Staff Roles and Training for Your Fall Prevention Program

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Welcome!

Thank you for joining this webinar about staff roles and training for your fall prevention program.

A Little About Myself…

- Accreditation Manager for the Department of Nursing at UCLA Ronald Reagan Hospital

- Nationally recognized fall expert

- Worked with AHRQ on a panel to create the fall prevention toolkit

- Work on quality and safety issues

Today We Will Talk About

- Key elements of AHRQ's Fall Prevention Program

- Staff roles and duties

- Organizing a plan at the unit level

- Training staff on new fall prevention practices

These topics were introduced in your 1-day training. Today, we will revisit them in depth.

Please make a note of your questions. Your Quality Improvement (QI) Specialists will follow up with you after this webinar to address them.

Key Elements of Program

- Universal precautions

- Risk factor assessment

- Care planning

- Post-fall assessment (mini root cause analysis)

Staff Roles and Duties

- Implementation Team: roles and duties

- Unit Team: roles and duties

- Unit Champions: roles and duties

Design and implement your Fall Prevention Program.

Unit Team: Roles and Duties

- Provide daily direct patient care.

- Conduct fall risk assessments.

- Plan care to prevent falls.

- Make sure care is performed and documented.

Strategies for Unit Team Roles

- Clearly define each team member's role.

- Highlight which duties are new.

- Comply with State practice acts.

- Plan how to overcome barriers to filling roles.

- Plan how to orient and monitor temp staff.

Assigning Unit Champions

- Number of Unit Champions depends on hospital needs, but one per shift is optimal.

- Try to have at least one main bedside RN. It's better to have more than one.

- Nursing Assistants or LVNs should be involved too for buy-in from those groups and for teamwork.

- It is best to have long-term Unit Champions and backups.

Qualities of Unit Champions

- Role-based professional practice

- Excellent communication skills

- Effective links to other staff members

- Respect of peers

- Positive image of their unit

- Good problem-solving skills

- Ability to work with all key stakeholders

- Knowledge and passion about fall prevention

Unit Champions: Roles and Duties

- Help implement fall prevention activities.

- Serve as liaison among teams.

- Resolve issues related to falls.

- Serve as cheerleaders and "go to" people during implementation.

- Be familiar with program goals, care processes, and outcome data.

- Give updates.
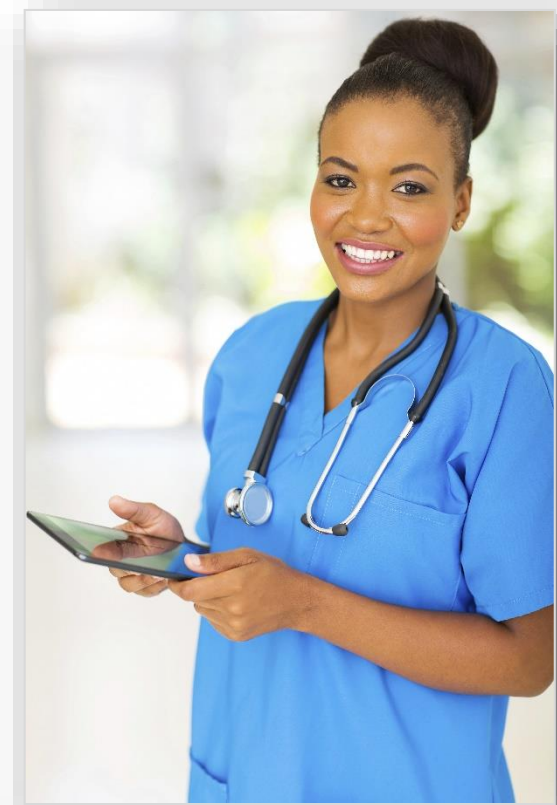
Unit Champions: Roles and Duties

- Maintain and transfer current knowledge of fall-related injury issues, technology, and best practices.

- Track unit injuries and close calls.

- Serve as unit expert and resource for managers and supervisors, peers, patients, and families on:
  - Fall prevention,
  - Related equipment use, and
  - Related patient safety clinical processes.

- Conduct ongoing environmental surveillance.

- Help conduct outcome audits.

Unit Champions: Roles and Duties

- Train peers/managers/patients/families:
  - Conduct staff in-services/trainings on topics related to fall prevention.
  - On unit, orient new employees to fall prevention.
  - Facilitywide, participate in new employee orientation training.
  - Train/retrain coworkers on new and existing equipment.
  - Complete or assist in completion of equipment competency assessments.
  - Assist coworkers in patient/family training as needed.

Organizing Plan at Unit Level

- Ongoing communication and reporting

- Integrating fall prevention into ongoing work processes

Need for Ongoing Communication and Reporting

- Within unit

- Among Implementation Team, Unit Team, and senior management

Ways To Communicate and Report

- Unit Champions give updates at regular meetings of the Implementation Team.

- Unit managers give updates using data they gather from staff.

