# Iowa Medicare Rural Hospital Flexibility (Flex) Grant

## WELCOME

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February 21, 2024

IOWA | Health and Human Services

# Flex Program & Resources

Flex Program History

**Increase Patient Safety!**

Resources:

- Iowa Falls Prevention Coalition
- IFPC webpage: https://iacommunityhub.org/iafallscoalition/
- Iowa Community Hub
- HUB website: https://iacommunityhub.org/
- Trina Radske-Suchan (515-635-1286)

# CAPTURE Falls Virtual Educational Series

# Session 1: Interprofessional Approaches to Reducing Fall Risk and Defining a Fall


**Dawn Venema, PT, PhD**
Associate Professor
College of Allied Health Professions, Department of Rehabilitation Sciences

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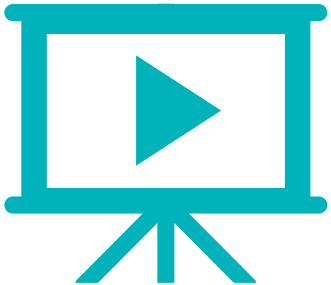
Assistant Professor
College of Allied Health Professions, Department of Allied Health Professions Education, Research, and Practice

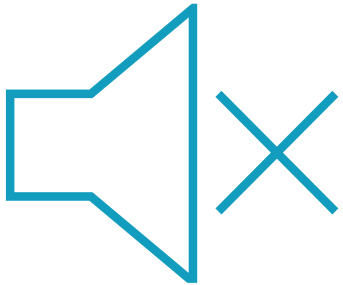

University of Nebraska Medical Center

# Housekeeping for Today's Presentation

Add your facility's name to the chat



All presentations will be recorded and links to recordings distributed at a later time



Please ensure your audio is muted throughout the presentation

Use the chat feature to ask questions and dialogue with attendees and presenters

# Acknowledgements: Funding for This Virtual Educational Series

This work is supported by the
Iowa Department of Health and Human Services
Office of Rural Health Medicare Rural Hospital Flexibility Program.

*The content is solely the responsibility of the presenters and does not necessarily represent the views of any funding source.*

# Acknowledgements: Past and Current Funding for the CAPTURE Falls Program

This work has been/is supported by Grant numbers R18HS021429 and R03HS024630 from the Agency for Healthcare Research and Quality, and the Nebraska Department of Health and Human Services Office of Rural Health Medicare Rural Hospital Flexibility Program.

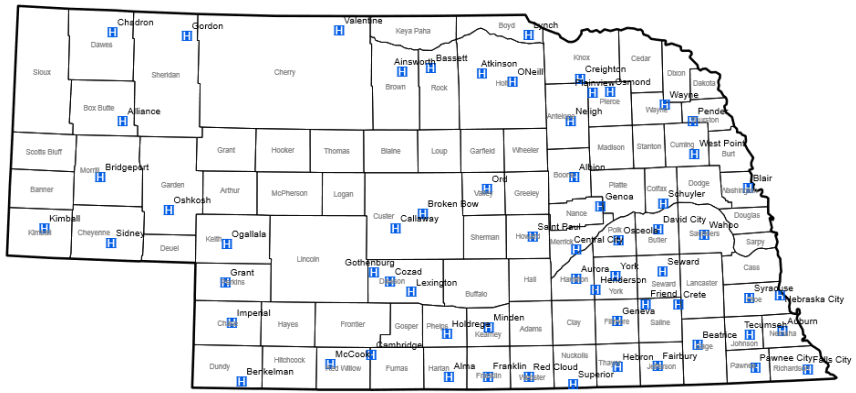



Image Credit: https://dhhs.ne.gov

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# Acknowledgements: Current and Former Collaborators


University of Nebraska Medical Center
- Dawn Venema, PT, PhD
- Victoria Kennel, PhD
- Matt McManigal, BS, MS
- Anne Skinner, RHIA, MS
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- Fran Higgins, MA, ADWR
- Robin High, MBA, MA
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- Mary Wood

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- Carla Snyder, MHA, MT(ASCP)SBB
- Katherine Jones, PT, PhD

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- Christina Reames, ARPN, CNS
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University of Nebraska-Omaha
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- Patricia Quigley, PhD, MPH, APRN

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# Introductions and Contact Information

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- 20+ years of experience in geriatric physical therapy
- Clinical expertise in fall risk management and mobility
  dvenema@unmc.edu

**Victoria (Vicki) Kennel, PhD**

- 10+ years of experience in industrial organizational psychology
- Quality improvement and organizational science expertise victoria.kennel@unmc.edu

# What is the CAPTURE Falls Virtual Educational Series?

- 6-month education series on fall risk reduction in Critical Access and rural hospitals led by the University of Nebraska Medical Center's CAPTURE Falls program
- Invited by Wanda Hilton, the Rural Hospital Flex/SHIP Program Coordinator for the Iowa Department of Health and Human Services to provide this series.
- All sessions will be held on the 3rd Wednesday of the month, 1-2pm CT via Zoom.

| Date | Fall Risk Reduction Topic |
|---|---|
| February 21, 2024 | Interprofessional Approaches to Reducing Fall Risk; Defining a Fall |
| March 20, 2024 | Fall Risk Assessment |
| April 17, 2024 | Fall Risk Reduction Interventions |
| May 15, 2024 | Auditing Fall Risk Reduction Practices |
| June 19, 2024 | Post-Fall Clinical Assessment; Fall Event Reporting |
| July 17, 2024 | Post-Fall Huddles |

# Session 1 Objectives

1. Describe the history of the CAPTURE Falls Program
2. Discuss the value of taking an interprofessional approach to fall risk reduction
3. Explain the importance of using a standardized definition of a fall and classifications of fall types and outcomes

