Back to Basics:

A Multidisciplinary Approach to Fall Prevention

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Disclosures and Information

- *This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation; 1 contact hour*
- *Participants must attend entire session and complete the evaluation at the link emailed to them at the end of the session to successfully complete the continuing nursing education activity.*
- *There is no conflict of interest for anyone in a position to control content of this activity.*

LEARNING OBJECTIVES:

Increase knowledge about falls among adult populations

Identify factors that contribute to inpatient falls

Identify factors that contribute to falls in the outpatient setting

Increase knowledge regarding the evolution of the Mobility Committee at Monument Health

Identify opportunities of prevention utilizing current data

Identify state-wide resources on fall prevention practices

What is a fall?

Per the National Database of Nursing Quality Indicators (NDNQI):

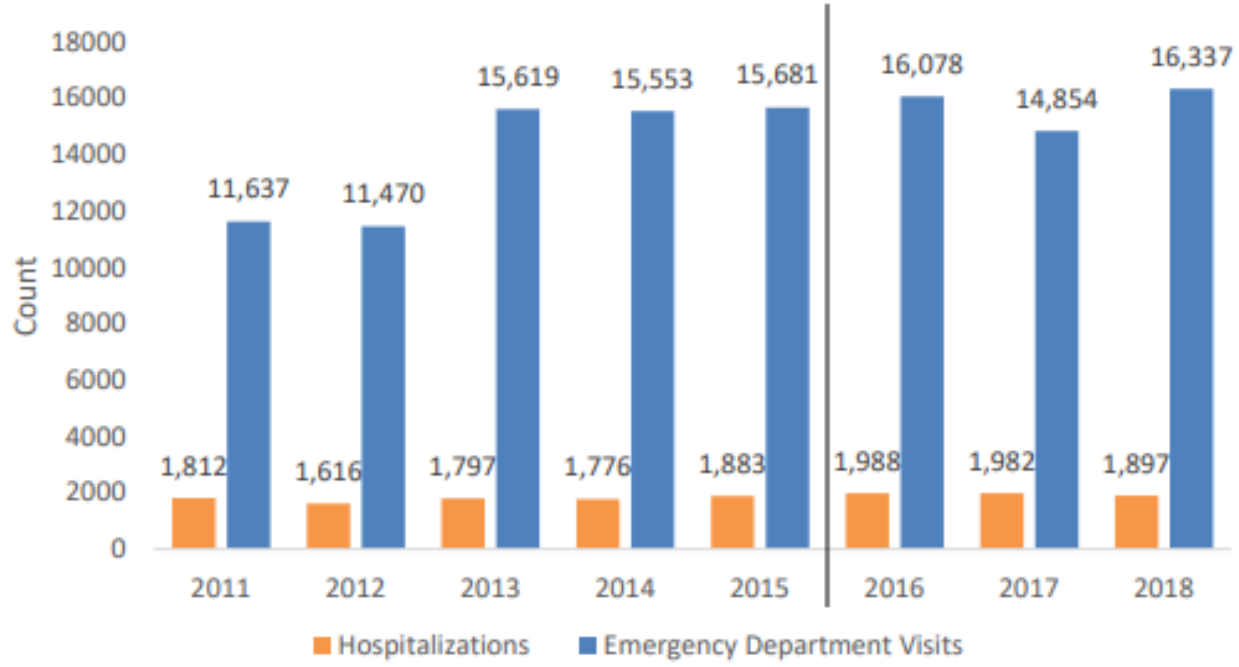
"A sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface, person or object"

Fall and Fall-Related Injuries

- Leading cause of injury among adults over than 65 in the US
- Preventable
- 2018 in US
  - Estimated 3 million ER visits
  - Estimated 950,000 hospitalizations
  - Approximately 32,000 deaths

