The Language of Feelings and Needs and the Correlation with Wellbeing & Falls PIP

Continuation Phase, Session 13

Today

COVID Update

IHI Curriculum

- The Language of Feelings and Needs and the Correlation with Wellbeing

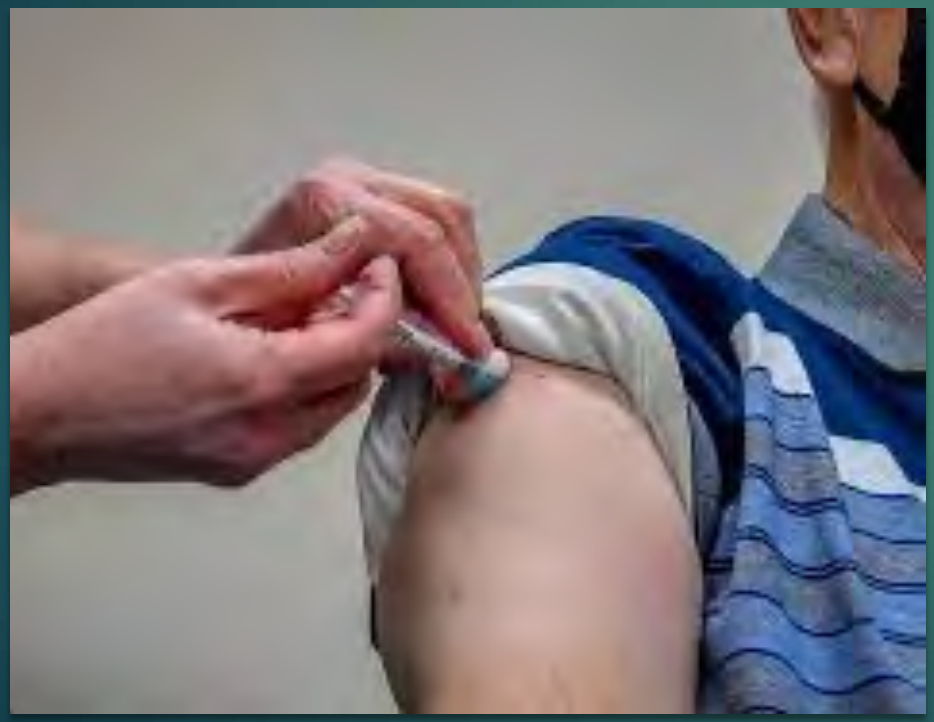
Begin Falls PIP

Over the Past Week

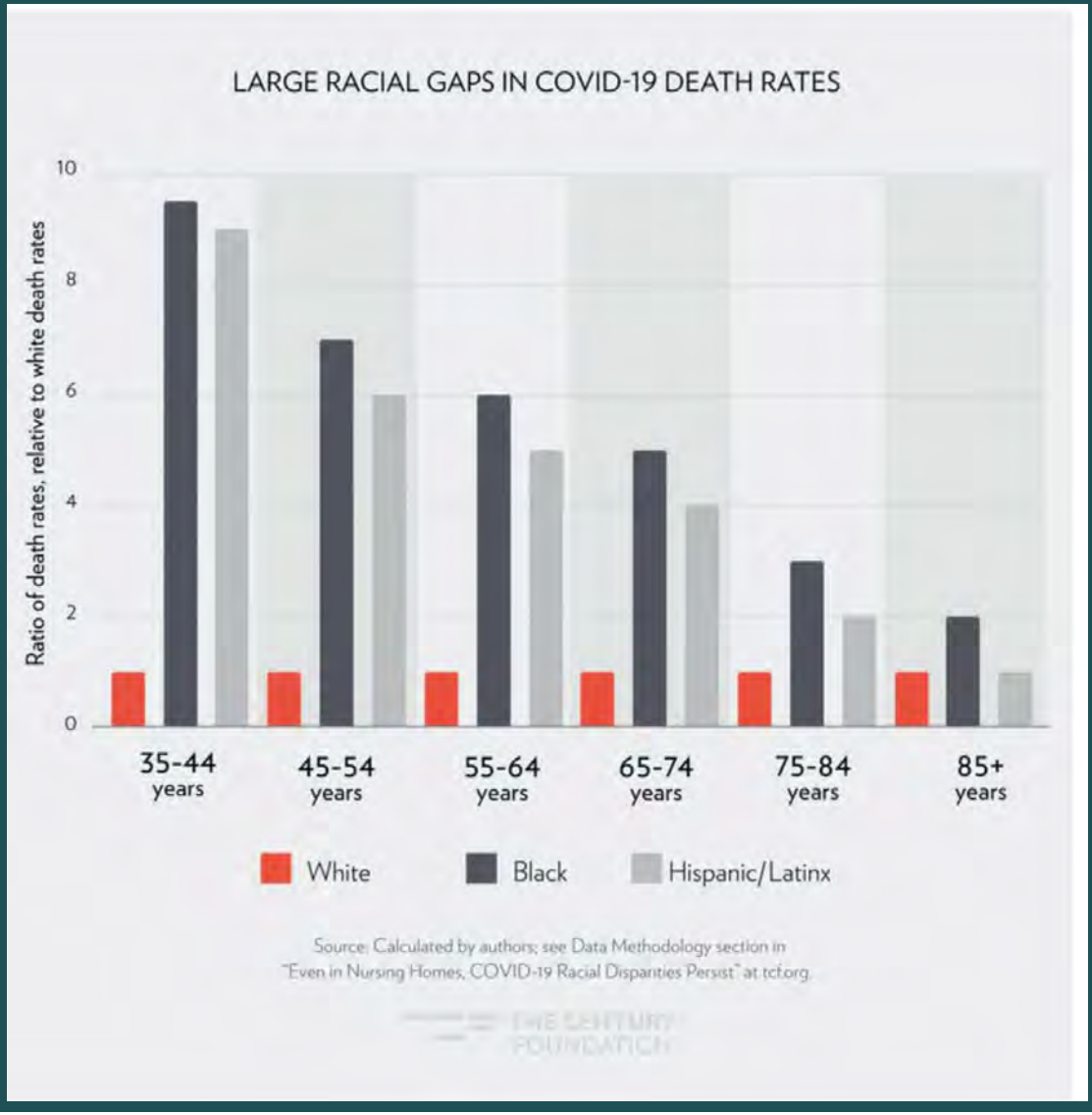
What did you learn from walk rounds from this past week?

