

"Alone we can do so little; together we can do so much."

 \sim Helen Keller \sim

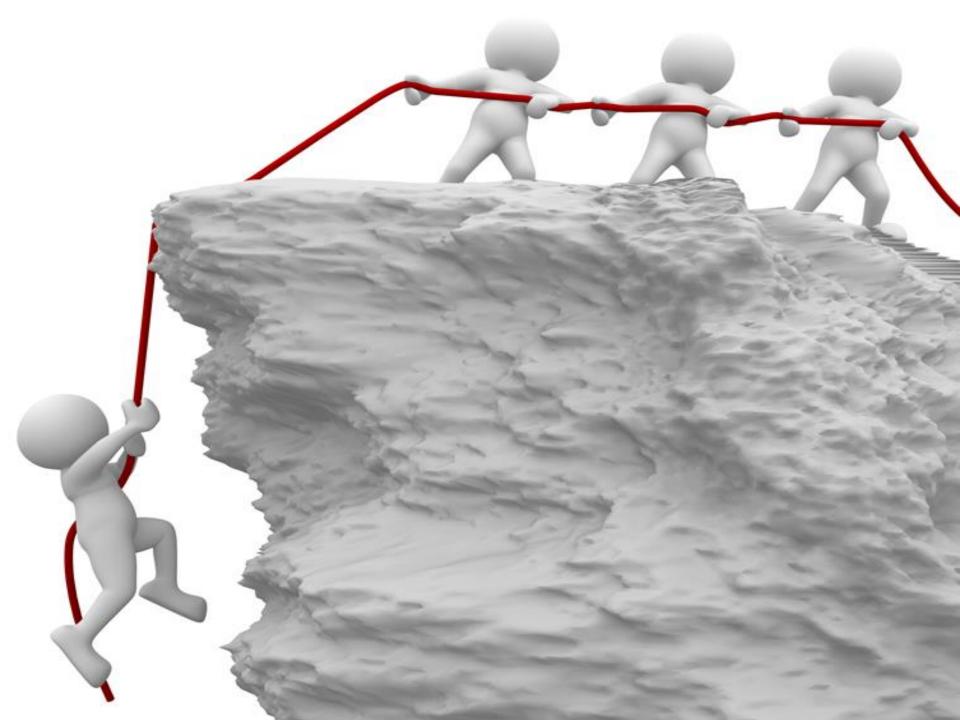




In 30 minutes or less...

- Share our fall prevention and injury reduction improvement journey
- Highlight key strategies & learning used in this process
- Share useful tools and techniques
- Share our evaluation metrics & key(s) to success