# Objective 1: Describe the history of the CAPTURE Falls Program

# CAPTURE Falls Program

**C**ollaboration **a**nd **P**roactive **T**eamwork **U**sed to **Re**duce Falls

**Purpose of the CAPTURE Falls Program**

A quality improvement program
to support the implementation of evidence-based fall risk reduction practices
using an interprofessional team approach
to reduce the risk of inpatient falls in Critical Access Hospitals

https://www.unmc.edu/patient-safety/capturefalls/

# CAPTURE Falls Program

## Educational and Consultative Support

- 1:1 consultation with Nebraska Critical Access Hospitals
- Collaborative calls and webinars
- Sharing information from other reputable sources (e.g. CDC, AHRQ, etc)
- 35 hospitals (33 CAHs) supported since 2012

## Fall Event Reporting

- Know Falls: secure online reporting system and database to facilitate learning from fall events
- Quarterly reports shared with hospitals to identify trends
- Establishment of fall rate benchmarks specific to Nebraska Critical Access Hospitals

## Analytic Subcontractor with Nebraska Coalition for Patient Safety (NCPS)

- NCPS is designated by AHRQ as a federally-listed Patient Safety Organization
- Provides confidentiality and privilege protection

# CAPTURE Falls Highlights Over the Years

**2011**
**Establish a need**

Survey of fall risk reduction practices in NE hospitals; comparison of CAHs and non-CAHs

**2012-2015**
**Evaluate impact**

Funding from AHRQ to:
- Support 17 hospitals and study the effect of interprofessional teams
- Create online toolkit

**2015 – present**
**Translate to QI and spread**

Funding from NE DHHS Office of Rural Health Medicare Rural Hospital Flexibility Program to support additional Nebraska CAHs

**2020**
**Enhance our resources**

Redesign of online toolkit into CAPTURE Falls "Roadmap"

**2024**
**Continue spread**

Collaboration with IA DHHS Office of Rural Health Medicare Rural Hospital Flexibility Program to provide educational series

*Dissemination of Knowledge Along the Way….*

- ✓ *6 peer-reviewed scientific manuscripts*
- ✓ *Over 40 international, national, and regional presentations*

# CAPTURE Falls Roadmap

## Establish Readiness for Change

Explore the resolve of members of an organization to implement change to improve fall risk reduction practices, and their collective belief in their capacity

## Interprofessional Fall Risk Reduction Team

Create an inter-professional fall risk reduction team responsible for managing and implementing the facility's fall risk reduction program.

## Gap Analysis

Conduct an assessment of the current state of fall risk reduction practices in your facility compared to evidence-based best practices.

## Action Plan

Document and monitor the steps your team needs to take to reach your program goals.

## Fall Risk Reduction Policies and Procedures

Set expectations and influence decisions, actions, and activities necessary for your fall risk reduction program.

## Fall Definition

Specify what "counts" as a fall, and differentiate various types of falls (e.g. assisted vs. unassisted) as well as injuries.

## Fall Risk Assessment

Identify patients who are at risk for falls and recognize their respective risk factors.

## Fall Risk Reduction Interventions

Implement interventions to reduce the influence of patient risk factors for falls and fall-related injury.

## Auditing Fall Risk Reduction Practices

Identify if fall risk reduction practices are being implemented as intended in your facility.

## Post-Fall Clinical Assessment

Establish a protocol to guide staff in the assessment of patients for potential injury after a fall occurs.

## Post-Fall Huddle

Create a safe environment to understand the 'story' behind a fall in order to learn and take action to prevent a future fall.

## Fall Event and Rate Reporting

Report and monitor falls and fall rates to track progress within your organization and allow for external benchmarking.

## Learning from Data

Use data to understand how well your fall risk reduction program is working to reduce fall risk in your facility.

## Sustainment Strategies

Maintain an effective fall risk reduction program over time.

https://www.unmc.edu/patient-safety/capturefalls/roadmap/index.html

# Objective 2: Discuss the value of taking an interprofessional approach to fall risk reduction

# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

Team responsible for managing and implementing the facility's fall risk reduction program

