

A Team Approach to Falls Prevention

Facility Background

- Physical Layout
- Staffing Ratios
- Call light and Phone system
- Pastoral Care
- Hospice Care
- Feeding assistants
- Person Centered Care
- Sponsorship

Falls Prevention Team

- Team approach
- Diversity of team
- Person centered approach
- Involving family in decisions
- Communication to all staff
- Weekly assessments of falls
- Out of the box thinking
- Proactive rather than reactive
- Falls prevention box

Weekly Review

- Documentation
- Allowing floor staff to make decision on creative intervention
- Follow up and make changes if needed
- Review of current health condition. Medical cause?
- Review of medications
- Therapy Screens or Restorative Nursing Program
- Referral to behavioral management team
- Referral to activities or life enrichment
- Toileting review
- Sleep study

Causes of fall

- Anxiousness
- Cognitive impairment
 - Delusions
 - Hallucinations
- Pain
- Toileting
- Hunger
- Change in mobility
- Noise
- Advancing disease process
- Wandering
- Impaired vision
- Medications
- Change in condition
- Environmental hazards
- Positioning
- Weakness
- Change in gait
- Balance
- Object out of reach
- Impaired Hearing

Reduction of Alarms

- Safely review and assess need for alarms by falls team and floor staff.
- Resident/Family involvement
- 3 day trial without alarm
- Communication between staff
- Review of trial

Thermometer

Communicated progress to staff

- Goal for FY 2012 was to reduce use of bed and chair alarms by 50%.
- Baseline was 74 alarms on 11/1/11.
- Goal was met, number of alarms was reduced to 27. This was a 63.5% reduction of alarms!
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Life Enrichment Program

- Initiated in Fall 2010, create additional programming and 1:1 attention
- New position was created for full-time Life Enrichment Facilitator
- Facilitates activities from 1500-2100 7 days per week
- Goal was met to reduce falls by 25%

Activity Programs

- Busy activity schedule- as many as 8 per day
- Dedicated, compassionate, flexible Activity Staff
- Recruiting and utilization of volunteers for additional supervision
- Constantly assessing who needs assistance first
- Strong communication and teamwork with all staff
- Successes

Therapy

- **“There are several steps that individuals can take to decrease their risk of falls. Regular exercise is beneficial. They can also use canes, walkers, shower benches or grab bars; remove throw rugs; and watch for tripping hazards such as cords.”**

Andrew Stickel PT, DPT

Restorative Nursing Program

- “The RNP at St. Francis Home has improved many residents’ physical health as well as improving their mood and self-esteem. The team creates realistic resident-centered goals addressing their motivation, fears and concerns. The staff provides reassurance about the **benefits of the program and the positive affect to the resident’s overall health.**
- Communication is vital. RNP staff initiated a weekly meeting to review long term residents to identify changes of condition and residents who are at high risk of physical decline and falls. Then a **RNP care plan is initiated to increase resident’s strength and decrease the occurrence of falls.”**

- Lisa Rollin, RN

Environmental Changes

- Grab bar on bed
- Proper fitting wheelchair
- Non-skid shoes, gripper socks
- Use of assistive devices
- Body pillows for repositioning
- Mattress
- Lighting
- Positioning of objects in room

Quick Response Team

All employees every day, every shift working together in response to falls

- Quick Response Teams- A new response to resident falls
- If you witness a fall or a resident on the floor after a fall, congratulations! You are on a quick response team! The three people on this team are the "Buddy", the "Go-fer" and the Charge Nurse.
- 1. **The first to arrive on the scene is the "Buddy."**
 - **During this interaction, the buddy's job is to stay calm and find out what the resident was trying to do and/or where the resident was trying to go.**
 - The buddy should sit on the floor right next to the resident.
 - Introduce self to the resident and state **"I am here to help you."** This connection will calm the resident and increase trust. This may include asking his name, asking where he was going, talking about the weather etc.
 - The buddy should stay with the resident until he is safely off the floor.
- 2. **Meanwhile the next available staff member to arrive is the "Go-fer." It is this person's responsibility to find the charge nurse.**
- 3. Once the resident is calm, the Charge Nurse can assist him. **The "buddy" stays with the resident the whole time continuing to reassure him. The "go-fer" stays nearby to assist if needed.**
 - The charge nurse follows through with assisting the resident and is responsible for the proper ECS charting and Compass report.
- We believe that by utilizing Quick Response Teams we will be providing Simply the Best to residents in need as well as including all staff in response to falls.

- Falls Team 9/19/11