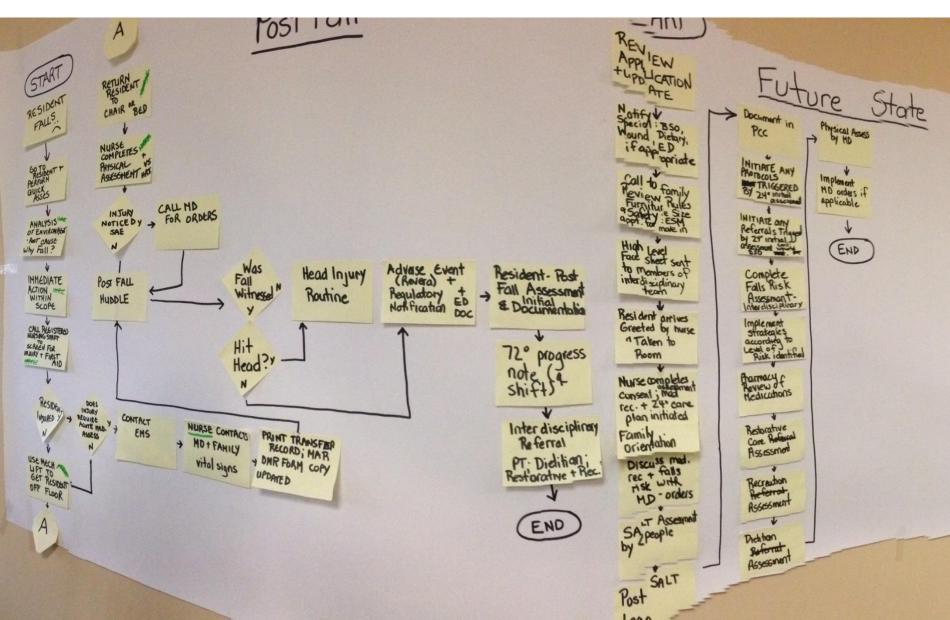
Falls Improvement Roadmap revera



	Understand Jan – Mar	Analyze Apr-Jun	Improve June-July	Pilot / Evaluate Aug - Oct	Adopt / Phase I Nov - Jan	Phase II / Evaluate/ Monitor Feb - April
Key Activities	 Data Analysis Site Visits Discussions 1:1 leadership meetings 	 Kaizen Event Western Site: Arbutus Eastern Site: McGarrell NLT Current State Analysis & Future State Mapping Policy Review Establish a Regional Falls Improvement Working Group Session 	 System/Policy/Procedu re review & updates Falls flow chart Review and redesign of Falls Management Tools Development of Streamlined Falls documentation, data entry & reporting Modification of current PCC interfaces for Falls documentation, data 	 Pilot Roll out Select pilot sites Confirm regional implementation leads Implement NEW program within pilot sites Evaluation & enhancement Evaluation Issue resolution Enhancements 	 Phase I LTC Roll-Out 8 Regional leads trained 1 Lead Home per region adopts the NEW program 	 Phase II LTC Roll-Out to all 76 sites. Spread within each region lead by the Regional Team
Deliverables	• Comparative Analysis of Falls Indicators	 Falls ~ Current State Map Falls ~ Opportunities for Improvement Falls ~ Future State Map Improvement Opportunities for the two homes 	 ectivated reporting documentation, data collection & reporting system for falls Simplified Falls policy and tools Clear implementation plan developed 	 Train-the-trainer sessions for pilot site & regional leads Complete evaluation of roll out within the pilot sites Issues list Full roll out readiness assessment 	 Evaluate success/ challenges from Lead Home Adapt implementation model for regional spread Track & Review evaluation metrics Finalized Audit tool for compliance to policy/procedures 	 100% adoption Falls Indictors improve Regional Leads to complete Falls Audit to Process at each home Monitoring Continued improvement
Communications	NLT (LTC) Quality Risk Committee Other Forums as needed	NLT (LTC) Quality Risk Committee LTC Symposium Other Forums as needed	NLT (LTC) Quality Risk Committee National Regional Mtg Other Forums as needed	NLT (LTC) Quality Risk Committee Joint ED Mtgs Regional DOC Mtgs Other Forums as needed	NLT (LTC) Quality Risk Committee Joint ED Mtgs Regional DOC Mtgs Other Forums as needed	TBD