More effective fall risk reduction team

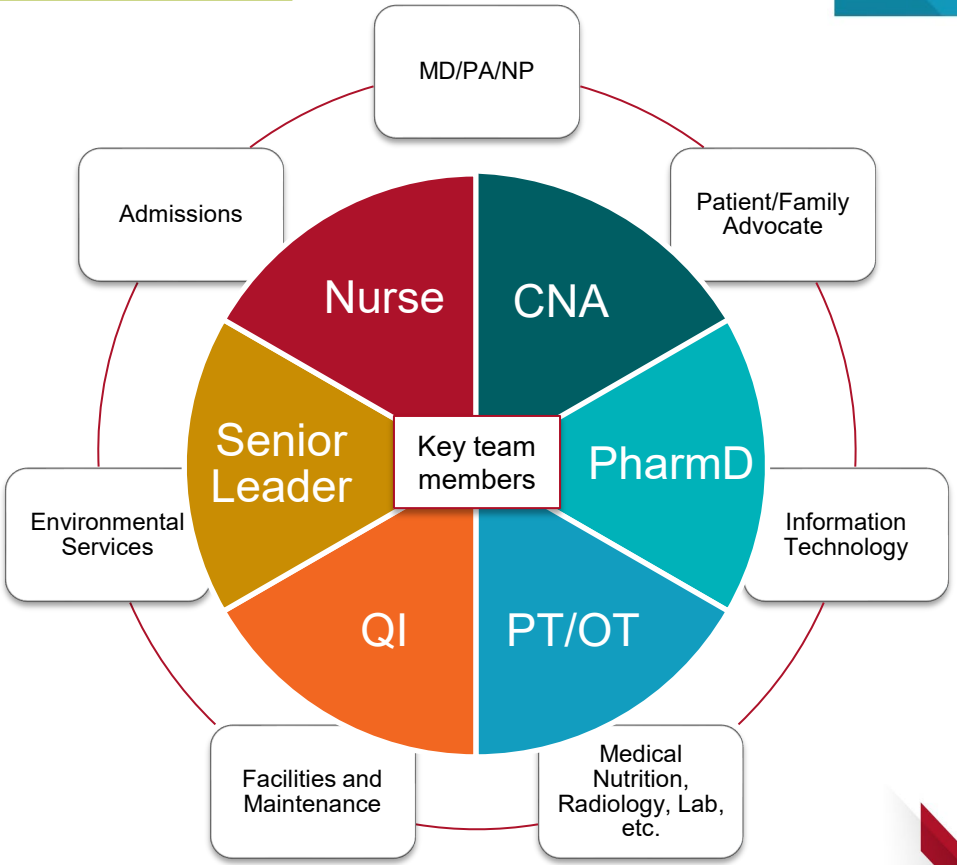
Lower total fall rates

Jones KJ, Skinner A, Venema D, et al. Evaluating the use of multiteam systems to manage the complexity of inpatient falls in rural hospitals. *Health Serv Res*. 2019;54(5):994-1006. doi:10.1111/1475-6773.13186.

# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

Interprofessional team approach to reduce patient fall risk



# Fall Risk Reduction Team

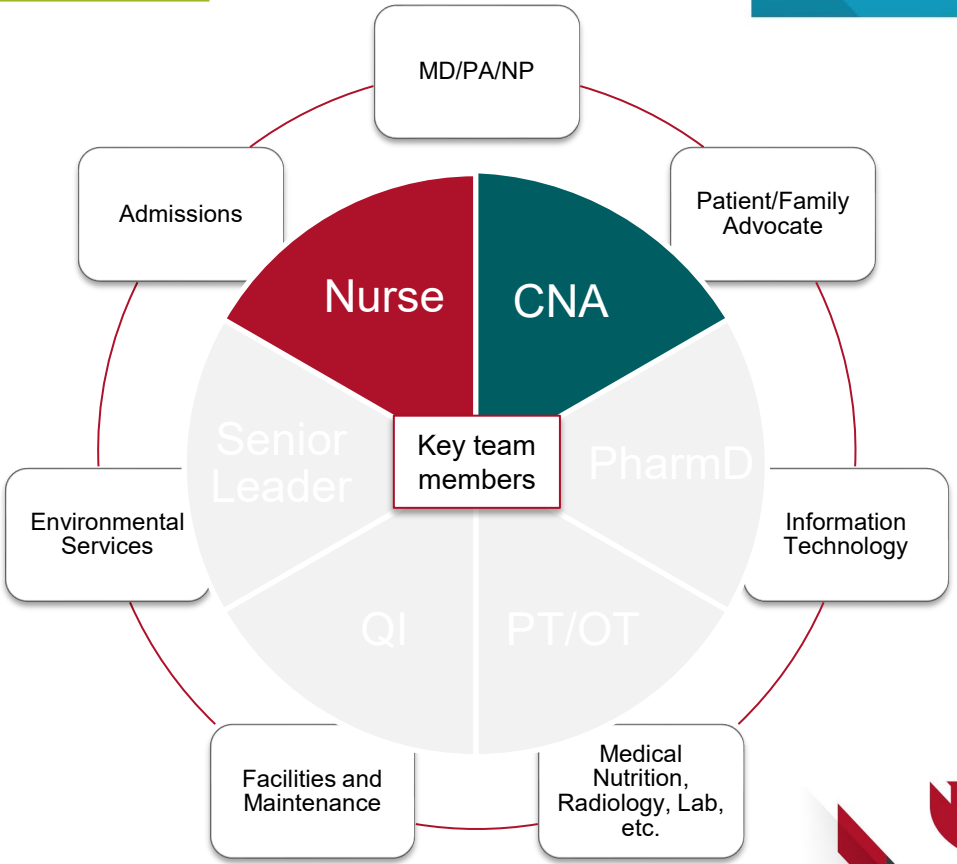
CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

## Nurses

- Complete fall risk assessments
- Select fall risk reduction interventions
- Document fall risk and interventions into care plan
- Provide fall risk reduction education to patients and family/caregivers
- Assist patients with activities of daily living, including transfers and ambulation
- Monitor and communicate patient status, progress, and changes in condition

## Nurse Assistants

- Support nurses in the implementation of the care plan
- Assist patients with activities of daily living, including transfers and ambulation
- Monitor and communicate patient status and changes in condition

