Stop the Drop! Keeping Residents on Their Feet

KAHCF/KCAL Annual Meeting

Katie Pass, Kentucky State Quality Manager, Alliant Health Solutions
Sherri Creel, Behavioral Specialist, Center of Excellence

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Katie Pass, BS, OTA

KENTUCKY STATE QUALITY MANAGER

Katie is a certified occupational therapy assistant and practice manager with more than a decade of experience in both ambulatory care and long-term care settings. She holds a bachelor's degree in Healthcare Leadership and has a deep passion for improving healthcare quality.

Katie has served as Alliant Health Solution's state quality manager in Kentucky since 2023, collaborating with long-term care, hospitals, community coalitions, families, and Medicare beneficiaries as they work to make health care better. Katie's areas of expertise include QAPI, NHSN, MDS quality measure review, falls reductions, community coalition development and process improvement in varied topics, including infection control, vaccines and COVID-19.

Beyond her professional life, Katie is an avid traveler, finding inspiration and diverse perspectives in every corner of the world. She also cherishes time spent with her family and has a deep love for music and attending concerts.

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Sherri Creel, LMCH, MS

COE-NF REGIONAL BEHAVIORAL SPECIALIST

Sherri Creel serves as the Region 4 Behavioral Specialist for the Center of Excellence for Behavioral Health in Nursing Facilities.

She is a licensed mental health counselor with more than 25 years of clinical experience in residential treatment, outpatient settings, and private practice with children and adults. Previously, she led the team on an inpatient unit at the University Behavioral Center, providing therapy for teenage girls and their families who have been victims of sexual abuse.

For the last seven years, she has been in Alliant Health Solutions' Medicaid auditing work and then worked on a grant with the National Covid Resiliency Network as well as the vaccine campaign.

She has a B.A. in Sociology and Psychology from the University of Florida, and a M.S. in Mental Health Counseling from Nova Southeastern University and is a certified CPI Verbal Intervention trainer.

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About Alliant Health Solutions

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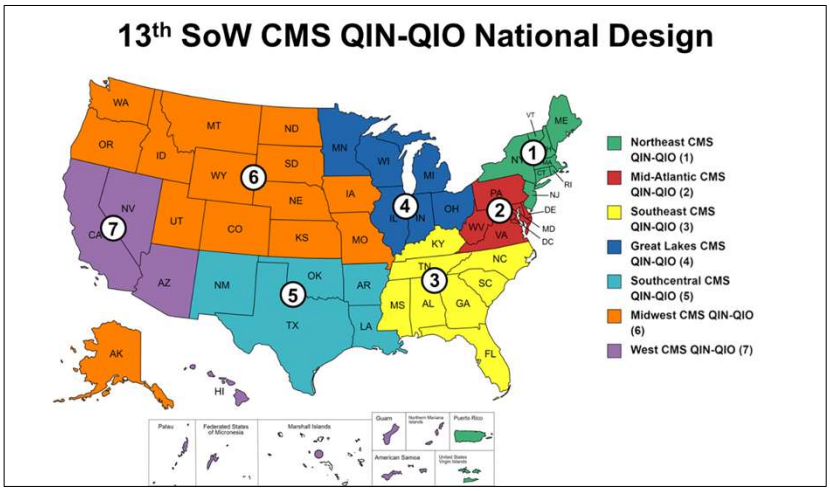
The New QIN-QIO Regions



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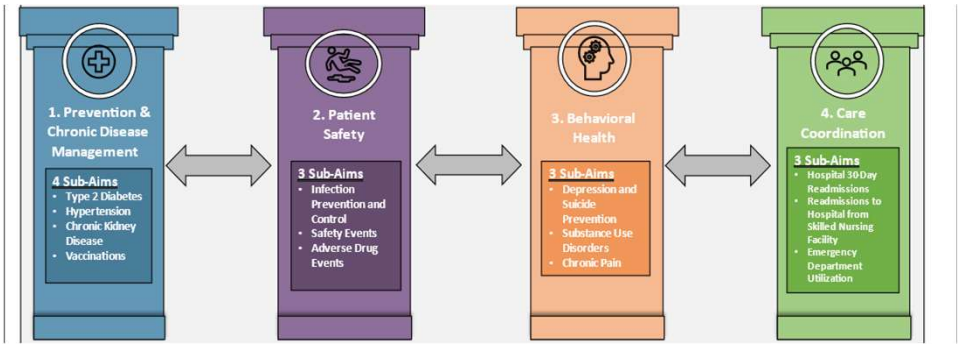
CMS Priority Focus Areas/Sub Aims



