Ray Miller, BS, MSOSH, GP

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- Has 33+ years in HC safety/risk (*28+ years in post-acute care*)
- Serves on the AHCA Professional Development Work Group
- Is a former corporate safety director for several LTC companies
- Spent his career developing risk & safety strategies, programs & solutions
- Is a founding member of the Direct Supply-sponsored Loss Prevention Forum

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2

Sustaining Quality:
The Dollars and SENSE of Reducing Falls Risk in LTC

Falls Session Agenda

1. **Introduction**
2. Claims, Costs, Considerations
3. Assessments and Interventions
4. People, Technology and Strategies
5. Quality Assessment Performance Improvement

"HELP, I'm Falling Into Financial Burden

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3

Disclaimer

The materials, comments and other information contained in this presentation are intended to provide **general information but not advice** about certain regulations and initiatives.

This information **is not and not intended as legal or other advice** and each situation may vary depending on the particular facts and circumstances.

You should not act upon this information without first **consulting with qualified legal counsel**.

Thank You.

4

Bloom's Taxonomy of Action Verbs*

Objectives

Participants will be better able to:

1. NAME (*Knowledge*) ... *To remember previously learned information*
2. EXPLAIN (*Comprehension*) … *To demonstrate an understanding of facts*
3. CHANGE (*Application*) … *To apply knowledge to actual situations*

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5

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6

1. How BIG is the "falls" problem?

2012 CDC Stats

2012	=	$30 B*
65+	=	1 in 3 fall
20-30%	<	morbidity and mortality
65+	=	Hospitalized 5x for falls than other causes

**Actual direct costs but not long term disabilities, lost wages, quality of life Δ's*

Centers for Disease Control and Prevention

http://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html

7

2. A couple of related details to this COST

2012 CDC Stats

1. Increases rapidly with age
2. Costs for women* = 2–3x's higher** than the costs for men

** 58% of older adults ** based on 2000 medical costs*

Centers for Disease Control and Prevention

http://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html

8

3. TYPE of fall-related injuries

(in 2012 dollars)

2012 CDC Stats

1. Av. hospitalization = $34,294
2. 44% of direct medical costs = hip fractures
3. Hip fractures = most serious and costly fracture
4. Fractures (*nonfatal injury*) = most common [(33%) & costly (61%)]
5. 78% of deaths & 79% of costs = TBI* and lower extremities (hips??)

**traumatic brain injuries*

Centers for Disease Control and Prevention

http://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html

9

5. What do other say?

Current Corporate Perspectives

1. Most claims are settled
2. Large Corporation's Experience:
   a. $137K av. spent to "settle" falls claims
   b. 41 claims settled 9/30/2011 to 8/31/2014
3. Residents that fall = 18% / month *(National LTC av. ≈ 20%)*

CDC Centers for Disease Control and Prevention

http://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html

10

6 a. What are they worth?

1. (03/23/02) **$1.99 million** verdict … struck her head … died 6 days after admission. Assessed as "high risk for falls" … failure to supervise … transported to hospital 10 hrs. after fall
2. (date unpublished) **$200,000** settlement … 80-yr-old NH resident … died < 1 month after she fell …frx. femur … alarm NOT turned on
3. (date unpublished) **$862,500** settlement … subdural hematoma … 76-year-old AL resident …fell … struck her head
4. (date unpublished) **$195,475** arbitration verdict: 9 diagnoses *(Osteoporosis, syncope, hypertension, depression, peripheral neuropathy, hyperlipidemia, history of hip frx, chronic hip/leg pain, osteoarthritis of knee and hip).* Death Certificate: complications of R femur frx due to a fall

http://www.wilkesmchugh.com/nursing-home-abuse.html

11

6 b. SO, what is a claim worth?

NO average settlement

NO simple "approximate number"

Claim Evaluations Basics

What actually determines how much, if any, you're going to pay?

1. Facts
2. Medical expenses
3. How many next of kin
4. Available insurance coverage
5. Time between accident and death

http://www.wilkesmchugh.com/nursing-home-abuse.html

12

Plaintiff: *accuser, complainant, litigant, applicant, pretender*

Defendant: *perpetrator, offender, respondent, suspect, culprit*

US Legal System

Designed to:

a. Resolving the dispute without going to jury trial
b. Encourage extensive discovery and negotiations between adversarial parties

Copyright Status: Public domain information on the National Library of Medicine (NLM) Web pages may be freely distributed and copied.

