




Fall Prevention is Everyone's Business

Part 4

Prof (Col) Dr RN Basu
 Adviser, Quality & Academics
 Medica Superspecialty Hospital
 &
 Executive Director
 Academy of Hospital Administration
 Kolkata Chapter

Roles of different functionaries in Fall Prevention

Physical Therapist's Role

- A physical Therapists can:
 - Prevent falls using risk assessments and targeted programmes
 - Maintain strength, mobility and independence with evidence based exercise programmes
 - Treat injuries after a fall and help restore independence and confidence following a fall
 - Run tailored exercise programmes for individuals or in community group settings
 - Liaise with other health professionals
 - Develop strategies to prevent further falls.
 - Also, their work involves the management and treatment of pain
 - Determines need for assistive devices and exercise program according to scheduled protocol (e.g., in rehabilitation unit) or upon consultation.

3

Role of RN

- A trained nurse can perform the following role:
 - Conducts or supervises accurate assessment and documentation of assessment of fall risk factors
 - This is done on admission, daily, and if condition deteriorates (or according to facility policy).
 - Documents care plan tied to identified risk:
 - Mental status.
 - Continence.
 - Mobility level.
 - Environmental risks (e.g., hooked up to IV).

9

Role of RN

- Performs or supervises performance of care plan procedures or treatments:
 - Close observation of delirious patients.
 - Toileting schedule.
 - Use of assistive devices.
 - Maintenance of clutter-free environment.
- Files incident report for new falls and carries out post-fall assessment.
- Educates patient/family about fall risk factors

10

Role of Medical/Nursing Administration and Quality Team

- A member of senior management may periodically tour hospital rooms
 - to talk with patients, and
 - to see that their needs are being addressed
- This is an excellent stimulus to frontline staff to continue their efforts.
- They can do problem solving by:
 - Getting the multidisciplinary team involved
 - Coordinating with all care givers

14

Role of Medical Admin and Quality

- One major role is:
 - Monitoring of the fall prevention programme
 - Guiding the junior staff
- Monitoring can be done by:
 - Audit
 - Various audit tools are available
 - The following tools are from the NSQHS, Australia
 - [Facility Audit Tool](#)
 - [Patient Audit Tool](#)
 - [Ward/Unit Audit Tool](#)
- If the fall occurs, to conduct
 - [Root Cause Analysis](#)

15

Role of Physician

- **Physician**
 - A physician applies his/her clinical judgment to determine fall risks and their severity in a patient
 - Enquires and obtains the fall risk score from the nursing staff
 - Refers patient to appropriate consultants for risk assessment and therapy for reversible medical conditions as required
 - Prescribes necessary treatment for reversible risk factors
 - Reviews needs for specific types of rehabilitation therapy and orders such therapy, if appropriate.
 - Writes orders for activity level.
 - Reviews medications for fall risk.
 - Reviews measures for prevention of injuries, if fall occurs

16

Role of Pharmacists

- Reviews medication lists of patients at high risk based on medication profile.
- Discusses medications that may increase fall risk with physician
- For this purpose, follows a standardized approach for necessary intervention
 - e.g., note in chart, rounds with physicians

17

Role of Environmental Staff

- Responds to call of fall hazards
 - e.g., spills.
- Puts up a caution sign when doing wet moping, or
 - Whenever there is a spill or water dripping
- Keeps rooms and hallways free of clutter.
- Responds to nurse call bell when,
 - S/he is located adjacent to patient's room, and
 - The nurse is not immediately available

18

Role of Dietician

- Monitors patient's weight and nutritional status
 - To avoid unintended weight loss and loss of muscle mass.
- Provides tube feed regimens that maximize mobility
 - e.g., choosing bolus rather than continuous tube feeding where appropriate.
- Takes dietary history including exposure to sunlight and exercise
 - Recommends dietary supplement of Calcium and vitamin D to prevent osteoporosis, if required

19

Role of Other Staff

- **Patient educator**
 - Works with nurse to provide appropriate educational materials and teaching to patients at risk for falls and their families.
- **Facilities Engineer**
 - Participates in regularly scheduled environmental rounds to identify equipment in need of repair.
 - Responds to repair requests submitted by unit staff.

20

Role of Other Staff

- **Information Technology support personnel:**
 - For units with electronic health records:
 - Develops or refines documentation systems for fall risk assessment and care planning.
 - Develops or refines computerized order sets
 - e.g., mobility protocol
 - Implements computerized alerts for medications that present high risk for falls, where appropriate

21

Safety Zones: A Strategy for Supervising Cognitively Impaired Patients

- Some hospital units have designated areas for patients at high fall risk
- These areas have enhanced staffing to observe patients more closely
- Example of a typical programme in one hospital:
 - Had four patient rooms in each unit
 - One dedicated staff member was responsible for the safety zone
 - Staff member checks on patients every 15 minutes
 - Rooms are designed for cognitively impaired patients requiring closer supervision and specialty equipment and activities

22

Safety Zones: A Strategy for Supervising Cognitively Impaired Patients

- Safety zone room equipment includes:
 - Low beds
 - Mats for each side of the bed
 - Night light
 - Gait belt, and
 - A “STOP” sign to remind patients not to get up
- This model was originally implemented as a less costly alternative to the hospital’s sitter programme
- The hospital reported reduction in fall rate and improvement in patient and family satisfaction

