

Fall Prevention

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The main goal of this paper is to present an evidence-based proposal project. One of the most costly adverse events in health care provision is falls and in particular falls with injuries. Even though it is practically impossible to prevent falls from occurring, it is possible to accurately assess an individual's risk level for falls. Through the use of Hester Davis Scale for Falls Risk Assessment (HDS), we can actually reduce the rate of falls, especially the rate of falls with injuries. In a collaborative effort with the Hester Davis team to implement the HDS, The Residences of United Home Care ALF located at West Kendall area, Miami, Florida intends to see a decrease in all falls with particular emphasis on falls with injury. In this paper, we will discuss the implementation plan, present supportive evidence-based literature and give more information on the topic, as required.

Problem Description

A fall can be described as unexpected contact with a lower surface. Falls remains a major priority initiative in the field of healthcare. According to the Agency for Healthcare Research and Quality (AHRQ) (2015) falls have serious implications regardless of the setting, particularly for the elderly individuals. The Centers for Disease Control and Prevention (2016) states that out of five falls one **cause serious injury. They further report that over 700,000 people are admitted into hospitals due to falls that lead to injuries. It is estimated that the costs that are associated with falls can rise to as much as \$4,000 per fall and can increase the length of hospital stays by 6 days (The Joint Commission, 2015). Falls are a common occurrence in ALF settings and may lead to both serious and minor injury to the mental and physical self. A look at the numbers**

related to falls indicated that falls will remain a major health concern until the numbers go down. For this reason, falls need to be prioritized and new interventions must be utilized to address the problem.

The impact of falls is not only felt by the residents, they also affect the healthcare team, families, and the facility. The Joint Commission (JCI) has defined falls as a sentinel event. The involvement of stakeholders and change agents is essential for a successful change. The stakeholders include residents, nursing staff, the certified nurse's assistants, the Floor Administrator, the Clinical Executive, Physical Therapist, Risk Management, Quality Department, and the safe residents handling team. The high performing nurses on the units will be the change agents.

The development of a PICOT question is crucial for research since it acts as a guide in the search for evidence. The PICOT question for this paper is "How do 3rd and 4th floor residents who participate in the fall prevention program compare with 1st and 2nd floor residents who not participate, related falls during this month?"

P- Residents and staff who participate in the fall prevention program (3rd and 4th floor).

I- Fall prevention program.**C- Residents and staff who not participate in the fall prevention program (1st and 2nd floor).****O- Multidisciplinary team.****T- 1 month**

Having leaders need to utilize evidence-based research to support their practice. Recent studies

have shown that in-patient multifaceted programs effectively decrease falls (Corbacho et al., 2018). In another study, they identify themes that are linked to the successful implementation of fall prevention programs: leadership support, education and training, creation of a multidisciplinary team, and a change of individual attitudes in relation to falls (Miake-Lye, Hempel, Ganz, and Shekelle, 2013)

The risk assessment of falls is considered essential for any fall prevention program because they help in identifying individuals who are at risk (Leep Hunderfund, Sweeney, Mandrekar, Johnson, & Britton, 2011). The scale that is currently being used was not accurately identifying at risk residents. The Hester Davis Scale has been assessed and endorsed for implementation in clinical practice (Hester and Davis, 2013). It recommends interventions in the plan of care to help in reducing the potentiality for falls and reducing the risk of injury from falls. Some of the interventions in the scale are bed alarms, chair alarms, fall mats, and rounding of residents. By adhering to the recommendations in the plan of care, not only will the rate of residents fall decrease, the risk of injury from falls will also go down. Evidently, the population in this setting has changed and there is a need to shift from the falls bundle that is currently being utilized.

Description of the Proposed Solution

Falls can be prevented through a strategic plan that involves the inter-professional multidisciplinary teams and avails the needed tools. The main goal of the care team is ensuring residents' safety. The proposed solution for this problem is to implement, compare, and evaluate the efficacy of both scales in clinical practice applying one scale (falls bundle) to 1st and 2nd floors and the other scale (HPS) to the 3rd and 4th floors to compare and evaluate which scale would better at reducing falls and the risk of injury from falls in this 155-suite ALF.

The HPS was created at the University of Arkansas Medical Center (UAMS) over a period of four years by Dr. Amy Hester and Dees Davis. It is based on three core principles: predict, prevent, and sustain. As a predictor, the HDS is utilized in the assessment of patients based on several criteria facilitating individualized care plans. In prevention, the HDS provides specific interventions that enable the identification of the risk factors of a patient based on assessment. Through education and training the HDS Tool Kit can be used to sustain falls.