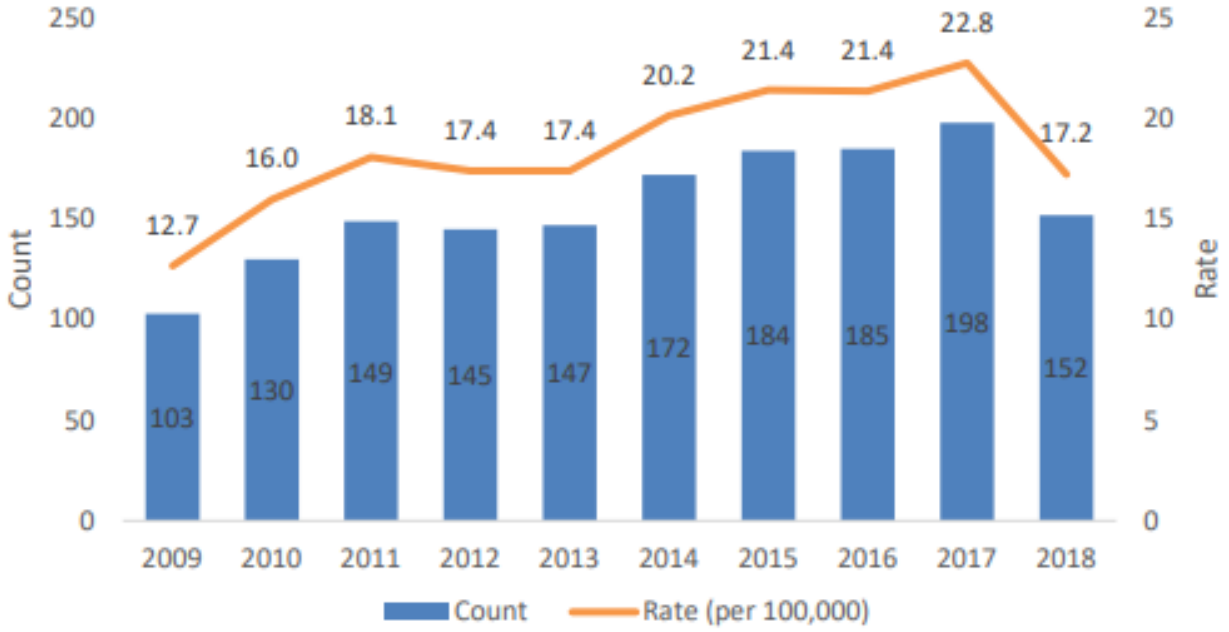
South Dakota DOH Injury Report

Figure 17: Fall-Related Hospitalizations and Emergency Department Visits, South Dakota (2011-2018)



South Dakota DOH Injury Report

Figure 15: Number and Rate (per 100,000) of Fall-Related Deaths, South Dakota (2009-2018)



Risk Factors Contributing to Falls In the Home[1]

- Lower Body Weakness
- Vision Problems
- Difficulty with Walking/Balance
- Medication (sedatives, antidepressants, tranquilizers, etc.)
- Cognition
- Fear of Falling[2]
- Vitamin D Deficiency[3]
- Environmental (home hazards, weather, poor footwear, etc)

Risk Factors Contributing to Falls in the Outpatient Setting[4]

- Environment (interior/exterior of building, weather, poor signage, floor mats, poor footwear etc)
- PMH
- Vision Problems
- Medication
- Changes in Status post exam/procedure
- Patient Handling (on/off procedure tables, bathroom, car transfers, etc)

Implementation of Fall Prevention Strategies within Ambulatory Clinic

- Patient Oriented:
  - Fall Risk Assessment (MH uses Morse Fall Risk Scale)
  - Fall Risk Banner in EMR
  - Documentation of Recent Fall and Fall Prevention Strategies Implemented during Session
  - Education
  - Medication Review
  - Equipment Review
  - Consults for Therapies/Optometry
- Staff Oriented:
  - Patient Handling Training
  - Equipment Training
  - Fall Prevention Competencies
  - Safety Committee/Internal Audits of Falls

Therapy Oriented Strategies

- Safety Assessment (safe for d/c home)
- Balance Assessments (Berg, Dynamic Gait Index, BESTest, etc.)
- Equipment Training
- Functional Training (ADL's, Transfers, Gait, Balance)
- Cognitive Assessment
- Discharge Recommendations
- Home Assessments
- Specialties
  - Vestibular, Lymphedema, Continence

Risk Factors Contributing to Inpatient Falls

- Medications:
  - Muscle Relaxant, Parkinson Medications, Opiates, Anti Depressants and Sedative
- Cluttered Rooms:
  - IV tubing, vital machine cords, SCD machine cords, restraints and Foley tubing
- Patient Diagnosis:
  - history of falls, altered mental status, dementia or Alzheimer's, visual impairments, neuropathy caused by diabetes, cardiovascular conditions or orthostatic hypotension
- Age:
  - 1 in 4 people over the age of 65 and older fall each year. As people age their muscle strength decreases and their reaction time is slower
- Confusion & Confusion related behaviors
  - Patients not understanding why they are in the hospital, get frustrated that they cant do things themselves, receiving a dx….

