

Home Health Quality Improvement National Campaign

The Home Health Quality Improvement (HHQI) National Campaign is an initiative by the **Centers for Medicare & Medicaid Services (CMS)**, an agency of the U.S. Department of Health and Human Services, in conjunction with the Home Health Quality Improvement Organization Support Center (HHQIOSC) – **Quality Insights of Pennsylvania**. The campaign is based upon educating the leadership and care providers on best practice interventions to reduce avoidable acute care hospitalizations.

The monthly Best Practice Intervention Packages are a compilation of background information, leadership guidance, implementation tools and discipline specific education and application materials specific to the targeted best practice of the month. The best practice intervention packages have been designed for all agency clinical disciplines, support staff, administration, and management to use effortlessly to strive towards reducing avoidable acute care hospitalizations (ACH). The intervention packages are located on the Home Health Quality Improvement National Campaign Web site – www.homehealthquality.org and will be available through February 29, 2008.

Best Practice Intervention Package – Fall Prevention LPN/LVN

A. Target Audience:

1. Describe the target audience expected to participate: Home health agency Licensed Practical Nurses/ Licensed Vocational Nurses

B. Purpose:

1. To provide education to home health LPNs/LVNs related to the specific best practice intervention: **Fall Prevention** - to assist with reducing avoidable acute care hospitalizations.

C. Presenters/Content Specialists: The primary contributors for the Best Practice Intervention Package – Fall Prevention include the following individuals; their biographical data forms are attached.

1. Presenter Name, Degrees and Credentials:
 - a. Misty Kevech, RN, BS Ed, MS
 - b. Eve Esslinger, BSN, MS
 - c. Bonnie Kerns, RN, BSN
2. A Technical Expert Panel was also utilized for a detailed review of the package. This interdisciplinary panel is located on page 8.
3. The HHQI Medical Advisory Panel contributed their expertise in the packages. The list of the members of this panel is located on page 9.

D. Educational Package Outline Table:

1. Objectives, Content and Teaching Methods, Strategies, Materials and Resources. This table (1) indicates what the participant will be able to do at the conclusion of the activity and (2) provides an outline of the content, teaching methods and resources for facilitated the independent learning activity. See page 3.

E. LPNs/LVNs Requirements and Time Frame:

1. Nurse Activity table located on page 11

J. Evaluation:

1. Check or describe the methods of evaluation to be used (Check all that apply):

- Evaluation Form (Required for all events)
- Post test (Optional) If post-test is used, what is passing score? 80%
- Return Demonstration (Optional)
- Other - Describe: _____

K. Verification of Participation and Completion:

1. Attendance/participation will be verified at the event through sign in sheets/attendance sheets.

- Internet registration
- Other - Describe: _____

2. Criteria for completion include: (Check all that apply)

- Attendance at entire event
- Attendance at individual sessions
- Completion/submission of evaluation form
- Achieving passing score on posttest
- Completion of self-study packet
- Skills demonstration
- Other - Describe: _____

3. Participant will be informed of criteria by (check all that apply):

- Information on brochure/advertising material (Criteria for successful completion must be included on advertising)
- Verbal statement at beginning of activity
- Written information on handouts/website
- Other - Describe: _____

4. **Certificate of Participation** will be send electronically to the LPN/LVN within 30 days of successfully completing the evaluation/post-test.

Any questions related to the continuing education components please contact Misty Kevech – mkevech@wvmi.org