The HD Falls Program has been successful in many organization s by ensuring better use of resources such as time and money while also enhancing the lives of patients (HD Nursing, 2016). According to Callis (2016) risk assessment is the primary intervention for the prevention of falls. No

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In 2016-2017, the program was implemented at the University of Kentucky | Medical Center (UMMC) and will be made a part of the annual Fall 22 Safety 100 program during 2023-2024 (Mason, 2023).

The mission of The Institute of Global Health Programs is to provide a framework for the development of the health care workforce of tomorrow and the health care workforce of the future. This is done through the development of a health care workforce that is prepared to meet the needs of the global community. The Institute of Global Health Programs is committed to the implementation of the IGH program. Continuous monitoring is the key to the success of the IGH program. Based on the history of the IGH, the program continues to evolve in the area of fall prevention.

The challenge of the implementation will be to find a way to integrate the program with the existing fall prevention, health care, and the IGH program. The program will consist of the program and will be managed by the program. The IGH program will provide the structure and funding. Information technology professionals will also be involved in the project to integrate IGH into the existing health care. The program will only consist of the existing IGH program and will also be made a part of the program.

The successful implementation of the HDS program will not only enhance the quality of care at the facility, it will also improve skills and competencies of the nursing staff. A change in the model of falls risk assessment and interventions enhance the efficiency of processes. Chair alarms, bed alarms, and fall mats will be rolled out to all floors within the ALD and stored safely. The program is entirely centered on the residents and it will ensure the provision of quality, patient-centered, safe care.

If the number of falls continues to decrease, this program will be rolled out in the four floors.

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Literature that Supports the Project

Fall preventions remain a major priority for assisted living facilities across the United States. While it might not be possible to reduce the fall rate to zero, it is important to minimize the potentiality of falls. Falls are the most frequently reported adverse effect in health facilities. According to Mitchell ((2015), about 30-50% of adverse events related to falls result in injuries. The ideal situation would be the elimination of falls but even with all the provided tools, it looks

like the process of preventing falls is not effective. Instead of concentrating on patients at risk of falls, healthcare professionals need to pay close attention to the risk of injury if a fall occurs.

This merit safeguards the residents and protects them from injury. The Hester Davis Scale for Falls Risk Assessment is one of the tools that have helped in the identification of patients who are at risk of falls.

Searching for reliable and appropriate literature is time consuming but it is the only way to complete an evidence-based project. The nursing databases that were used for the literature search were PubMed, CINAHL, and COCHRANE. The keywords that were utilized during the search process include “Amy Hester, Dee Davis”, “Fall Risk Assessment”, “Fall Risk Scale”, “Fall Prevention” and “Fall interventions.”

In her article, Dupins (2014) presents her conversation with the creators of HDS, Hester and Davis. Both of them work at the UAMS and they have developed a tool for the assessment of falls and the risk of patients falls. According to Dupins (2016), the implementation of the HDS program at UAMS reduced the rate of falls by 11%., lowered the falls with injuries by 60%, and are still instigating improvements. Through the enhancements in the processes of fall prevention they were able to save the hospital \$1.27 million in fall-related costs, and they also saved \$330,000in sitter costs (Dupins, 2016).

In another article, Cummins (2015) supports the adoption of the HDS at UMMC. They began using the HDS in 2012 and they developed individualized care plans based on the nurses’ documentation. UMMC had received a rating of 10 by the Centers for Medicare and Medicaid Services on severe patient complications based on data from the previous two years. They made a decision to proactively and aggressively work towards the reduction of falls incidence using the HDS. Cummins (2015) reports that since the adoption of HDS at the hospital had led to a

massive decrease in falls with injury. The University of Mississippi Medical Center chose to use this scale since it evidence-based and it has been proven through research.

In their article, Miake-Lye, Hempel, Ganz, and Shekelle, (2013) addressed the problem of falls in acute care settings. The study found out that the use of multifaceted interventions can decrease the risk of falls by up to 30%. Some of their recommendations include patient risk assessments, signage, patients and staff education, non-skid footwear, and wristband alerts (Miake-Lye, Hempel, Ganz, & Shekelle, 2013). The study also revealed that there are significant factors that impact the success with project implementation. The factors they identified including support, involvement of staff members in decision-making, pilot-testing an intervention, and changing practice standards with regards to falls (Miake-Lye, Hempel, Ganz, & Shekelle, 2013).

