



“Bundle Up for Falls”

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- Kenneth Frese and Megan Placido are both employed by Inova, and participated in an evidence based project funded with a grant awarded by the Inova Professional Practice Department. Neither Kenneth nor Megan have an arrangement with any other organization offering financial support or grant monies in regards to this project or presentation
- At the completion of this presentation, the learner will:
 - Understand why we focused on reduction of injuries from falls
 - Know the process used for literature review and bundle creation
 - Recognize the importance of clear and consistent patient education
 - Realize the significance of auditing compliance and real-time coaching
 - Identify barriers to success
 - Appreciate the challenges to sustainability

*“If you fall,
I will be there for you”*

- The Floor

Why did we choose falls?

- We want to keep our patients safe!
- The national average for inpatient falls is two per minute
- Our Progressive Care Unit had an increase in falls with injury, including a sentinel event

Using the Johns Hopkins Evidence Appraisal Tools, we found:

- The evidence shows that managing **staff, patient, and family perceptions** with clear and consistent education is a must.
- Allocating resources based on risk for falls and injury provides the best outcomes.
- **Technology** such as video education materials, bed alarms, etc. can be an integral part of falls prevention when applied appropriately.
- **Fall risk interventions must be implemented with consistency and monitored for compliance.**

A look at our baseline: audit results regarding the use of required and optional interventions available prior to our project.

21 high risk patients on the unit at time of audit:

- Bed/chair alarm on (14/21) 66%
- Toileting assistance marked on white communication board (18/21) 85.7%
- Falls Armband (15/21) 71.4%

- Fall Mats (1/21) 5%
- Low Bed (1/21) 5%
- Remote Video Monitoring in use (4/21) 19%
- GWN Falls Video watched (9/21) 43%

- Create a “Bundle” of interventions to use **CONSISTENTLY**-- every patient, every shift.
 - Consider every patient at minimum to be a “General” fall risk. EVERY patient received falls education regardless of their level of risk
 - Utilize tiered interventions such as technology, equipment and devices to keep our patients safe
 - Educate our patients and families regarding their falls risk, our plan to keep them safe, and how fall risk can change each shift based upon medications, procedures, etc. (Use points from the falls video to emphasize the consequences if the patient falls—i.e. possible injury, broken bones, longer hospital stay, etc.)
 - Take the guesswork out of which interventions should be implemented with use of the tiered bundle
 - Educate staff (RN’s and techs) in using the bundle correctly
 - Weekly audits to monitor compliance of bundle use

Workflow Changes – All Patients

- Fall mats for ALL patients on PCU, placed on the bathroom side of the bed.
- On Admission, WATCH the falls video with the patient and/or family and have a conversation about THEIR individual risk factors (meds, etc.)
- Introduce and sign the Falls Contract AFTER watching the video.
- Reassess fall risk each shift using the Johns Hopkins Fall Assessment Tool
- Patients should be OOB for meals and ambulate per Progressive Mobility policy
- **Discuss** falls risk EVERY shift with every patient and family, regardless of their risk level, during assessment, and turn the “Do You Know Your Falls Risk?” sign to SUN for day shift and MOON to night shift after you have had the discussion with the patient and/or family.



- According to the tiered bundle—certain interventions were **MANDATORY** for high risk patients.
 - Falls Arm Band
 - Bed/Chair Alarm
 - Consider Remote Video Monitoring if appropriate.
 - **Fall Mats will be in place**
 - **Non-skid socks in place** —make sure they fit the patient (not too big—creating a fall risk!)
- **All patients in alcohol withdrawal were intended to have a Low Bed.** We have four low beds, if we had more than four CIWA patients, there was a plan to order another low bed.
- Utilize the 6 P's when hourly rounding: Pain, Position, Potty, Pump, Possessions, **Prevention**