**Best Practice Intervention Package (BPIP) – Fall Prevention
Educational Package Outline
Independent Study**

OBJECTIVES	CONTENT (Topics)	METHODS
List all learner’s objectives in behavioral terms At the end of this activity, the learner will be able to:	Provide an outline of the content for each objective.	Describe the teaching methods, strategies, materials & resources for each objective
1. Recognize the need for more than just a fall risk assessment for an effective home health fall prevention program.	<ol style="list-style-type: none"> 1. Definitions of Fall and Fall Prevention 2. Statistics to demonstrate the significance of falls and the need for fall prevention programs 3. Listen to successes of implementing fall prevention program I reducing falls. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> BPIP – Fall Prevention - Nurse Track <input checked="" type="checkbox"/> Nurse’s Guide to Fall Prevention <input checked="" type="checkbox"/> Podcast (audio recording), “Fall Prevention for Clinicians” <p>Adult learning principles: Respect of learner’s learning preference Sequencing and Reinforcement Relevance Accountability</p>
2. Describe how fall prevention program will support reducing avoidable acute care hospitalizations.	<ol style="list-style-type: none"> 1. Definition of Fall Prevention <ol style="list-style-type: none"> 1.1 Briggs National Quality Improvement/Hospitalization Reduction Study, 2006 2. Nurse’s Guide to Practical Application <ol style="list-style-type: none"> 2.1 Statistics to demonstrate the incidence of falls and ACH and injury 3. Podcast <ol style="list-style-type: none"> 3.1 Agency description on how to successfully implement Fall Prevention program and reduce ACH 4. Examples of Excellence <ol style="list-style-type: none"> 4.1 Demonstration of fall prevention program success in reducing ACH 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> BPIP – Fall Prevention – Nurse Track <input checked="" type="checkbox"/> Fall Prevention Nurse’s Guide to Practical Application <input checked="" type="checkbox"/> Podcast (audio recording) – “Fall Prevention for Clinicians” <input checked="" type="checkbox"/> Examples of Excellence – success stories <p>Adult learning principles Respect of learner’s learning preference Sequencing and Reinforcement Lecture Relevance Accountability</p>
3. Describe two nursing actions that will ensure optimal fall prevention for staff, patients and caregivers.	<ol style="list-style-type: none"> 1. Nurse’s Guide to Practical Application <ol style="list-style-type: none"> 1.1 Clinical application points for nurses related to promoting a successful fall prevention program 1.2 Fall Risk Assessment tool, risk factors and potential interventions for Fall Prevention 2. Tools to improve clinician assessment techniques 3. Examples of Excellence <ol style="list-style-type: none"> 2.1 Two success stories showing implementation of a fall prevention program to assist with reducing avoidable ACH. 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> BPIP – Fall Prevention – Nurse Track <input checked="" type="checkbox"/> Fall Risk Assessment tool <input checked="" type="checkbox"/> Accurately Assessing Orthostatic Hypotension <input checked="" type="checkbox"/> Timed Up and Go instruction sheet/PowerPoint <input checked="" type="checkbox"/> Examples of Excellence <p>Adult learning principles: Respect of learner’s learning preference Sequencing and Reinforcement Accountability Relevance</p>

Misty Kevech's Biographical Data Form

This individual is: (Check all that apply)

- Administratively Responsible Person
- Planning Committee Member
- Presenter/Content Specialist

BIOGRAPHICAL DATA FORMS

Instructions: Make as many copies of this form as necessary to provide the required information documenting adherence to the criteria. *Do not* send curriculum vitae. Form must be typed or word-processed.

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Present position (title)

Communications/Training Manager

Employer:

Quality Insights of Pennsylvania

Planners:

Describe your professional qualifications and familiarity with the target audience

The target audience for this learning session is home health quality improvement managers or administrators. Misty Kevech has been a Registered Nurse for over 27 years, including 22 years in home care. Ten years of her experience has been in Quality Improvement. Misty also is credentialed with Certified OASIS – Clinical (COS-C), which assists in educating on outcome measures. Misty has additional degrees of BS Ed in Public Nursing (California University of Pennsylvania) and MS in Leadership with an emphasis on Training and Development (Carlo College) to assist with adult education. ACH, Ready, Aim, Improve Learning Session #3 – Works with home health agencies in Pennsylvania with development, implementation and evaluation of plans of actions to improve quality outcome measures. Misty also educates the agencies on strategies and best practices. SBAR – Participated in the three part series by IHI on SBAR. Telehealth – Planned and developed previous telehealth WebEx educational activities: Home Telehealth to Reduce Avoidable Hospitalizations, Home Telehealth WebEx 1 of 4 Introduction, Home Telehealth WebEx 2 of 4 Phone Monitoring, Introduction of Home Telehealth for Home Health Aides, and Nuts and Bolts of Home Telehealth Reference 2005.