Discuss ideas about implementing QAPI into your work routines

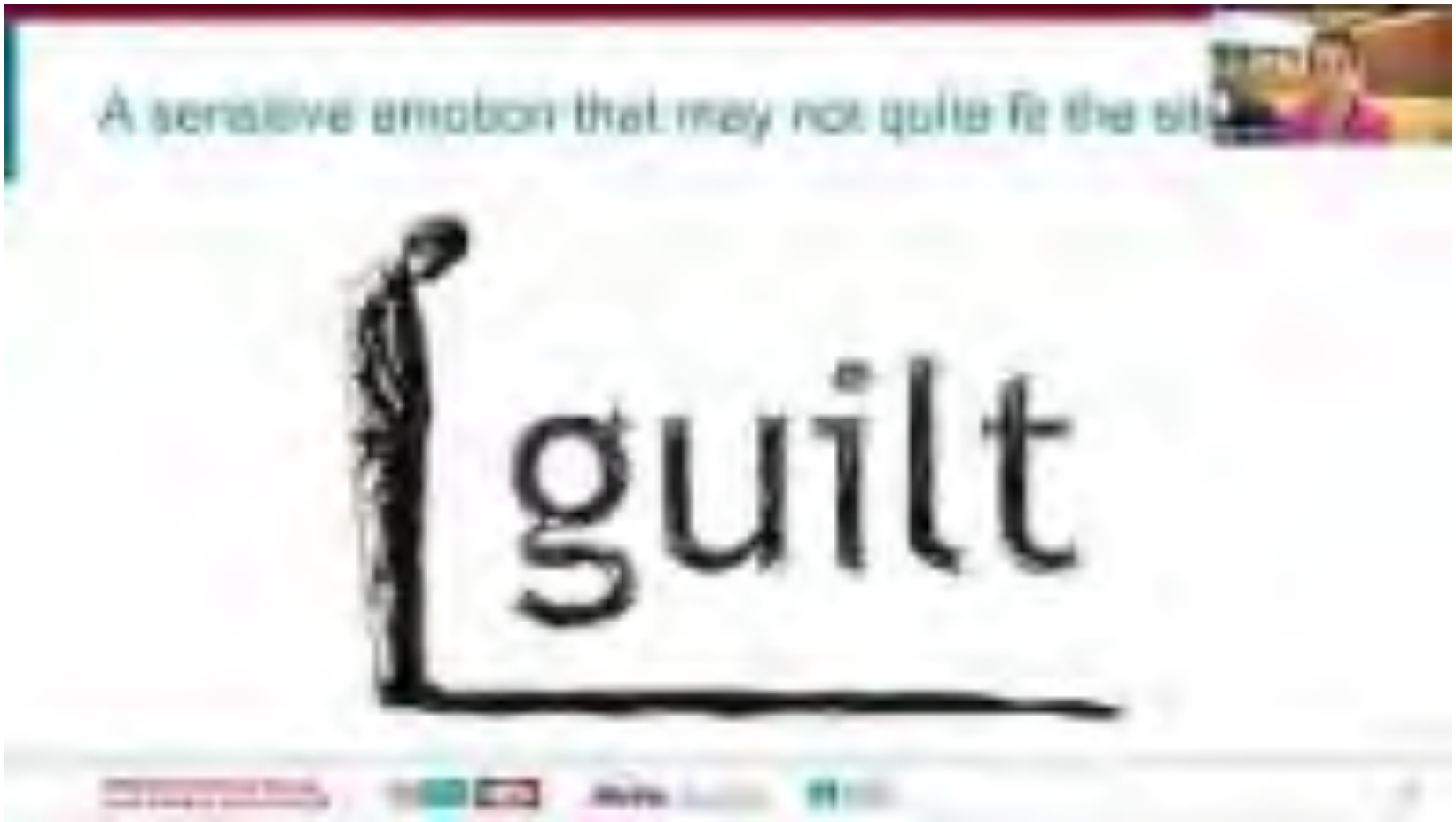
Update: Covid Vaccination



- 93 % NH resident
- 65 % NH staff


LARGE RACIAL GAPS IN COVID-19 DEATH RATES
Ratio of death rates, relative to white death rates
10
8
6
4
2
0
35-44 years
45-54 years
55-64 years
65-74 years
75-84 years
85+ years
White
Black
Hispanic/Latinx
Source: Calculated by authors; see Data Methodology section in "Even in Nursing Homes, COVID-19 Racial Disparities Persist" at tcf.org.

The Language of Feelings and Needs and the Correlation with Wellbeing



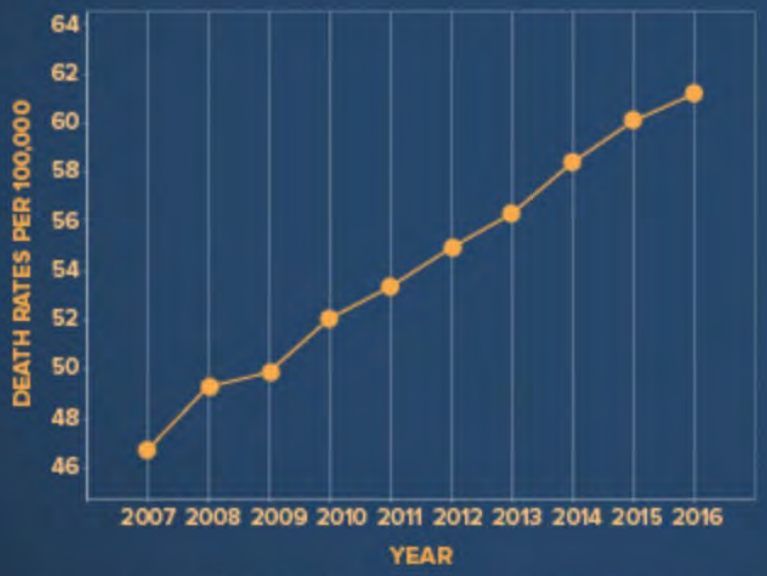
Older Adults & Falls

Heading into our next PIP

Fall Death Rates in the U.S.

INCREASED 30%

FROM 2007 TO 2016 FOR OLDER ADULTS



If rates continue to rise, we can anticipate

7 FALL DEATHS

EVERY HOUR

BY 2030

Learn more at www.cdc.gov/HomeandRecreationalSafety.