In summary, there are various reasons as to why one would want to apply another risk assessment technique in determining patients who are at risk of falls or injuries. Health care professionals have a responsibility of ensuring patients are safe while they are in the AHC. Therefore, there are several factors that can influence the risk of fall and injury, for example, feasibility or motivation. The implementation of a new and proven fall risk assessment tool and adhering to the care plans would enable nurses to prevent falls and injuries from falls. The patients' safety is a priority.

Implementation Plan

The process of implementing a change within any organization consists of many similar aspects. In this paper, we will describe the steps involved in the implementation of the Home Dash Scale for Falls Risk Assessment (HDS) at the Residence of United HomeCare, West Kendall. United HomeCare, is the largest independent, nonprofit home care organization in South Florida. The Residence of United HomeCare is a 150-unit assisted living facility where residents from all walks of life can live in an authentic environment and count on outstanding care. The facility is part of growing trend in ALJs that merge luxury amenities with high quality healthcare support services in a community setting. There was no need for consent since the intervention was not invasive. Patient education was carried out and it consisted of explanation of the intervention that would be integrated into the plan of care.

This project is divided into three stages. The first stage, the initial roll out, was started in February 2013 and concluded in April 2013. The second stage began in June 2013. This stage will be utilized as necessary using the documentation routine on falls and falls with injury, and checking the compliance of staff to the use of care plan interventions. The third and final stage will begin once the third phase has been completed.

During the first stage of pilot and training, Manor Dash will allow us to utilize the HDS tool of no change. Nonetheless, knowing how associated with HDS must be accounted for. The beds that will be used with the interventions are bed chairs, chair chairs, and full ones. All of the beds in the facility are fitted with bed chairs. The number of staff should involve taking on the correct chairs to place on the residents' beds. The chair chairs are being used by Vice for testing purposes. Currently, the facility is working with one floor man vendor. Since there is no contract in place with the vendor, the unit will be looked for the purpose of the pilot. The Manor Dash team can be contacted via phone, and we have weekly teleconferencing meeting on Wednesday at 2:30 pm. The approval of Manor is required for a successful pilot.

Various methods will be used for monitoring the process of implementation including staff reports, documentation in the HDS in the facility's electronic health records, and observation. Staff reports are generated and sent for every time an unusual occurrence report is

finalized following a fall. The EHR is where the staff documents their assessments of residents.

Random staff documentation will offer information about HDS documentation, and the care plan interventions. The random nature will ensure that the observations will show who is actually utilizing the recommended interventions in their care plans. Through this form of monitoring, it will be possible to obtain detailed information in the event of a fall.

The Floor Administrators will be initially trained on appropriate documentation in the HDS and the proper interventions outlined in the care plans. A training program that can be used on a computer has been set up in the facility's website. The staff members are asked to review the available evidence and the floor administrators will move around the floors to help the staff with training. The staff members have been familiarized with the fall mats and chair alarm, they know where they are stored, and they have been trained on when and how to use them.

All falls in the ASL will be monitored by the IT professional who will create spreadsheets that outline information about the causes of a fall. In the event of a fall, the Risk Management and the Improvement Advisor will monitor the StatIt reports. The two reports are shared and discussed among the main stakeholders during the weekly videoconference meetings. By training the Floor Administrators, we hope to mitigate any barriers that may arise in the course of implementation. The weekly videoconference meetings provide a venue for addressing possible challenges or barriers and the Hester Davis team will provide guidance on how to handle them.

The implementation plan is feasible. At the same time, there are increased costs linked to the involvement of floor administrators. These are individuals whose services are vital and for every minute that they spend training rather than working on the floor is viewed as additional fees. Since they are in charge of the floors and they play a significant role in the process, their fees and hours linked to the training have been pre-approved. In this paper, we present a practice of the change project. Hence, using the information that will be acquired in the course of the process, the small tests of change will be re-examined and changes will be implemented based on the gathered information. To ensure the sustenance of the changes in the facility, a dashboard will be created on the website to check if everyone in the floor is using the HDS for

documentation. It will also allow the managers to gain insights into the process and the proper documentation of falls.