Faculty: Describe your knowledge and expertise in this topic area

Misty Kevech has been a Registered Nurse for over 27 years, including 22 years in home care. Ten years of her experience has been in Quality Improvement. Misty also is credentialed with Certified OASIS – Clinical (COS-C), which assists in educating on outcome measures. Misty has additional degrees of BS Ed in Public Nursing (California University of

Pennsylvania) and MS in Leadership with an emphasis on Training and Development (Carlo College) to assist with adult education. She has been employed by Quality Insights of Pennsylvania for one year working with home care agencies to improve quality outcomes. ACH, Ready, Aim, Improve Learning Session #3 – Works with home health agencies in Pennsylvania with development, implementation and evaluation of plans of actions to improve quality outcome measures. Misty also educates the agencies on strategies and best practices. SBAR – Participated in the three part series by IHI on SBAR. Telehealth – Planned and developed previous telehealth WebEx educational activities: Home Telehealth to Reduce Avoidable Hospitalizations, Home Telehealth WebEx 1 of 4 Introduction, Home Telehealth WebEx 2 of 4 Phone Monitoring, Introduction of Home Telehealth for Home Health Aides, and Nuts and Bolts of Home Telehealth Reference 2005.

Vested Interests of Faculty

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on this biographical data form. Include the applicant's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

I have no real or perceived conflicts of interest that relate to this presentation

I have the following real or perceived conflicts of interest that relate to this presentation

Eve Esslinger's Biographical Data Form

This Individual is: (check all that apply)

- Administratively Responsible Person
- Planning Committee Member
- Presenter/Content Specialist

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Instructions: Make as many copies of this form as necessary to provide the required information documenting adherence to the criteria. **Do not** send curriculum vitae. Form must be typed or word-processed.

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Present position (title)

Project Manager

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Quality Insights of Pennsylvania

Planners:

Describe your professional qualifications and familiarity with the target audience

Registered Nurse for 25 years. Masters in E.C. Education. 14 years working in Quality Improvement and Staff Development in Home Health. Presently working for Quality Insights of Pennsylvania (for 3 years) and 1½ years as Project Manager for Home Health Quality Improvement Support Center. Currently work with home health agencies and other quality improvement organizations to provide resources and guidance with quality improvement.

Faculty:

As above

Vested Interests of Faculty

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on this biographical data form. Include the applicant's copy of the completed forms declaring vested interest.)

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- I have no real or perceived conflicts of interest that relate to this presentation
- I have the following real or perceived conflicts of interest that relate to this presentation:

Bonnie Kern's Biographical Data Form

This individual is: (Check all that apply)

- Administratively Responsible Person
- Planning Committee Member
- Presenter/Content Specialist

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Instructions: Make as many copies of this form as necessary to provide the required information, documenting adherence to the criteria. **Do not** send curriculum vitae. Form must be typed or word-processed.

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Planners: Describe your professional qualifications and familiarity with the target audience ACH, Ready, Aim, Improve Learning Session #3 - I have been in health care for over 25 years and over 15 years have been in home care. I have been employed with Quality Insights for 4 years working with home care agencies to improve their quality outcomes. I utilize the clinical data to help agencies plan their strategies for improvement. I am the lead person at Quality Insights related to Home Telehealth. I helped developed the Home Telehealth Reference 2005 manual that CMS is using as their official guide for home telehealth. I also was the primary editor for the Home Telehealth Reference 2006/2007 manual.

Faculty: Describe your knowledge and expertise in this topic area
Same as above.

Vested Interests of Faculty

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on this biographical data form. Include the applicant's copy of the completed forms declaring vested interest.)

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- I have no real or perceived conflicts of interest that relate to this presentation
- I have the following real or perceived conflicts of interest that relate to this presentation

Technical Expert Panel

The Home Health Quality Improvement Organization Support Center (HHQIOSC) would like to thank everyone who contributed to the **Best Practice Intervention Package – Fall Prevention**. We would also like to acknowledge the following individuals and organizations for their contributions as our Technical Expert Panel.

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Special Acknowledgements

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Best Practice: Fall Prevention

Nurse Track



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Nurse Track

This best practice intervention package is designed to educate and support nurses on the priorities necessary for a comprehensive home health fall prevention program that will support reducing avoidable acute care hospitalizations.

