CHNC Conference 2018

FALLS PREVENTION: NURSE'S COMMITMENT TO CLIENT SAFETY

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Objectives

The learner will be able to:

- To describe the role of CHN working in home care in promoting client safety
- To understand the barriers and successful interventions that support practice change in home care nursing program to promote falls prevention strategies.
- To identify the value of using (plan do study act) PDSA in community health programs to support client safety initiatives.

Definition

Client Safety:

- **Activities to promote safety, prevent harm, and correct negative outcomes that may result from the delivery of health care.**

(Accreditation Survey Tool Safety Culture, 2017)

Setting the Context

- 1 in 3 people age 65 and older will fall at least once a year in Canada and many seniors are hospitalized after falling

- Almost half of all falls will happen in a senior's home, common reason are:
  - tripping on the stairs
  - stumbling while walking across a room
  - falling in the washroom
  - slipping on ice

- The health care costs associated with falls are estimated at $2.8 billion in Canada

Falls that cause injury are the #1 adverse event in the home care setting. *(SaferHealthcare Now, 2010, RNAO , 2005,)CPSI. 2013)*

Home Care & Falls Prevention

- Nurses spend only a small amount of time with clients so it is important to focus on *client/caregiver teaching and documentation.*

- Clients may be ***nervous or embarrassed to report a fall*** or fearful about " being put into a home" or not being able to remain in their own home/ environment.

- ***Teaching is so important*** as falls risk activities are often provided by caregiver and or client.

Accreditation Canada (Required Organization Practice ROP)

The Goal:

To minimize injury from falls, a documented and coordinated approach for falls prevention is implemented and evaluated.

(Accreditation Canada, 2016)

Falls Strategy

- We had a falls strategy and a standard falls care plan in place to use when clients were assessed as being at risk for falls.

But……..

Our intake and initial assessment did not prompt nurses to screen for a clients falls risk.

Documentation Improvements

- National Practice team worked with nursing managers/ educators and staff from a number of sites to update initial assessment form.
- Standard Falls Prevention Screening was added to Nursing Assessment to cue practice
- Education and new forms implemented Fall 2016.

VON Greater Halifax Story

- As part of a quality review after a few serious client falls events our site worked with National Practice Team to update nursing documentation, process and reporting of falls events. (2016 – 2017)

- Very engaged quality committee that provided input to development of new documentation forms to support falls prevention best practices.

- Managers also ensured standard follow up with clients/ families and staff when a falls event occurred.

Quality Improvement PDSA

History .. VON Halifax Journey

- Nurses were not reporting falls consistently (witness and unwitnessed falls)
- Nova Scotia DHW (funder) started collecting falls data in 2016
- Site had a few client injury events that caused managers to put a focus on documenting and follow up for clients who have had a fall.

Using data to make decisions

- Evidence informed practice
- Using data to make improvements

Quality Improvement PDSA

1) Quality Committee reviewed VON Falls Prevention Strategy and Tools
2) Nurses were required to complete standardized Falls Prevention E learning for nurses
3) Standard Falls Care Plan was promoted and added to all cleint charts
4) Committee provided reivew/ education on how to complete Event Report on mobile device

- Evidence informed practice
- Using data to make improvements

Manager Engagment

Mangers when doing Falls Events follow up ensured nurses have completed Falls Care Plan and documentation of client safety actions

- Referrals to OT/ PT
- Referrals to Falls Clinic
- Increased Home Support
- Referral for Lifeline device for clients

- Managers also communicated expectations for Falls Follow up at staff meetings. *(telling client stories, staff sharing of outcomes)*

- Evidence informed practice
- Using data to make improvements

Challenges in Change

- Nurses very busy schedule (10 – 12 clients a day)
- Reluctance to use mobile device for reporting(using mobile device to enter events ..technology issues)
- Clients hesitant to share they had a fall
- Clients / Families not following through on safety recommendations *(putting back scatter rugs, not going to follow up appointments , long wait times for falls clinic)*
- Did not have a standard falls care plan to put on the chart
- Assessment on intake did not cue discussion on falls risk
- Large staff – how to get information to everyone

DATA

- Our site is the largest VON site in Nova Scotia and we visit about 3500 clients each quarter.
- Expected that Falls Events would go up initially as focus was on reporting to ensure proactive interventions/ prevention activates and documentation .
- Consistently has more falls than other sites in NS

(averages about 45 a quarter)

What are the client outcomes telling us ?

Do clients feel safe in their homes ?

Are we making a difference?

Change Management

- Started with the Nurse Managers when doing follow up reinforced falls prevention strategy and standard care plan use when investigating falls events.
- Quality Committee made it a focused project to model falls reporting and recommended Standard Falls Care Plan be added to all new charts as well and Client/ Family Information Handout and Referral and Information about local Falls Clinic.
- Managers worked with funder (Continuing Care) to ensure smooth referral and communication process for OT/ PT in community ..