- Staff documents falls and fall risk on daily unit flowsheets.

- Staff share important patient safety issues and changes in care plans during 5-minute standup meetings.

Ways To Communicate and Report

- Share risk assessment information during shift reports.

- Tell the patient and his/her family if the patient's risk changes.
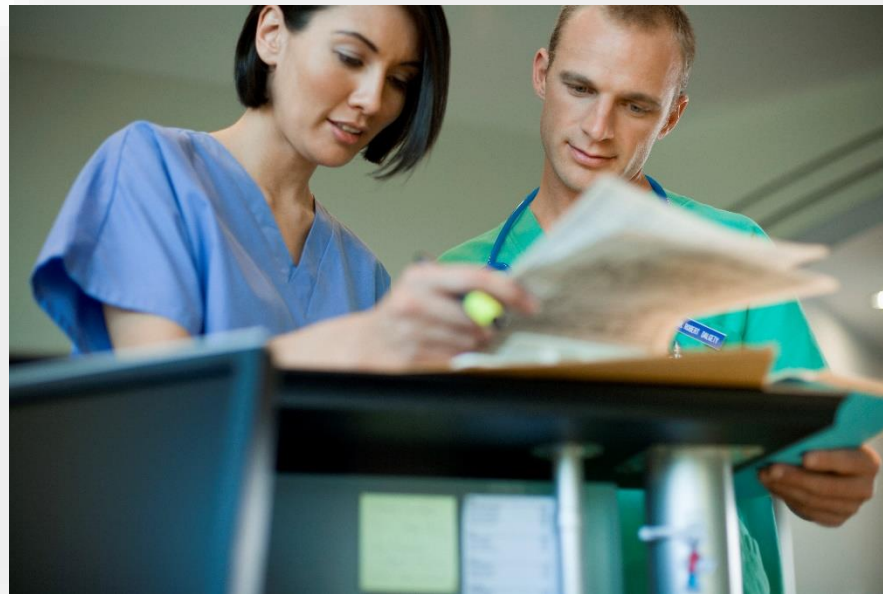
Ways To Communicate and Report

Give—

- **Nurse assistants** guidelines and tools for reporting new falls or risk problems, such as a tablet with pull-off pages including the patient's name, room number, and date/time to be given to the designated nurse

- **Patient and family** fall information on admission

- **Staff** pocket cards to remind them of best practices

Best Communication and Reporting

- Regular

- Thorough

- Done with minimal time and effort

Strategies for Ongoing Work Processes

- Make some practices universal.

- Incorporate change into routine care.

- Integrate fall risk data into your regular communication, such as shift handoffs.

- Place visual cues or reminders about care plan above the patient's bed.

- Use electronic health records.
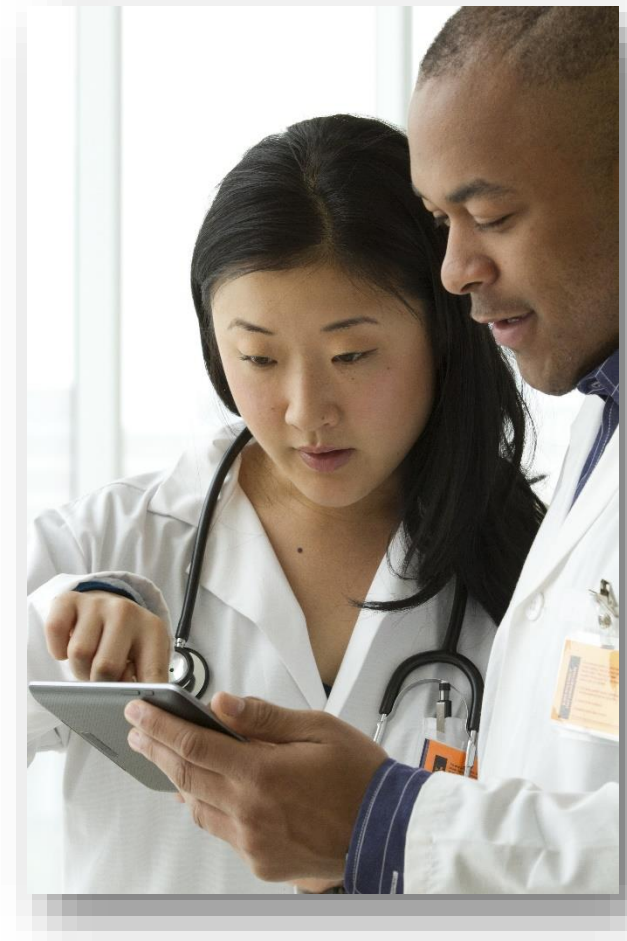
Examples of Ongoing Work Processes

- Conduct a medicine review on all newly admitted patients using a pharmacy risk scale to determine the need for a full pharmacy evaluation.

- Use a standard order set for all patients to institute appropriate mobilization protocols.