Mapping the Process





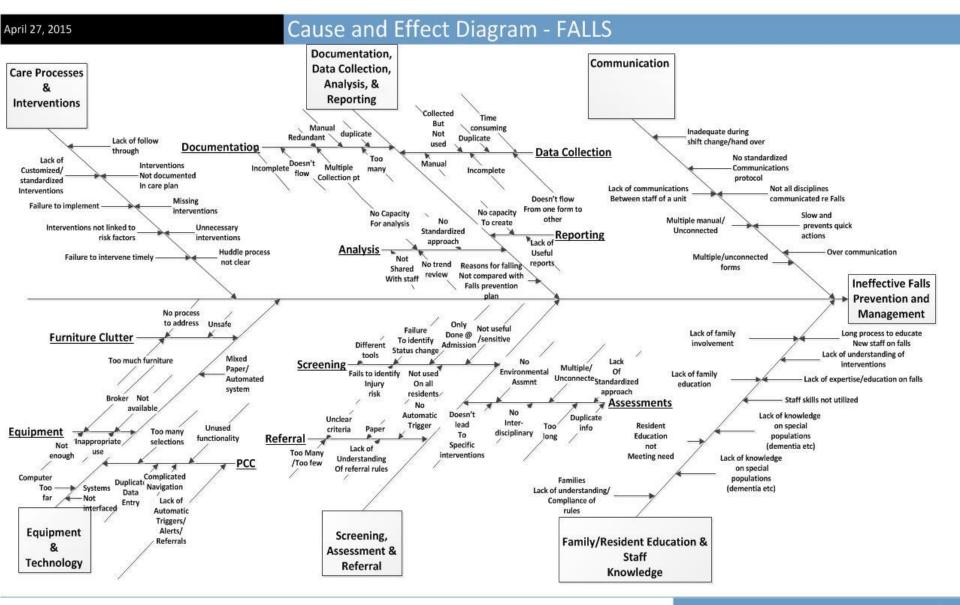
Root Cause & Waste



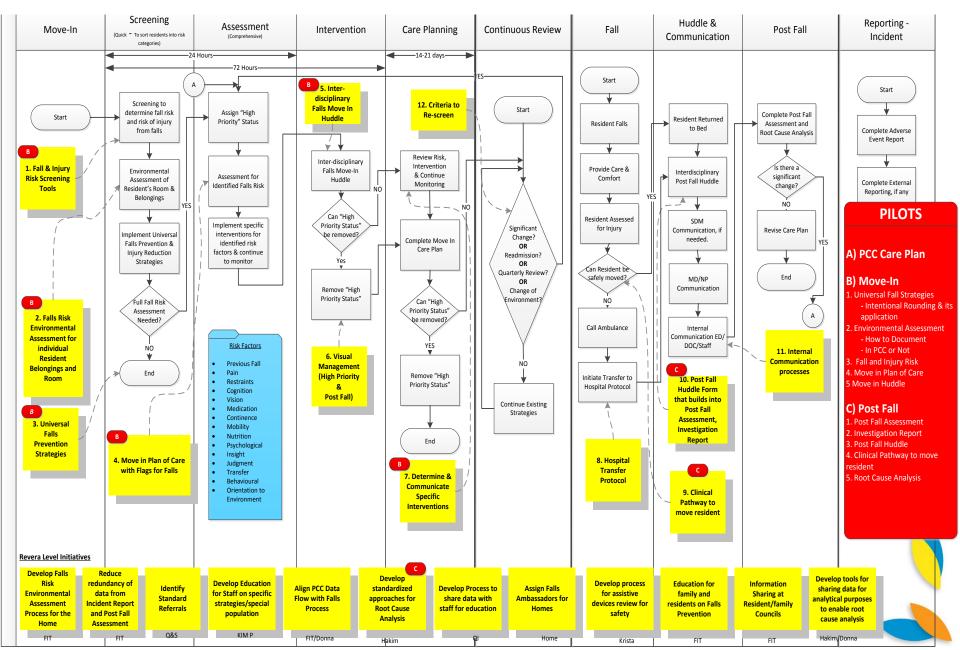


Cause & Effect





Future State & Opportunities



Key Priorities





National **Standardization** inclusive of the entire Inter-disciplinary team.

Create a Sensitive Screening Tool that identifies injury risk.

Ensure **Timely & Risk-Specific** interventions.

Develop tools to improve **Investigation & Root Cause analysis.**

Consider **Environmental Contributions** to Falls & Fall-related Injuries.

Enhance Interdisciplinary Communication.

