY INDEPENDENT.
Prevent falls.

Every year



1 out of **3**
seniors will fall.

Resident Room Checklist

Resident/Room:		Check "Yes", "No" or "N/A" (not applicable) for each						
Date:		Yes	No	N/A		Yes	No	N/A
	Is the bed height such that the resident can sit on the bed with feet touching the floor?							
	Does the mattress provides adequate support when moving in bed/transferring in/out of bed							
	Is the bed on a frame with locking wheels or sturdy legs							

Primary Prevention Evaluation

Pre and post checklist – Yes/No

1. Resident engagement through presentation to resident council
2. Monthly education on 3 key messages in Newsletter
3. “Stay Independent Prevent Falls” brochures in admission package
4. Use of resident room checklist



SCREENING

Why Screen for Falls Risk?

- Identifies residents at risk of falling and requiring further assessment
- Encourages focus on targeted interventions and proactive approaches to falls management
- Guides interim care planning

Screening

Fall Risk Tool – Continuing Care

To be completed by **RN, LPN** or **PT/OT** on all resident upon:

(a) Admission (b) Change of Status (c) Yearly review and/or (d) Serious injury/multiple falls

Please circle **Y** = Yes **N** = No **U** = Unknown

Address: Street, City, Province, Postal Code

Telephone Number:

Date of Admission: yyyy/mm/dd Family Physician:

General Data	Physical Status
<p>Y N U History of Fall in past year (if new admission explain circumstances, consider near falls, i.e. crawling out of bed)</p> <p>Definition of a fall: unintentionally coming to rest on the ground, floor or other lower level with or without an injury.</p>	<p>Y N U Sleep disturbance</p>
	<p>Y N U Uncontrolled pain</p>
	<p>Y N U Dizziness</p>
	<p>Y N U Balance problem and/or unsteady gait</p>
	<p>Y N U Joint difficulties</p>



Areas for Improvement

1. More involvement of the family/caregiver during admission and screening
2. Site & AHS staff review screen/interventions and care plan together on admission
3. AHS case managers to gain read-only access to Seniors Care



INTERVENTIONS

Why Interventions?

Goal:

- Establish a consistent approach to implement **targeted interventions** on the care plan
- Include early identification of client specific interventions

Opportunities Identified

- **Universal Fall Precautions vs targeted**
- **Resident-specific and goal-oriented**
- **Allied Health**

General Data	Physical Status
<p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> History of Fall in past year (if new admission explain circumstances, consider near falls, i.e. crawling out of bed)</p> <p>Definition of a fall: unintentionally coming to rest on the ground, floor or other lower level with or without an injury.</p>	<p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Sleep disturbance ?</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Uncontrolled pain</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Dizziness ?</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Balance problem and/or unsteady gait</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Joint difficulties</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Visual impairment</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Sensory changes</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Postural hypotension ?</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Acute illness / change in status</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Bowel or bladder frequency / urgency</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Use of ambulatory device (cane, walker, wheelchair, crutches) – Circle device used</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Inadequate footwear</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Recent significant and unexpected change in weight or nutrition</p>
<p>Diagnosis indicates increased fall risk: (circle) <input checked="" type="radio"/> CVA / <input checked="" type="radio"/> Cardiovascular Disease / <input checked="" type="radio"/> Recent Amputee <input checked="" type="radio"/> Neurological Disorders / <input checked="" type="radio"/> Seizure Disorder / <input checked="" type="radio"/> Dementia / <input checked="" type="radio"/> Osteoarthritis / <input checked="" type="radio"/> Recent Hip Fracture</p>	
<p>Medications</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Receives more than four different types of medications</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Psychotropic drugs: (circle) <input checked="" type="radio"/> Antipsychotics / <input checked="" type="radio"/> Antidepressants / <input checked="" type="radio"/> Anxiolytics / <input checked="" type="radio"/> Sedative-hypnotics</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Drugs that suppress thought process or create a hypotensive effect: (circle) Narcotics / Anti-hypertensives / Alcohol</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Change in medications in the past 14 days</p>	
<p>Mental Status / Behavior</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Acute change in mental status (delirium)</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Able to understand and follow directions</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Impaired memory</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Decreased insight and judgement</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Impulsive</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Wandering</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Fear of falling</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Chooses to live at risk</p>	<p>Protective Devices Used (check <input checked="" type="checkbox"/>)</p> <p><input type="checkbox"/> Seat belt <input type="checkbox"/> Helmet <input type="checkbox"/> Low Bed <input type="checkbox"/> Hip Protectors <input type="checkbox"/> Bed / chair alarm <input type="checkbox"/> Fall mats</p> <p>Additional Risks (e.g. tubing, environmental hazards)</p> <p><u>Anti-coag</u></p> <p><u>UTI</u></p> <p><u>Resist care</u></p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Risk factors identified on admission</p> <p><input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> Fall Risk noted on Care Plan: (check <input checked="" type="checkbox"/>)</p> <p><input checked="" type="checkbox"/> Interventions added to Care Plan <input checked="" type="checkbox"/> Interventions initiated</p> <p>Referrals Made</p> <p><input type="checkbox"/> Physician <input checked="" type="checkbox"/> PT / OT <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other (specify)</p>

