



“Fall Prevention”

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In 100 words or less, briefly describe your Best Practice

Our Best Practice involves a campaign to decrease the number of falls in our home. In July 2015, we reached an all-time high 24 falls. While we did not have any significant injuries from any of these falls, we knew we had to do something drastic and do it quickly or we would have a serious situation. We also wanted to learn how to develop and implement a PIP (Process Improvement Plan) and see if we could make it work for us. We started with our July falls and took each and every incident report and drilled down to determine a root cause, asking 5 why's, fishbone and everything else we could think off. We brought in CNAs and LPNs from each hall, dietary, maintenance, activity, social service and housekeeping staff. We all sat down and put our heads together to find out what was going on and what could we do differently. Lo and behold we did find a pattern, one of the CNAs said "you do realize that we are all in the dining room, getting trays picked up and not on the halls when these falls are happening?" The majority of our falls were happening between 12:30 pm-1:30 pm. Sure enough, this was the case and we needed to find out how to turn it around. The entire team decided to start what we called a "Fall Watch". Starting at 1230 pm and ending at 1:30 pm we had someone on each hall to answer lights and prevent falls. All Departments took turns for this hour and it worked. We set our goals to reduce the number of falls 5% per quarter and additionally to reduce the number of falls 2% each month. We started by increasing awareness, staff education and in-servicing. Our falls the very next month in August went down to 13 and we were below threshold!!! We have stayed below threshold each month and met or exceeded our goal to reduce falls each and every quarter. We have met our goal EVERY QUARTER since we started !!!Our Falls PIP was a success. Our Champion for the Fall PIP was our ADON and she kept us on track with weekly meeting and she made sure we kept our staff recognition ongoing. In September 2016, we only had 6 falls. A huge part of our Fall PIP and what we really believe was the main reason for our success, the staff education piece. We had a "Fall Festival" and our focus of course was on education and preventing falls. We had the absolute best attendance of any in-service ever because we made it fun. We had participation from all Departments once again to make this happen. We had teams for the awareness areas. We divided into 7 teams and had booths set up all around the nursing home. Housekeeping-bingo card sign-in, Purple Dot Team (ongoing fall prevention program}-Nursing, Slip, Trips, Falls-Activities and Social Services, Do's and Don'ts-Business Office, Fall Prevention Tips-MOS, Therapy Interventions-therapy staff, Stop and Watch-Administrator and Restorative CNA, Putting it All Together-DON. As you can see, this was truly an across the board buy-in and it worked!!!

What Problem Does Our Best Practice Address?

Fall Prevention. We all struggle with falls and how to prevent falls, how to prevent injuries and the key is EDUCATION !!! Our Best Practice addressed the very real problem of not only educating our staff but getting a real "buy in" from the stakeholders in our home. As we figured out how to get information to staff, we developed a "QAPI spot". This area became the "go to" place for information. In addition, we had graphs and information boards that we kept in the break room so the staff could see how we were doing and where we were with our falls in real time. This kept us working in a proactive way rather than a reactive way. The goal was to reduce falls and we were able to do that.

What groups of residents and others were involved?

All residents and all staff were involved and we all benefitted. Since we had a "Fall Festival" we had lots of candy and goodies for residents as well. Falls occur on all shifts so we made a special effort to recognize each shift when they had the least number of falls. We started weekly, went to bi-weekly and just kept the awareness and focus on fall prevention. We also had fun with recognizing our small successes. Since we had the Fall Festival near Halloween, we bought things like chocolate covered eye balls and put them on little cards with a note "thanks for keeping an eye out for falls" and little paydays on a card that said "hard work pays off" and that sort of thing. The staff loved it!!! We also did the usual pizza parties and biscuits and coffee for 11-7 but we tried to keep it fun.

What has your Best Practice Accomplished and how have you been able to tell this?

