Joint Venture: a collaborative approach to Fall and Injury Prevention in Residential Care

Ming Leung, PT
FH Co-ordinator, Seniors Falls and Injury Prevention
Background

- How to introduce a new Falls Preventions CPG
- How to ensure translation of knowledge into action
- How to sustain these actions into the future
What is the Joint Venture?

- Collaborative process involving committed facility teams, getting together over a 9 months period to learn, develop, implement, share, support, monitor, and evaluate falls and injury prevention interventions.
Objectives

- Reduction in serious injury/fractures related to falls
- A better understanding of falls prevention and injury reduction
- Successful in implementing the Falls CPG
As part of Joint Venture, facilities had to...

- Ensure there is support from senior leadership
- Complete and submit an enrolment package
- Create a facility interdisciplinary falls prevention team
- All team members attending and participating in 3 large group learning sessions
- Team representatives attending and participating in 4 small group sharing sessions
As part of Joint Venture, facilities had to...

- Submitting monthly falls data using the Data Entry and Evaluation Program (DEEP) designed for this project
- Creating facility and resident-specific quality improvement plans
- Carrying out and documenting tests of change
- Celebrating the results by presenting outcomes and lessons learned
Joint Venture I

40 facilities were enrolled in the Joint Venture

- 9 O&O
- 31 Contracted
- 13 facilities on waiting list
Large Education Sessions - Session 1

- Introduction of the Joint Venture concept
- Canadian Falls Prevention Curriculum
- Training related to the Data Entry and Evaluation Program (DEEP)
- Introduction to QI processes such as setting meaningful and measurable goal and how to use PDSA cycles
Data Entry and Evaluation Program (DEEP)

Number of Falls by Day of the Week

Number of Falls by Degree of Injury

Number of Multiple Falls

Number of Falls by Time Period

Type of footwear at time of fall

Type of Walking Aide

Hip protector recommended

Wearing hip protector at the time of fall

Number of Falls by Location

Wearing hip protector at the time of fall
### Plan–D0–Study–Act (PDSA) Planning

**Plan**
What are the outcomes you hope to achieve, what are the strategies you have selected and what resources do you need for each?

<table>
<thead>
<tr>
<th>Outcomes/Predictions</th>
<th>Strategies/Process Changes</th>
<th>Resources Needed</th>
<th>Action(s)</th>
<th>Target Date</th>
<th>Responsible Person</th>
<th>Measure/Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of falls between 1400 and 1600 hours are reduced</td>
<td>1a. Change RCA routines to provide more coverage in the dining room at tea time (1415 hours) 1b. Add RCA safety round at 1500 hours prior to report.</td>
<td>Data analysis program graphs FH Falls CPG as a reference</td>
<td>• Notify staff of changes in routine  • Audit implementation and compliance  • Staff to sign memo notice.  • Sharon to follow up missing signatures</td>
<td>Nov. 4</td>
<td>Sharon</td>
<td>• % Completed signatures on memo  • # falls (using data analysis program)</td>
</tr>
<tr>
<td>2. Families are informed of fall venture</td>
<td>2a. Attend January family meeting 2b. Letter to families in January mail out</td>
<td>Falls information letter Universal Falls Precaution Poster (Falls CPG) Falls Pamphlet (Falls CPG)</td>
<td>• Prepare letter  • Send out letter  • Request invitation to January meeting  • Prepare presentation for January family meeting  • Present at January family meeting</td>
<td>Jan 31</td>
<td>Who is responsible? Sharon?</td>
<td>• # letters sent (%)  • # of family members present at Jan family meeting (% of attendance)</td>
</tr>
<tr>
<td>3. Nursing staff are knowledgeable about falls management</td>
<td>Introduce FH Falls CPG to all nursing staff</td>
<td>FH Falls CPG FH Falls CPG Powerpoint</td>
<td>• Provide copy of FH Falls CPG and instruct staff to sign when read.  • Schedule and conduct education sessions re Falls CPG</td>
<td>Feb 15 March 15</td>
<td>Who is responsible? Sharon?</td>
<td>• % staff signed as read CPG  • % Staff attendance at education session  • Chart audit (June) using Falls CPG audits</td>
</tr>
</tbody>
</table>
Large Education Sessions - Session 2

- Presentations by experts in different fields related to falls and injury prevention:
  - Persistent Pain;
  - Least Restraint;
  - Medication;
  - Bone Health;
  - Hip Protectors and injury reduction flooring.
  - Agitation and Excessive Behavior;
  - Incontinence;
  - InterRAI;
  - Exercises;
Large Education Sessions - Session 2