The Plaintiff (*the person bringing the lawsuit against you*) Must Prove:

Four Elements

1. Professional **DUTY** owed to the resident
   *Dignity, Safety, Standards of Care**
2. **BREACH** of that professional duty
   Elopement, Fall, Infection, Weight Loss
3. **INJURY** caused by the breach
   Malnutrition, Bedsore, Fracture, Death
4. Resulting **DAMGES**
   a. *Noneconomic loss (pain, suffering)*
   b. *Economic Loss (lost wages, related health care costs)*

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Your Duties as taught by Title 42 CFR, Sec. 483

1. **Promote care** … environment of dignity/respect … full recognition individuality;
2. **Provide care/services** … to attain or maintain the highest practicable physical, mental, and psychosocial well-being, IAW comprehensive assessment and plan of care;
3. **Unless Clinically Unavoidable**: ADLs are not diminish, pressure sores do not develop AND a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores;
4. **Adequate supervision and assistance** devices to prevent accidents;
5. **Provide a nourishing, palatable, well-balanced diet** that meets the daily nutritional and special dietary needs & maintenance of nutritional status (e.g. body weight, protein stores, unless clinically not possible);
6. Sufficient **fluid intake** to maintain proper hydration and health;
7. **Drug regimen**: (free from excessive does/duration; adequate monitoring)

Prepared by Ronald Lebovits, Esquire; reference: Title 42 CFR, Section 483; http://www.zarwin.com/library/files/Duties%20of%20the%20Nursing%20Home.pdf

Your Duties As Taught by a Plaintiff Attorney

Signs of Nursing Home Abuse and Neglect:

1. Bedsores
2. Malnutrition
3. Dehydration
4. Broken Bones
5. Unexplained Injuries
6. Unexpected Deaths

http://www.wilkesmchugh.com/nursing-home-abuse.html

16

6. Claim topics we won't discuss

"?"

1. Tort Reform?
2. Toughest states?
3. Labor hours involved in costs?
4. Hard or Soft Med Mal insurance market?
5. Will a Dem or Rep White House or Congress make a difference?

17

This is a Test

What is a "NON-ECONOMIC damage" that many Residents experience with or without a lawsuit?

18

"Fear of Falling"

Tinetti and Powell, 1993

- **WHAT:**
  A lasting concern … can lead to an individual avoiding activities that he/she remains capable of performing
- **WHO:**
  - 46% of NH residents
  - More women than men
    - Underreported by men?

Fear of Falling Among Seniors: Needs Assessment and Intervention Strategies ; Susan L. Murphy ScD, OTR; World Federation of Occupational Therapy Conference, June 2002, Stockholm Sweden

- **WHEN:**
  - Post-fall
  - Age = 80+
  - Visual impairment
  - Sedentary lifestyle
  - Lack of emotional support

Murphy, Dubin, & Gill

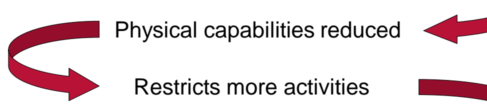
19

All at once or a "Cycle of Fear"?

FALL(s)

Fear of falling → Restricts activity

Physical capabilities reduced



Restricts more activities

∴ more impaired physical capabilities

Is the "Cycle of Fear" reversible?

Fear of Falling Among Seniors: Needs Assessment and Intervention Strategies ; Susan L. Murphy ScD, OTR; World Federation of Occupational Therapy Conference, June 2002, Stockholm Sweden

20

Falls and the Dignity of Risk

Was it worth it?

What Changed?

21

How did Ruth succeed? On her own?

Success

1] She and her healthcare Team had a clear purpose

2] They were committed to that purpose

3] They consistently followed through

4] They had the resources *(time, training, tools)*

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http://www.usfsafetyflorida.com/Resources/Consultant-s-Corner/Safety-Committees-Just-Hype-or-Do-They-Really-Benefit-a-Company

22

FUNDEMENTALS of “Risk”*

What we’re use to:

1. Risk
2. Risk Assessment
3. Risk Management

Some newer ideas:

1. Risk Benefit
2. Risk Enablement
3. Risk Enablement Plans

‘Nothing Ventured, Nothing Gained’: Risk Guidance For People With Dementia

23

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24

What is the one thing, if you could change it,

that would have the greatest impact on

reducing falls in your communities?

ASSESSING: Your Perceptions

25

SIDEBAR:
Assess
My Mom

"Elinor Miller, 83 years old, talked herself out of a speeding ticket by telling the young officer that she had to get there before she forgot where she was going."