Falls Care Plan

Client Name: _____ ID/HCN/CTN #: _____

NOTE: use a separate Plan Of Care form for each problem identified

FALLS PREVENTION STANDARD PLAN OF CARE **PROBLEM NUMBER** _____

Date Identified	Problem Identified by: *(initials)*	Nursing Problem/Diagnosis	Goals (use client's own words)	Intervention (Please check all that apply to client context)	Date Reviewed/ Revised/ Resolved/ or Discontinued
		High Risk for Injury related to a history of falls in the past 90 days		**Medications** □Complete Medication Reconciliation and ongoing medication teaching **Client Teaching** □ Review VON Client Information Handout on Falls Prevention with Client/ Caregiver **Mobility** □Assess client gait and use of assistive devices □Consult Community PT/ OT for further interventions □Assess client indoor footwear □Refer to ADP or SMART program/ seniors activity program (as appropriate) **Pain** □Assess client's pain management **Environment** □Encourage client /family to remove clutter and remove potential hazards □Assess environment for risks of falls each visit □Ask client on each visit if they have had a fall **Cognitive Status** □Assess clients cognitive status each visit **Dietary Assessment** □Assess dietary intake □**Client Specific interventions**	

Falls Client Family Information

Client Falls Prevention Information Handout
PREVENTING A FALL

- Don't fall again! Ask your doctor for a check-up
- Slow down – it takes time to be safe
- Have your vision checked on a regular basis
- Eat healthy: calcium and vitamin D are important for strong bones and regular, balanced meals help prevent dizziness
- Be active – every little bit helps
- Ask your pharmacist to review your medications
- Wear nonslip shoes, boots and slippers that fit well
- Ensure your hallways and bathroom are well lit at night
- Install hand rails and grab bars in your bathroom (toilet and tub/shower area)
- Reduce clutter in hallways
- Get rid of scatter mats

Falls Prevention Resources in your Community:

ARE YOU AT RISK?

Falls are a significant cause of injuries in Canadians 65+. VON cares about improving your safety in your home. The most important thing you can do is to observe your environment and identify areas in your home that may put you at risk. This checklist will assist you to identify potential risks for falls in and around your home.

	YES	NO
Your outdoor stairs, pathways or decks have railings.		
You can reach your mailbox safely and easily.		
You have removed scatter mats in your home.		
You have not had a fall in the last 90 days.		
You have not had any changes to your balance and can easily change position from sitting to standing.		
You have had no changes in your vision.		
Hallways and high traffic areas are clear of clutter		
There are handrails on both sides of the stairs.		
Grab bars are installed in your tub and shower.		

If you checked 'NO' to two of these risk factors, you are at increased risk of falling. Your VON employee/ volunteer can work with you to make a plan to decrease your risk of falls.

If you do have a fall here are some tips:

- Stay Calm down.
- Check your body.
- **If you are injured, call for help.** Stay warm.
- If you are not injured, look for a sturdy piece of furniture

Improvements ... Did they work?

- Quality Committee communicated to manager that they felt going through the process of PDSA at first felt silly .. *We know the answer already.. Have to just do it ...*
- Reviewing data from event reports and sharing with staff was something new ... Some still felt I don't need that only the mangers do .. Others recognized by sharing data staff are aware of issues and what they can do in their role to make improvements for client safety .. **Not all about Managers role**
- Quality Committee took ownership of plan and communication but still unsure about evaluation ... Step often gets lost.. Not there YET !

Quality Commitee Story

Sally new RN in community

I used to work in LTC were we had lots of control and help with keeping clients safe and preventing falls.. They still happened but we had control .. I love home care and I was talking about Falls Prevention but did not know how to document ... I love the new Assessment tool as it cues me to make sure I have Falls Care Plan... I had a client report he had a fall at night and we had discussion and doing the event report and ensuring I followed up with family and client on referrals and updated care plan made me feel like I was making a difference ...

Manager Story

Follow up with Clients

I heard about the updated Falls work at a mangers meeting and thought .. Hmmm my staff are not reporting I have to get on this ... My mother lives alone and she calls ma ll the time and tells me she had " a little slip " so it is a big prioroty for me how can we keep or clients safe..

I promoted the new education and tools at a staff meeting, had a nurse demonstrate how to use the mobile device to enter falls event and had admin have the tools available for staff to use. I check in with staff when the call me about a fall. I call clients / family and some of the reports from clients I share with staff . " the nurse are so great they tell me everyday how to keep myself safe I dont' always listen .. But now I will or my daughter will put me in a home ☺ lol)

Summary

- A Focus on Client Safety is important for Home Care Nurses
- Changing practice – making things visible .. Documentation takes time
- Change management and sustaining the practice change strategies are important
  - Quality Committee taking the lead in communication
  - Sharing events with staff as learning opportunity
  - Providing short " practice pearls" email / team huddles
  - Managers recognizing the impact of the change to client care and service (e.g. Sharing any feedback from families, client experience data)
- Chart audit for falls data ongoing and shared / Audit and evaluate how we are doing are next steps .....

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