Objectives

After completing the activities included in the Nurse Track of this **Best Practice Intervention Package – Fall Prevention**, the learner will be able to:

1. Recognize the need for more than just a fall risk assessment for an effective home health fall prevention program.
2. Describe how fall prevention will support reducing avoidable acute care hospitalizations.
3. Describe two nursing actions that will ensure optimal fall prevention for staff, patients and caregivers.

Complete the following activities:

	Activity	Location	Estimated Time
<input type="checkbox"/>	Read the Nurses' Guide to Fall Prevention and Accurately Assessing Orthostatic Hypotension. Review the Fall Risk Assessment tool	Page 39	20 minutes
<input type="checkbox"/>	Listen to podcast	Page 44	15 minutes
<input type="checkbox"/>	Watch the Timed Up and Go video PowerPoint	Page 44	25 minutes
<input type="checkbox"/>	OR		OR
<input type="checkbox"/>	Read the Timed Up and Go instructions and practice performing it with a co-worker	Page 45	25 minutes
<input type="checkbox"/>	Read Examples of Excellence	Page 46	10 minutes
<input type="checkbox"/>	RNs: Complete the nursing evaluation and post-test online for free CNEs	See link below	10 minutes
<input type="checkbox"/>	LPNs: Complete the nursing post-test online for free certificate of participation	See link below	10 minutes
	Total time for completion		80minutes



RNs: Apply for **free** 1.3 Continuing Nursing Education units for completing the nursing track activities. **Complete evaluation/post-test online at:** <http://www.zoomerang.com/survey.zgi?p=WEB2273GMJBEDK>

LPNs/LVNs: Apply for a certificate of attendance for completing the nursing track activities. **Complete evaluation/post-test online at:** <http://www.zoomerang.com/survey.zgi?p=WEB2273GMJBEDK>

Nurse's Guide to Fall Prevention



Definitions:



- **Fall** - “An unintentional change in position resulting in coming to rest on the ground or at a lower level” (Missouri Alliance for Home Care).
- **Fall Prevention** – “A strategy that uses specific interventions to help specific patients or all patients avoid the risks of falling in an effort to reduce hospitalizations” (Briggs National Quality Improvement/Hospitalization Reduction Study, 2006).

Significance:



- **More than one third** of adults 65 and older fall each year in the United States [CDC].
 - After age 75 the incidence increases [AGS].
- Of those that fall, one in forty will be hospitalized. Of those hospitalized, only half will be alive at the end of the year [Kane et. al., 1994].
- Falls, even without injury, often cause a person to develop a fear of falling, which, in turn, limits their activity [CDC].
- In 2003, there were more than **309,500** hospital admissions for hip fractures [NCHS 2006].

CDC – Centers for Disease Control and Prevention

AGS – American Geriatrics Society

NCHS – National Center for Health Statistics

How nurses can promote a successful fall prevention program:



1. Assess patients to identify at-risk patients using a fall risk assessment and clinical observation
2. Collaborate with therapists on OASIS accuracy to capture fall risk
3. Select patient-specific interventions for fall prevention
4. Pursue appropriate referrals from physician and managed care authorizations
5. Communicate to interdisciplinary team patient's fall risk status and planned interventions
6. Include fall risk and prevention interventions in case conferences
7. Participate in agency's fall prevention education



The **key to a successful fall prevention program** is moving beyond responding to witnessed or non-witnessed falls to **focus on fall prevention**. Prevention not only incorporates an assessment of risk for falls, but also promotes a **proactive approach to fall prevention** rather than reacting to individual falls.



Fall Prevention Program

Risk Assessment:

Your agency may already have a fall risk assessment that may be:

1. Paper based
2. OASIS-based
3. Included in the hospitalization risk assessment
4. Integrated into your point of care programs

The high-risk patients must be identified for falls, just like the high-risk patients for hospitalization, so that clinicians can implement appropriate preventative interventions.