26

Clinical Frailty Scale

1. **Very Fit**
2. **Well**
3. **Managing Well**
4. **Vulnerable**
5. **Mildly Frail**
6. **Moderately Frail**
7. **Severely Frail**
8. **Very Severely Frail**
9. **Terminally Ill**

Where dementia is present, the degree of frailty usually corresponds to the degree of dementia:

- **Mild dementia**
- **Moderate dementia**
- **Severe dementia** – they cannot do personal care without help.

ASSESSING: Your Residents

27

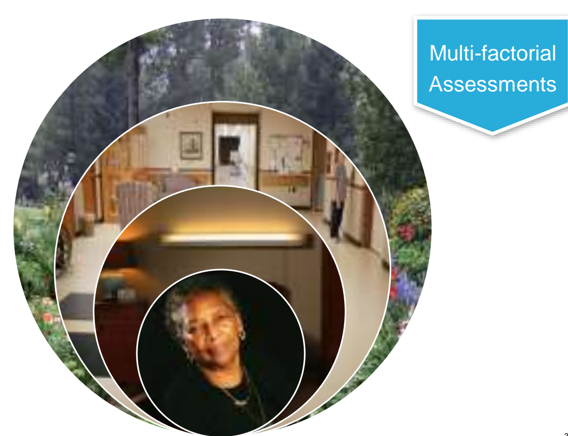
Multi-factorial Assessment Process

28

http://axenty.com/resources/Checklists/Piper%20Cherokee%20180.pdf

29

Multi-factorial Assessments



30

Multi-factorial Fall Assessment

ASSESSING: Your Residents

1. Focused History
2. Physical Examination
3. Timed Up-and-Go Test
4. Orthostatic Hypotension
5. Where do you find Clinical Practice Guidelines?

AMDA Clinical Practice Guidelines, 2011; AGS Clinical Practice Guidelines, 2010

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Clinical Practice Guidelines

- American Medical Directors Association (AMDA)
  - Clinical Practice Guidelines: Falls & Fall Risk (Revised 2011)
- American Geriatrics Society (AGS)
  - Clinical Practice Guidelines: Prevention of Falls in Older Persons (Rev. 2010)
- Agency for Healthcare Research & Quality (AHRQ)
  - The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities (2010)

History of Falls

1. An important predictor of future falls
2. Ask the RESIDENT about the fall

1. Did you have a recent change in medications?
2. What do you think caused you to fall?
3. What were you doing before the fall?
4. How were you feeling before the fall?
5. Were you injured due to the fall?
6. Did you seek treatment?

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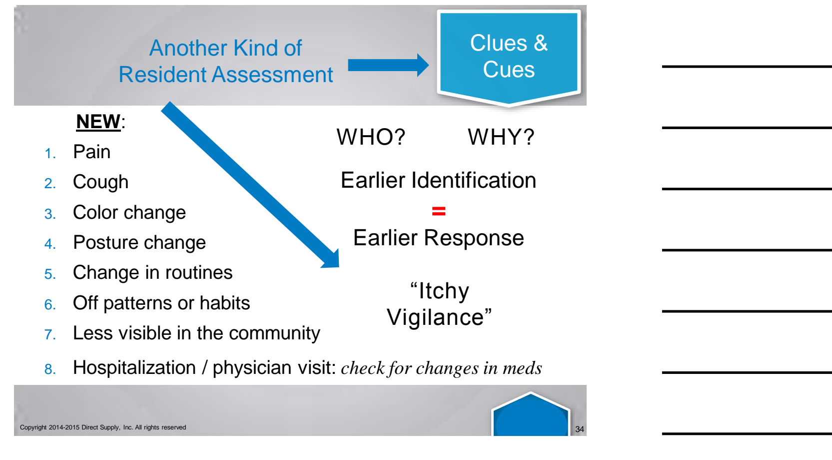

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Assessing the Environment: Internal

Environmental Assessments

1. **Lighting**:
2. **Walking**:
3. **Equipment**:
4. **Furnishings**:
5. **Monitoring Systems**:
6. **Risks in specific spaces**:

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Assessing the Environment: External

Environmental Assessments

1. Shade
2. Patios
3. Security
4. Vehicles
5. Sidewalks
6. Parking lot
7. Way finding
8. Grassy areas
9. Weather-related
10. Seating and benches

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Considerations with Strength & Balance Concerns

Flooring & Furniture

Flooring

- ✓ Entry mats
- ✓ Wax buildup
- ✓ Transition points
- ✓ Carpet pile height
- ✓ Raised thresholds
- ✓ Patterns (tile / laminate)
- ✓ Slippery / uneven surfaces

Furniture

- ✓ Beds height
- ✓ Chairs:
  - ✓ W/ arm rests
  - ✓ Firmer seats
  - ✓ Supportive back
  - ✓ Not too deep / too low
  - ✓ Avoid castors on chairs *(and tables)*

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37

What Else?

