Fall Prevention Program
Approximate Timeline for Hospital Activities

Pre-Training
- 1 month
- March 2015
- Introduction call
- Set up training schedule and weekly phone calls
- Introduction Webinar
- Toolkit Introduction Webinar
- Completion of assessment tools

Training
- 2 months
- April – May 2015
- One day in-person training session with QI Specialists
- Four training Webinars
- Weekly phone calls with QI Specialists

Pre-Implementation
- 2 months
- June – July 2015
- Bi-weekly calls with QI Specialists
- Provision of baseline evaluation data (1x)

Implementation
- 8 months
- August 2015 – March 2016
- Bi-weekly calls with QI Specialists
- Monthly Webinars with experts and other hospitals implementing the toolkit
- Provision of baseline evaluation data (1x)

Sustainment
- 12 months
- April 2016 – March 2017
- Bi-weekly calls with QI Specialists
- Monthly Webinars with experts and other hospitals that have implemented the toolkits
- Provision of quarterly evaluation data (4x)

Hospital Activities
- Detailed Activities Refer to Section A
- Detailed Activities Refer to Section B
- Detailed Activities Refer to Section C
- Detailed Activities Refer to Section D
- Detailed Activities Refer to Section E
Fall Prevention Program
Hospital Implementation Activities

A. During the post-selection, pre-training phase, hospital will:

- Participate in conference call with Quality Improvement (QI) Specialists assigned to work with hospital
- View two recorded pre-training Webinars
  - Webinar 1: Overview of AHRQ’s Fall Prevention Program
  - Webinar 2: Fall Prevention Program Orientation and Toolkit Introduction
- Identify the Implementation Team Leader
- Form your Interdisciplinary Hospital Implementation Team (Use Tool 2A)
- Obtain the following hospital policies & procedures:
  - Copy of hospital Universal Fall Precautions, if available
  - Copy of hospital Adult Unit Fall Prevention Care Plan, if available
- Completion of Toolkit tools (completed by Implementation Team Leader or designee):
  - Tool 1E Resource Needs Assessment (completed by the Implementation Team Leader with input from hospital supervisors, managers, and administrators)
  - Tool 2A Interdisciplinary Implementation Team (completed by the Implementation Team Leader)
  - Tool 2B Quality Improvement Process (completed by the Implementation Team Leader)
  - Tool 2C Current Process Analysis (completed by the Implementation Team Leader or designee)
  - Tool 2D Assessing Current Fall Prevention Policies and Practices (completed by the Implementation Team Leader)
  - Tool 4C Assessing Staff Education and Training (completed by the Implementation Team Leader or designee)


- Work with QI Specialists to plan for the one-day, in-person training. Plans include provision of:
  - A room large enough for 10-15 participants, including the QI Specialists
  - Audio-visual equipment to include a laptop computer, LCD projector, screen, overhead projector (optional)
  - One or two Flip Charts with stands
  - Lunch for participants or instructions to bring a bag lunch
  - Coffee/tea/water for morning and afternoon breaks
  - Invitation to a senior-level hospital administrator to provide a welcome
  - Invitations to Implementation Team Members
- An assembled, tabbed toolkit in 3-ring binder for each participant (one prototype will be provided)
- An assembled, tabbed training guide in 3-ring binder for each participant (one prototype will be provided)

- Work with QI Specialists to plan for viewing the recorded training webinars. Plans include provision of:
  - A calendar specifying when the webinars will be shown to the Implementation Team/staff
  - AV equipment (computer and projection screen) to show the webinars
  - A room large enough for participants, or
  - An IT plan to show the webinars over the hospital intranet

**B. During the training phase, hospital will:**

- Participate in training by QI Specialist, in-person and via Webinars and phone calls
- Assess the culture of safety in your hospital
- Assess the urgency to change and evaluate whether organizational members understand why change is needed
- Assess leadership’s support to change falls prevention practices
- Assess and develop leadership ownership (levels below the hospital’s senior leaders) for a new falls prevention program
- Identify resources that are available or are needed
- Use a checklist to assess final readiness for change activities
- Finalize the implementation team that will need to work with other teams involved in falls prevention
- Assess your current state of falls prevention activities in your hospital as well as the current state of staff knowledge about falls prevention. You will need to examine every step of current protocols for falls prevention
- Determine what practices need to be changed, and set goals for improvement based on a gap analysis, outcomes, and processes
- Assess your progress through a Manage Change Checklist
- Determine which falls practices you want to use (this information will be presented during the training)
- Identify universal falls precautions, how falls prevention care processes connect to one another in your hospital, and any barriers to implementing falls precautions
- Identify important risk factors for falls in your patients, and use them to implement falls prevention care planning
- Determine how your hospital can incorporate these practices into a falls prevention program.
- Determine how to involve patients and families in the care plan
- Identify additional resources that are available to identify best practices for falls prevention
C. **During the pre-implementation phase, hospital will:**

- Participate in regular check-in calls with QI Specialists
- Provide baseline evaluation data
- Develop an implementation plan that addresses:
  - How to develop Unit Teams and how they will work with the Implementation Team
  - The roles and responsibilities of each staff member and Unit Champions
  - The standards of care and practices to be met
  - Which falls prevention practices go beyond a single unit and how that will be addressed
  - How gaps in staff education and competency will be addressed
  - The plans for rolling out new standards and practices and how they will be integrated into ongoing work processes
  - Who is accountable for monitoring the implementation
  - How changes in performance will be assessed (both process outcome measures)
  - How the effort will be sustained

D. **During the implementation phase, hospital will:**

- Participate in Webinars and phone calls with QI Specialists and other participating hospitals
- Provide second set of baseline evaluation data
- Pilot test the new processes
- Choose one or two different units to participate in the pilot
  - Train the staff on the new procedures
  - Collect outcome measures and feedback on new procedures
  - Communicate the results
  - Refine the practices to address any problems
  - Create an implementation tool for a hospital-wide launch
- Assign roles and responsibilities for all staff to prevent falls
- Assign specific individuals or groups to each task identified
- Provide staff education in collaboration with existing content experts on falls prevention
- Determine paths of ongoing communication and reporting
- Build falls prevention practices into ongoing work processes
- Collect data to learn about falls rates, falls-related injuries, and the causes of falls
- Measure falls prevention practices
- Assess your progress on measuring progress activities
E. During the **sustainment phase**, hospital will:

- Participate in Webinars and phone calls with QI Specialists and other participating hospitals
- Provide quarterly evaluation data
- Identify factors needed to sustain your falls prevention efforts
- Determine who will be responsible for sustaining active falls prevention efforts on an ongoing basis
- Continue monitoring falls rates and falls prevention care processes
- Determine the type of organizational support needed to sustain efforts (e.g., new staff training; existing staff refreshers; IT support for reporting performance data)
- Communicate on a regular basis with staff and leadership to keep them up to date and engaged in sustaining the new practice
- Assess the extent to which organizational structures and routines have been changed, and whether old behaviors may be resurfacing
- Reinforce the desired results
  - Have Unit Champions reinforce discussions about mobility in care plans, in rounds, and in case conferences
  - Create a “hospital-level” event to highlight falls prevention