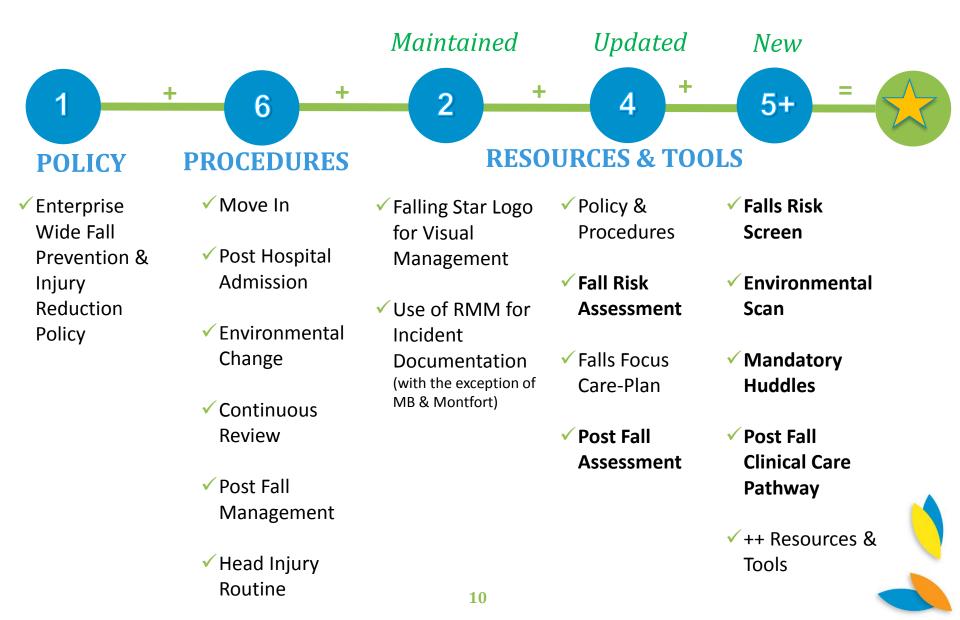
Behind every fall there is a

story...

NEW! LTC Program

Program Overview





Environmental Scan



Pre-Move-In

Adequate lighting in the Resident's room (Bright light, no burned out bulbs, night lights)
Operational call button in Resident's bedroom
Operational emergency call button in Resident's bathroom
Floor in Resident room clear and free of obstructions
Bedside furniture free of sharp edges
Bedside furniture sturdy
Bed is in locked position
Unobstructed path to the bathroom
Door openings into the Resident's bathroom are wide enough for an assistive device to fit through.
Hand rails in Resident bathroom are properly secured

Signature:

Date:

Post-Move-In

Floor in the Resident room is clear and free of obstructions				
Resident room furnishings safely arranged				

Fall Risk Screen



Fall Risk	Screen for: 🗆 N	Move-In	Return from Hospital	ization	□ Other				
STEP 1:	STEP 1: Determine if the Resident is at Immediate fall Risk due to the presence of the following significant risk factors:								
	□ Severe vision impairment medication change □ Currently experiencing dizziness □ Known postural hypertension								
-	If any of the factors above are present, the Resident is deemed to be at immediate risk for a fall. ACTION REQUIRED: Complete Fall Risk Assessment								
STEP 2: Determine if the Resident is at Immediate Risk for a fall related INJURY due to the presence of the following significant risk factors:									
	Osteoporosis Previous fractures Prolonged steroid use Metastatic bone cancer				No Vitamin D supplement Use of anticoagulants Bleeding disorder				

f any of the factors above are present, the Resident is deemed to be at immediate risk for a fall related INJURY.	
ACTION REQUIRED: Complete Fall Risk Assessment	

STEP 3: Determine the Resident's RISK SCORE for a fall based on the following risk factors:					
RISK FACTOR	RISK SCORE				
RECENT FALLS None in last 12 months		2			
	1 or more - between 3 and 12 months ago				
	1 or more - in last 3 months				
	1 or more - in last 3 months while living in long term care				

Fall Risk Assessment



FULL FALL RISK ASSESSMENT FOR:

- Post Fall
- Score of 16 or more on the Fall Risk Screening Tool
- High Priority for Significant Risk Factors
- High Priority for Fall-related Injury Risk
- Significant Change in Condition