Foundational Aim 1: Quality Management Infrastructure and Emergency Preparedness

Foundational Aim 2: Advancing Healthcare Quality through Technology

Providers in need of assistance, those serving underserved populations (health equity) and those with limited access to resources

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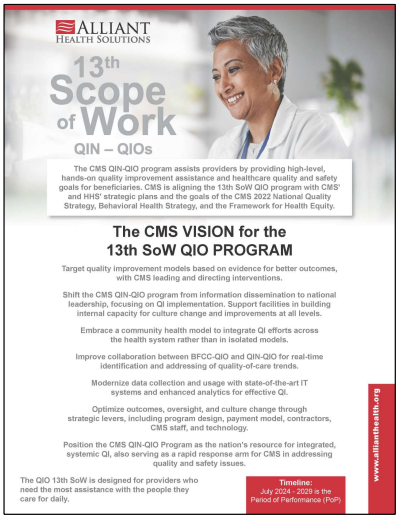
13th Scope of Work Flyer

- Outlines the Vision – 7 points detail
  - How the QIO will assist
  - Providers with high-level & hands-on
  - Quality improvement assistance
- States who will be engaged –
  - Those who need the most assistance
- Timeline – November 2024 – 2029
- Aligns the goals of the:
  - National Quality Strategy
  - Behavioral Health Strategy
  - Framework for Health Equity



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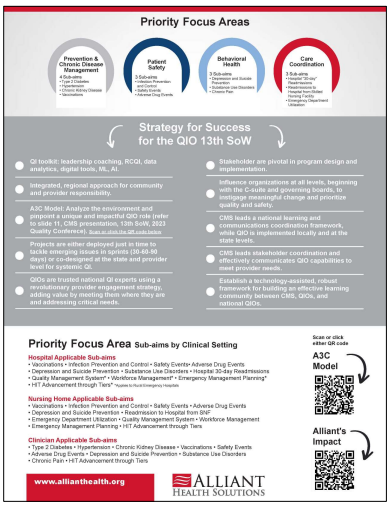
More Specifics

- Four priority focus areas
- 13 sub-aims for the target measures
- Strategies that QIOs will use
- Clinical settings for the sub-aims:
- Hospitals
- Nursing homes
- Physicians
- QR codes will take you to:
- A3C model details
- Alliant's past successes that will build future success



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Center of Excellence Overview

CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

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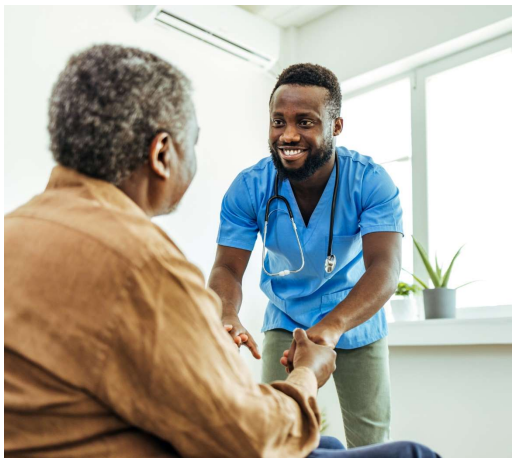
CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH IN NURSING FACILITIES

Established by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the Centers for Medicare and Medicaid Services, the **Center of Excellence for Behavioral Health in Nursing Facilities** focuses on increasing the knowledge, competency and confidence of nursing facility staff to care for residents with behavioral health conditions. Mental health and substance use training, customized technical assistance and resources are provided at no cost to CMS-certified nursing facilities throughout the United States.



For assistance, submit a request at nursinghomebehavioralhealth.org

Contact us: National Call Center: **1-844-314-1433**

Email: coeinfo@allianthealth.org

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Services Available to Nursing Facilities

Foundational Trainings

- Behavioral health training identified needs assessment (literature review/interviews)
- Frequently offered and available on a monthly rotation
- Multiple facilities participate in the same training session

Trainings are inclusive of, but not limited to:

- **De-Escalation Strategies** (Certificate program)
- **Mental Health First Aid** (Certificate program)
- **Question, Persuade, Refer** (Certificate program)
- **Mental Health 101**
- **Substance Use 101**
- **Trauma-Informed Care**

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When to Request Help From the COE-NF

Request Assistance With:

- Gaps identified in staff knowledge or skills in meeting the behavioral health needs of residents
- Difficulty meeting a particular resident's behavioral health needs
- Where to start and how to prioritize training and skills development for staff around the behavioral health needs of residents

Inquiries We Refer:

- Assistance in non-behavioral health areas
- Requests or concerns from residents or care partners
- Requests from providers that are not CMS-certified nursing facilities
- Emergencies - call 911

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Learning Objectives

- Understand and identify key metrics in falls data.
- Conduct an effective root cause analysis.
- Improve fall prevention through accurate reporting resources.

