Out of the Box Thinking: A New Approach to Fall Prevention in Older Adults
Grove Park Home

- Charitable, not for profit long term care facility located in Barrie, Ontario
- Opened in 1968
- 143 long term care residents
- Have retirement living suites and an adult day program.
- Total of 230 f/t, p/t and casual staff
About Us

Allison Raymond

• RPN with 12 years experience in LTC
• Floor nurse
• BPSO Liaison and Champion
• Member of Falls Team
• Wound Care Team lead
• RAI Co-ordinator back-up
• Quality Improvement lead for pressure injuries
• Orientation of new hires
• Collect Data
• Teach at Georgian College
In the Beginning

• Our 2016 number of falls … 776
• This number seems staggering – but keep in mind our frequent fallers sometimes have in excess of 15+ falls a month
• Public reporting reflects the number of fallers not the number of falls
• So realistically our number is probably closer to 12 😊
2016 Falls

- Maple: 25%
- Pine: 23%
- Spruce: 9%
- Aspen: 20%
- Willow: 23%
While Aspen unit did not have the highest rate of falls, it was identified that they had the highest rate of falls with injury.

These included:

- 3 hip fractures
- 1 wrist fracture
- 2 shoulder fractures
Falls with Injury in 2016

Total number of falls with injury = 10
Best Practice Spotlight Organization

• Began our journey in March 2016 and are currently in our 2nd year of being a BPSO predesignate
• Quickly identified that one of the RNAO guidelines we needed to initiate was the Prevention of Falls and Fall Injuries in the Older Adult on Aspen unit
• We are the first LTC in our LHIN to be accepted as a BPSO
Guideline Implementation

• The guideline was launched October 27, 2016 and involved all disciplines of staff.
• It showcased some changes that would soon become regular practice.
• These included:
  – The Scott Fall Assessment
  – Fall Huddles
  – Falls Drill
  – The 4P
  – Leaving doors open
  – Importance of communication
About Us

Cally McNeice

- RPN with 17 years experience with LTC
- Nursing Rehab Co-ordinator
- Floor nurse
- BPSO Champion
- BPSO Fall lead
- Continence Lead
- Lift and Transfers co-lead
- Quality improvement lead
- Orientation of new hires
- Member of Falls Team
Barriers
Scott Fall Assessment

- Recognized that the previous assessment tool was outdated and not validated for LTC
- It did not accurately identify those at high risk and was not effective at preventing falls
- Changed our assessment type to the Scott Fall Assessment which gives interventions to initiate and cues to implement strategies
- This assessment is done upon admission, quarterly and after a fall.
Leaving the Doors Open

• Makes rounds easier and saves time
• Staff can glance inside every room as they walk down the hall
• Able to notice if a resident has an unmet need, is unsafe or has already had a fall
• Ensures fall prevention by identify those in an unsafe situation
Communication

• Recognized the importance of reading report and emails
• Realized the need for better communication between shifts
• Communication book was used to inform everyone of issues and success stories relating to high fall risk residents
• Book is used daily and fills quickly
Fall Huddle

• Interdisciplinary
• Completed after a fall has occurred
• All staff gather together and determine the reasoning for the fall and ways to prevent one from occurring in the future
• A chance for all staff to give their opinion and observations
• Occurs 15–30 minutes after a fall and asks a series of questions including:
1. Where did the fall occur?
2. Were there items out of reach?
3. Was there an environmental factor?
4. What do you think/what does the resident say they were doing at the time of the fall?
5. Were they using their assistive device?
6. Time resident was last seen?
7. Was fall related to the residents need for the toilet?
8. Was their brief saturated?
9. Is the resident ill?
10. Are they on isolation?
11. Are they experiencing pain?
12. Staff comments/ideas or suggestions
Discussion Guide for Huddle

Within 15 – 30 minutes of a fall, gather all members of the multidisciplinary team available on the shift and day the fall occurred to complete the following questions:

1. Where did the fall occur?

   

