CAPTURE Falls

Collaboration and Proactive Teamwork Used to Reduce

Quarterly Collaborative Call #52

August 20, 2024

2:00 – 2:30 p.m. CT

Topic:

Learning from Falls – Falls in the Bathroom

University of Nebraska Medical Center℠

AGENDA

- Housekeeping
- Falls in the Bathroom Case Studies and Discussion

Housekeeping

1. **Know Falls Event Reporting**
   - 2024 Quarter 2 reports were sent 8/14/24
   - Reports were sent to any hospital that reported at least one fall within the past year
   - Continue reporting to help facilitate learning from fall events and track your outcomes
   - Reminder for NCPS members: reporting to Know Falls = reporting to NCPS
   - Contact us with REDCap issues (add users, remove users, etc).

Housekeeping

2. **Collaboration with Strategic Quality Support System (SQSS)**
    - Many CAHs in NE use SQSS to support their QI efforts
    - Exploring ways to “push” fall event data from SQSS into Know Falls (REDCap) to ease reporting burden
    - Two CAPTURE Falls hospitals are beta-testing the process with SQSS and us
    - Stay tuned for more information as this process moves forward.

Housekeeping

3. **E-mail Encryption**
   - UNMC IT recently made some security changes, and all emails are now encrypted by default.
   - We will no longer need to use ‘Confidential’ in our subject line or select ‘Encrypt’ under Options in Microsoft Outlook for emails we send to external users.
   - You will no longer need to connect to a portal to retrieve the emails. Emails from us will simply appear in your inbox.

Housekeeping

4. **National Fall Prevention Week is Sept. 23-27, 2024**
    - Many CAPTURE Falls hospitals have used this time to promote their fall risk reduction program to both patients/families, stakeholders, and staff
    - Promote fall risk reduction for inpatients, for patients within the community, or both
    - Resources for Event Planning and Promotion:
        - National Council on Aging Fall Prevention Awareness Week Toolkit
        - APTA Geriatrics – An Academy of the American Physical Therapy Association National Falls Prevention Awareness Toolkit
        - CAPTURE Falls Roadmap
    - Do you have plans for National Fall Prevention Week? If so, please comment about it in the chat!

Housekeeping

5. **Final Call for Responses - Survey of Fall Risk Reduction Practices in Rural Health Clinics (RHCs) closing September 2024**
    - Survey all RHCs in NE to evaluate the current state of fall risk management practices (screening, assessment, and intervention) in clinic settings
        - We currently have a 27% response rate – please encourage any RHCs affiliated with your CAH to complete the survey if they have not done so already (thank you to those who have helped encourage participation!)
    - CATCH RURAL Falls: Coordinated Action Toward Community Health: RedUce Risk And Limit Falls – more information in October's call
    - We are still supporting CAHs for inpatient fall risk reduction!

Falls in the Bathroom
Case Studies and Discussion

University of Nebraska Medical Center

The Bathroom is a Challenging and Dangerous Place!

- Navigating the bathroom requires balance challenges such as turning, grabbing, pushing, and pulling motions. (Pati et al, 2021)
- Potential for slips on wet floors
- Increased risk for injury if a patient falls in the bathroom
  - Odds of injury were 1.5 to 2.5 times greater if a fall occurred in the bathroom vs. other location (Krauss et al, 2007; Venema et al, 2019)

- Pati D, Valipoor S, Cloutier A, et al. Physical design factors contributing to patient falls. *J Patient Saf.* 2021;17(3):e135-e142. doi: 10.1097/PTS.0000000000000339.
- Krauss MJ, Nguyen SL, Dunagan WC, et al. Circumstances of patient falls and injuries in 9 hospitals in a midwestern healthcare system. *Infect Control Hosp Epidemiol.* 2007;28(5):544-50. doi: 10.1086/513725.
- Venema DM, Skinner AM, Nailon R, et al. Patient and system factors associated with unassisted and injurious falls in hospitals: an observational study. *BMC Geriatr.* 2019;19(1):348. doi: 10.1186/s12877-019-1368-8.