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Resident #1

- Impulsive - Poor Safety Awareness
- Diagnosis List:
  - Parkinson's
  - Depression
  - Anxiety
  - Dementia
  - TIA
  - Insomnia
  - BIM 0
- Admitted 1 year ago
- Averages 2 falls a month

Fall Notes

- **Sunday 8:13 p.m.-** found resident half out of bed yelling out
- **Sunday 11:28 p.m.-** found resident next to the bed
- **Thursday 1:16 a.m.**- staff assist to floor as resident was attempting to throw themselves out of bed
- **Monday 4:48 p.m.-** found resident on floor next to bed, stated they were going to the bathroom, neuro checks, non-slip socks were on, called physician and family, educated resident to call for assistance, placed bed side floor cushion
- **Sunday 7:16 a.m.-** resident was observed transferring to toilet from wheelchair and fell to floor, staff assisted to wheelchair, neuro checks, called physician and family, educated resident to ask for assistance with transfers
- **Saturday 6:26 p.m. -** this nurse heard noise from room 202 and entered resident room noting resident on the floor, sitting with legs extended, back against foot of bed, floor was dry, resident had nonskid socks on, lighting was from window and sink area light, resident was laughing, asked resident if they were hurt resident stated, "no sweetheart", this nurse completed neuro, skin, and head scans and found no indication of injury. Two person assist with gait belt to bed, placed in supine, pain scale 0 by resident, resident declined toileting, no incontinence noted. Asked the resident what they needed when they got up, the resident stated, "I wanted to check the door." The Nurse offered to check the door and did. Resident supine in low bed, fall pad next to bed, call light attached to grab bar, and watching Wagon Train on TV. Prior to the fall at 6 p.m., this nurse observed the resident's daughter leaving after assisting the resident with dinner in bed with the head of the bed elevated. Notified physician, family, DON.

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Interventions

- **Sunday 8:13 p.m.-** found resident half out of bed yelling out
  - Educated resident to call for help with call light when needing to get out of bed
- **Wednesday 11:28 p.m.-** found resident next to bed
  - Bedside floor cushion placed
- **Thursday 1:16 a.m.-** staff assist to floor as resident was attempting to throw themselves out of bed
  - Low bed position with bedside floor cushion
- **Monday 4:48 p.m.-** found resident on floor next to bed stated they were going to the bathroom, neuro checks, non-slip socks were on, called physician and family,
  - Educated resident to call for assistance, concave mattress placed
- **Sunday 7:16 a.m.-** resident was observed transferring to toilet from wheelchair and fell to floor, staff assisted to wheelchair, neuro checks, called physician and family
  - Educated resident to ask for assistance with transfers placed Dycem in wheelchair
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  - Educated daughter to notify staff after visit is complete. Staff will assist resident after visits with needs and will offer in room or out of room activities.

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Keep Gathering Information

Current routine

- **Wake/Sleep**
  - Prefers to stay up in the evening until 11 p.m. or later
  - Prefers to wake around 6 a.m.
  - Prefers to nap after breakfast for two hours
- **Visitors (reaction post visit)**
  - Daughter visits on weekends and assists with meals in room/bed
  - Resident enjoys daughter's visit and talks about it to staff for up to three hours after visit
  - Resident often requests to go home after daughter's visit
- **Mealtime (location for meals)**
  - Prefers breakfast and dinner in bed
  - Prefers lunch in dining room
  - Requests coffee and soda for snacks
- **Activities**
  - Prefers not to attend group activities
- **Has there been a room change?**
  - No
- **Toileting**
  - Often refuses toileting when staff offers then attempts toileting alone
- **Medications schedule**
  - Medications given 4 times a day (6 a.m., 12 p.m., 5 p.m., 8 p.m.)
- **Roommate Routine?**