CDC

EACH YEAR **50-75%**
Of All Nursing Home Residents Fall

MANY FALLS GO UNREPORTED

ON AVERAGE, A
NURSING HOME
RESIDENT FALLS

2.6 TIMES EVERY YEAR

10-20% OF FALLS
Among Nursing Home Residents
RESULT IN SERIOUS INJURY

35%
OF NURSING
HOME RESIDENTS

WHO FALL &
ARE INJURED
CANNOT WALK

Falls in Nursing Homes

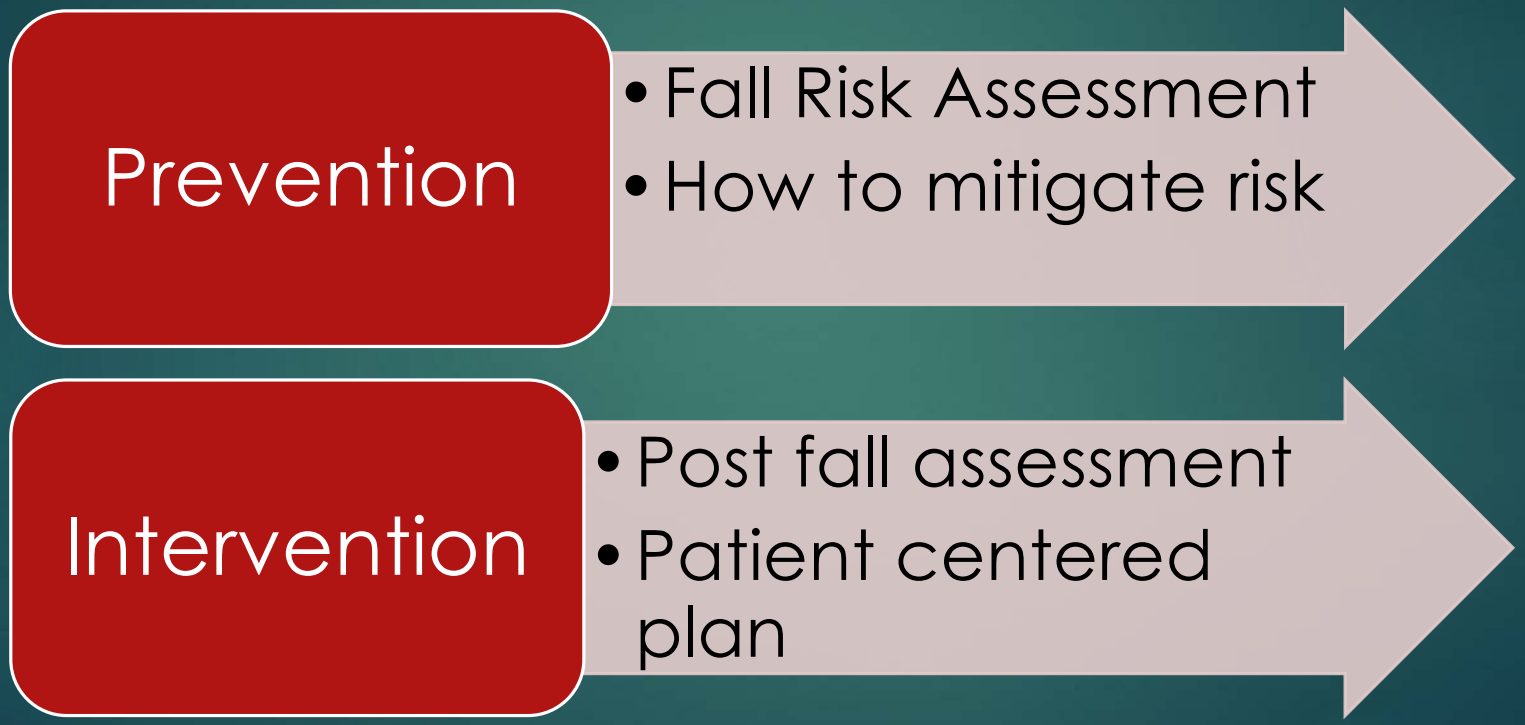
- 20 % of all fall deaths among 65+ year old occur in NH

