FALLS

AN HQO INITIATIVE
ResidentsFirst
Advancing Quality in Ontario Long-Term Care Homes

This poster outlines the key steps in your falls Quality Improvement plan. The poster is designed as a flexible worksheet that can support the needs of your long-term care home. Key measures and ideas that have been proven effective in many LTC settings have been included; they may be used directly or adapted to suit your LTC home needs. Indicate which measures/ideas you have chosen by checking the appropriate boxes and add other relevant items in the spaces provided.

TEAM

Quality improvement is a team effort.

Assemble a team that includes members from nursing and allied health along with a Personal Support Worker and a manager. Include a resident or family member if appropriate. Include someone with training in quality improvement facilitation, so they can support you on your journey.

Your team will:

- ❖ Gather baseline measures;
- ❖ Conduct small-scale tests of change using PDSA – "Think BIG, test SMALL";
- ❖ Study outcomes of changes before planning next action steps;
- ❖ Help successful changes become standard practices and lessons learned.

MEASURES

Improvements must be measured: the changes that are occurring in your home must be tracked, and their impact on quality improvement must be assessed.

Your measures are your signposts. Measure actual outcomes, or results. Also, measure the processes that have been put in place to achieve these results, and any steps that have been taken to balance or mitigate the impact of changes.

The most relevant outcome, process and balancing measures are outlined below. Choose the measures you will use or adapt and add other relevant measures.

Outcome Measures

- ❑ Percentage of residents who had a fall in the previous month
- ❑ Number of falls that required an emergency department visit in the previous month
- ❑ Number of harmful falls that took place in the previous month that were categorized as 2, 3, 4, 5, or 6 on the severity of harm scale

your measures

Process Measures

- ❑ Percentage of residents who were admitted in the previous month for whom a falls risk assessment was completed on admission
- ❑ Percentage of residents for whom a falls risk assessment was completed following a fall in the previous month
- ❑ Percentage of residents assessed to be medium-high risk as per the Morse Fall Scale, and/or who had a falls intervention implemented and documented in their care plan

your measures

Balancing Measures

- ❑ Percentage of residents with physical restraints documented on the restraint record on the same day as the audit

your measures

AIM

It is important to be very clear about the aim you are trying to achieve.

Consider your current circumstances, and how you would like to improve them. Specify a level of improvement that will add value to residents. Commit to achieving this improvement within a timeframe that will stretch your capability.

Your aim pinpoints your destination and establishes a schedule for getting there.

Example: The AIM of the *(your LTC home)* is to reduce by 50% the number of falls leading to any injury, experienced by any resident (from a baseline of _____ to _____), by *(date)*.

High Leverage Best-Practice Change Ideas

The following change ideas represent a selection of clinical best practices with demonstrated widespread success in long-term care homes. Be sure to consult the Clinical and Organizational Change Concepts and Ideas summary chart and www.residentsfirst.ca for a more thorough listing of clinical best practices that may be relevant to your home. Choose the ones that are most appropriate in your situation.

- ❑ Avoid polypharmacy and psychotropic drugs when possible
- ❑ Best possible corrective vision and hearing (glasses, hearing aids)
- ❑ Chair alarms
- ❑ Floor mat to cushion fall
- ❑ Adequate lighting
- ❑ Hip protectors for high risk residents
- ❑ Low bed height
- ❑ Maximum use of mobility aids
- ❑ No bed rails
- ❑ No restraints
- ❑ No trip hazards (clutter, slippery floors)
- ❑ Safe footwear all the time
- ❑ Strength and balance program
- ❑ Toileting routines

Think about *how* these change ideas become established as activities that are applied consistently. Identify which organizational changes (see Organizational Practice Change Concepts) might need to be introduced to support the clinical processes you choose to implement.

Organizational Practice Change Concepts

Additional change ideas can be developed for your long-term care home by considering the following Organizational Practice Change Concepts. Each represents a particular way of looking at your organization to identify opportunities for change. Think of the Change Concepts listed below as "idea starters" that help you think about how the current situation can be improved. Some examples of ideas from successful long-term care homes have also been included on the far right of the table below; write your own in the space provided.

Change Concept	Definition	Your Change Ideas
Recognition and Assessment	Apply risk assessment protocols to assess each resident upon admission, change in status and at regular intervals.	*Example:* ❖ *Use tools such as Morse Falls Scale, RAI MDS, Berg Balance Scale, Tinetti Gait and Balance Instrument, Timed Up and Go and CAM (confusion assessment instrument).* *your ideas here*
Education and Engagement	Educate residents and families about risks and prevention strategies. Implement staff education and training as required to support the required changes.	*Example:* ❖ *Educate residents and families about risk and prevention strategies.* *your ideas here*
Care Planning and Documentation	Prepare an individualized Plan of Care for each resident based on best-practice evidence and assessed risk. Implement communication and training activities to support care planning.	*Example:* ❖ *Incorporate prevention measures (see best practice change ideas above) into Plan of Care.* *your ideas here*
Improve Work Flow	Workflow is about the movement of a service or product within the system from the beginning to the resident. If you have a good workflow, jobs get done quickly, and move seamlessly from person to person as each stage is completed.	*Example:* ❖ *Revamp care processes to incorporate and ensure prevention strategies.* *your ideas here*
Develop Routine Practices	Developing work routines is about finding the most effective, repeatable and safest way to complete a task in order to achieve the results desired by the patient or resident.	*Example:* ❖ *Regular inspection of mobility aids* *your ideas here*
Design Systems to Avoid Mistakes	Designing systems to avoid mistakes, which can also be called error-proofing, is about designing your system so it is either impossible to commit an error, or any error that is made is obvious and can be fixed.	*Example:* ❖ *The physical environment supports fall prevention through furniture arrangement, lighting, signs, etc.* *your ideas here*