On page 43 there is a sample Fall Risk Assessment. Review the tool and consider the following questions:

- Does your agency's current risk assessment capture all of the same information?
- Are there other risk factors you should be assessing?
- Should you perform a Timed Up & GO test? (see page 45)

Potential Interventions for Fall Prevention:

- Complete home safety evaluation and reduce hazards in the home including:
 - Inadequate lighting
 - Throw rugs, loose flooring
 - Clutter
 - Pet(s)
 - Extension cords
 - Oxygen tubing
- Medication management
- Request physical therapy evaluation and treatment for balance training, strengthening and gait training
- Determine need for assistive device or adjust for ambulation
- Consider wheelchair and bed alarms, if applicable
- Encourage adequate footwear
- Seek occupational therapy evaluation and instruction for management of ADL/IADLs
- Referral to home health aide for assistance with bathing, if unsteady
- Medical social worker evaluation for social support and resources for glasses/hearing aids funding
- Utilize community based organizations as a valuable resource
- Encourage patient to participate in a maintenance exercise program, adapt to patient ability (e.g., Sit & Be Fit – TV exercise for seniors)
- Encourage patient to have an annual vision evaluation (minimum)
- Consider if fall(s) are a result of a cardiovascular problem and contact physician for further intervention (orthostatic hypotension or cardiac arrhythmias)
- Encourage adequate hydration and nutrition and make appropriate referral

Some fall risk factors...

- Age (>65 years)
- Mental impairments (e.g. dementia)
- Female gender
- Past history of a fall
- Weakness in the feet or legs
- Walking problems
- Foot disorders
- Problems with hearing or vision
- Balance problems
- Low vitamin D levels
- Medications (especially drugs used for psychiatric or mood problems)
- Arthritis
- Parkinson's disease

Adapted from

<http://www.healthinaging.org/aginginthenow>

Fall Prevention: Physician Connection

Communicate with physicians:

- Patient fall risk factors and suggest interventions
- Fall occurrence
- Change in patient status affecting balance
- Environmental concerns
- Indications of orthostatic hypotension



Example of Physician Communication Using SBAR Communication Method

Situation: Dr. S, I am _____ calling from XYZ Home Care about Mrs. J who is at high risk for falling.

Background: Mrs. J, is an 84-year old female with CHF, diabetes and a history of falls with subsequent fractures. She has full function of all extremities, but is afraid of falling. She was admitted to home care yesterday post hospitalization for CHF.

Assessment: Mrs. J has a potential for falling again, as exhibited by her fear of falling, weakened condition and unstable balance. She utilizes furniture when ambulating and uses a cane intermittently. Her medications have not changed and were evaluated as not likely to be contributing factors.

Recommendation: I would like to have an order for physical therapy to evaluate for balance training and strengthening, and occupational therapy to help with ADL/IADL management and environmental modifications. Also, when you see her tomorrow, could you reinforce the need to make some environmental modifications with her? She seems reluctant to remove some of her throw rugs and we would like to help her arrange to have a safety railing installed. Your support would be important to her.

For more information about SBAR go to www.homehealthquality.org, select the **Physician Relationship Best Practice Intervention Package** and read the Nurse Track.



Accurately Assessing Orthostatic Hypotension

Recommendations for Assessment Procedure:

Follow agency-specific practice standard/policy and procedure, while using nursing judgment with assessment and evaluation of findings for intervention selection.

1. Explain procedure and reason for assessment to patient/caregiver—instruct patient to report any symptoms of dizziness, lightheadedness or faintness at any time during the assessment.
2. Obtain **supine** blood pressure (BP) and heart rate (HR) measurement once patient has been in supine position for **5 minutes**.
3. Assist the patient to a safe **sitting** position with legs dangling over the edge of bed/couch, wait one minute then obtain and document BP, HR and patient symptoms.
4. If the patient tolerates position change with no orthostatic hypotension and the patient is able to stand, assist patient to a **standing** position.
 - **Wait 1 - 2 minutes**, obtain BP/HR then document BP, HR, and patient symptoms—if orthostatic changes are present, return patient to a safe, comfortable position
 - Intervene according to agency protocol and clinical indications
5. Evaluate assessment findings and continue according to agency protocol and clinical indications.