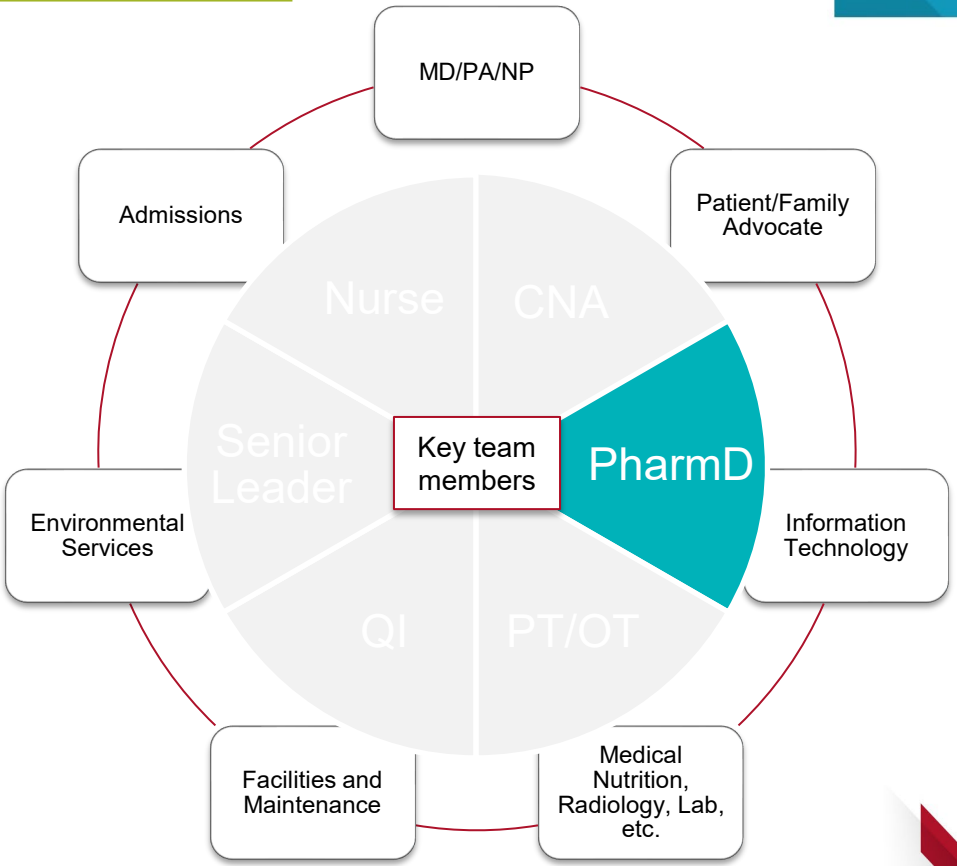


# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

## Pharmacists

- Conduct medication reviews for patients at risk for falls
- Suggest alternative medications or dosing to medical provider

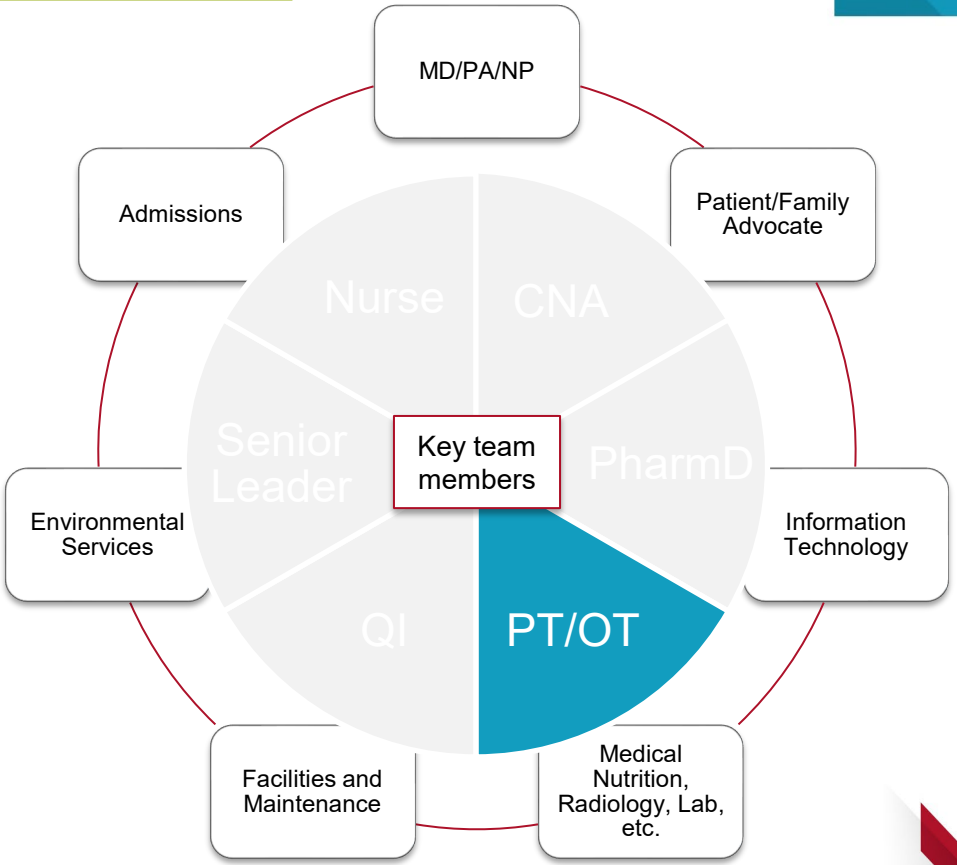


# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

## Physical and Occupational Therapists

- Develop and deliver a care plan to address patients' deficits in mobility and activities of daily living
- Recommend and instruct patients in use of assistive devices and equipment
- Provide recommendations to other team members about how to safely mobilize individual patients
- Deliver training on safe patient mobility for staff