RISK FACTOR	If YES, then determine appropriate assessments, interventions & referrals within 24-72 hours	Assessment, Referral and/or intervention, as applicable and per clinical judgement		
		 Complete a detailed root cause analysis of the most recent fall Review J4 in MDS 		
Pain	Reported or observed pain	 Complete Pain Assessment and Pain monitoring flow sheet Review J2 & J3 in MDS 		
Physical Restraint/ PASD	Currently using a restraint	 Discuss Revera least restraint philosophy/policy with SDM/family/Resident Complete side rail decision tree, if any side rails are in use Complete least restraint assessment Monitor behaviour/ tolerance level with device being used 		
Cognition	 Demonstrates limited insight and/or judgement Demonstrates disorientation, confusion and/or agitation Demonstrates difficulty following instructions and/or non-compliant 	 Reinforce strategies to compensate for identified limitations in cognitive functioning Review Section B: Cognitive Patterns in MDS Review Cognitive Performance Scale (CPS) score 		
Vision	Reports/observed visual impairment	 Tour resident in room and throughout the home area to familiarize him/her with the environment Review Section D: Vision Patterns in MDS Referral to Optometrist for assessment, if indicated 		
Mobility/ transfer	 Mobility status is unknown, or resident observed to be unsafe, impulsive and/or forgets mobility aid Currently wearing unsafe footwear and/or clothing 	 Determine transfer status (SALT / MIP / Safe Moves) Assess clothing and footwear safety Review Section G: Physical Functioning and Structural Problems in MDS Referral to rehab team (PT/OT), if indicated Referral to restorative care, if indicated Referral to recreation, if indicated 		
Medication	Currently taking 1 or more of the following: sedative, diuretic anti-osychotics anti-depressant anti-	Ensure all medications have an indication for use and are approved for use		

