

Session #: T11

Falls, Accidents and QAPI



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Objectives

Upon completion of this program, attendees will be able to:

1. Review the regulatory interpretative guidelines for accidents and injury investigation
2. Discover the key components of completing an accident root cause analysis
3. Apply the quality improvement components to the investigative process



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F323: Prevention of Accidents



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- Intent is that the facility provides an environment that is free from hazards over which the facility has control and
- Provides appropriate supervision to each resident to prevent avoidable accidents.



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Definition: Unavoidable Accident

Accident occurred when:

- Environmental hazards had been identified
- Resident risks were identified
- Hazards & risks were assessed
- Interventions were implemented to decrease hazards and risk
- Effectiveness of interventions were being monitored and modified as needed



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Definition: Avoidable Accident

Accident occurred related to failure to:

- Identify environmental hazard
- Identify individual resident risk factors
- Evaluate/analyze hazards & risks
- Implement interventions to reduce an accident
- Monitor and modify interventions as needed



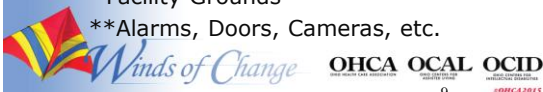
Steps for System Overview:

- Resident Risk Identification
- Resident Assessment Risk Factors
- Resident Vulnerabilities
- Realistic Goals
- INVESTIGATION and Root Cause Analysis
- Accident Prevention
- Interventions
 - Creative
 - Individualized



F323: PREVENTION IS KEY!!

- Assessment Process
 - Assistance/Assistive Devices
 - Environment/Resident Environment
 - Rooms
 - Unit Areas
 - Common Use Areas
 - Facility Grounds
- **Alarms, Doors, Cameras, etc.



Assessment Process

- Previous elopement attempts
- Cognitive Status
- Change in Cognition
- Change in Condition (infection, new meds, etc.)
- Behaviors (resistance to care, impulsive, agitation, wandering, etc.)
- Verbalizations of leaving the facility or going home, to work, etc.
- Past life experiences



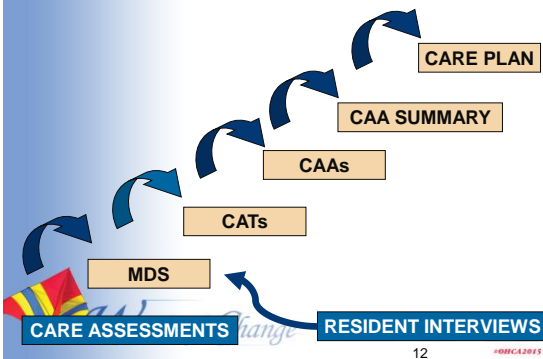
Assessment Process-continued

On an ongoing basis and at least quarterly, the facility staff will want to reassess:

- Any increased behaviors
- Additional attempts to elope
- Decrease in risk for elopement
- Review and revision (if needed) of the care plan



RAI PROCESS



Past & Current H & P's

Read it all, look for:

- History of unsafe wandering, exit seeking behaviors, elopement attempts, etc.
- Differences from current presentation
- Medications
- Safety measures
- Resident & Family Impressions
- Past care giver perspectives



Supervision

- Facility Requirements
- Individualized Resident Supervision Interventions
- Handing over responsibility (breaks, shift changes, etc.)
- Communication
 - Resident specific needs
 - Changes of Condition
 - New Residents
 - Care Plan updates



Falls Risk Assessment



Purpose of Falls Risk Assessment

- Identification of a baseline in order for individualized precautions and care planning
- To achieve each resident's highest level of functioning
- To prevent and/or reduce injuries related to falls
- To enhance dignity and self-worth for the resident
- To rehabilitate or restore function



When to do a Fall Risk Assessment

- On Admission
- On Re-Admission
- Quarterly
- With a Change in Condition



Potential Areas to Assess

- History of Falls/Accidents
- Diagnoses
 - Cardiac, Neurological, Elimination concerns, Orthopedic, Perceptual, Cognitive, Psychological, etc.
- Physical Device Use
- Environment
- Medications
- Elopement or Wandering
- Behaviors or Cognitive Impairment
 - Safety Awareness
 - Compliance
- Root Cause Analysis