Complex Circumstances Affect Acceptability of Toileting Supervision for Fall Risk Reduction

- Staff believed that bathroom supervision helped to reduce falls in the bathroom
- Staff encountered three practical barriers to bathroom supervision of patients at risk for falls:
  - Supervising one patient means others left unattended
    - "Partner nurses" strategy promoted supervision in the bathroom
  - Privacy concerns – discomfort for both patients and staff
  - Time

- Barker AL, Morello RT, Ayton DR, et al. Acceptability of the 6-PACK falls prevention program: A pre-implementation study in hospitals participating in a cluster randomized controlled trial. *PLoS One*. 2017;12(2):e0172005. Published 2017 Feb 15. doi:10.1371/journal.pone.0172005

Safe Table Confidentiality Training

with acknowledgement to:

Emily Barr, OTD, MBA, OTR/L, BCG, Executive Director
Carla Snyder, MHA, MT(ASCP)SBB, Patient Safety Program Director
Nebraska Coalition for Patient Safety (NCPS)

NCPS
Nebraska Coalition for Patient Safety

University of Nebraska Medical Center

Definitions

Patient Safety Evaluation System (PSES) means the collection, management, or analysis of information for reporting to or by a Patient Safety Organization (PSO).

Patient Safety Work Product (PSWP) means any data, reports, records, memoranda, analyses (such as root cause analyses), or written or oral statements (or copies of any of this material) which could improve patient safety, health care quality, or health care outcomes, including information:

- Which is assembled or developed by a provider for reporting to a PSO and are reported to a PSO,
- Which is documented as within a patient safety evaluation system for reporting to a PSO, or
- Are developed by a PSO for the conduct of patient safety activities, or
- Which identify or constitute the deliberations or analysis of, or identify the fact of reporting pursuant to, a patient safety evaluation system.

What is a Safe Table?

A Safe Table is a forum where healthcare providers review and discuss issues related to quality and patient safety improvement in a confidential and privileged space to facilitate group problem solving. Examples:

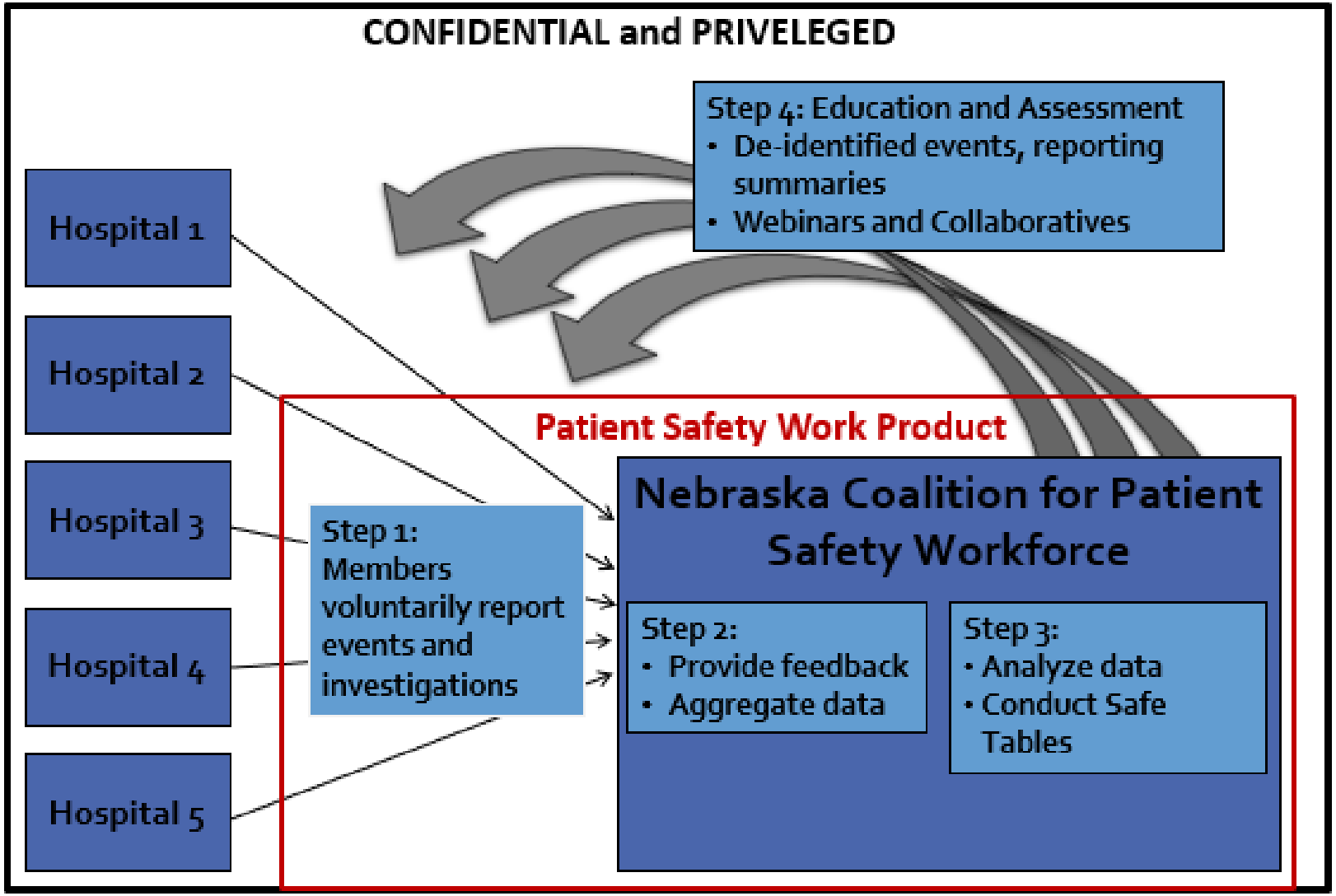
- ✓ Discussion of case studies
- ✓ Sharing information about best practices and protocols such as conducting debriefs
- ✓ Structuring collaborations to implement change

The diagram on the next slide illustrates that a Safe Table takes place within NCPS's and UNMC CAPTURE Fall's Patient Safety Evaluation System.

Through our affiliation with NCPS, a PSO, we maintain the confidentiality and privilege of the information shared during a Safe Table as Patient Safety Work Product.

To do so, participants in the Safe Table agree to serve as temporary volunteer workforce of NCPS and UNMC CAPTURE Falls.

NCPS and UNMC CAPTURE Falls Patient Safety Evaluation System



Confidentiality Reminder

As temporary NCPS Workforce, you have a duty to maintain confidentiality by ensuring shared information is non-identifiable.

Non-identifiable PSWP may be used for Patient Safety Activities such as conducting a Safe Table.

PSWP becomes ***non-identifiable*** when all direct

- ***Provider*** identifiers are removed in compliance with the federal Patient Safety Act and
- ***Patient*** identifiers are removed in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

If you do not want to identify your organization during the Safe Table, you may share information anonymously by typing a message in the chat box to the meeting organizers.

Confidentiality Reminder

In addition to the confidentiality obligations under the Patient Safety Quality Improvement Act of 2005, each participant must also agree:

(1) not to share the link to the Virtual Session,

(2) not to record, photograph or screenshot the Virtual Session, and

(3) to attend the Virtual Session in a private area where no unauthorized individual may observe or listen to the virtual convening session.

The confidentiality protections of Patient Safety Work Product shall survive after the Virtual Session is adjourned.

Participants may not disclose any identifiable Patient Safety Work Product discussed at this Virtual Session except to provide learnings and feedback to provider members of NCPS PSO for quality improvement purposes.

The Patient Safety Act, 21 C.F.R. Part 3, imposes penalties of up to $11,000 for the knowing and reckless violation of these confidentiality requirements.