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Keep Gathering Information

Prior routine

- **Work History**
  - Worked as a nurse for 40 years in long-term care
- **Hobbies**
  - Enjoyed traveling to visit family
  - Walked daily through town
  - Sewing clothes and blankets for grandchildren
  - Singing
- **Music/books/movies/TV**
  - NPR and Old Westerns
  - Biographic books about prominent people
- **Wake/sleep**
  - Lived alone for 30 years
  - Wake at 9 a.m., had a cup of coffee and light breakfast in pajamas
  - In bed by 10 p.m.
- **Mealtime and location**
  - Ate 3 meals each day at the dining table
- **Social interactions**
  - Participated in a singing group and served as president for four years
  - Served as respite volunteer for 20 years
- **Frequent falls patterns at home**
  - Falls during walks in the yard
  - Falls during toilet/bed transfers

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Keep Gathering Information

Medication Review

Psychological Review

Staff Observation Review

- Resident refuses offers to assist to the bathroom.
- Resident does not want to participate in group activities.
- Resident is impulsive with transfers and does not have safety awareness.

Care Plan Meeting Review

- Family shared that the resident turned off their cell phone before going to sleep to avoid noise and left the bedside window open a crack year-round for fresh air.
- Family explained that the resident enjoys independence and the ability to make decisions for themself.
- Family indicated the resident would enjoy seeing grandchildren virtually.

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Medications that Increase Fall Risk

- Antidepressants
- Neuroleptics and antipsychotics
- Benzodiazepines
- Sedatives and hypnotics
- Antihypertensive agents
- Nonsteroidal anti-inflammatory drugs
- Diuretics
- Beta blockers
- Narcotics
- Anti-Parkinson's Agents
- Medication with anticholinergic effects
- Use of multiple medications

"The 2023 Beers Criteria continues to acknowledge the importance of reducing the medication-related risk of delirium, falls, and fractures, and updates associated with use of medications with anticholinergic and sedative properties, opioids, and antidepressants."
~Pharmacy Today, July 2023

American Geriatrics Society Updated AGS Beers Criteria:
https://sbgg.org.br/wp-content/uploads/2023/05/1-American-Geriatrics-Society-2023.pdf

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Medications Can Increase the Risk of Falls

Blood pressure medications (ex: atenolol, enalapril, isosorbide)
- These medications can cause blood pressure to get too low when you stand up from a lying or sitting position (orthostatic hypotension) which results in lightheadedness and feeling faint, which can lead to a fall.

Opioid medications (ex: Norco, Lortab, Percocet)
- Can cause several side effects such as orthostatic hypotension, drowsiness, dizziness, and confusion which can all lead to falls.

Diabetes medications (ex: insulin, glimepiride, glyburide)
- These medications can cause blood sugar to get too low (hypoglycemia), which can cause dizziness and confusion that can lead to falls.

Anticoagulant medications (ex, warfarin, Eliquis, Xarelto)
- These medications affect the blood's clotting time, so falls become much more serious due to an increased risk of bleeding.

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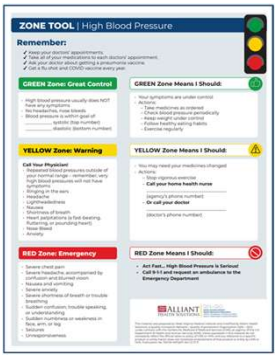
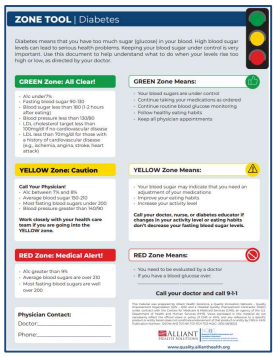
Zone Tools to Manage Medications Safely and Help Prevent Falls