Industry Trends

1. Sleep and Activity Monitoring
   Resident trends, identifying changes in condition earlier
2. Upgrading nurse call and resident monitoring systems
   Provide more data on resident location, movement & patterns
3. Upgrading gyms, adding fitness & wellness programs
   Promote physical activity & exercise to improve strength & balance

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38

What do you see?

39

Keeping Your Fall Prevention Program Successful

Program Assessment

1. GIVEN: Patient safety is an ORGANIZATIONAL PRIORITY
2. Two fundamental, consistent Falls Prevention messages:
   a. EVERY patient is at risk for falls
   b. EVERY employee has a role
3. Easy-to-understand data that drives unit level change
4. Ongoing assessment of plan effectiveness
5. Proper support equipment and resources
6. Simplified and standardized approach
7. Designated resources for managers
8. Staff education and training

SizeWise, Understanding Fall Risk, Prevention, & Protection; 1600 GENESSEE, STE. 950 KANSAS CITY, MO 64102; 800.814.9389

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40

Assessing the Fall

RESEARCH: Resident Assessments and Interventions

Gait, Confusion, Balance, Hx. of Falls

Anticipated Physiologic Fall

Stroke, Seizure, Heart Attack, Orthostasis, Hypoglycemia

Unanticipated Physiologic Fall

Spills, clutter, cords, Leaning on a curtain

Accidental Fall

Morse, JM. Preventing Patient Falls. Thousand Oaks, CA: Sage; 1997

41

#1: Could the care giver have **anticipated** this event with the information available at the time?

YES = Clearly or likely **UNpreventable**

NO: Clearly or likely **Preventable**

#2: Are the "precautions" in place?

NO = Not preventable

YES = (2nd question)

Anticipated Physiologic Fall

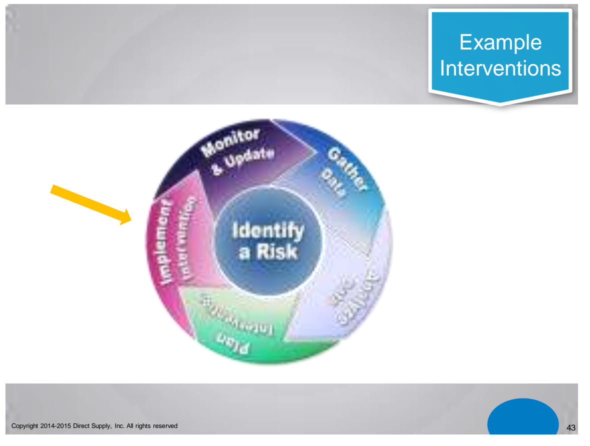
1. Professional DUTY owed to the resident
2. BREACH of that professional duty
3. INJURY caused by the breach
4. Resulting DAMAGES

Unanticipated Physiologic Fall

Accidental Fall

VA Decision-Tree: Determining … Preventability

42

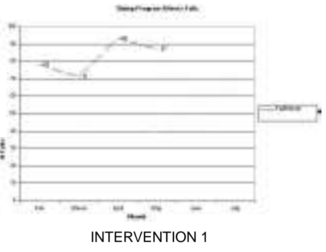


RCCC Health and Rehabilitation: Dining Affects Falls

ISSUE: Increasing number of resident falls

METRICS:

1. Significant number of falls at meal times



INTERVENTION 1

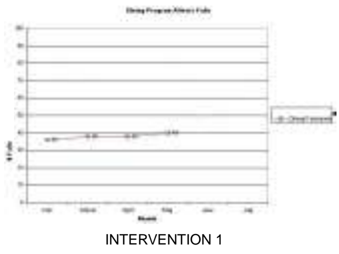
44

RCCC Health and Rehabilitation: Dining Affects Falls

ISSUE: Increasing number of resident falls

METRICS:

1. Significant number of falls at meal times
2. Low participation in congregate dining



INTERVENTION 1

45

RCCC Health and Rehabilitation: Dining Affects Falls

FINDINGS and ANALYSIS:

1. Meal time
   a. In-room and social dinner served simultaneously
   b. Assisted dining served second
2. Staff location at time of falls
   a. Staff was charting
   b. Call lights not answered
   c. Staff not available to assist
3. Negative staff and resident perceptions
   a. RESIDENTS: Meal served sooner in resident rooms
   b. STAFF:
      - "Other things" to do at meal time
      - "Meal-to-resident" vs. "resident-to-meal"

INTERVENTION 1

46

RCCC Health and Rehabilitation: Dining Affects Falls

GOALS:

1. INCREASE Residents dining participation

   AND

2. REDUCE:
   a. **Falls**
   b. Weight loss
   c. Food Complaints
   d. Behaviors / Increase socialization
   e. Pressure ulcers / Increase movement

INTERVENTIONS:

1. Mandated change for chart times
2. Re-education of staff & resident perceptions

INTERVENTION 1

47

RCCC Health and Rehabilitation: Dining Affects Falls

INTERVENTION 1

48

Case Study: Mr. B*

INCIDENT: 84-year-old NH resident. Recently tripped and fell on a step … did not see the step, “my vision seems to be growing fuzzier.” Referred to optometrist to confirm eyeglass prescription for distance vision. The optometrist diagnosed macular degeneration.

INTERVENTIONS:

1. Resident given instructions re/ walking
2. Staff supervises Mr B when negotiating steps
3. Staff took measures to provide a safe environment
4. Checked room lighting and added a light by his bed
5. Encouraged to call for help when lacking confidence
6. Walker positioned by the bedside at night (self-toileting)

How are you going to implement them?

49

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50

What’s important to prevent falls?

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51

Falls Prevention

Exercise	Daily "contracting" with residents*
Mitigation	Review/reduce medications
Alert systems	Remove obstacles
Track/Share trends	Low beds w/o rails

- **ASSUMPTION:** You can't prevent falls.
- **REBUTTAL:** Falls prevention can be effective.
- **EXAMPLES:** Important falls prevention elements?

"Daily Contracting" with Residents
SAFE *from* FALLS *Toolkit*

Resident and Family Engagement

1. Verbal "contracting" by each shift's care giver:

   i.e. *"We don't want you to fall, Mr. Smith. We're a Team, right? Will you promise to call me for some help before you get up?"*
2. Resident and Family Education and Involvement:

   i.e. *"You know Mom just had a medication change. If you notice anything different, please let us know."*

http://www.mnhospitals.org/index/tools-app/tool.362?view=detail

Other things that Staff could remind a Resident of?

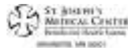
1. A**sk** for help! It is OK.
2. Book … glasses … water … etc.
3. Wear your glasses / hearing **aids**
4. It's OK to pause before you stand up.
5. Wear your **shoes / slippers** / non-skid socks
6. Keep your **walker/cane/WC** within reach and use it
6. Use the **handrails** in the bathroom and hallways
7. Make sure your **pathway** is clear
8. Tell us about any **spills**

http://www.mnhospitals.org/index/tools-app/tool.362?view=detail

"Daily Contracting" with Residents "Family Tips"

Sample tips:

1. Before you go home, please make sure *(glasses, water, call light, over bed table, phone, Kleenex, etc.)* are **within reach**.
2. Please notify staff / us before leaving if you **notice confusion or disorientation** in your Dad.
3. **Please remind Mom** to ask for help when she gets up.



PEOPLE 55

How can People "HELP" to prevent falls?

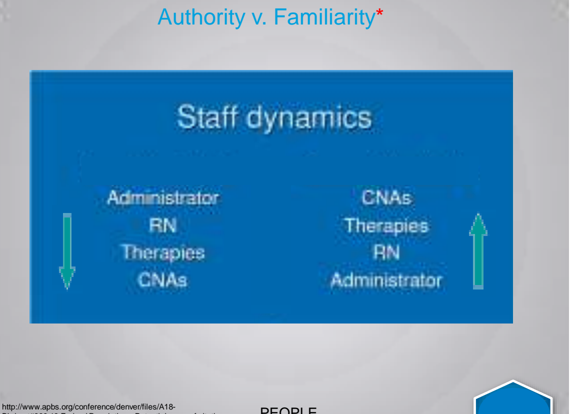
RESIDENTS:

1. **PARTICIPATE IN** their Quality of Care
2. **SEEK and ENGAGE IN** their Quality of Life

STAFF and FAMILY:

1. **IDENTIFY** resident's barriers to preventing falls
2. **LEARN** the changes a resident is willing to make
3. **DEVELOPE** an individual falls prevention program
4. **VERIFY** the residents' understanding and retention
5. **ENGAGE** family members in falls prevention strategies
6. **DEFINE** "falls prevention" as staying independent longer
7. **EMPOWER** Residents and Families to discuss and decide

PEOPLE 56



"Technology will be the key driver for Senior Living providers looking to reposition their communities in the future."
CXO Long Term Care Summit, 2013, Las Vegas, NV
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TECHNOLOGY
58

Recent Clinical Technology Advances
Tracking Wound Healing with Sensors
Using Cell Phone Cameras to Measure Vital Signs
Managing Continence in Nursing Homes
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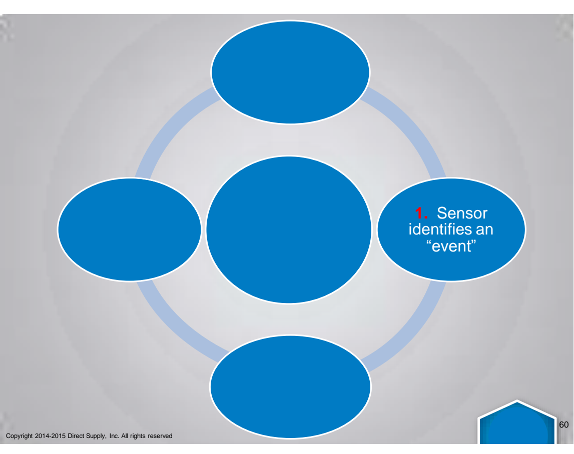
TECHNOLOGY
59


1. Sensor identifies an "event"
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60

Tripping seniors on purpose to stop future falls

Technology

1. **Tripping seniors on purpose to stop future falls** By LINDSEY TANNER; Aug. 28, 2014 1:22 AM EDT;

http://bigstory.ap.org/article/tripping-seniors-purpose-stop-future-falls

TECHNOLOGY 61

Mnemonics

"Every Good Boy Does Fine"

+

"FACE"

"ROYGBIV"

STRATEGY 62

"Hand-off" Mnemonics

1.
2.
3.
4.
5.
6.
7.
8. I PASS the BATON
9. Just Go NUTS
13. SBAR
14. I-SBAR
15. SBARR
16. SBAR-T

STRATEGY 63

I-PASS the BATON

- **Introduction**:
- **Patient:**
- **Assessment**:
- **Situation**:
- **Safety**
- **Background**:
- **Actions**:
- **Timing**:
- **Ownership**:
- **Next**:

STRATEGY 64

Just go NUTS

- **Name**
- **Unusual or unique**
- **Tubes**
- **Safety**

STRATEGY 65

S-BAR Iterations *

SBAR
- Situation
- Background
- Assessment
- Recommendation

SBAR-T
- Situation
- Background
- Assessment
- Recommendation
- Thank residents

(note: handoff done at bedside)

I-SBAR
- Introduction
- Situation
- Background
- Assessment
- Recommendation

SBAR-D
- Situation
- Background
- Assessment
- Recommendation
- Documentation

STRATEGY 66

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67

I want to talk about "RCA". WHY?

Element 5: Systematic Analysis and Systemic Action

The facility… uses a systematic approach:

1. To fully understand the **problem**, its **causes**, and **implications of a change**.
2. To determine … how identified problems may be caused or exacerbated **by the way care and services are organized or delivered**.
3. The facility will … **demonstrate proficiency** in the use of RCA … to **prevent future events** AND promote **sustained improvement**.

Element 11: Getting to the Root of the Problem

"Use the RCA process to look at the system rather than individuals when something breaks down"

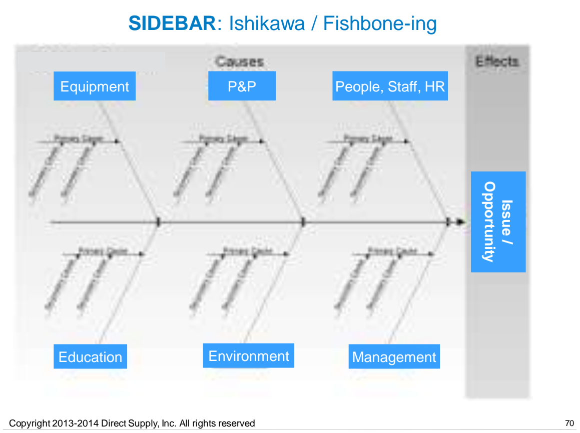
68

What is RCA?

