

Special Falls Prevention Issue

➔ Taking falls seriously, across all care settings

Preventing falls among all patients in all settings is Hallmark Health System goal

According to the Centers for Disease Control and Prevention:

- falls are the leading cause of both fatal and non-fatal injuries among older adults
- in 2010, 2.3 million non-fatal fall injuries among older adults were treated in EDs and more than 662,000 were hospitalized
- in 2010, the direct medical costs of falls, adjusted for inflation, was \$30 billion.

The cost of falls – physically, emotionally, and economically – is astronomical. At Hallmark Health System (HHS), it's also unacceptable. So several years ago, fall prevention became a key goal. "It's an important issue across all settings," said HHS COO Joanne Marqusee, "and we've taken a comprehensive approach to reducing both the risk and the reality of falls for inpatients, outpatients, and home care patients. This issue of *SafetyCounts* describes many of these efforts."

➔ Preventing falls in the hospital

Med-surg units show extraordinary results

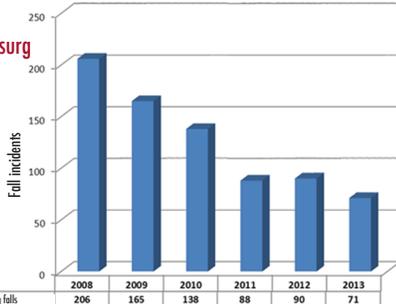
Studies have shown that falls are the leading cause of injury deaths among people 65 and older. Additional data show that hospitalization actually *increases* a person's risk of falling.

Back in 2009, the incidence of falls among patients on the med-surg units at Hallmark Health System (HHS) was slightly above the national average of 3.76 total falls per 1,000 patient days.

An interdisciplinary fall prevention team was charged with reducing

patient falls across HHS. "The team assesses data and develops ongoing action plans to reduce the number of falls," said Diane Hanley, RN, associate CNO for Quality and Education. "We've spearheaded many process improve-

Number of
inpatient med/surg
falls per year



ments, provided a tremendous amount of education to staff, patients and families and invested hundreds of thousands of dollars in new equipment that helps reduce the risk of falls."

Action plans have included:

- morning safety huddles to identify patients at higher risk for falling
- hourly rounding by nurses and aides to anticipate patient needs
- educational efforts including a falls prevention brochure, annual awareness day and bedside report to actively involve families in care plans, including fall prevention
- technological advances such as a computerized daily fall risk report.

Capital improvements have included:

- new patient step stools with wider bases
- chair alarms to alert staff when a patient is trying to stand
- exit alarms for patient beds.

"As a result of these and many other improvements, the number of falls on the med-surg units has been reduced by 134 percent in the past five years," said Hanley. "That's pretty impressive by any standard."

Geri-med-psych units build on best practices to reduce falls

Many factors contribute to the fall risk of elderly patients and those experiencing acute psychiatric illness. Elderly patients often are in declining health, are weak and out of condition and take a number of medications with various side effects to address their multiple medical conditions. Patients being treated for psychiatric conditions also often take medications with side effects that increase their risk for falls.

The geri-med-psych units at HHS (S1 and W1 at Lawrence Memorial Hospital of Medford) have taken a comprehensive approach to preventing and reducing falls. "We instituted a program in the mid-2000s to reduce the use of patient restraints," said HHS Director of Psychiatric Nursing Dauren Nowell, BSN, RN. "One unintended outcome of mobility promotion and elimination of restraints was an increase in falls, so we then began to focus on fall prevention as well."

Among the changes that have been implemented are:

- fall-prevention treatment plans individualized for each patient, discussed at team meetings and posted to the EMR
- patient education on everything from wheelchair safety to proper footwear
- ensuring that patients in communal rooms are always accompanied by a staff member
- use of visual cues to highlight at-risk patients, such as posting fall-risk status on white boards at nursing stations and in patient rooms and labeling individual patient assistive devices.