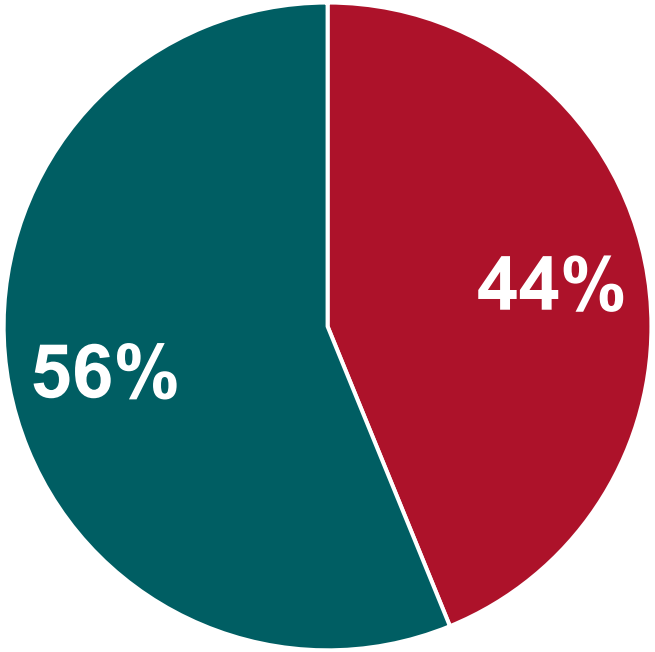
Review and Discussion of Fall Event Data

Descriptive data from the Know Falls database regarding inpatient falls related to toileting was shared.

This included frequency of various characteristics that were common to these patients and the fall events.

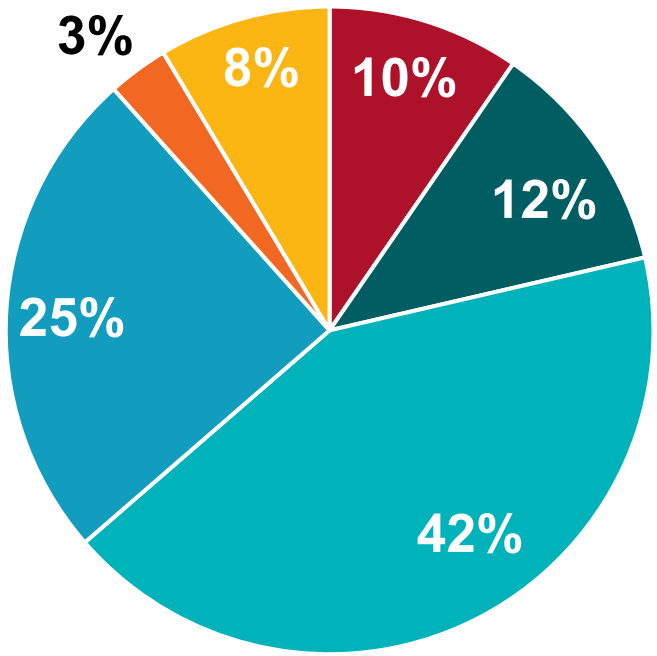
Data from the CAPTURE Falls Collaborative

Of the 1,362 inpatient falls entered in Know Falls since August 2015,



Data from the CAPTURE Falls Collaborative

Of the 597 falls related to toileting, what was the patient doing or attempting to do?



- **Toileting/on commode w/o assistance (left alone)**
- Toileting/on commode w/assistance
- Amb to BR w/o assistance
- Amb to BR w/assistance
- Dressing/undressing
- Other

Data from the CAPTURE Falls Collaborative

Of the 57 falls related to toileting when the patient was left alone on the toilet/commode:

Bed Type	Mean Age	Sex
• 54% swing bed • 32% acute • 12% observation	• 72 years	• 54% male • 46% female

Data from the CAPTURE Falls Collaborative

Of the 57 falls related to toileting that occurred when the patient was left alone:

Comorbidities

- 51% weakness
- 35% cardiovascular
- 28% pain
- 25% orthopedic
- 25% cognitive impairment/ dementia

Ambulatory Status

- 84% of patients who fell were known to need assistance with mobility

Unassisted Falls

- 93% of the falls were unassisted
- For the 7% that were assisted, staff entered in time to see patient standing, but starting to lose balance

Injurious Falls

- 37% of the falls were injurious
  - 28% skin tear/ abrasion
  - 11% hematoma/ bruising
  - 5% pain (under-reported?)
  - 2% laceration

Review and Discussion of Fall Event Data

Four de-identified fall case studies reported into Know Falls were also discussed.