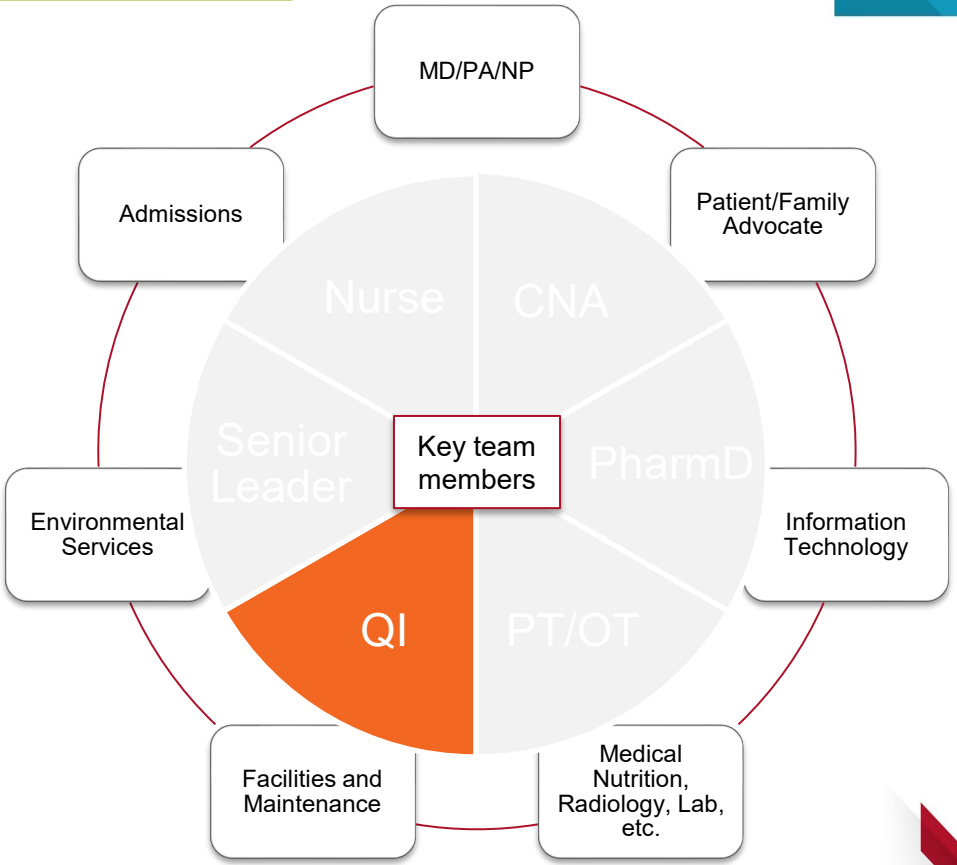


# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

## Quality Improvement, Patient Safety, and/or Risk Management

- Provide expertise in quality improvement methodologies to support process and performance improvement
- Design fall data collection plans to measure key process and outcome metrics and track trends in falls

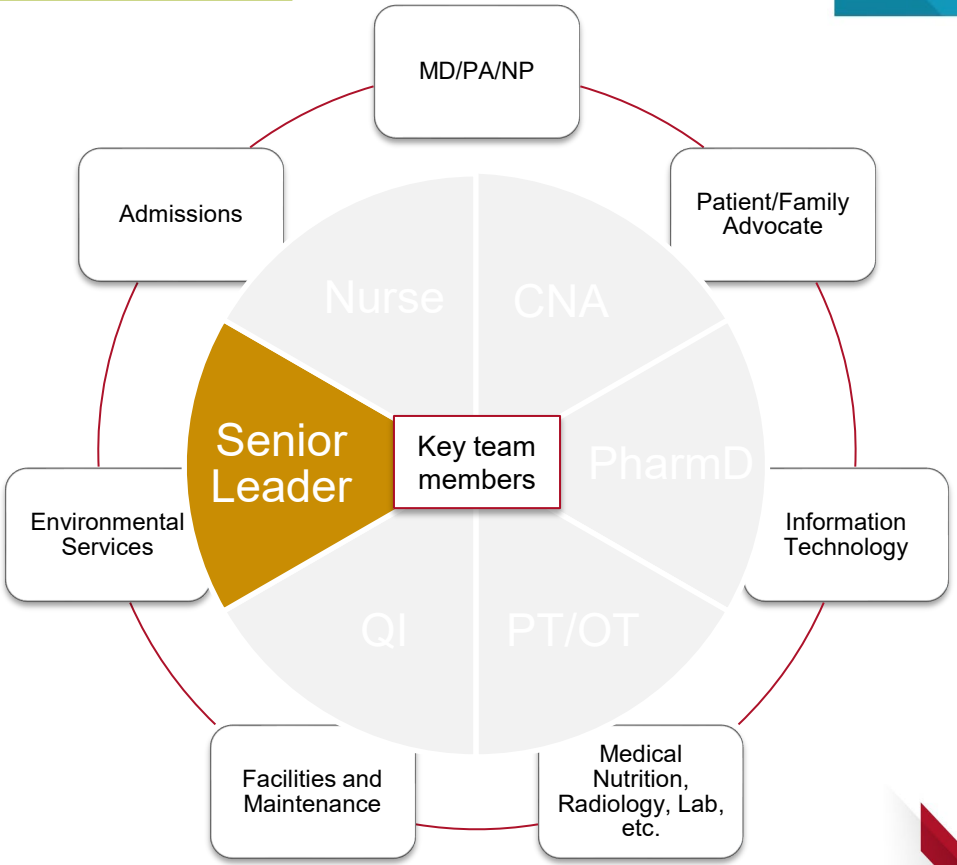


# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

## Leadership support

- Connect work on fall risk reduction to strategic priorities for quality and safety
- Participate in the team as a visible senior leader sponsor of the program
- Dedicate resources to support the fall risk reduction program
- Remove barriers to improvement efforts

