Implementing Post Fall Huddles in Reducing Recurrent Falls

Title

Falls are a costly and serious healthcare issue that leads to severe consequences and significant suffering among Older Adults.

Although one Older Adult dies every 35 minutes as a result of fall injuries, a fall is not an inevitable part of aging.

About 1,800 patients living in nursing homes die each year from fall related injuries.

Each nursing home patient who is 65 years and older, typically falls more than once, averaging 2.6% falls per person, per year. 10 to 20% of these patients suffer from serious fall related injuries, with 2% to 6% of the falls causing fractures.

Despite implementation of aggressive evidence based fall prevention guidelines, Older Adults continue to fall. The risk of falling increases with age.

The literature is rich in preventing falls but scarce in preventing recurrent falls.

Identification and modification of fall risk factors are the most effective strategy in preventing recurrent falls.

www.cdc.gov, Oliver et. al 2010

The purpose of this DNP project is to evaluate the effectiveness of Post Fall Huddle in reducing recurrent falls among Older Adults living in Long Term Care Facilities.

Background

Falls are a costly and serious healthcare issue that leads to severe consequences and significant suffering among Older Adults. Although one Older Adult dies every 35 minutes as a result of fall injuries, a fall is not an inevitable part of aging. About 1,800 patients living in nursing homes die each year from fall related injuries. Each nursing home patient who is 65 years and older, typically falls more than once, averaging 2.6% falls per person, per year. 10 to 20% of these patients suffer from serious fall related injuries, with 2% to 6% of the falls causing fractures. Despite implementation of aggressive evidence based fall prevention guidelines, Older Adults continue to fall. The risk of falling increases with age. The literature is rich in preventing falls but scarce in preventing recurrent falls. Identification and modification of fall risk factors are the most effective strategy in preventing recurrent falls.

www.cdc.gov, Oliver et. al 2010

Purpose

The purpose of this DNP project is to evaluate the effectiveness of Post Fall Huddle in reducing recurrent falls among Older Adults living in Long Term Care Facilities.

PDSA Model and Lewin’s Change Theory

ACT

Analyze fall and recurrent fall data
Determine if goals met
Determine if improvement is sustained

PLAN

Review fall prevention program and practices
Identify pilot team leaders and members
Identify pilot test unit
Determine data to be measured

STUDY

Collect the fall and recurrent fall data
Meet bi-monthly with the pilot test team
Discuss successes and lessons learned

DO

Introduce simplified Post fall huddle and provide education to IDT members
Identify the fall rate and number of recurrent falls in the pilot unit
Implement PFH
Engage staff

Unfreeze  Change  Refreeze

Implications For Practice

- Each Older Adult has individualized fall risk factors, thus an individualized care plan that targets the risk factors is an effective intervention in reducing recurrent falls and injuries.
- The timing of new interventions is critical in reducing Recurrent Falls.
- The partnership between IDT and Older Adults leads to increased collaboration in determining the most appropriate fall prevention interventions.
- The use of “teach back” strategy is important to enhance Older Adults understanding of their risk for falls and care plan.
- The use of Post Fall Huddle will provide standardized fall prevention practice and reduce recurrent falls.
- Further research and Quality Improvement projects should be supported to increase patients safety and quality of life.

Table 1

Implementation of the Post Fall Huddle Prior and Post Data Regarding Falls and Recurrent Falls

<table>
<thead>
<tr>
<th>Prior to Implementation</th>
<th>Post Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
<td>Oct-Dec 2014</td>
</tr>
<tr>
<td></td>
<td>Jan-Mar 2015</td>
</tr>
<tr>
<td></td>
<td>Apr-June 2015</td>
</tr>
<tr>
<td></td>
<td>July-Sep 2015</td>
</tr>
<tr>
<td></td>
<td>Oct-Dec 2015</td>
</tr>
<tr>
<td>Patients</td>
<td>115</td>
</tr>
<tr>
<td>Bed Days of Care</td>
<td>3523</td>
</tr>
<tr>
<td>Recurrent Falls #</td>
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</tr>
<tr>
<td>Rate per 1000</td>
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</tr>
<tr>
<td>Fall Compliance %</td>
<td>9%</td>
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<tr>
<td>Rate per 1000</td>
<td>4.8</td>
</tr>
<tr>
<td>Falls #</td>
<td>17</td>
</tr>
<tr>
<td>Rate per 1000</td>
<td>4.8</td>
</tr>
<tr>
<td>Fall Compliance %</td>
<td>9%</td>
</tr>
</tbody>
</table>

- 78% reduction in Recurrent Falls
- 65% reduction in Falls
- 100% Post Fall Huddle Compliance

Steps in Conducting PFH

1. RN makes an announcement of the PFH
2. RN updates Care Plan
3. IDT members at the fall environment within 15 minutes
4. Patient Education using “Teach Back” strategy
5. Risk Factors and Fall type identified
6. Findings identified. IDT decides on new intervention
7. Communicate new interventions to staff
8. Nurse Manager to follow up within 24 hours to ensure interventions are implemented.

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