Interventions for Orthostatic Hypotension May Include but are Not Limited to:

1. Notify physician when assessment indicates orthostatic hypotension (ensure that medication reconciliation has been completed)
2. Instruct patient to sit at the edge of bed or couch for **30-60 seconds** when moving from a lying to standing position
3. Instruct patient to walk in place for **1 minute** after standing before walking away (e.g., avoid rushing to answer phone or door bell)
4. Instruct patient NOT to bend over at the waist to reach for something low
5. Instruct on not rising too quickly after a meal (meals can induce hypotension)
6. Inform interdisciplinary team members to adjust treatment plan accordingly with inclusion of fall prevention interventions
7. Review medications and obtain orders for lab work to assess for volume depletion



Fall Prevention Multi-Media Activities

Podcast* (Audio Recording)

Fall Prevention Podcast (Audio Recording) Instructions:

Listen to the podcast (audio recording) to learn more about reducing avoidable acute care hospitalizations with fall prevention from **Christiana Care VNA in Delaware**. Gale Bucher, RN, MSN, Performance Management Coordinator and Pam Szczerba, PT, MPT, Therapy Consultant will share key points on how to successfully implement a fall prevention program.

Fall Prevention Podcast

- 15-minute podcast (audio recording)
- Podcast (audio recording) link is located at:
http://www.homehealthquality.org/hh/hha/interventionpackages/falls_prevention.aspx

There are several ways to listen to the podcast (audio recording):

- Visit the link above and listen directly through the Web site.
- Download the podcast (audio recording) by right clicking on the audio file and selecting “Save Target As ...” This will save the file to your hard drive. Once you have saved the file, you can listen to it on your computer or can burn the audio file to a CD or download to a MP3 player.

*A podcast is a digital media file, often an audio recording, placed on the Internet and made available to the listener on their home computer or personal digital recording device for convenience. There is no change from previous references to “audio recordings” except the name. You may continue to download and listen to recordings as you have in previous months.



Video PowerPoint Timed Up and Go

The **Timed Up and Go PowerPoint** includes video with Mary Calys, PT, MS, BSW, a consultant from Missouri Alliance for Home Care. Mary provides instruction and demonstrations of the Timed Up and Go screening, based upon the APTA’s Balance and Fall Awareness Event

Instruction Booklet for Physical Therapists (1999).

The video PowerPoint link is located at www.homehealthquality.org with the [Fall Prevention Best Practice Intervention Package, under Video PowerPoint](#).

View the PowerPoint on your personal computer or download to use as a presentation.

- Right click on the **Timed Up and Go** PowerPoint, click on *Save Target as* and save to your computer
- Open **Timed Up and Go** PowerPoint
 - Click on Slide Show, View Slide Show
 - Click on screen to start



TIMED UP AND GO Screening Tool



Purpose: Simple **screening tool** to identify elderly patients **at risk for falls**

Preparation: Ask patient if he or she wears glasses or is experiencing visual problems. Patient should **wear eyeglasses** and **use assistive devices** (cane, walker, etc.) if applicable.

Explain or demonstrate the test before proceeding.

1. Ask the patient to sit comfortably in the chair
2. Ask patient to rise by stating, "Ready, set, go" and begin timing
3. If patient experiences dizziness upon rising, they may momentarily stand still to resolve
4. Patient walks toward point of destination (10 foot walk)
5. After reaching point of destination, patient turns around and returns to chair
6. When patient sits down, stop timing
7. Patient is scored according to the time in seconds required to complete the entire task

TIME _____ Score _____

Score on a scale of 1 – 4	
1. Less than 10 seconds	High mobility
2. 10-19 seconds	Typical mobility
3. 20-29 seconds	Slower mobility
4. 30+ seconds	Diminished mobility

Use the Timed Up and Go score with hospitalization risk assessment findings and **clinical decision-making** to identify patients at-risk for falling. Observe the patient for the following as part of the decision regarding patient risk for falls:

- Undue slowness
- Hesitancy
- Dizziness
- Abnormal movement of trunk or upper extremities
- Staggering or stumbling

Re-test the patients weekly to compare scores. This is an excellent way for ALL staff to have an objective measure that can be reviewed on a weekly basis to show improvement or lack of improvement.

Clinicians then must **select appropriate interventions** for fall prevention for patient (see page 40 for examples)



Video PowerPoint available for demonstration of Timed Up and Go (see page 44)

Modified from the APTA's Balance and Fall Awareness Event Instruction Booklet for Physical Therapists, copyright 1999, American Physical Therapy Association.

Examples of Excellence

Technology Assists Maryland Agency in Finding the Hidden Causes of Falls

St. Agnes Homecare and Hospice is a hospital-based agency in heavily populated metropolitan Baltimore. The agency, which averages about 145 home care episodes per month, assessed its fall records and discovered that falls weren't being reported in the incident reports.