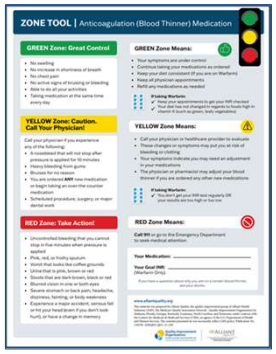


Blood Pressure Zone Tool

Do's and Don'ts of Pain Medicines



Diabetes Zone Tool



Anticoag Zone Tool

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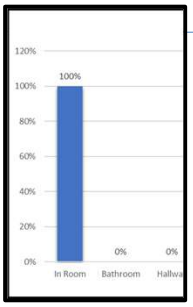
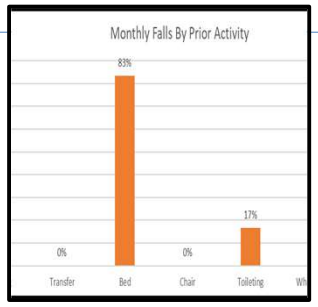
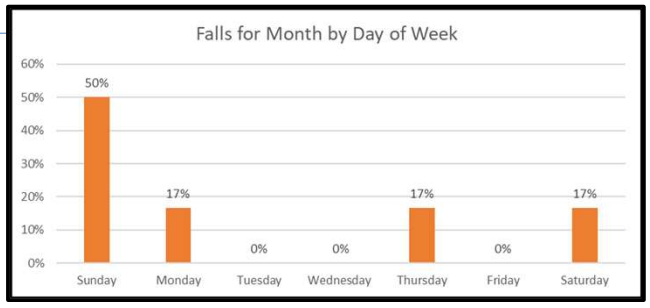
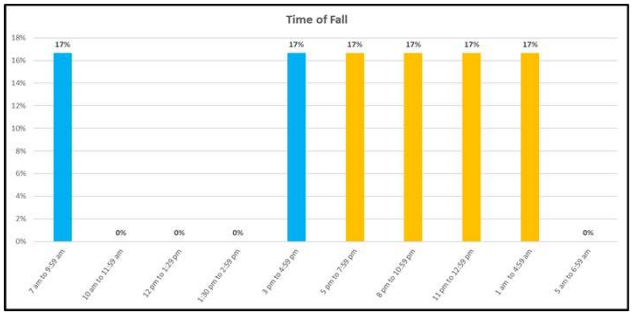
What We Know









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Other Intervention Ideas

- **Sunday 8:13 p.m.-** found resident half out of bed yelling out.
  - ~~Educated resident to call for help with call light when needing to get out of bed.~~
  - **Resident preference to go to bed at approximately 10:00 pm identified through family care plan meeting. Placed resident on late lay down list between approximately 9:30-11:30 p.m. Staff will encourage toileting and transfer to bed during this time.**
- **Wednesday 11:28 p.m.-** Found resident next to the bed.
  - Bedside floor cushion placed.
  - **Resident preference for a quiet, dark room during sleep was identified in the family care plan meeting. Staff will attempt to ensure noise levels and lighting are appropriate while getting the resident ready for bed. Staff will conduct visual/audio checks of the room and resident approximately every two hours.**
  - Therapy to evaluate for possible weighted blanket due to insomnia and anxiety.
- **Thursday 1:16 a.m.-** Staff assisted to the floor as the resident was attempting to throw themselves out of bed.
  - Encourage the bed in a low position with bedside floor cushion.
  - **Noted resident woke when roommate was receiving medication. Staff will attempt to reduce noise and lighting during nightly activities in the room. When a resident is noted to be waking, staff will attempt to assist the resident with their needs.**
  - ***May offer white noise machine/music and/or opening room window slightly for both residents for evening use in attempts to reduce interruptions in sleep.***
- **Monday 4:48 p.m**.- found resident on the floor next to the bed, stated they were going to the bathroom, neuro checks, non-slip socks were on, called physician and family,
  - ~~Educated resident to call for assistance~~, concave mattress placed
  - **Staff to encourage toileting and hand hygiene opportunities during transfers to and from bed and to and from the wheelchair,**
  - **Nursing staff to encourage toileting and hand hygiene opportunities during medication administration in efforts to lower resident self-transfer attempts to the toilet.**
- **Sunday 7:16 a.m.-** Resident was observed transferring to a wheelchair from bed and fell to the floor; staff assisted to a wheelchair, neuro checks, and called physician and family.
  - ~~Educated resident to ask for assistance with transfers and~~ placed Dycem in the wheelchair
  - **Placed on early get-up list between approximately 6:30-7:30 am, per resident's pattern of waking at approximately 7am. Staff will attempt to assist a resident with morning ADLs and assist the resident to the preferred breakfast location. Staff may offer coffee and other liquids to the resident if breakfast has not arrived.**

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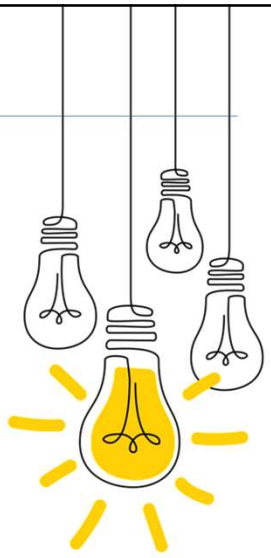
What Are Your Intervention Ideas?