Post Fall Assessment

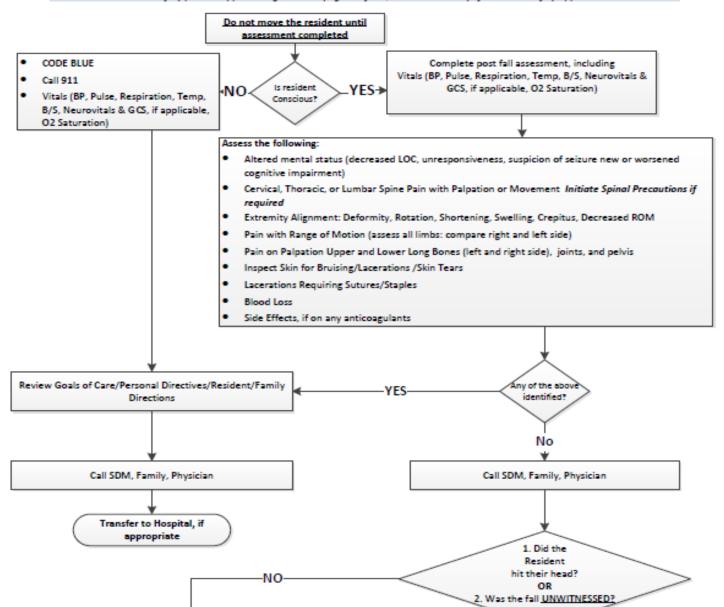


A. Assessment			8. Right hip: 🗌 Yes 🗌 No.	If yes, please specify:	
1. Fall: 🗌 Un-witnessed	Witnessed		Deformity	Swelling	Bruising
2. Date and Time of Fall:			Crepitus	Length discrepancy	External/internal rotation
2a. Description of Fall:			Decrease/change in	🗆 Pain	Laceration
			range of motion		
			Comments:		
3. Neurological Flow Sheet/Glas		Yes 🗆 No	9. Left Knee: 🛛 Yes 🗆 No. If	yes, please specify:	
3a. First Aid provided: (if not ap	plicable, state: N/A)		Deformity	Swelling	Bruising
Refer to care pathway for decis	rian an harnital transfor		Crepitus	Length discrepancy	External/internal rotation
3b. Resident requires transfe	-		Decrease/change in	🗆 Pain	Laceration
50. El Resident requires transie	er to hospital		range of motion		
4. Is there any altered mental s	tatus as a result of the fall?	Yes 🗆 No	Comments:		
4a. If yes, please specify:			10. Right Knee: 🗌 Yes 🗌 No	If yes, please specify:	
Decreased level of conscion	uspess 🗌 new or wor	rsened cognitive impairment	Deformity	□ Swelling	Bruising
Unresponsiveness	Blurred spe		Crepitus	Length discrepancy	External/internal rotation
	Lethargy		Decrease/change in	🗆 Pain	Laceration
Seizure or suspicion of seiz			range of motion		
- Selecte of Suspicion of Sele	uie -		Comments:		
5 is there any altered orientation	on as a result of the fall?	es 🗆 No	11. Left Ankle: 🗌 Yes 🔲 No	If yes, please specify:	
 Is there any altered orientation as a result of the fall? Yes No If yes, please specify: 			Deformity	Swelling	Bruising
Person	Place	Time	Crepitus	Length discrepancy	External/internal rotation
			Decrease/change in	🗆 Pain	Laceration
Head and Spine Assessment			range of motion		
6. Any abnormality with palpati	ion of head or spine: 🔲 Yes 🛛	🗆 No	Comments:		
6a. If yes, please specify:			12. Right Ankle: 🗌 Yes 🗌 No	If yes, please specify:	
Head Cer	vical spine 🛛 Thoracic sp	ine 🗌 Lumbar spine	Deformity	Swelling	Bruising
	-	-	Crepitus	Length discrepancy	External/internal rotation
Refer to care pathway for decis	sion on hospital transfer		Decrease/change in	🗆 Pain	Laceration
6b. 🗆 Resident requires transfe	r to hospital		range of motion		
Extremity Assessment - any ab	normality with palpation or m	ovement of:	Comments:		
7. Left Hip: 🗌 Yes 🗌 No	If yes, please specify:		13. Left Shoulder: 🗌 Yes 🗌 N	o If yes, please specify:	
Deformity	Swelling	Bruising	Deformity	Swelling	Bruising
Crepitus	Length discrepancy	External/internal rotation	Crepitus	Length discrepancy	External/internal rotation
Decrease/change in	🗆 Pain	Laceration	Decrease/change in	🗆 Pain	Laceration
range of motion			range of motion		
Comments:			Comments:		

Post Fall Clinical Care Pathway



Please consider safety prior to approaching Resident (e.g. wet floor, electrical hazard). If unable to safely approach call 911







Post Fall Questions to Ask

Discuss these key points to modify the Resident's care and environment to prevent further falls.

Ask the Resident

- 1. Are you ok?
- 2. What were you trying to do?
- 3. What was different this time?

Ask the Staff who found the Resident

- 4. Position of the Resident:
 - a. Did they fall near a bed, toilet or chair? How far away?
 - b. On their back, front, L side or R side?
 - c. Position of their arms and legs?

Ask all Staff

- 5. Who was in the area when the Resident fell?
- 6. What was the surrounding area like?
 - a. Noisy? Busy? Cluttered?
 - b. If in bathroom, contents of toilet?





How to get it right...