A process to figure out:

1. What happened
2. Why did it happened
3. How to prevent it from happening again
4. OR, to prevent it from happening the **1st time**

69


SIDEBAR: Ishikawa / Fishbone-ing
Causes
Effects
Equipment
P&P
People, Staff, HR
Issue / Opportunity
Education
Environment
Management
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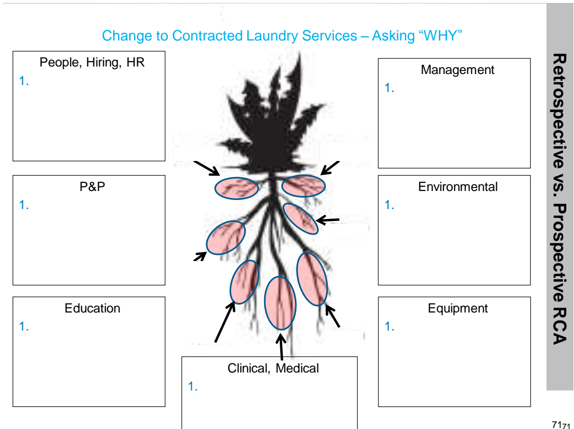
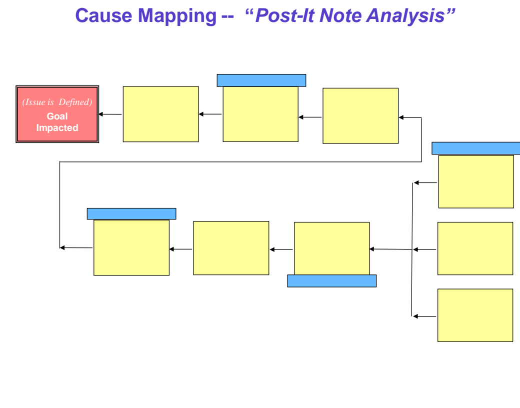
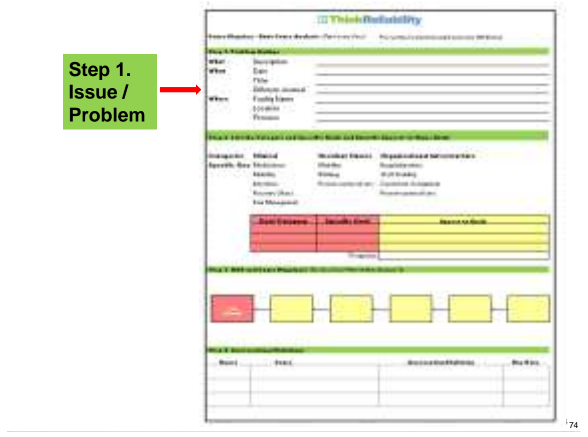
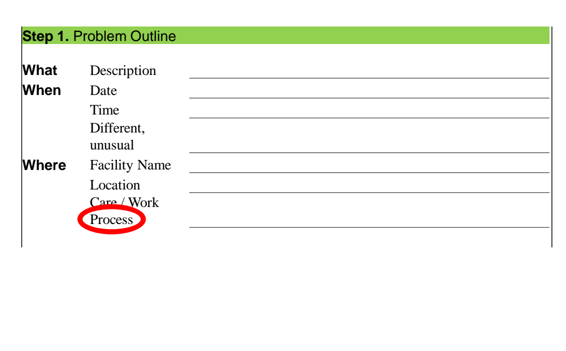
70


Change to Contracted Laundry Services – Asking "WHY"
Retrospective vs. Prospective RCA
People, Hiring, HR
1.
P&P
1.
Education
1.
Management
1.
Environmental
1.
Equipment
1.
Clinical, Medical
1.
71

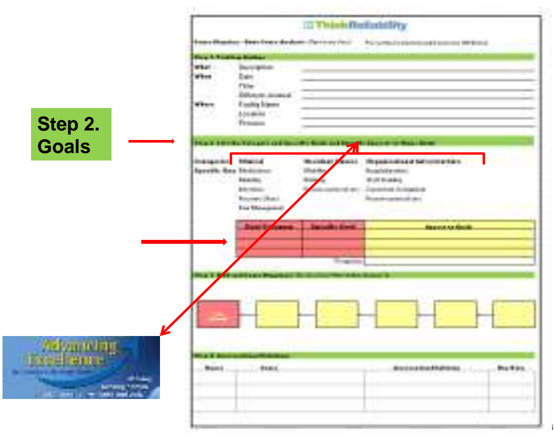

Cause Mapping -- "Post-It Note Analysis"
(Issue is Defined)
Goal Impacted
73



Step 1. Issue / Problem
74



Step 1. Problem Outline
What Description
When Date
Time
Different, unusual
Where Facility Name
Location
Care / Work Process
75