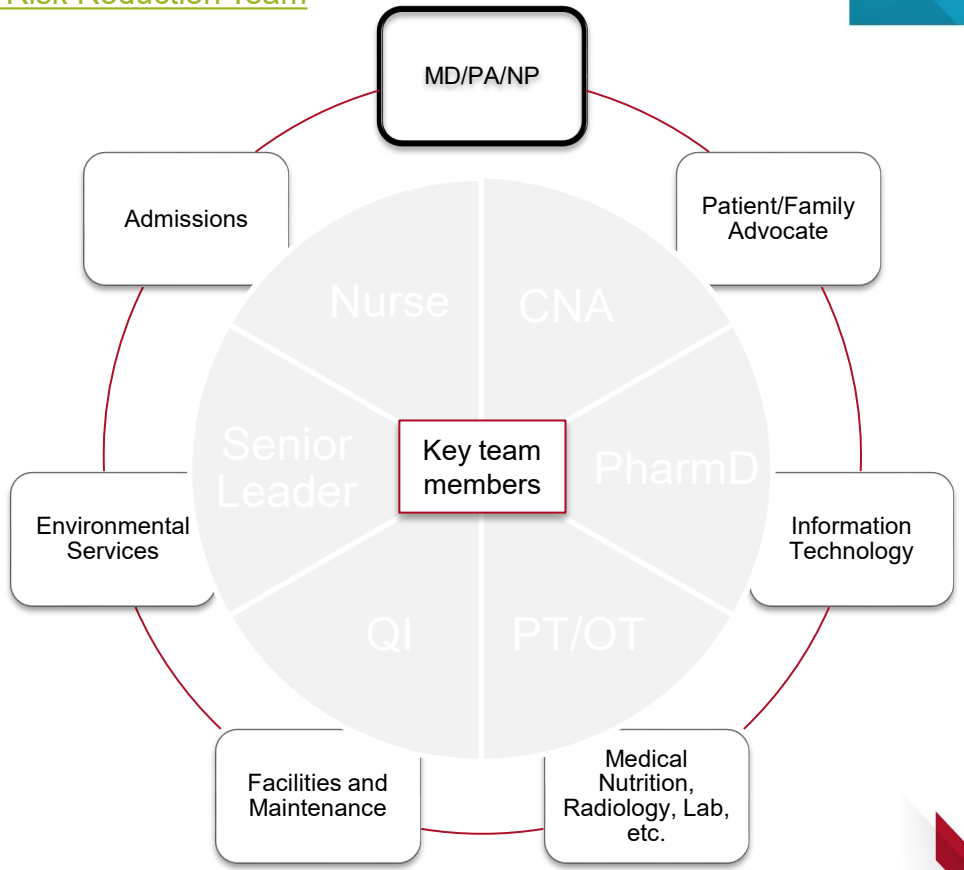


# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

## Treating Medical Provider

- Review patient medical history, fall and injury risk factors
- Make appropriate referrals and write orders for specific interventions as needed
- Review medications for fall risk and make changes as needed

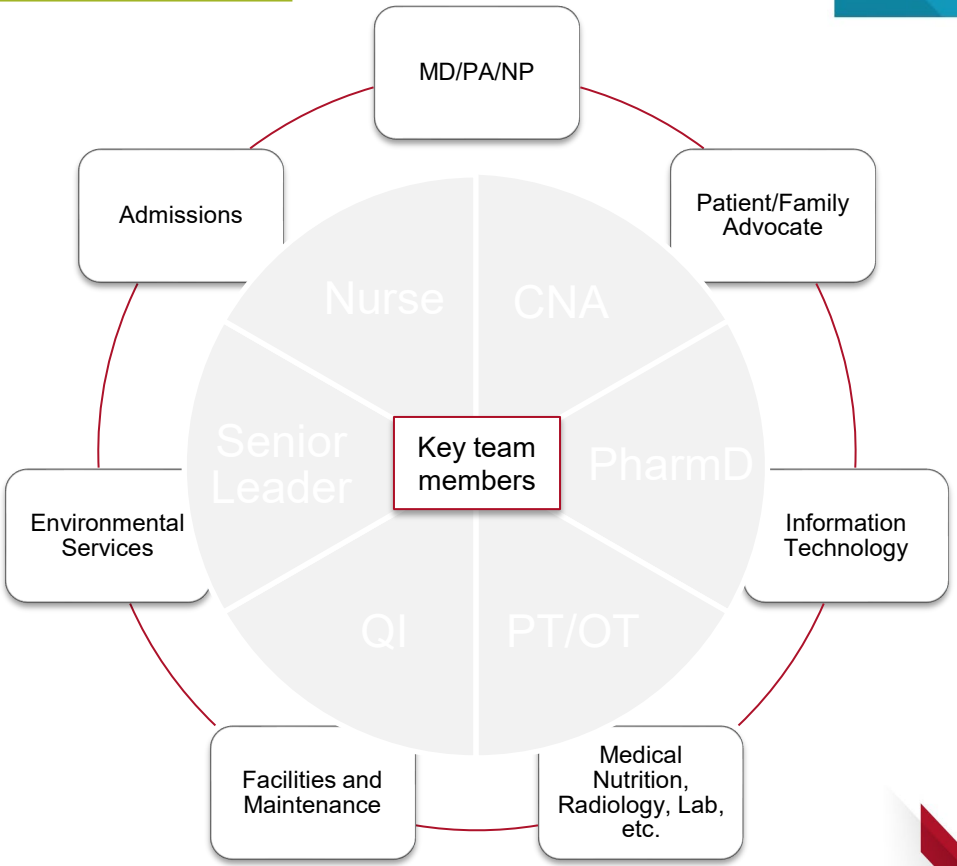


# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

Many other clinical and non-clinical staff also play important roles. For example:

- Radiography staff need to know how to safely assist patients with transfers and mobility
- Environmental services can ensure clean gait belts are placed in each patient room
- Information technology specialists can support fall risk reduction workflows in the EHR



# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

Lessons learned and anecdotes from our work

### Stand-alone team or part of another committee?

- Value in a stable cross-functional team type approach
- In sustainment mode, many teams ‘roll-up’ into the quality/safety committee with ability to ‘roll-out’ as circumstances indicate

### Interprofessional approach is valuable but can be challenging to implement

- Leaders ensure interprofessional team members have time to engage in team meetings
- Ensure input obtained from interprofessional team members

### Team representation across the organizational hierarchy

- Sponsor from senior leadership
- Champions from the beside

# Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

Lessons learned and anecdotes from our work

## Use meeting best practices

- Team meeting agendas, minutes, etc.
- Document key decisions and action steps – who does what by when? (and why if needed)

## Open communication and psychological safety

- Avoid shared information bias to leverage interprofessional expertise
- Everyone can speak up with questions, issues, concerns

## Maintain visibility in the facility

- Available to support staff at the bedside with questions, concerns
- Promote team and its work during Fall Prevention Awareness Week and/or Patient Safety Awareness Week