Fall Risk Management Suggested Interventions

Risk Factor	Interventions to Consider	Suggested Referrals	
Mental Status			
Cognition	<ul style="list-style-type: none"> Use “NOD” (Name, Occupation, Duty). Give clear simple instructions and give the resident time to process the instructions. Consider verbal and written reminders, use pictures, involve family. Assess for signs of delirium (i.e. CAM). Review personal directive. Consider enhancements to care or environment to decrease risk (i.e. recruit family or suggest private companion to sit with high risk resident, provide diversional activities and increased observation at high risk times). Consider focused mental status assessment. Reinforce safe transfer technique/use of aids. 	<ul style="list-style-type: none"> Provide anticipatory nursing care (i.e. Comfort Rounds – scheduled toileting, ensure assistive devices are within resident’s reach, encourage hydration/nutrition as appropriate, ensure pain is managed). Harm reduction strategies (may include hip protectors, padded flooring, head protection, bed alarms). Consider motivation for unsafe behaviors that the resident cannot express (i.e. hunger, toileting, fear, pain). 	PT OT Rec Therapy NP
Behavior	<ul style="list-style-type: none"> Consider behavior change strategies to address resident readiness for safety recommendations. Address anxiety, fear of falling. Consider Negotiated Risk Agreement. Consider behavior mapping. 	<ul style="list-style-type: none"> Address financial hardship or constraint issues. Address sleep hygiene, promote sleep routine. Be aware of harm reduction strategies for managing alcohol and/or other substances. 	SW/Psychologist Physician/Geriatrics Psychiatrist NP
Medication			
Medications (include prescribed, non-prescribed, and over the counter medications)	<ul style="list-style-type: none"> Review medications (Best Possible Medication History – BPMH). Refer to physician or pharmacist for medication review – provide written context for concerns. Assess and note side effects of medications which may result in drop in blood pressure, behavioral change, decreased level of consciousness, dizziness. Refer to physician for review. 	<ul style="list-style-type: none"> Vitamin D and dietary Calcium intake for fracture prevention (increased risk of fracture related to osteoporosis/osteopenia) Develop care plan to deal with behavioral issues to help decrease use of medications (i.e. antipsychotics). Anti-coagulation or anti-platelet therapy – watch for increased risk of bleeding. 	Physician Pharmacist Dietitian NP
Physical Status			
Dizziness/ Postural Hypotension	<ul style="list-style-type: none"> Check for postural hypotension. Monitor lying and standing/sitting BP. Notify physician of postural drop >20 mm systolic or >10 mm diastolic. Check pulse – investigate irregularities. Note history of dizziness, fainting or “blacking out”. 	<ul style="list-style-type: none"> Review medications. Educate resident and staff to change position slowly. Ensure adequate hydration and nutrition. Assess for infection. Consider referral for vestibular/balance evaluation. 	NP Pharmacist PT Physician Dietitian

Risk Factors

- History of falls in the past year
- Unsteady gait and balance difficulties
- Multiple co-morbidities/diagnoses
- Multiple medications that contribute to possible risk of falling, including anticoagulants

Final Pilot Steps

- Evaluation measures will be completed by end of year
- Meet w/ St. Marguerite's management and staff re: pilot outcomes
- Meet w/ AHS ISFL re: strategy roll out