- **Saturday 6:26 p.m.** This nurse heard noise from room 202 and entered the resident's room, noting the resident on the floor, sitting with legs extended, back against the foot of the bed. The floor was dry, the resident had nonskid socks on, and lighting was from the window and the sink area light. The resident was laughing. The nurse asked the resident if they were hurt, and the resident stated, "No, sweetheart." This nurse completed neuro, skin, and head scans and found no indication of injury. Two people were assisted with a gait belt to the bed and placed in a supine. The pain scale was 0. The resident declined toileting, and no incontinence was noted. The nurse asked the resident what they needed when they got up, and the resident stated, "I wanted to check the door." The nurse offered to check the door and did. Resident supine in low bed, fall pad next to bed, call light attached to grab bar, and watching Wagon Train on TV. Prior to the fall at 6 p.m., this nurse observed the resident's daughter leaving after assisting the resident with dinner in bed with the head of the bed elevated. Notified physician, family, DON.
  - Educated daughter to notify staff after a visit is complete. Staff will assist residents after visits with needs and will offer in-room or out-of-room activities.

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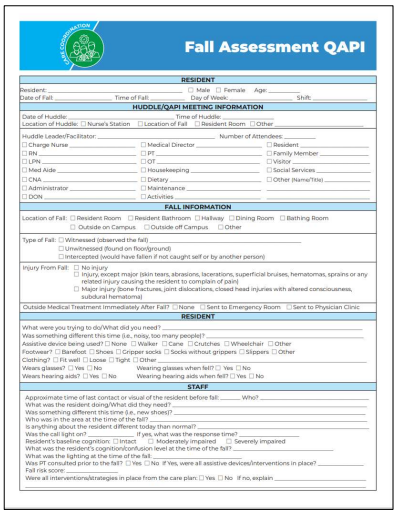
Post Fall Huddle-Fall Assessment QAPI

1. Ask the resident: Are you ok?
2. Ask the resident: What were you trying to do when you fell?
3. Ask the resident or determine what was different this time.
4. Position of the resident when they fell?
   A. Did they fall near a transfer surface such as a bed, toilet, or chair? If so, how far away from the surface were they?
      - Next to the surface
      - 5-7 feet away
      - Greater than 15 feet away
   B. Were they on their back, front, L side, or R side?
   C. What was the position of their arms and legs?


Fall Assessment QAPI

RESIDENT

HUDDLE/QAPI MEETING INFORMATION

FALL INFORMATION

RESIDENT

STAFF

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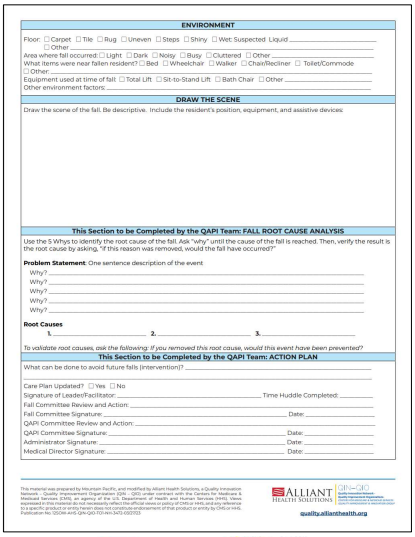
Post Fall Huddle-Fall Assessment QAPI

5. What was the surrounding area like?
   a. Noisy? Busy? Cluttered?
   b. If in the bathroom, contents of the toilet?
   c. Poor lighting & visibility?
   d. Position of the furniture & equipment? Bed height, correct?
6. What was the floor like?
   a. Wet floor? Urine on the floor? Uneven floor? Shiny floor?
   b. Carpet or tile?
7. What apparel was the resident wearing?
   a. Shoes, socks (non-skid), slippers, bare feet?
   b. Poorly fitting clothes (too long or big)?
8. Was the resident using an assistive device?
   a. Cane
   b. Walker
   c. Wheelchair
   d. Merry Walker
   e. Other
9. Did the resident have glasses and/or hearing aids on?
10. Who was in the area when the resident fell?