Change Model

The successful implementation of any change project in an organization requires one to refer to a change theory or model. For the purpose of this paper, we will use the Iowa Model, which is an evidence-based practice model to explain the change process. This change model starts with a trigger, which can be problem focused or knowledge focused. Just like any other change model, an evaluation of the outcomes will be performed and the information will be disseminated. The Iowa

change model can assist healthcare practitioners to translate their findings from research into clinical practice. In addition, this model will enhance patient outcomes.

Trigger: Problem Focused

The Joint Commission has refused to file as medical events. Many healthcare organizations are on the spot and they need to find ways to eliminate medical events. A look at the statistics generated by health reports indicates that the priority would be fall prevention and fall injury prevention. Following a presentation by Amy Hunter at an informative conference whereby she presents the Hunter Check Guide for Falls Risk Assessment, the Excellence of United HomeCare, West Marshall made a decision to concentrate their efforts on the prevention of falls and the prevention of injuries using the HCG.

Team

The team would consist of staff nurses, certified nursing assistants, nurse managers, clinical information specialist (CIS), environmental supervisor, occupation therapist, pharmacist, floor administrator and the Chief Nurse Executive of the Healthcare of United HomeCare. The staff nurses will be in charge of completing and documenting the fall risk assessments with the help of certified nurses. The nurse managers will confer for specific interventions. The CIS will provide specialist advice and information on the prevention of falls and injuries from falls. An environmental specialist will help in identifying and correcting environmental factors that may have led to a fall. An occupation therapist will offer skilled therapy to residents to enhance their ability to carry out day-to-day activities. A pharmacist will provide valuable knowledge with regards to inappropriate changes, drug interactions, and potential medication classes that are associated with falls. The floor administrator is responsible for ensuring that all the nurses on their floor used the interventions appropriately. Lastly, the CNE will oversee the project from start to completion thereby ensuring that all involved stakeholders are engaged.

Evaluation Plan

The process of evaluation consists of data collection methods, examining the outcome measures in relation to the goals of the project, identifying how the outcomes will be measured

with regards to reliability, validity, and applicability, and outlining the implications for practice and future research.

One needs to gather data and information in order to determine if an intervention is working. An accurate data collection method is essential to maintain the integrity of the research. In this project, both qualitative and quantitative data will be collected. This is referred to as mixed method approach. Quantitative data in measuring falls will be obtained from the risk assessment program whereas the electronic health record will provide both qualitative and quantitative data. The qualitative data will be in the form of the interventions utilized in the plan of care. The fall risk scores of the residents will provide quantitative data.

The objectives of the project must be measured to establish if the intended outcomes are accomplished. To appropriately measure the outcomes of a project, there is a need to formulate questions to address the outcomes that are desired. In our project, one would want to know if the interventions resulted to a reduction in rates of falls as well as rates of fall-related injury, thereby promoting patient safety (Joint Commission, 2011). The other measurement that will have to be addressed is whether the appropriate interventions have been used with reference to the resident's fall risk score.

The appraisal phase involves the determination of reliability, validity, and applicability. According to Heale, and Twycross (2015), reliability is the likelihood of a study reporting something that is reproducible. Continuous use of the HDS and correlated tools will provide the reliability. Validity is defined as the degree to which the study findings are likely to be unbiased. This information was documented with close supervision thus the information is free from bias. The StatIt report and calnoc data will be used to determine the validity. Applicability is the

degree to which the results are likely to have an impact of practice. It will be determined through continued used and positive outcomes.

In this research, we found out that when the HDS is used properly it can be used to accurate determine a resident's risk for falls. If the HDS is successfully implemented, the tool will be rolled out to all the floors in the ASL. This should decrease the rate of falls and falls with injury thus enhancing patient safety. The HDS is still work in progress and it continues to be restructured and there is a research team exclusively devoted to further studies. The team will continue monitoring the usage and viability of the HDS.

Conclusion

Residents living in ASLs are at a high risk for falls, which can lead to negative health outcomes and high **healthcare costs. The implementation of an effective fall prevention program has the potential to reduce fall rates and injury rates. This project tested the feasibility and outcomes of an evidence-based risk assessment tool, the Master Checklist for Falls Risk Assessment. The rate of falls as well as the rate of fall-related injuries decreased, possibly due to effective interventions. Evidently, the use of multi-faceted fall prevention programs can reduce fall rates and falls with injury incidents of an assisted living facility.**

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