2. Were there items out of the resident’s reach?
   Yes  No  Specify: 

3. Was there an environmental factor that influenced the fall?
   Yes  No  Specify: 

4. What do you think/What does the resident say - they were doing at the time of the fall?

5. Were they using their assistive device?
   Yes  No

6. Time resident was last seen: 

7. Was the fall related to the resident needing/wanting to be toileted?
   Yes  No

8. Was their brief saturated/soiled?
   Yes  No

9. Is the resident ill?
   Yes  No

10. Are they on isolation?
    Yes  No

11. Are they in pain?
    Yes  No

12. Comments:
Benefits

• Allows for the RPN to gather info needed to accurately fill out the Post Fall Assessment and Scott Assessment
• Able to update/create their fall prevention care plan
• Staff are empowered knowing their thoughts are being used to implement fall prevention tactics
Falls Drills

• Falls drills are mock falls which are set up to mimic a real resident who is at high risk
• May take place in their room without them present
• A “resident” (manager/maintenance staff) are placed on the floor and the stage is set
• A drill is called – staff give suggestions as to why this resident fell and what can be implemented
• Afterwards, the unit RPN updates the care plan and creates a progress note
• Kayla organizes these drills, sends out emails afterwards, updates communication book and uses her enthusiasm to keep everyone involved
4P

• It represents a set of items to mentally review when rounding on the resident

4P

Pain
Do you have any pain/discomfort?

Position
Do you want me to move you into a different position?

Placement
Do you need anything to be placed closer to you?

Personal Needs
Do you need to use the bathroom?
Would you like a drink or something to eat before I leave?
**Personalized 4P**

- PSWs implement and update the 4P
- Change the position in the room so they don’t get use to location
- On pink as no other forms are on this shade
- All staff are able to understand how to keep them safe and prevent falls

<table>
<thead>
<tr>
<th>4 P’s</th>
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<tbody>
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<td><strong>Pain</strong></td>
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Confidentiality

• We were able to put these personalized 4Ps up in resident’s room as we first had it proposed to resident’s council and they were accepted as a fall prevention strategy
Because of These Changes:
Post Implementation Data

• Our 2017 January – August number of falls decreased to… 419

• Averaged out – for the facility our falls are down from 65 falls a month to 53 falls a month

• Again this number represents the total number of falls per month, not the number of resident’s who fell per month
• Aspen unit decreased their number of falls to 19% of those in the facility – down from 20% the previous year.
• It was recognized during this timeframe that for the first time ever Aspen unit had two months where it had the least amount of falls in the building.
2017 Falls

- Maple: 19%
- Pine: 24%
- Aspen: 19%
- Spruce: 18%
- Willow: 20%
Falls with Injury

• Where we noticed the biggest change was the decline in falls with injury on Aspen unit
• January – August data collected shows that Aspen had 0 falls with injury!
• We unfortunately still have had 4 falls with injury throughout the facility on other units
  – 1 humerus fracture
  – 2 hip fractures
  – 1 subdural hematoma
Fall with Injury 2017

- Willow: 75%
- Spruce: 25%
- Maple: 0%
- Aspen: 0%
- Pine: 0%
• While 1% drop in fall rate isn’t significant to most it was a celebration to us
• Any decrease in falls was a chance to celebrate
• Our biggest celebration focused on the drop from falls with injury from 60% to 0%
Amy’s 4P Plan

Pain
Pressure Injury on heel due to ill-fitting improper footwear

Position
Don’t leave sitting alone in w/c in room
Assist into lounge chair with feet elevated after meals

Placement
Ensure tray table has Hot Chocolate, IPad, telephone, TV remote and call bell attached to chair

Personal Needs
Toilet after ever meal, frequently c/o cold ensure has blanket and sweater, room temp set for 74
About Us

Doreen McFarlene

- PSW with 5 years experience with LTC
- BPSO Champion
- Member of the fall prevention team
- Member of Continence Team
- GPA trained
About Us

Kayla Smith

- PSW with 10 years experience with LTC
- BPSO Champion
- Member of the fall prevention team
- Member of Continence Team
- GPA trained
Future Plans

• With the help of Kayla and Doreen we will be implementing these change on a new unit
• New staff are excited and ready to join this team
• Eventually these practices changes will be routine practice throughout the facility on all floors