We had a reduction in falls the very first month and have consistently met our goals. In September 2016, we had 6 falls for the month. You can see the Fall PIP has been successful since the beginning and continues now. The PIP is working!!! Another measure of the success of this program was being selected to talk about our "storyboard" which we submitted to Atom Alliance. We had never been on a webinar so this was another first!!!

What problems, obstacles, or challenges might other facilities face in replicating part or all of your innovation? Were there any adverse effects or any ways that things turned out differently than you had planned? Do you know of any other facilities which have tried this or a similar best practice idea?

I'm not aware of other homes that have this type of Fall PIP or the accompanying education. I can see it being a challenge with getting a buy-in from all departments and line staff to actually put in the time and effort to be a part of the solution. We had support from our Housekeeping Director who encouraged and empowered her staff to be a part of the fall watch, as well as Activities and Social Service Managers taking a turn and supporting everyone else. It truly was a TEAM effort. We even had our Chief Operating Officer involved. This was honestly so much more powerful and more successful than we had hoped it would be. We had absolutely no adverse effects. The results have exceeded our expectations.

What was the cost to implement your Best Practice? How did you pay for it?

We had some expenses with the Fall Festival but not a significant amount. Each team responsible for an awareness area decorated their spot and provided candy and goodies and we spent about \$20 at each area. Staff were reimbursed for their expenses. We held this Fall Festival in place of our monthly in-service and we had a \$50 bill for a door prize. Every staff member who went to all booths and completed the training marked their bingo cards and they went into a drawing for the door prize. We had the best turn-out EVER!!! With the little celebrations along the way maybe \$10 week to start we spent around \$500 over the year.