All were similar in that the patient fell while toileting or on the commode without assistance (left alone).

Details of falls are not provided in this handout for the purposes of confidentiality.

Discussion Questions

- What are your policies related to staff presence with patients while toileting?
  - How do you determine if a patient is safe to be left alone?
  - Under what circumstances might staff make a judgment to leave a patient alone while toileting (whether policy allows this or not)?
- How does your facility handle:
  - the competing goals of safety vs. privacy for patients during toileting?
    - When patients resist staff presence, how do you educate staff to communicate with patients on this topic?
  - the competing goals of safety and work efficiency?

Summary of Key Discussion Points and Additional Information About Fall Risk Reduction in the Bathroom

Policies and Procedures Regarding Supervised Toileting

- Clearly specify the expectations for staff regarding the intervention of supervised toileting in your fall risk reduction policies and procedures
  - For which patients should staff remain present?
  - For which patients, or in which situations, may staff step out?

Patient Education When Implementing Supervised Toileting as an Intervention

For patients who will be supervised while toileting, consider sharing with patients/families:

- The rationale behind your facility's policy on supervised toileting
- How this might be different from what the patient is used to outside of the hospital
- Acknowledgement of how the patient might feel about this policy

Patient Education When Implementing Supervised Toileting as an Intervention

Consider arming staff with a script to use for patients who will be supervised while toileting:

- Situation: It our facility's policy that we remain with you while you use the bathroom.
- Background: I understand that you may prefer your privacy, but patients often get hurt if they fall in the bathroom.
- Assessment: You are currently unsteady on your feet and may fall if you get up on your own. *(can insert any risk factor(s) specific to the patient)*
- Recommendation: I want to keep you safe, so I am going to stay with you in the bathroom.

Considerations Regarding When to Use/Not Use Supervised Toileting as an Intervention

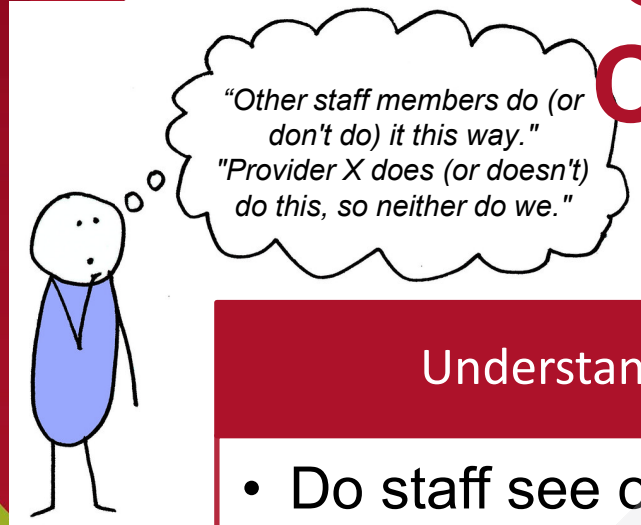
- Multiple factors will influence the decision of when to implement supervised toileting as an intervention
  - Medical stability, medications, fatigue, cognition, etc.
- The appropriateness of supervised vs. unsupervised toileting for a given patient may vary between patients based on their specific risk factors.
- The appropriateness of supervised vs. unsupervised toileting for a given patient may change over time based on fluctuations in the patient's fall risk status and specific fall risk factors. (Sundowning as one example)

Patient Education with Teach-Back When Not Using the Intervention of Supervised Toileting

For patients who will not be supervised during toileting, consider sharing with patients/families:

- What is being asked of the patient during toileting to reduce their risk of a fall (e.g. use the call light; do not get up until staff arrive)
- Why they are being asked to do this
- Have patients teach-back using their own words and show use of call light
- If teach-back is used to help check for appropriateness of unsupervised toileting, it may need to be used in advance of *each* toileting encounter if patient's status is fluctuating

Organizational Psychology Aspects: Consider the Impact of Social Norms *What does staff see others do?*



Understand the challenge

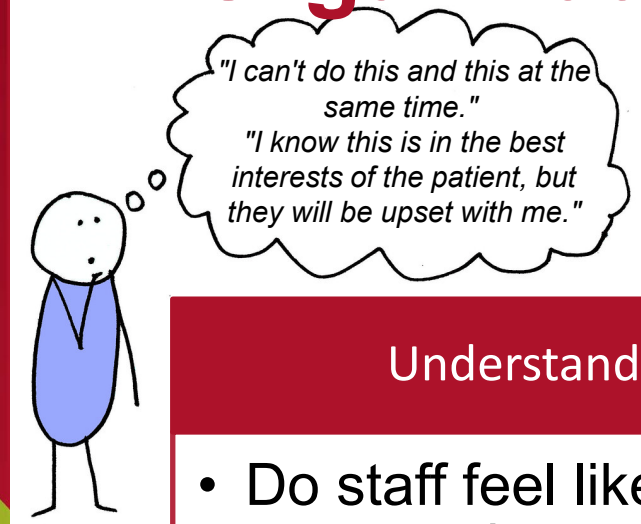
- Do staff see others taking action to follow your policies regarding the use of supervised toileting as an intervention?
- Are social norms encouraging or discouraging staff from taking action according to your policies?

Strategies to address the challenge

- Have well-respected role models or champions share information in support of the appropriate use of supervised toileting as an intervention, against undesired behavior
- Show staff how their performance compares against others
- Offer verbal/non-verbal rewards for effort and/or progress

(Michie et al., 2005; Tang et al., 2021)

Organizational Psychology Aspects: Consider the Impact of Goals and Motivations



What are staff's goals and motivations?

Understand the challenge

- Do staff feel like they really need to supervise patients while they are toileting?
- Do staff understand the goal or purpose of the use of supervised toileting as an intervention?
- What competing goals might staff encounter that influence staff behavior?
- What incentives exist to motivate staff to act?

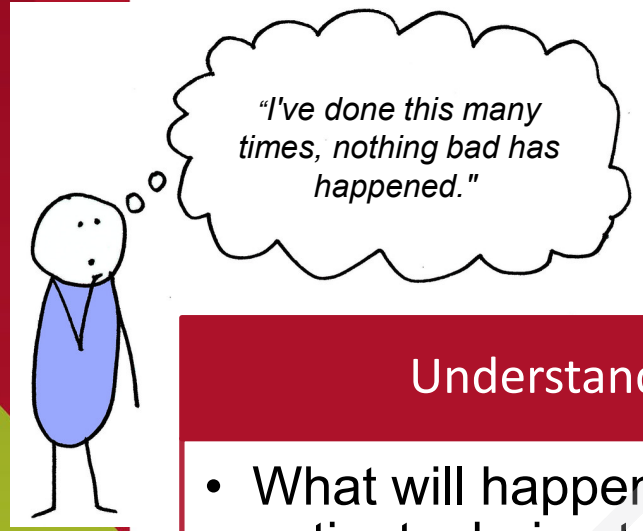
Strategies to address the challenge

- Ensure goals are clearly defined, attainable, explained, and understood
- Identify areas where goals are in competition, in conflict with one another
- Help staff with goal prioritization
- Revisit how you recognize, reward new behavior

(Locke & Latham, 2002; Michie et al., 2005)

Organizational Psychology Aspects: Consider the Impact of Perceptions of Consequences

What does staff think will (or won't) happen if they do (or don't) act?



Understand the challenge

- What will happen if staff supervise patients during toileting?
- What are the perceived costs of doing this? What are the perceived costs of the consequences of doing this?
- Do the benefits outweigh the costs?
- What will staff feel like if they do, or don't supervise patients during toileting? What will they feel like if the patient falls?