Other Considerations

- Residents with recent surgery or new admissions
- Psychotropic drug use
- Fall history
- Appropriate clothing and footwear
- Visual deficits
- Impaired mobility/functional status
- Incontinence
- Change of environment
- Cognitive status
- Mood or behavior indicators
- Underlying illness and disease processes
- Sensory status
- Orthostatic hypotension



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Root Cause Analysis



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Questions

Getting to the reasons for the mobility decline and other risk factors is called Root Cause Analysis

- Interview direct care-giving staff, family, & resident for their perspectives regarding *why* the decline happened
- Document and analyze interview results



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External Factors

- Poor lighting
- Loose rugs
- Poorly fitting shoes
- Beds or toilets without handrails
- Clutter



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Internal Risk Factors

- Unsteady gait
- Balance problems
- Weak muscles
- Poor vision/ hearing loss
- Medications
- Dementia (memory loss & confusion)



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Safety in Mind

- Are doors easy to open & close for those with mobility issues
- How long are the hallways? Are there are benches along the way to destinations
- Is there plenty of closet space & storage available to reduce clutter



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Your Response to Alarms

Remain in place, wait for direction?

- Get up to see what's wrong?
- See what you can do to help?



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Effective Investigation



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Begin Immediately

To get the most out of critical times around an event

Staff on the scene must be coached in **skills of observation and critical thinking**



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Don't Wait!

Delaying the investigation until morning or Monday, or whenever the DON or Risk Manager gets around to it will not improve your outcomes or statistics.



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Assemble Key Players

Assigned nurse/care assistants/Others on duty

- Supervisor
- Dining Services Staff
- Housekeeping/Maintenance
- Administrator/Clinical Managers



More eyes & ears = more thorough perspectives



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Observations + Questions

Placement of the person's body at the time of the fall

- What was the person trying to do?
- Was it unusual or typical – has it happened before?



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And Then What

If they don't, or didn't wait – WHY?

what makes them unsafe to do it independently?

weakness, stiffness, dizziness...?



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Compensation VS Restriction

If they are known not to call for help, what are you doing to make it safer for them?



Strengthen, loosen up, address causes of dizziness



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Use of Devices

- Watch them in action to assess correct use
- Therapies evaluation to identify modifications
- Do not let the device be a potential cause for falls



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Critical Investigation Elements

Make immediate modifications based on causes

- Communicate interventions & rationales to everyone to reinforce safety as soon as possible



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QAPI Quality Improvement and Performance Improvement



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QAPI

This process is a fluid process

- Change
 - New Regulations
 - Updates in Standards of Practice
 - Culture of our buildings
 - Learning is ongoing to meet the individualized quality and safe care for the residents!
 - Continuous process of determining the best possible means of providing quality



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QAPI Tools

CMS has provided various tools on the website:

<http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools.html>

- Self-Assessment
- Various Guides
- Goal setting
- Resources



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QAPI

QA – Quality Assurance (F520 QA&A, Quality assessment & assurance)

- Identifies and corrects quality issues
- Retrospective
- Focus on outliers or individuals
- Efforts end once achieved
- DON, Physician and 3 staff members
- Meet quarterly



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Performance Improvement

- Proactive approach
- Efforts are on-going
- Focus on system changes
- Plan involves input from staff representing all roles and disciplines within the organization
- Meet at more frequent intervals



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QA is Already in Our SNF

Because quality assurance is already in place in your nursing home, the added emphasis is on Performance Improvement.

They compliment each other and are both key in successful outcomes.