"Until recently, there have been no national benchmarks with enough specificity to be useful," said Nowell. "Now, the National Database of Nursing Quality Indicators, a program of the American Nurses Association, gives us this opportunity. In the most recent quarter of reporting, our geri-med-psych unit results have been 25 percent better than the national benchmark, but we are committed to doing even better while still helping our patients progress in their independence."

Do you have a safety story to share?

The *SafetyCounts* team wants to hear from you.
Email us at safetycounts@hallmarkhealth.org.

Antonio Canete of Medford appreciates the feeling of security offered by the handrail.



CASE STUDY

Preventing falls in outpatient practices

Installing handrails is a simple but extremely effective fix to help prevent falls, particularly among the elderly. Having handrails along the walls in doctors' offices makes even more sense.

Liberta Marabella thought so. She is an office manager in Suite 204, a three-physician internal medicine practice at 101 Main St. in Medford that sees many Medicare patients. "We have a long corridor that connects the waiting room to the exam rooms," she explained. "One day, I saw a patient hanging onto the wall as he went to the exam room so I went over to steady him and help him down the hall. I thought at the time that it would have been easier for him if there were handrails along the corridor."

So the handrails were installed along one side of the

40-foot hallway. But Suite 204 didn't stop there. "All of us in the office make it a practice to escort patients to and from the exam rooms if we see that they might be having difficulty walking or with their balance," she said.

They also obtained a wheelchair for use as needed, to prevent falls and improve accessibility to the office, which includes "escorting some of our patients out of the building using the wheelchair," she added. And they purchased new digital scales that have a lower base and wider footpad to make it easier for patients to step on and off the scales without losing their balance. "We've gotten several comments from patients that they appreciate the small but important safety improvements we've made," she said.

Preventing falls in the home *Enhanced training yields significant improvement in VNA and Hospice falls data*

Poor lighting and absence of nightlights, pets underfoot, unsecured scatter rugs, cluttered passageways, stockings feet. These are but a few of the potential fall hazards in the home.

Assessing risk for falls is an important component of patient care provided through Hallmark Health VNA and Hospice. "We use a standardized, evidenced-based tool to assess fall risk in the home as part of our overall patient assessment and then develop and make

Hallmark Health Community Service programs address falls

- "Slips, Trips and Falls — What You Can Do to Prevent a Fall" is a 45-minute program taught by HHS outreach nurse Joya Pezzuto, RN, in local senior centers and low-income housing developments.
- HHS Lifeline Medical Alert Service with AutoAlert automatically places a call for help if a fall is detected and a patient is unable to push the standard Lifeline button.

changes to the plan of care as needed to ensure patient safety," said agency President Diane Farragher-Smith, RN.

CMS collects this assessment data and also captures data on patients who are seen for emergent care caused by a fall, as a potentially avoidable event. "In January 2013, our risk-adjusted falls rate was 2.33 percent, higher than the national mean of 1.77 percent," she said. "This was definitely higher than we wanted it to be and we took action."

The solution? Education, education, education, for both staff and patients. "We reinstated our falls reduction program," said Farragher-Smith. "We retrained all staff, including heightening their awareness about the appropriate time to refer a patient to OT and PT, since these staff provide a lot of in-home safety teaching. We developed a brief fall prevention tip sheet, which our clinicians use to actively teach patients rather than just leaving it with them."

The result? At the end of FY13, the falls rate had declined to 1.78 percent.

Get on board!

Join the *SafetyCounts* campaign. Speak up when you see an opportunity to improve the safety of patients, visitors and staff by submitting an *RMP* report or speaking to your manager.



SafetyCounts is published by the HHS Culture of Safety Leadership Committee: Nancy Bittner, PhD, CNS, RN, Thomas Byrne, MD, William Doherty, MD (co-chair), Diane Farragher-Smith, RN, Nancy Gaden, RN, Diane Hanley, RN, Tina Karas, Martha Krache, RN, MPH, Tessa Lucey, Alan Macdonald, Joanne Marqusee (co-chair), Maureen Pierog, RN, Diana Richardson, Steven Sbardella, MD, Johna Wasdyke. Copy is reviewed and approved by committee members.