ENVIRONMENT

Floor: ☐ Carpet ☐ Tile ☐ Rug ☐ Uneven ☐ Steps ☐ Shiny ☐ Wet: Suspected Liquid _____ ☐ Other _____

Area where fall occurred: ☐ Light ☐ Dark ☐ Noisy ☐ Busy ☐ Cluttered ☐ Other _____

What items were near fallen resident? ☐ Bed ☐ Wheelchair ☐ Walker ☐ Chair/Recliner ☐ Toilet/Commode ☐ Other _____

Equipment used at time of fall: ☐ Total Lift ☐ Sit-to-Stand Lift ☐ Bath Chair ☐ Other _____

Other environment factors: _____

DRAW THE SCENE

Draw the scene of the fall. Be descriptive. Include the resident's position, equipment, and assistive devices:

This Section to be Completed by the QAPI Team: FALL ROOT CAUSE ANALYSIS

Use the 5 Whys to identify the root cause of the fall. Ask "why" until the cause of the fall is reached. Then, verify the result is the root cause by asking, "if this reason was removed, would the fall have occurred?"

Problem Statement: One sentence description of the event

Why? _____
Why? _____
Why? _____
Why? _____
Why? _____

Root Causes

1. _____ 2. _____ 3. _____

To validate root causes, ask the following: If you removed this root cause, would this event have been prevented?

This Section to be Completed by the QAPI Team: ACTION PLAN

What can be done to avoid future falls (intervention)? _____

Care Plan Updated? ☐ Yes ☐ No

Signature of Leader/Facilitator: _____ Time Huddle Completed: _____

Fall Committee Review and Action: _____

Fall Committee Signature: _____ Date: _____

QAPI Committee Review and Action: _____

QAPI Committee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

This material was prepared by Mountain Pacific, and modified by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO-TOT-NH-3472-032023

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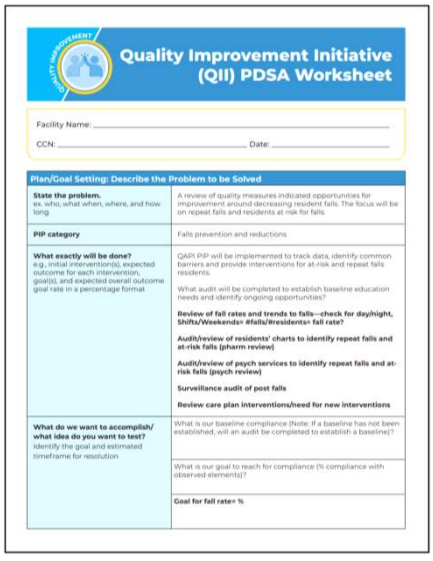
Plan, Do, Study, Act (PDSA)

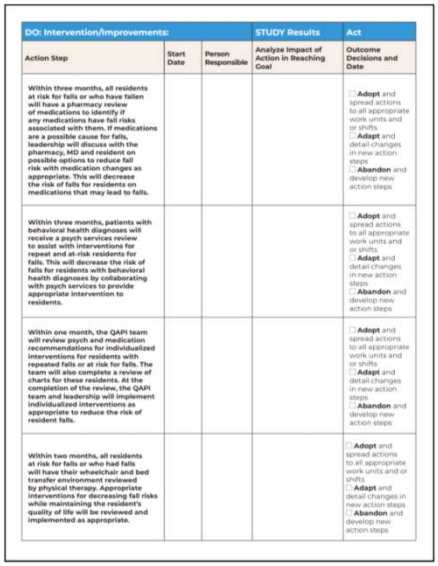


Quality Improvement Initiative (QII) PDSA Worksheet

Facility Name: _____

CCN: _____ Date: _____

Plan/Goal Setting: Describe the Problem to be Solved	
State the problem. ex. who, what when, where, and how long	A review of quality measures indicated opportunities for improvement around decreasing resident falls. The focus will be on repeat falls and residents at risk for falls.
PIP category	Falls prevention and reductions
What exactly will be done? e.g., initial intervention(s), expected outcome for each intervention, goal(s), and expected overall outcome goal rate in a percentage format	QAPI PIP will be implemented to track data, identify common barriers and provide interventions for at-risk and repeat falls residents. What audit will be completed to establish baseline education needs and identify ongoing opportunities? **Review of fall rates and trends to falls--check for day/night, Shifts/Weekends= #falls/#residents= fall rate?** **Audit/review of residents' charts to identify repeat falls and at-risk falls (pharm review)** **Audit/review of psych services to identify repeat falls and at-risk falls (psych review)** **Surveillance audit of post falls** **Review care plan interventions/need for new interventions**
What do we want to accomplish/ what idea do you want to test? Identify the goal and estimated timeframe for resolution	What is our baseline compliance (Note: If a baseline has not been established, will an audit be completed to establish a baseline)? What is our goal to reach for compliance (% compliance with observed elements)? **Goal for fall rate= %**