Strategies to address the challenge

- Understand staff perceptions of costs vs. benefits of supervising patients during toileting
- Understand staff perceptions of risk of not doing so and the why behind them
- Dialogue and coach accordingly to ensure perceptions of risk of leaving patients along while toileting reflect reality and help staff draw connections between their actions and outcomes

(Kahneman D, 2013; Michie et al., 2005)

Are There Recommended Bathroom Design Characteristics to Reduce Risk? (Question Asked During the Call)

- Research literature in this area is not very strong due to the difficulty in designing and conducting well-controlled studies on this topic.
- Further, whether or not a given aspect of the environment reduces (or increases) one's risk for falls depends in part on the specific impairments of the patient (strength, motion, etc.)
  - Example: a grab bar on the wall on the left side of the toilet may be helpful to most patients, but perhaps not to a patient with a weak left hand/arm
- The following slides provide *general* recommendations for the physical design of bathrooms.

Are There Recommended Bathroom Design Characteristics to Reduce Risk?

Configure room/furniture layout to minimize the need to turn when ambulating to/from the bathroom

- Examples: minimize obstacles between the bed/chair and bathroom that the patient would need to navigate around; place toilet and sink on the sidewall vs. on wall directly opposite door (allows for 90 degree turn vs. 180 degree turn)
- Realize it is not realistic to *eliminate* the patient's need to turn

Are There Recommended Bathroom Design Characteristics to Reduce Risk?

Allow adequate space for maneuvering

- Door width to fit assistive devices, wheelchairs, IV poles, etc. At least 32 inches is Americans with Disabilities Act (ADA) requirement
- Space is needed to turn inside the bathroom. In general, 60 inches is ADA requirement (varies somewhat based on shape of room)

Are There Recommended Bathroom Design Characteristics to Reduce Risk?

- Swinging doors (either away from or towards the patient) can require the patient to perform destabilizing grabbing, pushing, or pulling motions, and may require the patient to back up when opening towards the patient
- Sliding doors may eliminate the need to back up compared to a door opening towards you, but will still require pushing/pulling to open/close.

Are There Recommended Bathroom Design Characteristics to Reduce Risk?

- Multiple grab bars (vs. only one) is generally better if bathroom configuration allows. ADA provides guidance on grab bar placement.
- Flush handle of toilet and toilet paper dispenser should be placed at a height to minimize reaching and bending
- Raised toilet seats are often useful (it's generally easier to stand up from higher surfaces), but may be too tall for a petite patient
- Avoid thresholds in doorways

Are There Recommended Design Characteristics for Bathrooms to Reduce Risk?

References/Resources for Bathroom Design

- Pati D, Valipoor S, Cloutier A, et al. Physical design factors contributing to patient falls. *J Patient Saf.* 2021;17(3):e135-e142. doi: 10.1097/PTS.0000000000000339.
- Pati D, Valipoor S, Lorusso L, et al. The impact of the built environment on patient falls in hospital rooms: An integrative review. *J Patient Saf.* 2021;17(4):273-281. doi: 10.1097/PTS.0000000000000613.
- Pati D, Lee J, Mihandoust S, Kazem-Zadeh M, Oh Y. Top five physical design factors contributing to fall initiation. *HERD*. 2018;11(4):50-64. doi: 10.1177/1937586718763798.
- https://www.access-board.gov/ada/guides/chapter-3-clear-floor-or-ground-space-and-turning-space/#door-swing-and-other-space-requirements
- https://www.access-board.gov/ada/guides/chapter-4-entrances-doors-and-gates/
- https://www.access-board.gov/ada/guides/chapter-6-toilet-rooms/

Engagement with the CAPTURE Falls Program

Initial Steps

- Begin engagement or re-engagement with UNMC team on a rolling basis
- Review and sign Data Registry and Quality Improvement Agreement that acknowledges UNMC's relationship with the Nebraska Coalition for Patient Safety (NCPS) and associated confidentiality protections for data and information sharing.
- Form your team
- Complete gap analysis
- Participate in at least one consultative meeting with UNMC team to review gap analysis and establish priorities/goals