Make the *DISTINCTION* between prevention & injury reduction

✓ Engage *ALL* front line staff

✓ Use *CURRENT* data & *SHARE*

✓ Designate an *ACCOUNTABLE* Lead / Champion

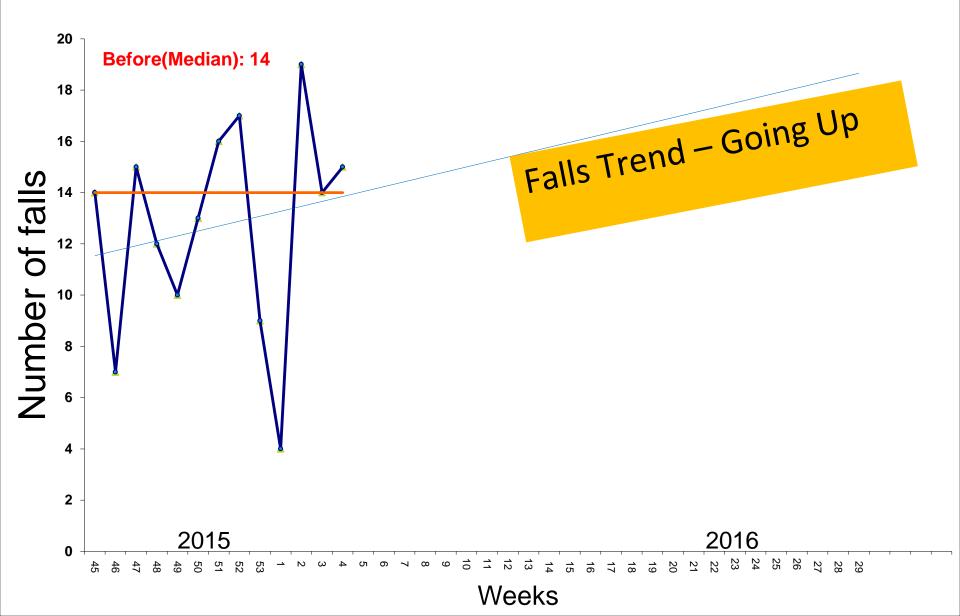
✓ Generate *EXCITEMENT* and have fun!



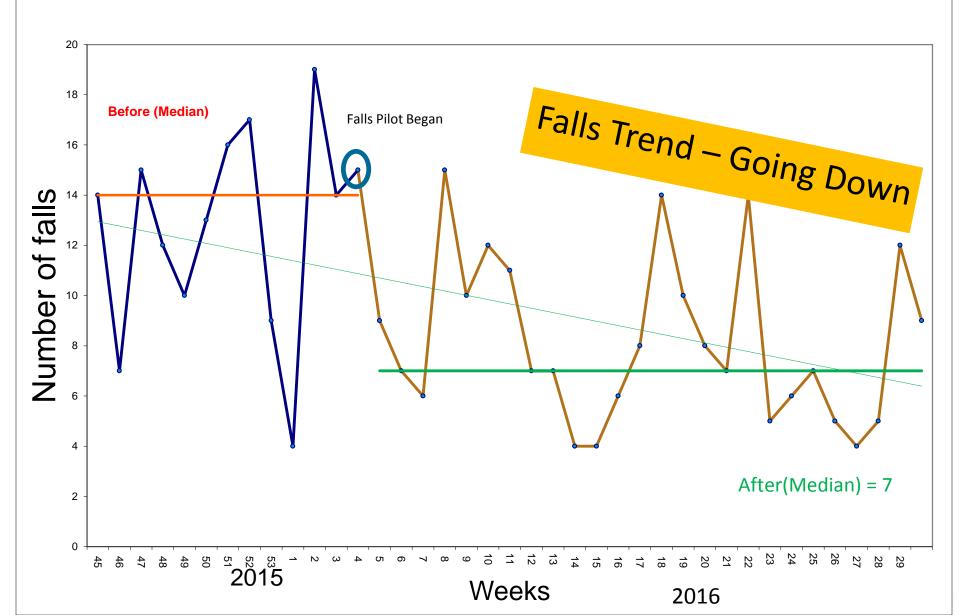
"We can't solve problems by using the same kind of thinking we used when we created them."

- Albert Einstein

Weekly # of Falls (Updated-Jan 2016)



Weekly # of Falls – Updated July 2016



NEW! Fall Prevention & Injury Reduction Program ~ Success Metrics

Key Improveme nt Areas	Indicator Description	Desired Indicator Direction	Pre	Post
Outcomes	% of Residents who fell in the last 30 days # of Falls per 1000 Resident days Injuries due to a fall (serious adverse & sentinel) # of Falls per Resident # of Falls post Move-In (6 weeks)	Ļ		
Process Measures	% of Residents with a Fall Risk Screen (within 24 hours) % of Residents with a Fall Risk Assessment (within 24 hours)	100 100		
Balancing Measures	Restraint Use Medication Use	No Change		

"Pursue something so important, that even if you fail, the world is better off with you having tried."

– Tim O'Reilly