Kathy Chrystal, Performance Improvement Coordinator for St. Agnes, reviewed the agency's Outcomes Based Quality Improvement (OBQI) reports for patients who had fallen. After reviewing the data, a plan was developed for assessing risk for falls and interventions to lower the incidence of falls, which can often lead to acute care hospitalizations. Chrystal says the agency was prompted to look at the incidence of falls after reviewing the Joint Commission fall risk prevention guidelines.

Finding the Hidden Causes

The agency assembled an interdisciplinary team to audit charts and identify key factors contributing to an increased risk for falls, including:

- Patients who live alone or with an elderly caregiver
- Physical weakness and trouble standing
- Impaired vision or hearing
- Confusion
- Polypharmacy and medications that may increase fall risk
- Home environment – insufficient handrails, presence of stairs
- Inappropriate footwear
- Obtrusive medical devices such as oxygen tanks
- Disease process

“There are so many hidden causes for falls,” says Chrystal, “such as elderly women wearing very dainty, high heeled shoes or patients becoming light-headed with taking medications, such as diuretics. We conducted an in-service that focused on medications that increase the risk for falls such as diuretics and antidepressants.”

Involve Technology

With the green light from the agency director, the St. Agnes team, led by Chrystal, involved clinicians from the start and earned wide support for the development of a fall prevention program. From the supervisors to the medical director to clinicians, all were on board. "We didn't want to saddle clinicians with another paper form, so we involved our IS [information systems] nurse early," Chrystal says. Creating an electronic assessment form for a staff that uses laptop computers during visits 80 percent of the time was a win-win, according to Chrystal.

Once the electronic risk assessment was created, the agency tested it with one clinician in each discipline and then educated the entire staff on fall risk assessment and prevention. Home caregivers were then educated by the clinical staff. Chrystal says education was provided to clinicians at monthly meetings.

The rate of completion of the risk assessment form is 100 percent at the start and resumption of care. St. Agnes completes an audit to make sure an assessment is done after a fall. In 2005, the agency reports there were 46 falls that were discovered through patient incident reports or adverse event reports, and 31 fall risk profiles were completed, so the rate of completion was 67 percent. In 2006 there were 23 falls and 17 risk profiles completed after the fall, making a 74 percent completion rate.

Ongoing Process

"It's been a two-and-a-half year process," Chrystal says. "First we had to educate the staff about falls, then we had to teach how to use the risk assessment tool, and finally we provided intervention instruction. When we began, we had no intervention education tools, so we researched all types of fall prevention tools, developed one tool and included it in the home chart."

St. Agnes is randomly auditing to see if the interventions are being used correctly and are working. Some of the interventions the agency has implemented include:

- Teaching safe exercise programs
- Teaching ambulation techniques
- Teaching safe transferring techniques
- Teaching safe use of assistive devices
- Re-evaluating stair climbing ability
- Ensuring adequate pain management
- Completing a home safety evaluation for environmental hazards

Families tell Chrystal that they like the instruction sheets in the home charts, and that they are using them. Chrystal concludes that the agency's adverse events incidents have dropped dramatically, and that the program is bringing about results – fewer falls, fewer hospitalizations. Between January 2005 and July 2005, the incidence of emergent care for injury caused by fall was 1.01 percent. The following year, between January 2006 and December 2006, emergent care for injury caused by a fall dropped to 0.38 percent.

Information for this article was provided by Kathy Chrystal, St. Agnes Homecare and Hospice.

Visiting Nurses Association of Boston Drastically Lowers Emergent Care Rate Due to Falls



Fall prevention is not new for the Visiting Nurses Association (VNA) of Boston. This agency, one of the largest home health agencies in New England, has been proactive with an ongoing fall prevention program for years. However, for the past two years, the agency has intensified its approach by taking a closer look at what patients are considered “high risk” for a fall.

Unlike many home health agencies, VNA of Boston considers every patient at risk for a fall. While the agency does use a risk assessment tool to identify how high the patient’s risk might be, all patients receive education and monitoring to help protect them from a possible fall at home.

