

Evaluation Shows Home Health Agencies Working Hard to Improve Falls Prevention

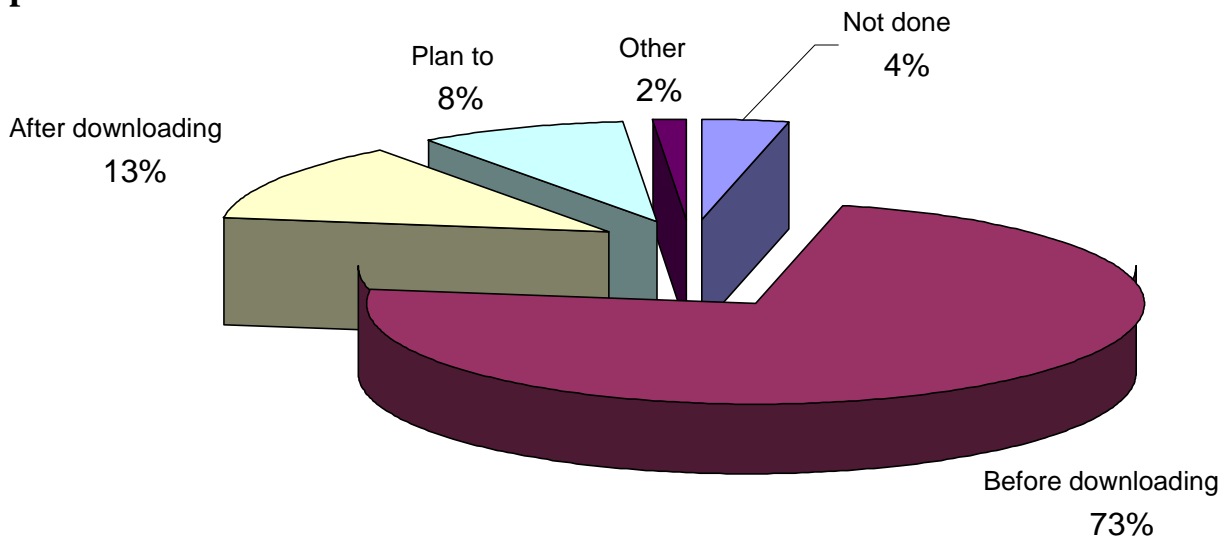
Three months after the release of a related Home Health Quality Improvement (HHQI) National Campaign Best Practices Improvement Package (BPIP), home health agencies have reported wide adoption of methods to protect patients through better falls prevention. A sizeable majority of HHQI campaign participants who downloaded BPIP components indicated that their agencies have done each of these activities—or plan to in the next three months:

- Setting targets for completion of fall risk assessment (M1910) or measures related to fall prevention
- Implementing a multifactorial and validated fall risk assessment tool(s)
- Developing (or refining) a process to trend and report patient reportable falls
- Conducting staff training on fall risk assessment / fall prevention
- Reviewing the fall prevention content in its patient educational information
- Using any of the featured tools in the Fall Prevention Best Practice Improvement Package

For example, Chart 1 shows the proportion of participating agencies who have conducted staff training on fall risk assessment/fall prevention in relation to when they downloaded BPIP materials. Over 94% have adopted this important quality improvement process, or plan to.

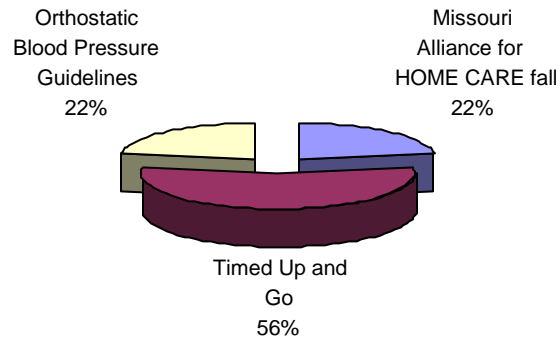
Chart 1

Has your agency conducted staff training on fall risk assessment / fall prevention?



Approximately 84% of participants said they used one or more of three featured tools in the BPIP. The most frequently used was the “Timed Up and Go” screening tool. Chart 2 shows what proportion of agencies said they used each tool.

Chart 2
Percent of Participants Who Reported Using Each Featured Tool



Half of the agencies who use the featured tools said they use them frequently or nearly all the time in patient care. Almost all (97%) said the tools had affected the way they approach falls prevention. Most agencies who said they didn't use the featured tools said that lack of time was a major barrier.

We concluded that many agencies had already begun working on falls prevention before the campaign, but that the majority was using campaign materials and incorporating activities likely to improve falls prevention in their work.

Staff Respond to Agency Comments on the *Fall Prevention Best Practice Improvement Package*

HHQI Campaign Staff received hundreds of comments along with the responses to questions in the recently-completed assessment of the Best Practice Improvement Package on Fall Prevention. The vast majority were positive, and many were simply compliments or thanks. Here are some comments from agencies on how they have used the BPIP:

- Our agency established as one best practice that all patients will be assessed for fall risk assessment at the beginning of 2010 when OASIS-C was new to us all. The Fall BPIP provided valuable information, e.g. the TUG, multi-factor a/e & educational information that we used to help clarify answering M1910 and helpful interventions to put in place as a result of the findings.
- We are now in the process of using these materials to develop a specialized program which will also include a low vision program as a part of it. Dealing with the geriatric population these two topics....falls and low vision go hand in hand. We hope to have this completed within the next month.

HHQI Team: Great work—you've taken suggestions from the BPIP and expanded your program.

- At first, the material looked "overwhelming", and we have an established "fall reduction program in place" ...but I took the time to review BPIP and ended up making 2 changes to our existing program ...1.) We switched our patient info handout to the CDC "What you can do" handout...and 2.) We added "low vision" as a risk factor to our existing fall risk assessment tool.

HHQI Team: You are right—the information can look overwhelming. You have used the BPIP appropriately—by taking some of the information to make small but important changes/enhancements to your current program. The BPIP content addresses agencies with many levels of experience in best practices. Some agencies may have not initiated a program related to the BPIP topic (e.g. Fall Prevention) and some may have been working with the BPIP topic for many years. There should be something for every agency in the packages. Every agency should do a review of the 'Checklist For Agency Leadership' and target one or two areas for improvement.

- We had a Joint Commission Survey in August and the surveyor cited us because we did not have a hypotension policy. She referred to the HHQI packet directly.

HHQI Team: Many national and state organizations are HHQI campaign supporters. In fact, campaign registration is now open to all health care providers and related organizations.

- Reviewed this within one week after downloading and instructed clinicians within 2 weeks and began improved patient education within 3 weeks.
- I had a case manager review the entire document and asked that she outline the specific questions that would relate to our current falls risk evaluation. She was very impressed with the orthostatic educational piece which we will be using to educate all clinicians. Wonderful educational tool which will be utilized throughout the next three to four months. Thank you once again!
- We have reviewed the fall prevention content in a brief PI meeting held recently with the administrator in attendance. We did not go into great detail at the time; the committee was informed as to the nature of the content, some of the tools available to assist the staff, and how to involve the local PI and Case Management nurses at our local hospital (continuity of care/ transitions of care). We plan to incorporate the Best Practices into a bi-partisan (Hospital-Home Health) program. Their patients are ours and vice versa. We have already contacted the responsible person at the hospital and she is excited about working together. This is all new, so we are taking baby steps. As you know, getting the nurses in the field on board is the "challenge." We'll keep you posted.