Hourly Rounding using the 6 P's

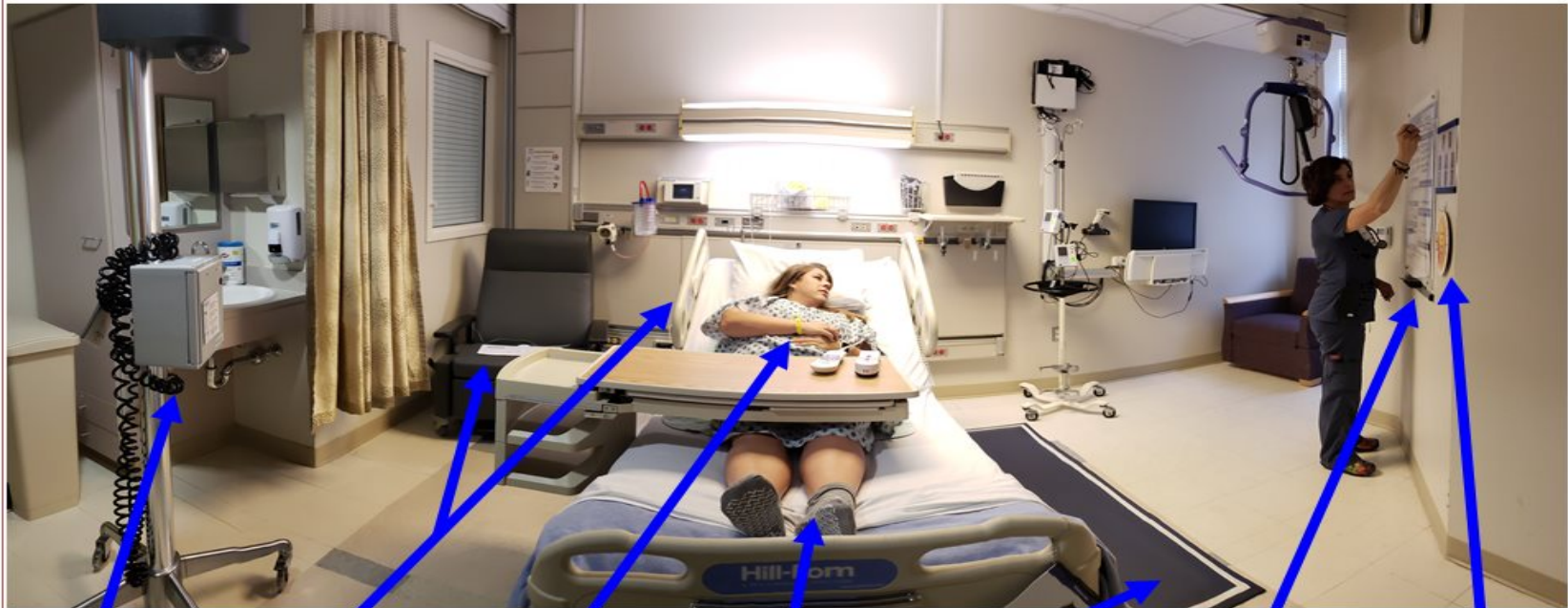
- Pain: ask about pain or reassess if previously medicated
- Position: is the patient in a comfortable position?
- Potty: does the patient need to go to the bathroom? (more than 50% of our falls occur around toileting!)
- Pump: will the IV be running out in the next hour, do we have another bag?
- Possessions: do you have everything you need within reach?
- Prevention--bed alarms are engaged, fall mats in place

Team members began educating staff on:

- Project goals
- Expectations
- New interventions within the bundle
- Auditing

The Bundle was implemented once greater than 85% of Nurses and Clinical Technicians were educated.

Key Elements Of the Falls Bundle



**AvaSys Remote
Sitter**

**Bed / Chair
Alarm
Engaged**

**Yellow Arm Band
For High Risk Patients**

**Non-Skid
Slipper Socks**

**Fall Mat Correctly
In Place**

**Fall Risk updated on
White Board**

**Sun/Moon
Sign
Addressed**

Auditing

DATE: _____ Fall Risk Intervention Identification

| Room # | Name of RN Assigned to Patient | Name of Tech Assigned to Patient | Patient High Risk to Fall | | If High Risk to Fall, Bed or Chair Alarm ON | | Toileting Assistance Circled on sheet & on White Board | Yellow Falls Armband | Fall Mat on Floor | Non-Skid Socks | Low Bed | Avasys | Get Well Falls Video Completed ? |
|--------|--------------------------------|----------------------------------|---------------------------|----|---|----|--|----------------------|-------------------|----------------|---------|--------|----------------------------------|
| | | | Yes | No | Yes | No | | | | | | | |
| 201A | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 201B | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 202 | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 203 | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 204 | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 205 | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 206 | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 207 | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 208A | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 208B | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 209A | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 209B | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 210A | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 210B | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 211A | | | Yes | No | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

- Our initial plan was to conduct audits once a week, but we quickly realized the reinforcement needed to get the project moving needed to be more often.
- Audits were increased to twice a week, including real-time discussions with staff when measures were not in place

The *Get Well Network* (GWN) is a proprietary system which provides patients with educational videos.

Inova Loudoun Hospital had just recently gone live with GWN, and there was some confusion on the proper way to access the correct video for falls prevention.