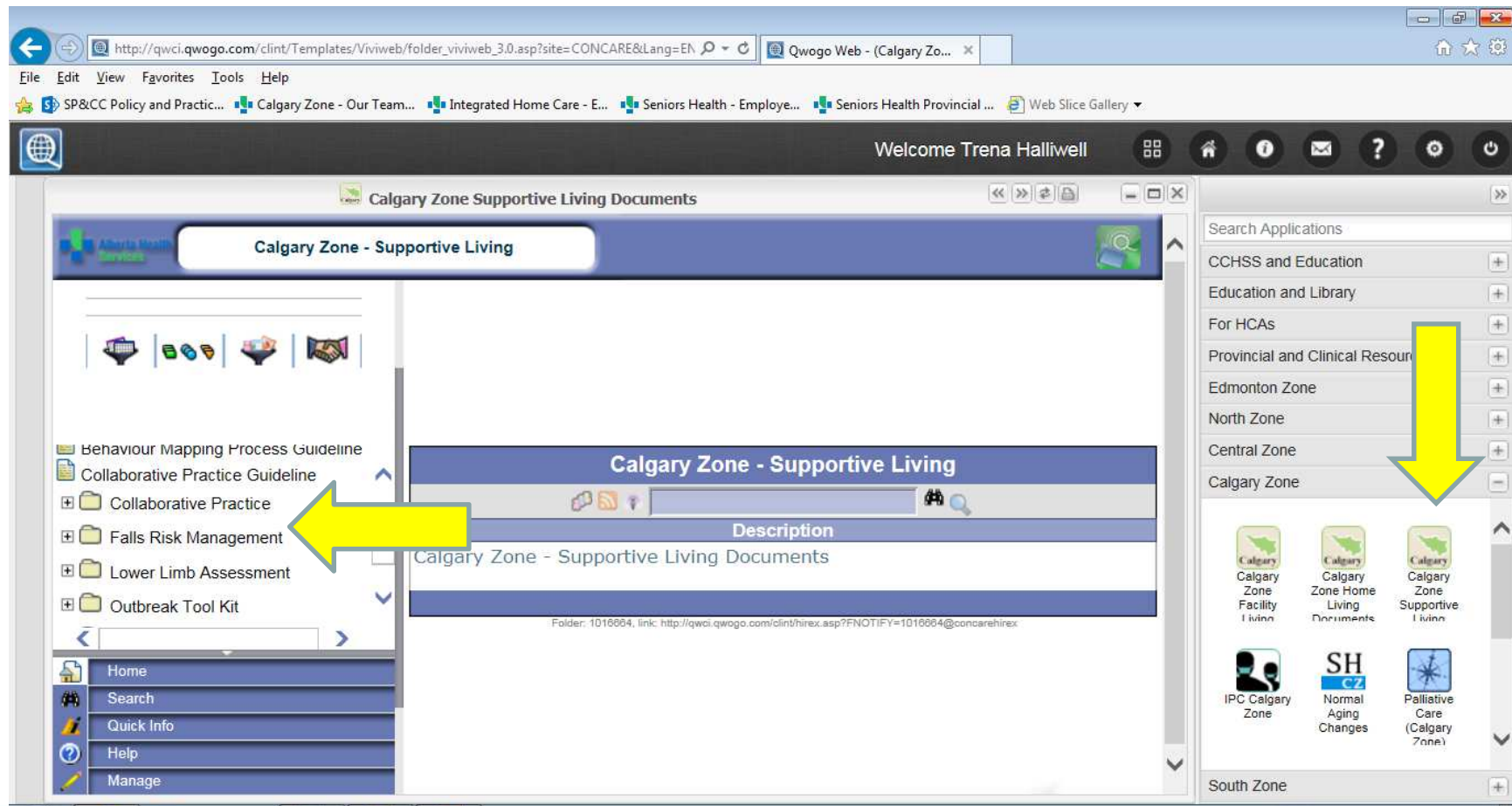
Successes

- Increased collaboration between CM and LPN
- Updates to Site FRM policy and procedures
- Family involvement in admission/screening
- Collaborative approach to care planning
- Focus on resident-specific interventions

Key Learnings

- Ensure sufficient time to incorporate strategy and learnings
- Collaboration is critical
- Flexibility

Continuing Care Desktop



The screenshot shows a web browser window displaying the 'Calgary Zone Supportive Living Documents' application. The browser address bar shows the URL: http://qwci.qwogo.com/clin/Templates/Viviweb/folder_viviweb_3.0.asp?site=CONCARE&Lang=EN. The application header includes the text 'Welcome Trena Halliwell' and a navigation bar with icons for home, help, and search. The main content area is titled 'Calgary Zone - Supportive Living' and features a left-hand navigation menu with the following items: 'Behaviour Mapping Process Guideline', 'Collaborative Practice Guideline', 'Collaborative Practice', 'Falls Risk Management', 'Lower Limb Assessment', and 'Outbreak Tool Kit'. A yellow arrow points to the 'Collaborative Practice' folder. The main content area displays a 'Description' section for 'Calgary Zone - Supportive Living Documents' with a folder icon and a search icon. Below the description, a folder path is shown: 'Folder: 1018804, link: http://qwci.qwogo.com/clin/hirex.asp?FNOTIFY=1018804@concarehirex'. On the right side of the application, there is a 'Search Applications' panel with a list of categories: 'CCHSS and Education', 'Education and Library', 'For HCAs', 'Provincial and Clinical Resources', 'Edmonton Zone', 'North Zone', 'Central Zone', 'Calgary Zone', and 'South Zone'. A yellow arrow points to the 'Calgary Zone' category. Below the list, there are several application icons, including 'Calgary Zone Facility Living', 'Calgary Zone Home Living Documents', 'Calgary Zone Supportive Living', 'IPC Calgary Zone', 'Normal Aging Changes', and 'Palliative Care (Calgary Zone)'.

Resources and Supports

Calgary Zone Falls Risk Management Program - cal.frmf@ahs.ca

- Assist all adult service sectors to implement Fall Risk Management Strategies
- Promote reduction of falls and fall related injuries.

AHS Policy & Provincial Framework

- Resources and tools to support a falls strategy; includes all steps from prevention through to quality improvement. Aligns with Accreditation ROP

<http://insite.albertahealthservices.ca/10210.asp>

<https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-falls-risk-mgmt-ps-58-policy.pdf>

Continuing Care Desktop

- Includes the AHS provincial framework and Supportive Living falls risk management toolkit

<https://cc.qwogo.ca/#ENG>

Finding Balance Alberta

<http://findingbalancealberta.ca/>



Thank
You

The words "Thank You" are written in a large, bold, pink, textured font. The text is surrounded by several colorful butterflies in shades of blue, green, purple, and pink, scattered around the letters.