

INTERPROFESSIONAL FALL PREVENTION IN AN ASSISTED LIVING FACILITY

PRIMARY, SECONDARY AND TERTIARY PREVENTION

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COLLABORATION



ONE MACDONOUGH PLACE ASSISTED LIVING FACILITY

- Non-profit Middlesex Health owned Assisted Living Facility
- 48-56 residents
- Average age of residents: 90 years
- Average of 12 falls/month with serious injury/hospitalizations



CHARGE OF FALL COMMITTEE

- Take a multi disciplinary, proactive approach to understanding and improving the management of falls in an assisted living community
- Reduce the number of falls
- Prevent future falls

REQUIREMENTS FOR PROGRAMMING

- Evidence based: interventions and screens/assessments
- Involve all levels of prevention: primary, secondary, tertiary
- Interdisciplinary approach
- Create a “culture of fall prevention” with shared ownership by all

PROFESSIONALS INVOLVED

- Nursing
- Occupational Therapy
- Physical Therapy
- Recreation Therapy
- Pharmacist
- CNA
- Primary Care Physician
- Specialty Physicians
- Administration
- The Residents

LEVELS OF PREVENTION

Primary Prevention:

Prevent the onset of illness or injury before the disease process begins.

“Keep the healthy out of trouble”

Secondary Prevention

Identification and prompt treatment of an illness or possible injury which prevents more severe problems from developing.

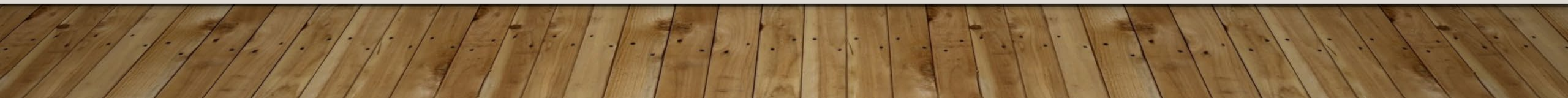
“Help people manage their risk factors and chronic conditions to prevent falls”

Tertiary Prevention

Aimed at rehabilitation following an illness or fall episode. Focus is to retrain, re-educate and rehabilitate people who have already developed an impairment or disability.

“Manage the chronically ill so they don’t experience continued decline and repeated falls”

(Phillips, 2015)



HEALTHY AGING HEALTH PROMOTION GROUP

PRIMARY PREVENTION

- Quinnipiac OT students
- Topics chosen based on needs assessment
- 8 weeks , 2 hours/week
- Client satisfaction high
- 15-20 participants, resident leaders
- Groups to take place 1x/year
- Based on Lifestyle Redesign Model



HEALTHY AGING GROUP TOPICS

- Fall prevention
- Importance of physical activity
- Benefits of socialization
- Medication management and Health Literacy (“how to talk to your doctor”)
- Stress management
- Sleep hygiene
- Home safety (included home safety assessments)
- Diet and Nutrition

FALL PREVENTION EDUCATIONAL VIDEO

PRIMARY PREVENTION

- Provided to residents, staff and families
- Everyone receives the same messaging
- Created by Homecare Staff with assistance from Middlesex Health SIM Lab videographer
- To be provided a minimum of 1x/year

SCREENING PROCESS

SECONDARY PREVENTION

- Screens are completed by ALF staff
- Residents are screened every 120 days
- Based on screening tool scores, referrals are made to:
 - homecare therapists
 - Primary Care Physicians
 - Pharmacists
 - Specialty Physicians
- The Care Plan is reviewed by the family and resident

SCREENING TOOLS

SECONDARY PREVENTION

- General Systems Review (vision)
- Orthostatic Blood Pressure
- Braden Scale
- Nutrition Checklist
- OAB-q Short Form (incontinence)
- MedMaIDE (Medication Management)
- Fall Risk Assessment
- Timed Up and Go
- Geriatric Depression Scale
- MOCA (cognition)
- Elopement Risk Assessment
- Functional Status

POST FALL PLAN

TERTIARY PREVENTION

- Post Fall Assessment is completed immediately with resident by staff
- Medication Review is completed by Pharmacist
- Physician Communication Form is completed with recommendations (Referral to Homecare, change to medication, specialist)
- Changes made to Plan of Care
- New Plan of Care reviewed with resident, family and staff
- Post Fall Assessment is reviewed by Interdisciplinary Fall Prevention Team
- Monthly fall incident report shared at Resident Counsel

PURPOSEFUL ROUNDING

WHY CHOSEN

- Proactive, systematic, evidence –based intervention that anticipates client needs
- Includes use of script and checklist
- Evidence based in hospital setting only- gap in literature for community setting
- Gaps in caregiving

PURPOSEFUL ROUNDING

PRIMARY, SECONDARY & TERTIARY

- Training session with CNA's completed followed by competency testing
- Staff provided with script to be used with each resident
- Completed daily with all residents by CNA staff
- Educational video provided for staff-created by Homecare Dept with assistance from Middlesex Health SIM Lab videographer
- Staff to review training and complete competency monthly in supervisory meeting



PURPOSEFUL ROUNDING SCRIPT

PAIN

Are you having any pain? Do you need any meds before therapy?

POTTY

I would like to help you to the bathroom while I am here.

or

Do you have a clear path and your walker available in case you have to go to the bathroom?

POSITION

Are you comfortable? Would you like me to help you change position while I am here?

POSSESSIONS

Do you have everything you need? Is there anything I can get you while I am here?
(review list of items)

Visually scan environment

Scan the apartment. Declutter and maintain clear pathways. Looks for spills, oxygen tubing, etc...

STAFF BUY IN OF PURPOSEFUL ROUNDING

- Staff education- video and application
- Provided with script to follow
- Supervision monthly
- Part of electronic medical record
- Re-educated every 6 months
- Purposeful rounding checklist is part of post fall eval- completed by aides in the apartment
- Ownership of orientation handbook
- Days from last fall posted for staff
- Reward for meeting goals

RESULTS

- Reduction in falls from an average of 12/month to 3/month
- Below benchmark of 15% of the community
- No significant injury as a result of falls in 14 months
- A significant increase in participation in recreation programs, including exercise classes
- Our community is healthier and more active than in previous years

NEXT STEPS

- Extend into the homecare setting
- Promote a culture of safety
- Training hospice and home health Aides
- Training for 24 hour caregivers in the home
- Training to nursing home staff that care for our hospice patients

CONNECTICUT
ASSISTED LIVING
ASSOCIATION AWARD
FOR BEST PRACTICES IN
PATIENT CARE



Question and Answer

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