Additional Resources Available

- Use of the CAPTURE Falls online roadmap
- Further consultation with UNMC team "on-demand"
- Quarterly collaborative calls for education and program updates
- Know Falls REDCap database for reporting and learning from falls
  - Quarterly reports for hospitals that report into Know Falls
  - Participation in establishing CAH-specific fall rate benchmarks

Sustainment

- Monitor progress towards goals
- Monitor fall rates; compare with benchmarks
- Update gap analysis when appropriate

Can also "jump in" anywhere in your fall risk reduction process for focused topic-specific support

Reminders

1. Future Collaborative Calls/Educational Opportunities: Let us know if there is a topic or series of interest!
    - Tuesday October 22, 2024, 2:00-2:30pm CT
2. Looking for fall risk reduction resources?

Click here: https://www.unmc.edu/patient-safety/capturefalls/index.html

Still can't find what you are looking for? Let us know what we are missing!

Assistance is an email away!

Contact us for more information about:

- Fall risk reduction best practices: Dawn (dvenema@unmc.edu)
- Team performance, quality improvement and implementation challenges: Vicki (victoria.kennel@unmc.edu)
- Know Falls and Online Learning (REDCap): Dawn (dvenema@unmc.edu) and/or Matt (matthew.mcmanigal@unmc.edu)
- General questions or not sure?: CAPTURE.Falls@unmc.edu

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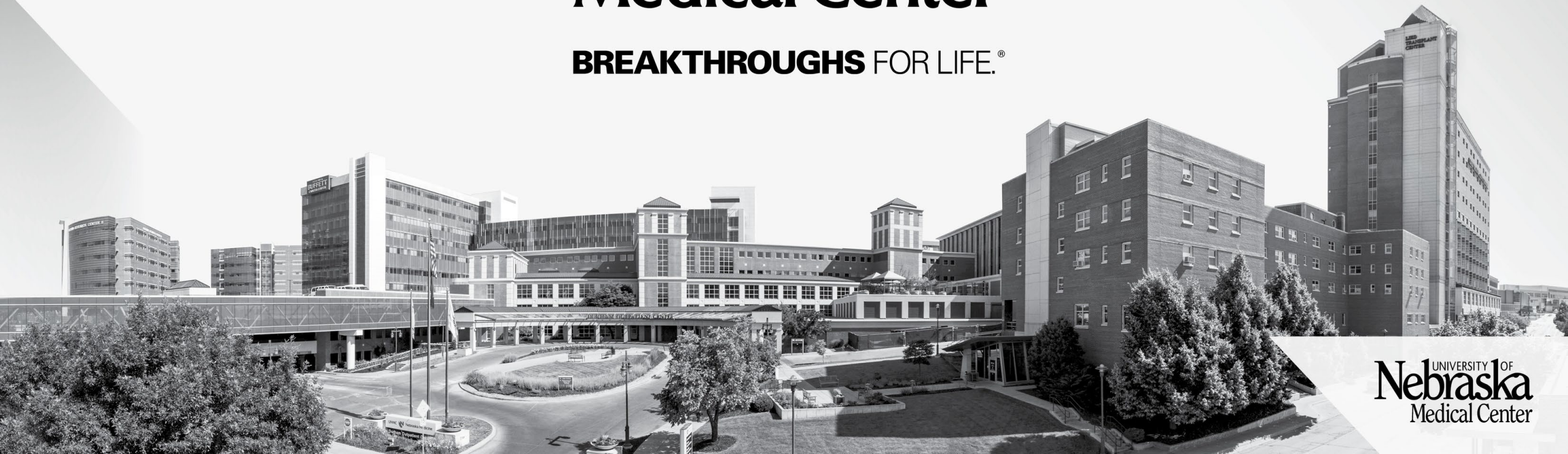

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