QAPI

- QAPI (Quality Assurance & Performance Improvement)
 - Systematic,
 - Comprehensive,
 - Data-driven,
 - Proactive approach



System Changes



QAPI Characteristics

A fluid CHANGE process supporting

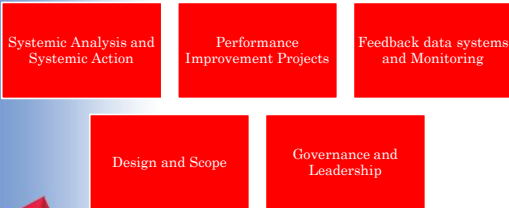
- New Regulations & updates in *Standards of Practice*
- Culture of the facility
- Ongoing learning to meet individualized quality & safe care for residents
- Continuously determining the best possible means of providing quality



QAPI is resident-centered yet built on systems thinking.
QAPI involves everyone who works in your facility.



Elements for QAPI in SNFs



5 Elements

- You can find the detailed descriptions of the 5 elements on the CMS website:

<http://cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/fiveelementsqapi.pdf>

Performance Improvement Projects: Key to Success PIPs



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PIP

Performance Improvement Projects examine performance & make improvements

- In any area needing attention

Or

- Found to be a high priority based on the needs of the residents.



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How Can We Develop a PIP (QAPI) for an Effective Falls Management Program?



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Review Your System

- Policies and Procedures
- All Staff Education
- Fall Culture
- Resident and Family Education
- Assessment Process
- Incident/Accident Process
- Forms and Documentation
- Follow Up



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Post Fall Action

After a Fall:

- Team Huddle
- Post Fall Investigation
- Root Cause Analysis
- Document Objective Findings
- Assess/Reassess
- Evaluate effectiveness of interventions



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Required QAPI Components

Early problem identification

- Examination of root causes
- Use of data & feedback from multiple sources
- Understanding how systems of care affect quality outcomes
- Systemic action
- Involvement of all staff in the quality mission



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Use Your Data – MDS

Run a report of Current Mobility Status for this quarter and last quarter – walk in room, walk in corridor

- Compare it to report from last quarter
- Have there been changes, declines?



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What to Look For - Trending

By location, diagnosis, behaviors, and functional status – the more detailed your information is, the more effective your root cause analysis will be.

- Location - room, hallway, bathroom
- Devices in use, call lights, alarms etc.



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Leadership

Leadership supports staff participation in all stages of problem solving, providing time & materials.

- Assure that full support is observable & positively viewed by your staff - Talk it up & follow up with actions
- Integrate the process with other efforts & find ways to make the most of times the team gets together
- Interview & ask how you can better help them participate



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Facility-wide Participation

Residents, Family & Staff provide feedback regarding problem identification, intervention development, & goal setting.

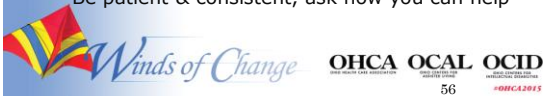
- Get signatures on postings, meeting minutes & plans indicating participation
- Include QAPI in admission process (packet), staff explain and discuss with residents and families
- Include QAPI in orientation & other in-services, give opportunities for all to participate



Coach & Mentor

On-going coaching & mentoring should accompany training to assure success.

- Lead by example, train department heads & supervisors to actively incorporate new information & changes into daily routine
- Be a cheerleader & maintain positive support (expect the same from the team)
- Be patient & consistent, ask how you can help



Record Keeping

Monitor progress, maintain electronic records of projects.

- Showcase successes
- Stay organized, current & connected to the data
- Be able to pull out & review, revisit



Teach PIP Team to Audit

Audit your system for success:

- F323 Rounds by the IDT
- Hazard Identification
- Fall Audits
- Incident/Accident Reports
- * Use these audits to correct the system through your QA process for success!



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AUDIT-Example

Area of Review	YES	NO	Recommended Action	Staff Responsible/Date
Hazards Observation -Are chemicals accessible to residents? -Are staff promptly responding to alarms? -Is the environment safe for residents?				
Record review: -Resident is assessed for unsafe wandering and/or elopement -Risk of falls is assessed and care plan is individualized				
Following a Fall/Accident -The incident/accident was investigated (Root cause analysis) -Interventions were put into place based on investigation and are individualized -The Plan of Care was promptly updated -Hazards and risks were identified -Staff consistently implement new care plan interventions				

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Critical to Success

Teaches staff members the mission of QAPI

We can't do it without them!