- Give all patients noted to have a change in mental status a Delirium Evaluation Bundle to determine the need for increased supervision and further medical evaluation.

Examples of Ongoing Work Processes

- Create a post-fall assessment note as a structured electronic template or paper progress note to guide nurses through appropriate care processes.

- Use hourly rounds to assess toileting needs and other concerns.

- Conduct regular environmental rounds to ensure environmental safety.

Ongoing Work Processes With Electronic Records

Think about these issues:

- What fall risk factor data are already in the patient's record?

- What other data in the patient's record can help you assess fall risk factors?

- What is the most logical place in the patient's record to collect/organize/assess fall risk factor data and needed interventions?

Training Staff on New Practices

- Managing change process

- Getting staff engaged and excited

- Helping staff learn new practices

Strategies for Managing Change Process

- Engage staff to gain their support and buy-in.

- Let staff help tailor practices to your hospital.

- Make sure staff have the time, training, equipment, and supplies they need to adopt new practices.

Implementation Team Role in Managing Change Process

- Guide, coordinate, and support changes during the pilot phase and rollout.

- Work with staff, clinicians, middle managers, and senior leaders.

- Work with Unit Champions to create ongoing monitoring process that—

  – Gathers feedback from staff and clinicians

  – Tracks changes in fall rates and interventions

  – Communicates results to staff

Getting Staff Engaged and Excited

Before the initial rollout or pilot testing:

- Have Implementation Team or Unit Champions meet with unit staff on all shifts (or just the unit-level improvement team).

- Review new roles and duties.

- Decide how to adjust roles and paths of communication and reporting.

- Discuss how to address and overcome barriers to adherence.

Getting Staff Engaged and Excited

During the initial rollout or pilot testing:

- Remind staff of reasons that fall prevention is needed.

- Involve staff in identifying problems and testing solutions.

- Keep staff informed about the program's progress.

Getting Staff Engaged and Excited

If **some** staff members or units resist changes:

- Find out why they are resistant.
- Include fall prevention in staff performance evaluations.

If resistance is **widespread**:

- Find out why.
- Change practices or the implementation plan to address their concerns.
- Delay the full launch if needed.

Helping Staff Learn New Practices

Work with the staff education department and other key stakeholders to—

- Assess staff knowledge of fall prevention

- Identify knowledge gaps

- Create an education plan to address those gaps
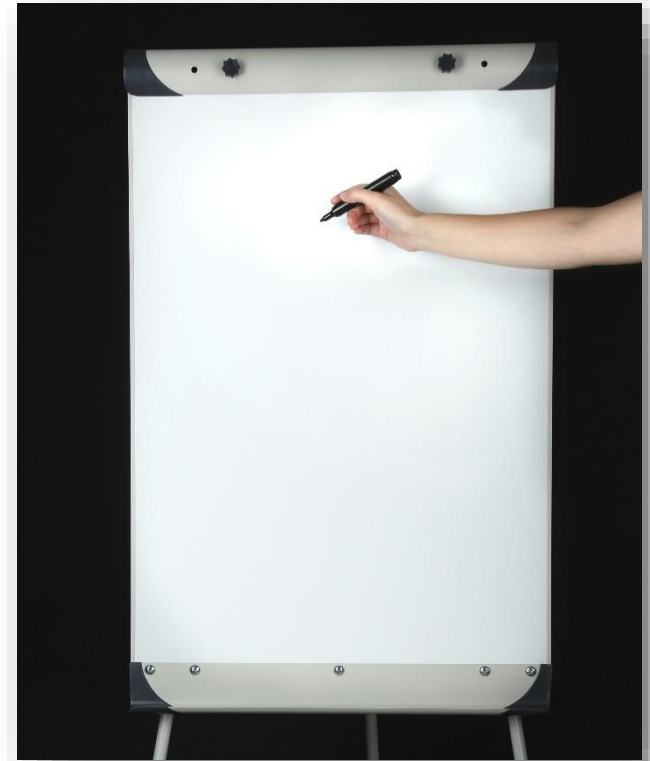
Helping Staff Learn New Practices

Keep in mind that adults—

- Learn best through methods that build on their own experiences

- Have a variety of learning styles and skill levels

So use varied education methods:

- Didactic

- Active

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Any Questions?

Thank you for being such great listeners. Please refer any questions you have to your QI Specialists.

Resources

- 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.
http://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/index.html
    - Tool 4A: Assigning Responsibilities for Using Best Practices
    - Tool 4B: Staff Roles
    - Tool 4C: Assessing Staff Education and Training
    - Tool 4D: Implementing Best Practices Checklist

- See Cameron ID, Murray GR, Gillespie LD, et al. Interventions for preventing falls in older people in nursing care facilities and hospitals. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD005465.

- National Database of Nursing Quality Indicators. http://www.nursingquality.org/

- Oliver D, Healey F, Haines TP. Preventing falls and fall-related injuries in hospitals. Clin Geriatr Med 2010 Nov;26(4):645-92.