23

When a Fall Occurs (1/6)

- Four steps to take in response to a fall:
 - Step one : Assessment
 - Do not assume that no injury has occurred
 - Before moving the patient ask what he thinks caused the fall
 - Assess any associated symptom
 - Conduct a comprehensive assessment including:
 - Check Vital signs
 - Check Cranial nerves

24

When a Fall Occurs (2/6)

- Check skin for pallor, trauma, circulation, abrasion, bruising and sensation
- Check CNS for sensation and movement in the lower extremities
- Assess current level of consciousness and determine if there was any loss of consciousness
- Look for subtle cognitive changes
- Check the pupils and orientation
- Observe the leg rotation and look for hip pain, shortening of the extremities, pelvic or spinal pain
- Note any pain and points of tenderness

25

When a Fall Occurs (3/6)

- Step two : Notification and communication
 - Notify the physician and a family member as per the hospital policy
 - Notify the administration and risk manager
 - Notify nursing administration
 - Inform all staff in patient’s unit
 - These information is required to prevent a second fall

26

When a Fall Occurs (4/6)

- Step three: monitoring and reassessment
 - After the patient returns to bed:
 - Perform frequent neurologic and vital function check
 - Perform orthostatic vital signs
 - Fall victims who appear fine have been found dead in their beds a few hours after a fall

27

When a Fall Occurs (5/6)

- Step four: Documentation
 - The hospital policy for documentation to be followed
 - Proper documentation is important, so that:
 - Appropriate nursing and medical care is ensured
 - Documentation should include:
 - All observation
 - Patient statement
 - Notification
 - Interventions
 - Evaluation

28

When a Fall Occurs (6/6)

- Be sure to record patient's thought about the cause of the fall
- Associated symptoms
- Whether patient lost consciousness
- Reporting
 - Most hospitals require an incident report
- Analysis
 - Identify the underlying causes and risk factors
 - What was done to prevent it
 - Was the fall accidental? Anticipated physiological or Unanticipated physiological
 - This will help staff to take preventive action

29

Legal Aspects of Fall

- Awareness regarding legal liability of nursing and other staff for patient harm is low
- Also patients are not aware that nursing and other caregivers can be sued for their act of omission or commission
- They can be sued along with the doctors, administrators and physicians for negligence
- Hospitals and their staff are required to provide a standard of care to patients equal to what a prudent professional with the same training and experience would provide in the same or similar circumstances
- For proving negligence 3 things are required:
 - A duty of care is owed by the defendant to the claimant.
 - **There is a breach in the standard of the duty of care owed.**
 - **This breach has caused reasonably foreseeable harm.**

30

Final Words

- *From National Patient Safety Agency*
 - *Final words from me...*
 - *Falls have multiple causes; they inevitably need multiple solutions.*
 - *Every patient is different –don't try to answer the question 'what will stop patients falling' and just repeatedly ask 'what might stop this patient falling?'*

National Patient Safety Agency (NHS)

31

Bibliography

1. Agency for Healthcare Research and Quality. Preventing Falls in Hospitals. Prepared by RAND Corporation. AHRQ Publication No. 13-0015-EF, January 2013
2. Australian Commission, Safety and Quality in Healthcare. Guidebook for Preventing Falls and Harm From Falls in Older People: Australian Hospitals, 2009
3. Stephen Lord, Catherine Sherrington, Hylton Menz, Jacqueline Close. Falls in Older People, 2nd Ed., 2007. Cambridge university Press
4. ECRI Institute. Failure Mode and Effect Analysis, Falls Prevention. 2007 ECRI Institute, Health Care Improvement Foundation
5. Janice M. Morse. Establishing a Fall Intervention Programme, 2nd Ed. Springer Publishing Company, 2009
6. NHS, National Patient Safety Agency. Slips, trips and falls in hospitals, Third Report from Patient safety Observatory
7. National Institute for Health and Care Excellence. Falls, Assessment and prevention of falls in older people. Nice guidance number: guidance.nice.org.uk/CG161 Issued : June 2013

Bibliography

8. Lea Anne Gardner. National Patient Safety Foundation. Falls: Risk Assessment, Prevention and Measurement. National Patient Safety Foundation, Feb 28, 2013
9. Royal College of Physician. Implementing FallSafe, Care bundles to nreduce inpatient falls
10. Tazim Virani, Jane M. Schouten, Heather McConnell, et al., RANAO, Ontario. Prevention of Falls and Fall Injuries in the older Adult. Available at: www.rnao.org/bestpractices
11. VA, National Centre for Patient Safety. Root Cause Analysis (RCA) Step-By-Step Guide.. Available at: http://www.patientsafety.va.gov/docs/joe/rca_step_by_step_guide_2_15.pdf
12. WHO. Global Report on Fall Prevention in Older Age.
13. Bridgit Diamond. Legal Aspects of Nursing, 4th Ed., 2005, Pearson Education Limited, England
14. Melissa A. Fitzpatrick, Best Practice for Falls Reduction – A Practical Guide. American Nurse Today. Available at: <http://www.americannursetoday.com/assets/0/434/436/440/7364/7542/7544/7634/Ae4e7c0a-fddc-498a-9e6b-2f8736c36adb.pdf>

End of Part 4

Thank you