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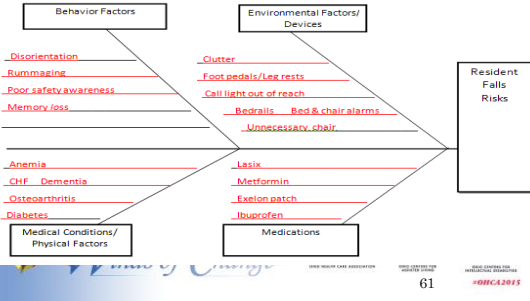
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Fishbone - Root Cause Analysis Tool

Root Cause Analysis Fishbone - PIP: _____ Date: _____



QAPI Action Plan (Tool Example)

Location		Date		Team Members	
Name		Title		Administrator Director of Nursing Interdisciplinary Managers Representative from each Department Case Manager Activities Coordinating Environmental Services Dining Services Business Office	
Brief Case Analysis					
Goal					
Action Item	Responsible Team Member(s)	Start Date	Estimated Completion Date	Actual Completion Date	Comments

Resources

QAPI News Brief Volume1, 2013:

- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPINewsBrief.pdf>
- <http://www.ihl.org/knowledge/Pages/HowtoImprove/ScientificImprovementHowtoImprove.aspx>
 - Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.



References and Helpful Websites

- <http://psnet.ahrq.gov/primer.aspx?primerID=10>
- http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
- <http://www.cdc.gov/HomeandRecreationalSafety/Falls/nursing.html>
- <https://www.nhqualitycampaign.org/goalDetail.aspx?g=mob>



Resources

Advancing Excellence in America's Nursing Homes:
<https://www.nhqualitycampaign.org/>

Stratis Health:
<http://www.stratishealth.org/providers/QAPI.html>

**The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. *The New Economics for Industry, Government, and Education*. Cambridge, MA: The MIT Press; 2000.]



Resources

- <http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/falls-prevention-awareness.html>
- http://www.stopfalls.org/service_providers/sp_bm.shtml
- Veteran's Administration projects
- <http://www.visn8.va.gov/patientsafetycenter/fallsTeam/>
- Institute for Person Centered Care
- <http://ubipcc.com/>
- <http://www.seniorhomes.com/p/assisted-living-safety/>



Resources

Vibrant Living Concepts

<http://blog.actionpact.com/2013/07/29/vibrant-living-prevents-falls-and-eliminates-need-for-alarms/>

<http://actionpact.com/index.php/product/eliminating-alarms-and-reducing-falls-by-engaging-with-life>

Sue Ann Guildermann, RN, BA, MA. [Effective Fall Prevention Strategies Without Physical Restraints or Personal Alarms](#)
Empira, 4/24/2012 Webinar for Stratis Health



Resources

Willy BA; Wheelchair Seating for Elders; On line pamphlet prepared under contract for Mountain Pacific Quality Health- Wyoming 2010. <http://www.mpqh.com/WCSbooklet508.pdf>

Illustrations by Chris Willy; Web publication by Mountain Pacific Quality – Wyoming’s 9th Scope of Work CMS; Wheelchair Seating for Elders by BA Willy.
http://www.cdc.gov/homeandrecreationalafety/images/cdc_guide-a.pdf

http://www.cdc.gov/homeandrecreationalafety/images/cdco_mpendium_030508-a.pdf



Resources

- [Newsletter & CEUs – Initiatives in Safe Patient Care](#)
- <http://initiatives-patientsafety.org/Initiatives2%20.pdf>
- www.cdc.gov/injury/STEADI
- http://www.npsf.org/wp-content/uploads/2013/03/PLS_1302_FallPrevention_LAG_MF.pdf
- <http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>



Questions



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