

Cottage Hospital Falls Prevention and Adaptation to Elevated Risks

Prevalence of Interdisciplinary Participation and the COVID-19 Effect
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Objectives

1. Overview of current Policies and Procedures
2. Assessing trends and adapting change to conditions for change
3. Evaluating outcomes and quality data based on reported events, post-fall discussion and performance improvement team discussion

Teams decrease fall risks... How?

❖ Med Surg / ICU Falls Prevention

- Designed to provide a safe environment for the hospitalized patients and to reduce the occurrence of falls and consequent injuries. Falls are reported via occurrence by registered nurses, using the standardized “Post-Fall Huddle” and “Quality Assurance Incident Report” form.
- “Falls Committee” assesses and discusses all events and risk factors for the entire Cottage Hospital Campus and Rowe Health Center Clinic.





Interdisciplinary Approach

- ❖ **No Pass** – Everyone answers alarms and lights
- ❖ **Documentation**
 - Base assessment (Morse Fall Scale) on all new admissions
 - Completed each shift in nursing assessment until discharge
 - Audits completed on charts to assure assessment and documentation are complete and teach-back documented
- ❖ **Identifiers Assured**
 - Green, Yellow and Red “Fall Risk” magnets on door casing to room
 - Staff understand by immediate recognition of color the acuity of risk for the corresponding bed
 - “Yellow” Falls risk bracelets affixed to patients wrist
 - Hand-off communication includes fall information



❖ Education

- Patient and/or family are informed about falls precautions and preventive measures and reinforced throughout stay, initially by admitting nurse and followed up all staff with “Teach-back’ documented

❖ Team meetings

- Discuss plans of care with provider and concerns with provider – Adjust risks based of plan of care
- (days 11 am / nights 8 pm)

❖ Staffing and census

- sitters when necessary
- staff seated close to high-risk areas
- High-impulse patients closer to nurses station if possible



Preventative Measures and Monitoring

❖ Alarms

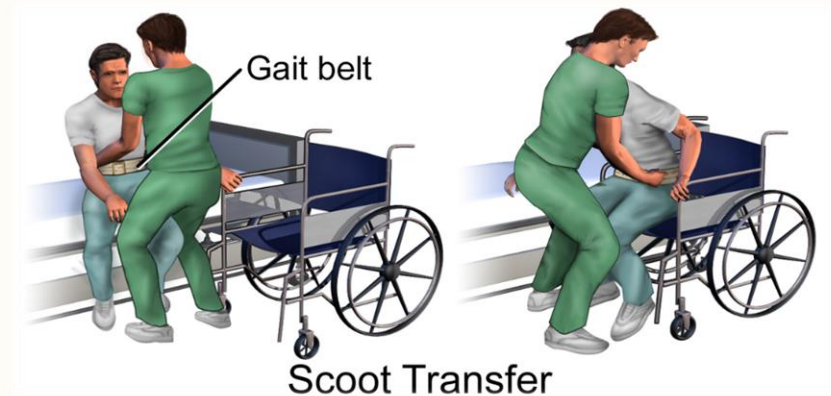
- *Bed alarms are on for all patients in bed*
- *Chair pads are assigned and operational to those in chairs*
- *New “Stryker” beds (being implemented) have lighted indicator of appropriate alarms in place*
 - Yellow flashing – alarms are not set nor operational
 - Green solid alarms are set and operational
 - Louder exit alarm, high acuity alarm / respects responders quick action

❖ Ambulation

- Gait belts required
- Assistance to ambulate based on level of need, adjunct devices, surgical or medical concerns and rehabilitation expectations
- Rooms assured free of clutter and pathways unobstructed
- Proper non-slip footwear in place

❖ Toileting

- Gait belts required
- Assistance to ambulate based on level of need, adjunct devices, surgical or medical concerns and rehabilitation expectations
- Rooms assured free of clutter and pathways unobstructed
- Proper non-slip footwear in place
- Commode usage – staff member(s) present and monitoring patient during process based on level of concern for falls



Adaptation During COVID-19 and Increased Risks





Adaptation to COVID (continued)

❖ Risks

- Seclusion
- Impulsivity
- Multiple lines or tubing
- Compromised Respiratory Effort
- Proning
 - *Required more staff and repetitive training*
- Sleep deprivation (Frequent interruptions or noise from assistive devices)



Adaptation to COVID (continued)

❖ Addressing Precaution / Isolation Rooms

- All patient room doors have windows with maintained unobstructed view
- Assured Items of need in reach and operational
- Bed / chair alarms on and operational
- Offered and had patient return request or denial of needs or options prior to leaving room (Doffing PPE)
- PPE ready and available with Operational Respiratory Protective hoods for impulsive patients or emergent access to patient needs
- Follow a mobility plan. Being active keeps patient strong. Assess mobility and recovery
- Encouraging “call for help when need to get up or go to the bathroom”
- Staff “Runners” help gather supplies or items of need

Adaptation to COVID (continued)



- Get out of bed slowly in three steps. First, sit up. Then, sit on the side of the bed. Then, stand up. This should stop from getting dizzy.
- Use assistive device when you get up.
- Turn on the lights. Do not move patient around in the dark.
- Wear non-skid footwear, such as rubber-soled slippers or non-skid socks.
- Keep surroundings free of clutter.
- Use grab bars in the bathroom. Use the grab bars to sit down and to get up from the toilet.
- Interacting as much as possible while awake or active.



Summary and Conclusion

- Team Effort and Training of ALL staff help:
 - Recognize risk
 - Online reporting and Post-Fall Huddles
 - Hourly rounding all patients
 - Modify care plans
 - *Morning and evening multidisciplinary rounds*
 - Promote discussion for all events or near events and safety risks
 - Falls Committee follows and addresses ALL falls for entire facility
 - Accountability makes a difference
 - All the above factors are keys to our successful “Fall Risk Reduction” practices