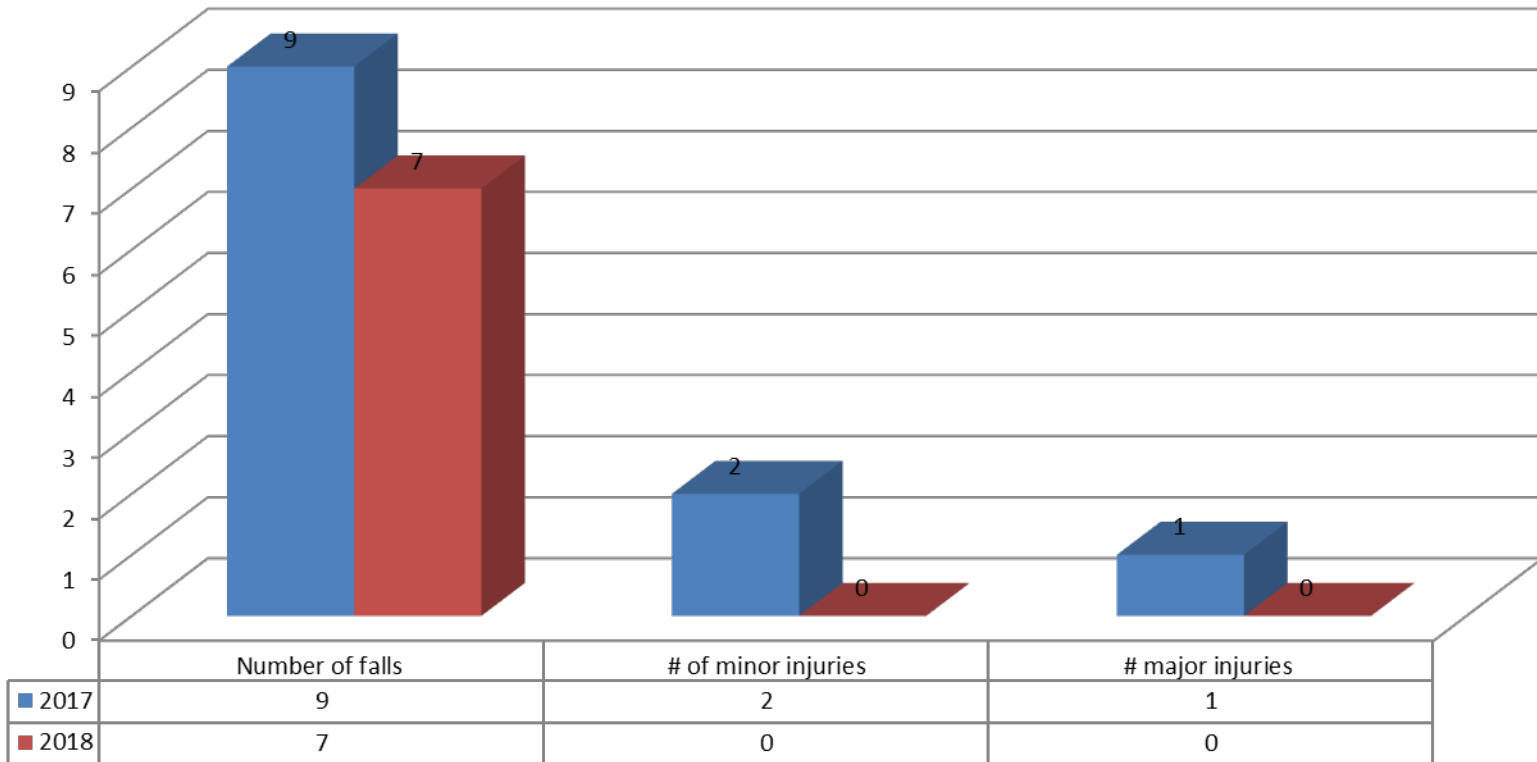
We focused on educating nurses, but also eventually made the falls video required viewing for all admissions to the PCU. This increased viewership dramatically.

A nurse reported that the exit alarm for the Low Beds we were requiring for our most at-risk patients was not communicating to the call light system, and only alarming inside the room.

Upon further investigation, we discovered that there was a software error preventing all four of our Low Beds from properly communicating an exit alarm.

These beds were removed from service, and from the Bundle.

PCU EPB Falls Project June - Aug 2017/2018



- Since the conclusion of our project, we have had some falls with injury
- These falls are not directly attributable to any one factor, but auditing and coaching which was supported by grant funds originally has not been possible on a twice-weekly basis
- The intervention period was not long enough to effect permanent culture change in practice
- Consistent focus on desired change, with coaching and monitored compliance is paramount to sustainability

- The use of a “Falls Bundle” is an effective intervention for the prevention of falls with injury.
- Education of each staff member to the elements of the Bundle is essential.
- Auditing the compliance of the Bundle is necessary to ensure accountability. Without auditing, we cannot know if what is “supposed” to be done is actually being done.
- Educating patients and families regarding their fall risk is a critical aspect of the Bundle.
- **Compliance must be monitored and coached until culture changes**

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Current State:

“If you fall, I will be there for you.”



- The Fall Mat