Mobility Safety Committee at Monument Health

- Who is all involved: Physicians, Nurses, PCC's, Quality, Therapy, Pharmacy, Nurse Clinicians
- How often do we meet: we meet once a month, if there is a sub-committee then they could meet more often to complete their project
- Our Objective: is to reduce all preventable inpatient falls to zero by April 2024
- Plan to achieve our objective: to review system wide fall data, increase critical thinking skills, increase patient and family knowledge regarding hospital falls, standardize work processes
- Success so far: standardized fall signs though out the system, added High Fall Risk to yellow wrist band, created a mobility audit tool

Mobility Audit

Department: Date: Time of Audit:

1. Auditor, who are you asking questions to? (List title: RN, PCC, etc.): _____
2. What is your patients Fall Risk Level? (Circle) Low, Moderate, or High
   a. If High Risk, are all the fall bundle items in place? (Circle) Yes or No
      i. If no, what items were missing and corrected at the time of this audit?
      _____
3. Is your patient on bedrest? (Circle) Yes or No
   a. If yes, does your patient have an order? (Circle) Yes or No
   b. If yes, why is your patient on bedrest? _____
4. What equipment is needed to mobilize your patient? _____
   _____
   a. Do you feel you have received proper training on this equipment? (Circle) Yes or No
      i. If no, what further training do you need? _____
      _____

Getting up to the Chair

1. How many times has your patient gotten up to the chair today? _____
2. On average, how long was your patient in the chair each time? _____
3. What are the barriers to getting your patient up to the chair (select all that apply)?

	Multiple Lines / Equipment		Inadequate Equipment
	Precautions		Edge of Bed Only
	Patient Conditions		Impulsive
	Pain		Refused
	Inadequate Staffing		Inadequate Training
	Medications		Other: Explain below

Walking your Patient

1. How many times has your patient walked today? _____
2. What are the barriers to walking your patient (select all that apply)?

	Multiple Lines / Equipment		Inadequate Equipment
	Precautions		Edge of Bed Only
	Patient Conditions		Impulsive
	Pain		Refused
	Inadequate Staffing		Inadequate Training
	Medications		Other: Explain below
	Only in Room		

3. Have you documented your patient's mobility for today? (Circle) Yes or No
   If no, why not? _____

Provide further explanation for any of the items marked as a barrier for getting up to chair and walking on the next page. Get to the true root cause of why it is a barrier.

- **Multiple Lines / Equipment:**
  _____
  _____
- **Inadequate Equipment:**
  _____
  _____
- **Precautions:**
  _____
  _____
- **Edge of Bed Only:**
  _____
  _____
- **Only in Room:**
  _____
  _____
- **Patient Conditions:**
  _____
  _____
- **Impulsive:**
  _____
  _____
- **Pain:**
  _____
  _____
- **Refused:**
  _____
  _____
- **Inadequate Staffing:**
  _____
  _____
- **Inadequate Training:**
  _____
  _____
- **Medications:**
  _____
  _____
- **Other:**
  _____
  _____

Fall Prevention Resources

- South Dakota Fall Coalition Toolkit https://doh.sd.gov/providers/ruralhealth/trauma/FallsPrevention.aspx
- STEADI developed by the Centers of Disease Control
- SDSU Extension Falls Prevention YouTube Playlist
- AGS Beers Criteria
- Good and Healthy South Dakota

Group Discussion

References

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- 3. Cheema MR and Chaudhry AY. Quality of life indicators and falls due to Vitamin D deficiency. Int J Gen Med. 2016; 9: 21–25.
- 4. O'Loughlin J et al. Incidence of and risk factors for falls and injurious falls among the community-dwelling elderly. American journal of epidemiology, 1993, 137:342-54.

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- Slade SC, Carey DL, Hill AM, Morris ME. Effects of falls prevention interventions on falls outcomes for hospitalised adults: protocol for a systematic review with meta-analysis. BMJ Open. 2017;7(11):e017864. Published 2017 Nov 12. doi:10.1136/bmjopen-2017-017864
- World Health Organization. http://www.who.int/hospitals/en/. Fall related injury data.
- South Dakota Department of Health. https://doh.sd.gov. *Injury surveillance and prevention.*
- National Database of Nursing Quality Indicators. Fall data collection.