- 10 vendors were invited to display their falls and injury prevention products:
  - Vendors had to provide 10 minutes presentations to groups of people that rotated through the stations
  - A grant of up to $1000 for falls and injury prevention equipment was provided to each facility to help support the implementation of 2 residents’ plan.
Session 2 - Resident PDSA

- Health history
- Falls History
- Falls Risk factors
- Intervention in place
- Interventions tried before

Joint Venture on Falls & Injury Reduction
Equipment Request Form

Requested by: ________________ (Facility Name)

Person responsible for purchasing: ________________

1. Resident Initiate: _______ Rm No. ___120___
   Equipment requested: ___2 pairs hip protectors with pull up straps, 1 smart cell cushion mat___
   Supplier: ___1. Safe Hip -- 2. Associated Health Systems___ Approx. cost: ___$500.00___

2. Resident Initiate: ___M.M._____ Rm No. ___3___
   Equipment requested: ___1 Ambi Wrist Brace, 1 smart cell cushion mat___
   Supplier: ___1. Stimagum Prosthetic, 2. Associated Health Systems___ Approx. cost: ___$400.00___

All equipment requests must be approved prior to purchase.

Please send this completed “Equipment Request Form” together with the two completed “Falls Intervention Program for Resident” forms to Ming Leung via fax or email.

Deadline of submission - February 17, 2009 4:00 p.m.
Forms submitted after the deadline will not be accepted.

Attention: Ming Leung <ming.leung@fraserhealth.ca>
Fax to: 604-587-7815 by February 17th, 2009, 4:00 p.m.
Equipment ordered

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip Protectors</td>
<td>27</td>
</tr>
<tr>
<td>Automatic wheelchair brake</td>
<td>17</td>
</tr>
<tr>
<td>Fall Mat – smartcell</td>
<td>15</td>
</tr>
<tr>
<td>Fall Mat – others</td>
<td>14</td>
</tr>
<tr>
<td>Bed alarm</td>
<td>6</td>
</tr>
<tr>
<td>Mat Alarm Sensor</td>
<td>6</td>
</tr>
<tr>
<td>Non-Slip Socks</td>
<td>6</td>
</tr>
<tr>
<td>Pulleys &amp;Weights</td>
<td>3</td>
</tr>
<tr>
<td>Chair Alarm</td>
<td>3</td>
</tr>
<tr>
<td>Wii Game</td>
<td>2</td>
</tr>
<tr>
<td>Transfer pole</td>
<td>2</td>
</tr>
<tr>
<td>Wheelchair alarms</td>
<td>2</td>
</tr>
<tr>
<td>Painting of the Door</td>
<td>1</td>
</tr>
<tr>
<td>Wrist Brace</td>
<td>1</td>
</tr>
<tr>
<td>Non-slip slippers</td>
<td>1</td>
</tr>
<tr>
<td>Oxygen tank adaptor</td>
<td>1</td>
</tr>
<tr>
<td>Slow brake adaptor for walker</td>
<td>1</td>
</tr>
</tbody>
</table>
Small Group Sessions

- Total of 4 small group sessions
- During small group sessions, facilities were encouraged to:
  - ✓ share their progress
  - ✓ talk about what techniques/interventions had worked best
  - ✓ discuss problems or barriers encountered to reach their goals, and what has helped to overcome those barriers
Session 3 - Posters
Continuing Plans and Sustainability

- Continue use of the DEEP program
- Continue small group sessions
- Individual support from the falls team and CNE
As the result of the Joint Venture...

- There was a **25% decrease** in injuries related to falls when we compared the first quarter to the last quarter of 2008/2009.

- A total 127 Joint Venture participants received certificates from the Canadian Falls Prevention Curriculum.

- 6 facilities surveyed by Accreditation Canada were recognized for showing “leading practice” for their Falls Joint Venture initiative.
Why was the Joint Venture beneficial to my facility?

For the staff:

- Helped our team to be more cohesive in our approach with dealing with falls and injury prevention
- Team members appreciate more each other’s role and how they can contribute to falls and injury prevention
- There was an improved overall communication throughout all disciplines
- Staff have a common language/understanding and are up to date in falls and injury prevention best practice
Why was the Joint Venture beneficial to my facility?

Knowledge:

- Helped us implement a falls and injury prevention program in line with what is required for accreditation
- Education re: Falls and Injury prevention has also improved least restraint practices throughout the facility
- The DEEP help the team to clearly see trends that are occurring throughout the facility and has allowed us to provide appropriate interventions

Practice:

- Staff recognize the importance of regular toileting schedules, mobility, and how to acknowledge and respect each resident’s unique qualities
Acknowledgment

- Fabio Feldman
  FH Manager, Seniors Falls and Injury Prevention

- Joint Venture Implementation team
- QI consultants
- Residential Care staff