Step 2. Goals
76

Sidebar: Examples of Quality Improvement Goal Categories and Goals			
Goal Categories	**Specific Goals**	**Goal Categories**	**Specific Goals**
Clinical	Mobility Pressure Ulcers Pain Management Infections (C. difficile) Medications (Antipsychotropics)	Risk and Safety	Severity Patterns Frequency
Resident Choice	Bathing Mobility Discharge	Regulatory	osha F Tags K Tags Life Safety Code
Organizational Infrastructure	Staff stability Hospitalizations Person-Centered Care Consistent Assignments	Education	Orientation Family education Annual re-inservice Mandatory inservices Continuing Education

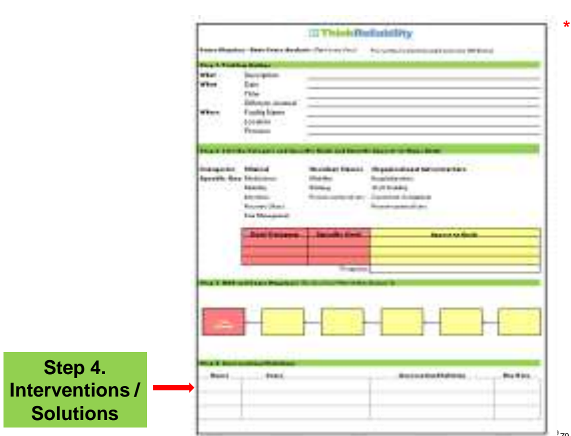
77

Step 3. Finding the Causes
RCA and Cause Mapping
("The Weed" and " Post-It Note Analysis")

Step 3a. Asking Why

Step 3b. Cause Mapping
"Post-It Note Analysis"

78



*

79

Fall Scenario: Mr. Regis, 77 y.o., active, alert, visually impaired due to macular degeneration, slipped and fell on ice getting out his daughter's car, returning to building (fx elbow and shoulder)

Step 1. Problem Outline

What	Description	Fall on parking lot pavement due to snow and ice
When	Date	XX / XX / XXXX (Sunday)
	Time	11:20 AM
	Different, unusual	Unusual snow storm and unexpected thaw and refreeze
Where	Facility Name	The Center for Hope, Care and Recovery
	Location	North entrance drive way
	Care / Work Process	Resident, unescorted, returning to facility coming back from Church

Step 3a. Asking WHY

Fall Scenario: Mr. Regis

People, Hiring, HR
1. Newly contracted snow/ice removal

Management
1. Maintenance monitors conditions ongoing
2. Contract compliance in question

P&P
1. Parking lot snow starts removal @ 3" & ongoing
2. Ice melt applied based on conditions

Environmental
1. Unseasonal storm
2. Sunday morning event
3. Saturday thaw and refreeze lead to unusual ice build-up

Education
1.

Equipment
1. Broken weather radio

Clinical, Medical
1.

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Step 3b. Cause Mapping

Step 4. Interventions / Solutions*

Physical Plant (snow / ice)

Resident Fall

Resident not aware of unsafe conditions — Staff to inform or escort resident to car

Family drops resident off near the entryway door of community — Communicate with family about calling or escorting Dad

Conditions not monitored (Maintenance offsite) — Establish weekend policy

Ice and snow build up

Unseasonal storm — Replace brx weather radio

Thaw/ freeze prior day

New snow removal contractor — Review contract with current vendor and replace if necessary

Sustaining Quality:
The Dollars and SENSE
of Reducing Falls Risk in LTC

Falls Session Agenda
In Review

1. Introduction
2. Claims, Costs, Considerations
3. Assessments and Interventions
4. People, Technology and Strategies
5. Quality Assessment Performance Improvement

"HELP, I'm Falling Into Financial Burden

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A Story

He smiled as he patted my hand and said, "She doesn't know me, but I still know who she is."

I had to hold back tears as he left. I had the goose bumps on my arm, and thought, "That is the kind of love I want in my life."

True love is neither physical, nor romantic. True love is an acceptance of all that is, has been, will be, and will not be. The happiest people don't necessarily have the best of everything; they just make the best of everything they have.

"Life isn't about trying to survive the storm but how to dance in the rain."