# Staff Education about the Fall Risk Reduction Team

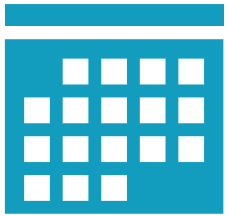
CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

Describe the purpose of your facility's fall risk reduction team

Explain how to engage with the fall risk reduction team to support your fall prevention efforts

New employee orientation

Annual education



Fall Prevention Awareness Week (September)

Patient Safety Awareness Week (March)

# Resources: Fall Risk Reduction Team

CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team

- ✓ CAPTURE Falls Fall Risk Reduction Team Worksheet
- ✓ Set the Implementation Team Up for Success
- ✓ Teamwork to Support Fall Risk Reduction
- ✓ Effective Fall Risk Reduction Team Meetings
- ✓ Stakeholder Analysis Tool
- ✓ Interdisciplinary Team Members Tool
- ✓ Fall Risk Reduction Team Meeting Agenda Template
- ✓ Fall Risk Reduction Team Meeting Minutes Template

# Objective 3: Explain the importance of using a standardized definition of a fall and classifications of fall types and outcomes

# Fall Definition

CAPTURE Falls Roadmap Fall Definition

"A fall is a sudden, unintended, descent of a patient's body to the ground or other object (e.g., onto a bed, chair, or bedside mat) that can be assisted or unassisted."

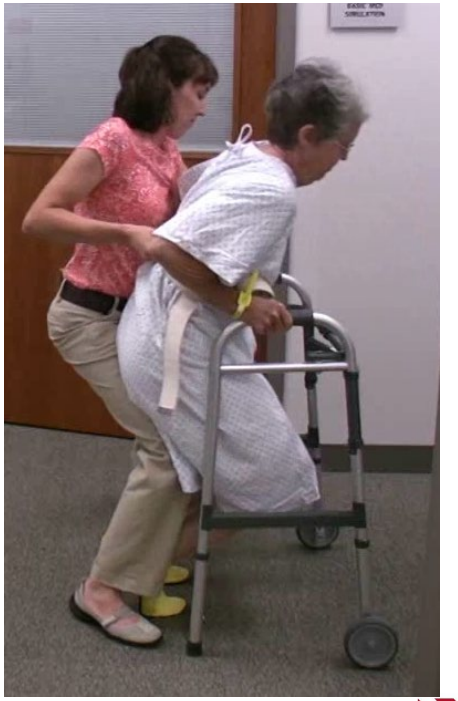
- Agency for Healthcare Research and Quality Common Formats Version 2.0

- **Sudden** – happening or coming unexpectedly; an unexpected occurrence
- **Unintended** – not planned as a purpose or goal; not deliberate or intended
- **Descent** – the act or process of descending from a higher to a lower level, rank, or state; an inclination downward
- **Or other object** – would the patient have reached the ground if the other object was not there?

# Unassisted vs. Assisted Fall

CAPTURE Falls Roadmap Fall Definition

| Unassisted | Assisted |
| --- | --- |
| • Fall occurs without hands-on assist from another person<br>• May or may not be observed | • When a patient begins to fall and is assisted to the ground or other object by another person<br>• Ideally occurs with a gait belt to allow the caregiver to control the patient's descent |



# Non-Injurious vs. Injurious Fall

CAPTURE Falls Roadmap Fall Definition

| Non-Injurious | Injurious |
| --- | --- |
| • Patient is not harmed by the fall | • Patient is harmed by the fall<br>• Harm ranges from minor injury to death |

**Minor**
- Fall resulted in application of dressing, ice, cleaning of wound, limb elevation, topical medication, bruise or abrasion

**Moderate**
- Fall resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain

**Major**
- Fall resulted in surgery, casting, traction, consultation for neurological (e.g. skull fracture, subdural hematoma) or internal injury (e.g. rib fracture, liver laceration) or need for blood products

**Death**
- Patient died as a result of injuries sustained from the fall

# Classification of Falls: Type and Outcome

CAPTURE Falls Roadmap Fall Definition

All Falls

- Unassisted — Fall alone
  - Injurious — Worst case
    - Staff not there to help and patient is harmed
  - Non-injurious — Got lucky
- Assisted — Fall with help
  - Injurious — Still not good
  - Non-injurious — Best case
    - Staff there to help and patient is unharmed

# Another Option: Classification Based on Cause of Fall

| Anticipated Physiological | Unanticipated Physiological | Accidental |
|---|---|---|
| • Falls that occur in patients with known intrinsic risk factors (weakness, cognitive impairment, medication side effect, etc.)<br>• Most in-hospital falls are in this category | • Falls that occur due to an unpredictable medical event, such as seizure, stroke, or syncope | • Falls that occur due to environmental hazard (e.g. slip, trip) |


- Morse JM, Tylko SJ, Dixon HA. Characteristics of the fall-prone patient. Gerontologist 1987;27:516-22.
- Ganz DA, Huang C, Saliba D, et al. Preventing falls in hospitals: a toolkit for improving quality of care. (Prepared by RAND Corporation, Boston University School of Public Health, and ECRI Institute under Contract No. HHSA290201000017I TO #1.) Rockville, MD: Agency for Healthcare Research and Quality; January 2013. AHRQ Publication No. 13-0015-EF.