VNA of Boston’s fall risk assessment tool is also different than many other agencies. While many assessment tools include ten or fewer common fall risk factors, VNA of Boston’s includes twelve. The agency felt it was important to include postural hypotension and fear of falling on its tool. Fall intervention is then provided on a “sliding scale” – the more risk factors a patient has, the more interventions the agency provides.

“Because all of our patients are home bound, have some type of health concern and most are elderly, all of them receive basic fall prevention education upon admission to our agency,” shared Carson Reinart, PT, DPT and Rehabilitation Program Developer and Clinical Educator at VNA of Boston.

Interventions Admission

Upon admission, the admitting clinician completes the fall assessment and determines the patient’s fall risk rate. The clinician also provides each patient with a booklet, Preventing Slips and Trips in the Home, and reviews five core fall prevention areas that research has found to be most critical in preventing falls in the home. The admitting clinician distributes the booklet to the patient and any caregivers. Then, depending on the patient’s identified fall risks, interventions may be recommended. For example, if the patient only has one risk factor he/she would receive the education booklet and a follow-up discussion upon the next visit. If the patient has two or more risk factors, he/she would receive an

intervention that coincides with that risk factor – such as making a referral to physical therapy if the patient has impaired functional mobility.

Core Areas for Preventing Falls in the Home

1. Physical Activity
2. Stay hydrated and eat properly
3. Get an annual vision check
4. Annually review medications and doses
5. Keep the home environment safe and free of hazards

Outcomes

Prior to the agency enhancing its program and considering each patient at risk, VNA of Boston's 2005 emergent care, due to falls, peaked at 2.9 percent. After the agency implemented the program in 2006 with two pilot teams, which had the highest rates, there was a decrease in the rate to 1.42 percent in just the first half of the year. By the end of 2006, the rate dropped even lower to 1.20 percent in one of the pilot teams.

Success Attributions

The agency attributes its success to partnerships and extensive research. VNA of Boston participates in the Missouri Alliance of Home Care project, which provides benchmarking reports and peer comparisons. See the leadership section of the Best Practice Intervention Package for more information.

As for advice to other agencies seeking to make this same effort, the team at VNA of Boston says it is a matter of awareness – falls can be prevented. The elderly are capable of improving balance and increasing the safety of their environments, in addition to managing vision or medications properly. “There are so many areas that you can assess and address – not just one,” says Reinart. “Deal with as many as possible to reduce the risk of falling.”

Data in this article was provided by Carson Reinart at VNA of Boston.





Nursing Post-Test Fall Prevention

Clinician name: _____

Date: _____

RNs – May apply for 1.3 FREE CNEs and LPN/LVNs may apply for certificate of participation by following directions on page 38.



Directions: Choose the ONE BEST response to the following questions. Circle the answer that identifies the ONE BEST response.

NURSING

1. Fall prevention is more than just completing a fall risk assessment. Patient-specific interventions are utilized to assist with decreasing the risk of falling and preventing harm.
 - A. True
 - B. False
2. Falls can affect the following **except**:
 - A. Increasing unnecessary acute care hospitalizations
 - B. Increasing harm to patients
 - C. Decreasing the quality of life for patients
 - D. Increasing the fear of falling
 - E. Increasing medical insurance premiums
3. Fall prevention may reduce avoidable acute care hospitalizations by using each of the interventions below **except**:
 - A. Completion of a fall risk assessment to identify those patients at risk for falling
 - B. Implementation of patient-specific fall prevention interventions prior to a fall occurring
 - C. Fitting everyone with a standard walker
 - D. Requesting referrals to appropriate therapies to assist patients with strength, gait and balance improvement early in the episode of care
4. Nurses cannot manage fall prevention independently. Nurses must collaborate with interdisciplinary team members **and** with the patient/caregiver to be successful with fall prevention.
 - A. True
 - B. False
5. Each of the following is a potential fall prevention intervention that an agency can utilize with patients and caregivers **except**:
 - A. Performing a fall risk assessment on all patients
 - B. Obtaining appropriate interdisciplinary referrals
 - C. Encouraging age-specific immunizations
 - D. Assessing patients' at-risk status with a simple technique like *Timed Up and Go*
 - E. Providing verbal and written fall prevention education to patients and caregivers

Answers to Post-Test are located in the Leadership Section, page 35.