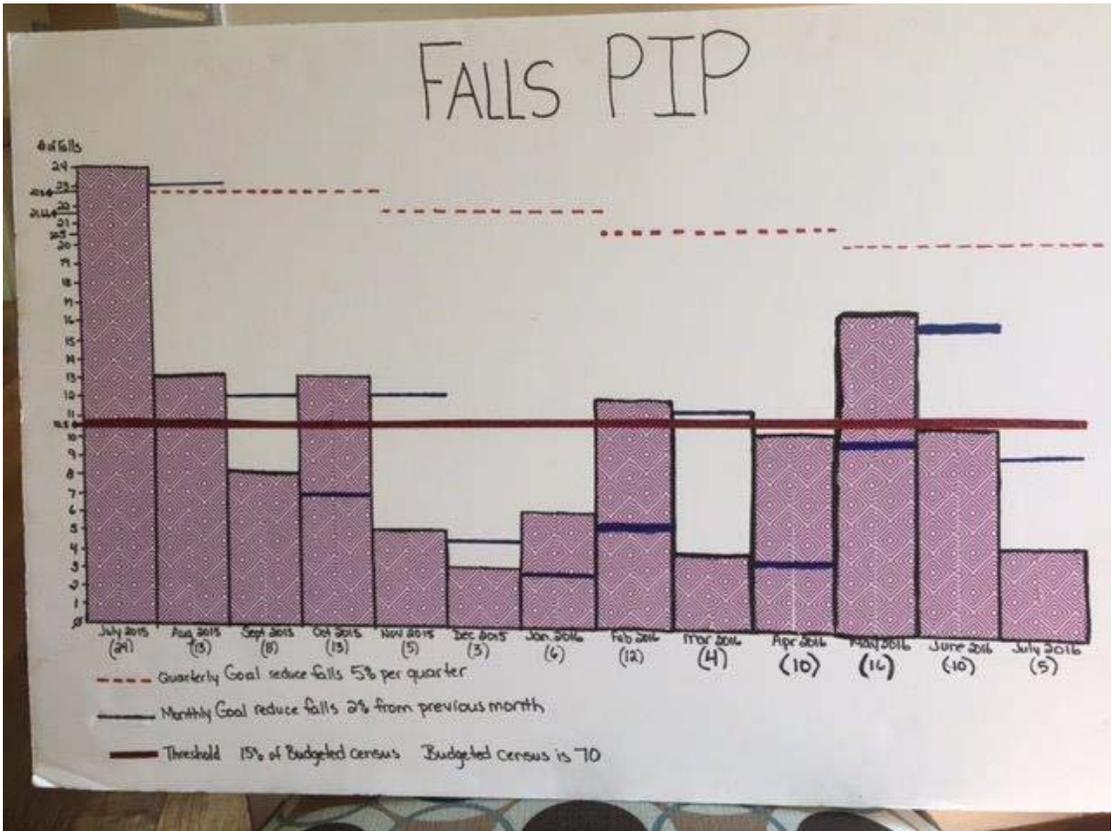
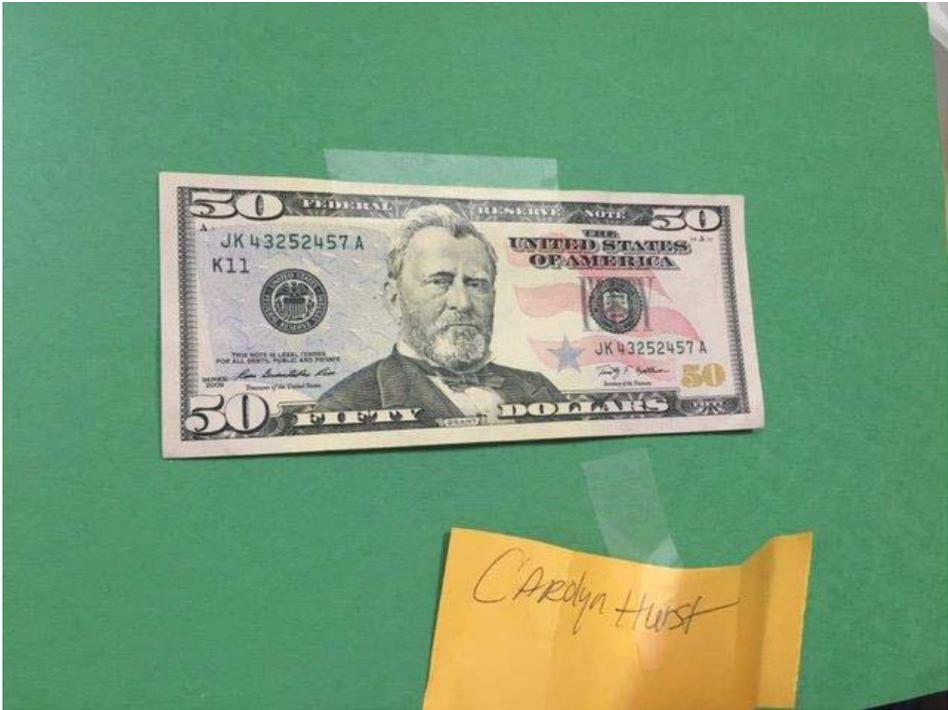
What are the reasons you consider this Best Practice to be excellent and innovative?

I believe having the TEAM approach to this problem to be the best part of this Best Practice and we also had a good time with it. We completely believe in the QAPI process and it does work. Just look at the charts and you can see the success!!









We had an all-time high number of falls in July, a total of 24 !!!

We had to do something different but what ???

We drilled down to a simple problem, the majority of our falls occurred between 1:00PM and 2:30PM when CNAs were finishing up in the dining room, putting our residents in bed for a nap, routine rounds and

NO ONE WAS ON THE HALL TO ANSWER ROUTINE CALL LIGHTS !

We started a "Fall Watch" during those hours and our Dept. Heads, Nursing Managers and Housekeepers were the "watchers" and answered call lights.

SUCCESS !!!

We asked ourselves
WHY, WHY, WHY, WHY, WHY ?????

QAPI Spot
"How Can We Do It Better?"

Fall Festival

Employee Recognition



FALLS THIS MONTH

0 3

IT'S BEEN

0 2 DAYS

SINCE OUR LAST FALL