DO: Intervention/Improvements:			STUDY Results	Act
Action Step	Start Date	Person Responsible	Analyze Impact of Action in Reaching Goal	Outcome Decisions and Date
Within three months, all residents at risk for falls or who have fallen will have a pharmacy review of medications to identify if any medications have fall risks associated with them. If medications are a possible cause for falls, leadership will discuss with the pharmacy, MD and resident on possible options to reduce fall risk with medication changes as appropriate. This will decrease the risk of falls for residents on medications that may lead to falls.				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adopt** and detail changes in new action steps ☐ **Abandon** and develop new action steps
Within three months, patients with behavioral health diagnoses will receive a psych services review to assist with interventions for repeat and at-risk residents for falls. This will decrease the risk of falls for residents with behavioral health diagnoses by collaborating with psych services to provide appropriate intervention to residents.				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adopt** and detail changes in new action steps ☐ **Abandon** and develop new action steps
Within one month, the QAPI team will review psych and medication recommendations for individualized interventions for residents with repeated falls or at risk for falls. The team will also complete a review of charts for these residents. At the completion of the review, the QAPI team and leadership will implement individualized interventions as appropriate to reduce the risk of resident falls.				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adopt** and detail changes in new action steps ☐ **Abandon** and develop new action steps
Within two months, all residents at risk for falls or who had falls will have their wheelchair and bed transfer environment reviewed by physical therapy. Appropriate interventions for decreasing fall risks while maintaining the resident's quality of life will be reviewed and implemented as appropriate.				☐ **Adopt** and spread actions to all appropriate work units and or shifts ☐ **Adopt** and detail changes in new action steps ☐ **Abandon** and develop new action steps

Sample-Falls-Rapid-Cycle-PDSA-Fillable_508 (1).pdf

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Fall and Care Plan Intervention Ideas

- Individualized toileting plan
- Assistive devices in reach
- Adequate footwear
- Environmental modifications
- Medication review
- Individualized monitoring schedule
- Wheelchair modifications
- Eyeglasses/Hearing Aides
- Re-evaluate transfer status
- Pain management
- Individualize: Learn to think outside the box. Especially for residents with frequent falls.

COE-NF Comfort Menu

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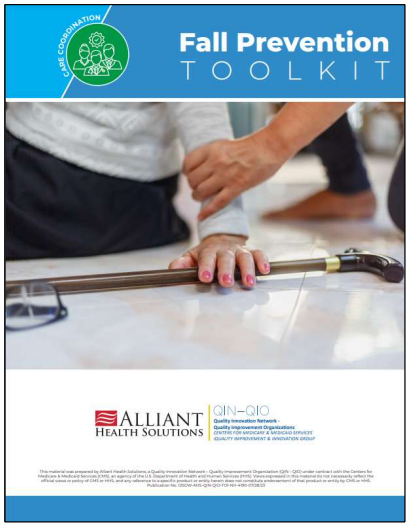
Resources

- Fall Management Tracking Sheet - https://quality.allianthealth.org/media_library/fall-management-tracking-sheet/
- Fall Prevention Toolkit - https://quality.allianthealth.org/wp-content/uploads/2023/08/QIN-QIO-Fall-Toolkit-Fillable_508.pdf
- Center of Excellence for Behavioral Health In Nursing Facilities - https://nursinghomebehavioralhealth.org/



In Summary

- Alliant Health Solutions is your **collaborative partner** for consultation on a variety of quality improvement programs.
- We provide **resources** and **HOPE** for making health care better.
- What are **you curious** about?

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References:

- Centers for Medicare & Medicaid National Quality Strategy: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Legacy-Quality-Strategy.html
- Alliant Health Solutions Resources: https://quality.allianthealth.org/resources/
- Center of Excellence Resources: Resources - COE-NF
- Idaho Health Care Association: https://www.idhca.org/wp-content/uploads/2021/07/WED_SNF-RootCauseAnalysistheReality.pdf

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Questions?

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