Staff Roles and Training for Your Fall Prevention Program

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Welcome!

Thank you for joining this webinar about staff roles and training for your fall prevention program.
A Little About Myself…

• Accreditation Manager for the Department of Nursing at UCLA Ronald Reagan Hospital
• Nationally recognized fall expert
• Worked with AHRQ on a panel to create the fall prevention toolkit
• Work on quality and safety issues
Today We Will Talk About

• Key elements of AHRQ’s Fall Prevention Program
• Staff roles and duties
• Organizing a plan at the unit level
• Training staff on new fall prevention practices

These topics were introduced in your 1-day training. Today, we will revisit them in depth.

Please make a note of your questions. Your Quality Improvement (QI) Specialists will follow up with you after this webinar to address them.
Key Elements of Program

• Universal precautions
• Risk factor assessment
• Care planning
• Post-fall assessment (mini root cause analysis)
Staff Roles and Duties

• Implementation Team: roles and duties
• Unit Team: roles and duties
• Unit Champions: roles and duties
Implementation Team: Roles and Duties

Design and implement your Fall Prevention Program.
Unit Team: Roles and Duties

• Provide daily direct patient care.
• Conduct fall risk assessments.
• Plan care to prevent falls.
• Make sure care is performed and documented.
Strategies for Unit Team Roles

• Clearly define each team member’s role.
• Highlight which duties are new.
• Comply with State practice acts.
• Plan how to overcome barriers to filling roles.
• Plan how to orient and monitor temp staff.
Assigning Unit Champions

• Number of Unit Champions depends on hospital needs, but one per shift is optimal.

• Try to have at least one main bedside RN. It’s better to have more than one.

• Nursing Assistants or LVNs should be involved too for buy-in from those groups and for teamwork.

• It is best to have long-term Unit Champions and backups.
Qualities of Unit Champions

• Role-based professional practice
• Excellent communication skills
• Effective links to other staff members
• Respect of peers
• Positive image of their unit
• Good problem-solving skills
• Ability to work with all key stakeholders
• Knowledge and passion about fall prevention
Unit Champions: Roles and Duties

• Help implement fall prevention activities.
• Serve as liaison among teams.
• Resolve issues related to falls.
• Serve as cheerleaders and “go to” people during implementation.
• Be familiar with program goals, care processes, and outcome data.
• Give updates.
Unit Champions: Roles and Duties

- Maintain and transfer current knowledge of fall-related injury issues, technology, and best practices.
- Track unit injuries and close calls.
- Serve as unit expert and resource for managers and supervisors, peers, patients, and families on:
  - Fall prevention,
  - Related equipment use, and
  - Related patient safety clinical processes.
- Conduct ongoing environmental surveillance.
- Help conduct outcome audits.
Unit Champions: Roles and Duties

• Train peers/managers/patients/families:
  – Conduct staff in-services/trainings on topics related to fall prevention.
  – On unit, orient new employees to fall prevention.
  – Facilitywide, participate in new employee orientation training.
  – Train/retrain coworkers on new and existing equipment.
  – Complete or assist in completion of equipment competency assessments.
  – Assist coworkers in patient/family training as needed.
Organizing Plan at Unit Level

- Ongoing communication and reporting
- Integrating fall prevention into ongoing work processes
Need for Ongoing Communication and Reporting

• Within unit
• Among Implementation Team, Unit Team, and senior management
Ways To Communicate and Report

• Unit Champions give updates at regular meetings of the Implementation Team.
• Unit managers give updates using data they gather from staff.
• Staff documents falls and fall risk on daily unit flowsheets.
• Staff share important patient safety issues and changes in care plans during 5-minute standup meetings.
Ways To Communicate and Report

• Share risk assessment information during shift reports.

• Tell the patient and his/her family if the patient’s risk changes.
Ways To Communicate and Report

Give—

- **Nurse assistants** guidelines and tools for reporting new falls or risk problems, such as a tablet with pull-off pages including the patient’s name, room number, and date/time to be given to the designated nurse.

- **Patient and family** fall information on admission.

- **Staff** pocket cards to remind them of best practices.
Best Communication and Reporting

• Regular
• Thorough
• Done with minimal time and effort
Strategies for Ongoing Work Processes

- Make some practices universal.
- Incorporate change into routine care.
- Integrate fall risk data into your regular communication, such as shift handoffs.
- Place visual cues or reminders about care plan above the patient’s bed.
- Use electronic health records.
Examples of Ongoing Work Processes

• Conduct a medicine review on all newly admitted patients using a pharmacy risk scale to determine the need for a full pharmacy evaluation.

• Use a standard order set for all patients to institute appropriate mobilization protocols.

• Give all patients noted to have a change in mental status a Delirium Evaluation Bundle to determine the need for increased supervision and further medical evaluation.
Examples of Ongoing Work Processes

• Create a post-fall assessment note as a structured electronic template or paper progress note to guide nurses through appropriate care processes.

• Use hourly rounds to assess toileting needs and other concerns.

• Conduct regular environmental rounds to ensure environmental safety.
Think about these issues:

• What fall risk factor data are already in the patient’s record?

• What other data in the patient’s record can help you assess fall risk factors?

• What is the most logical place in the patient’s record to collect/organize/assess fall risk factor data and needed interventions?
Training Staff on New Practices

• Managing change process
• Getting staff engaged and excited
• Helping staff learn new practices
Strategies for Managing Change Process

• Engage staff to gain their support and buy-in.
• Let staff help tailor practices to your hospital.
• Make sure staff have the time, training, equipment, and supplies they need to adopt new practices.
Implementation Team Role in Managing Change Process

• Guide, coordinate, and support changes during the pilot phase and rollout.

• Work with staff, clinicians, middle managers, and senior leaders.

• Work with Unit Champions to create ongoing monitoring process that—
  – Gathers feedback from staff and clinicians
  – Tracks changes in fall rates and interventions
  – Communicates results to staff
Getting Staff Engaged and Excited

**Before** the initial rollout or pilot testing:

- Have Implementation Team or Unit Champions meet with unit staff on all shifts (or just the unit-level improvement team).
- Review new roles and duties.
- Decide how to adjust roles and paths of communication and reporting.
- Discuss how to address and overcome barriers to adherence.
Getting Staff Engaged and Excited

During the initial rollout or pilot testing:

- Remind staff of reasons that fall prevention is needed.
- Involve staff in identifying problems and testing solutions.
- Keep staff informed about the program’s progress.
Getting Staff Engaged and Excited

If some staff members or units resist changes:
• Find out why they are resistant.
• Include fall prevention in staff performance evaluations.

If resistance is widespread:
• Find out why.
• Change practices or the implementation plan to address their concerns.
• Delay the full launch if needed.
Helping Staff Learn New Practices

Work with the staff education department and other key stakeholders to—

• Assess staff knowledge of fall prevention
• Identify knowledge gaps
• Create an education plan to address those gaps
Helping Staff Learn New Practices

Keep in mind that adults—

• Learn best through methods that build on their own experiences

• Have a variety of learning styles and skill levels

So use varied education methods:

• Didactic

• Active
Today We Talked About

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Any Questions?

Thank you for being such great listeners. Please refer any questions you have to your QI Specialists.
Resources

  – Tool 4A: Assigning Responsibilities for Using Best Practices
  – Tool 4B: Staff Roles
  – Tool 4C: Assessing Staff Education and Training
  – Tool 4D: Implementing Best Practices Checklist


• National Database of Nursing Quality Indicators. http://www.nursingquality.org/