# Fall Definition and Classifications

CAPTURE Falls Roadmap Fall Definition

Lessons learned and anecdotes from our work

## Shift in mindset for some regarding what ‘counts’ as a fall

- Assisted falls count as a fall
- Minor injuries counting as an injury

## Change in definition and increased awareness can result in increased fall rates (at least initially)

- May be counting more incidences as falls than you did prior
- Increasing awareness of falls and what counts as a fall may contribute to increased reporting of falls

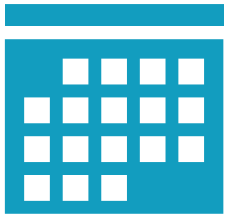
# Fall Definition and Types: Staff Education

CAPTURE Falls Roadmap Fall Definition

- Describe the definition of a fall used your facility
- Compare/contrast unassisted vs. assisted falls and non-injurious vs. injurious falls
- Classify falls based on type and outcome

New employee orientation

Annual education



Fall Prevention Awareness Week (September)

Patient Safety Awareness Week (March)

# Fall Definition and Types: Staff Education

CAPTURE Falls Roadmap Fall Definition

1. Unassisted fall with no injury
2. Unassisted fall with injury
3. Assisted fall with no injury
4. Assisted fall with injury
5. “Intentional fall”

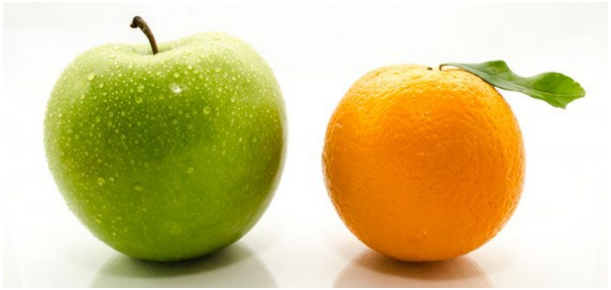
# Why this Matters for Fall Event and Rate Reporting

Standardized definitions allow for valid comparisons with peer hospitals

Normalized rates (x falls/1000 patient days) allow for valid comparisons:
- With hospitals of varying size and/or census
- Over time within hospitals when census varies



vs.





*Note that the CAPTURE Falls Collaborative is the only CAH-specific benchmark of which we are aware!*

# Resources: Fall Definition

CAPTURE Falls Roadmap Fall Definition

- ✓ AHRQ Common Formats for Event Reporting – Hospital Version 2.0 Definition of a Fall
- ✓ Fall Definition and Types Handout
- ✓ Research Paper – Factors Associated with Unassisted and Injurious Falls
- ✓ Editorial Paper – Tension Between Promoting Mobility and Preventing Falls

# Summary

1. The CAPTURE Falls program was created to support CAHs and has evolved for over a decade.
2. Multiple healthcare professionals should contribute to a hospital's fall risk reduction program.
3. A standardized fall definition, including consideration of fall types and outcomes, can help you better track outcomes of your fall risk reduction program.

# Post-Education Evaluation

Evaluation survey link:

https://redcap.link/cac31tdf

QR code:

- Responses are anonymous
- Feedback will be used to inform future improvements to this education

# References and Resources


- CAPTURE Falls Website
- CAPTURE Falls Roadmap
- CAPTURE Falls Roadmap Interprofessional Fall Risk Reduction Team
- CAPTURE Falls Roadmap Fall Definition
- Ganz DA, Huang C, Saliba D, et al. Preventing falls in hospitals: a toolkit for improving quality of care. (Prepared by RAND Corporation, Boston University School of Public Health, and ECRI Institute under Contract No. HHSA290201000017I TO #1.) Rockville, MD: Agency for Healthcare Research and Quality; January 2013. AHRQ Publication No. 13-0015-EF.
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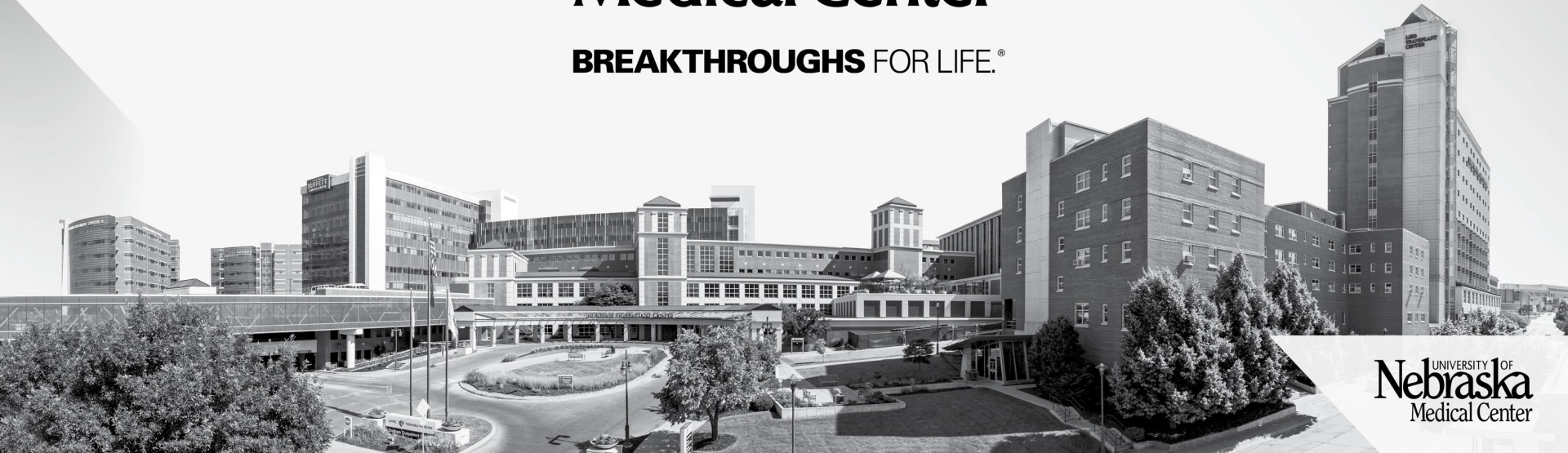
- Morse JM, Tylko SJ, Dixon HA. Characteristics of the fall-prone patient. Gerontologist 1987;27:516-22.

# University of Nebraska Medical Center℠

**BREAKTHROUGHS** FOR LIFE.®



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