Reasons for falls

- Inactivity / decondition / medical condition
- Poor judgement / memory loss
- Medications
- Eye wear (bifocals)
- Inner ear problems / cerumen impaction
- Environment: poor lighting, floor transitions, clutter
- Lack of assistive devices or assistance

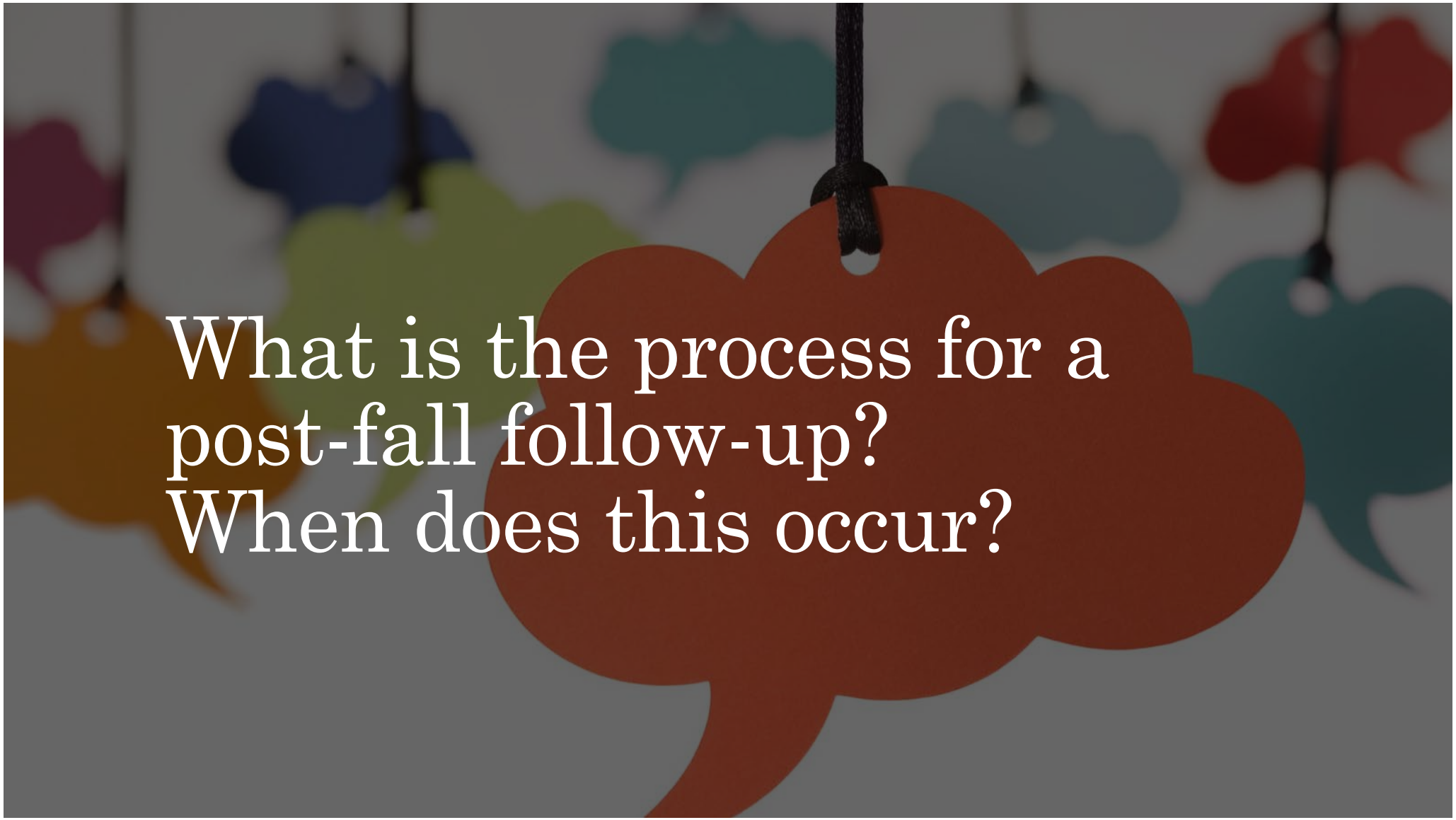
- Post prandial falls
- Inappropriate use of assistive devices

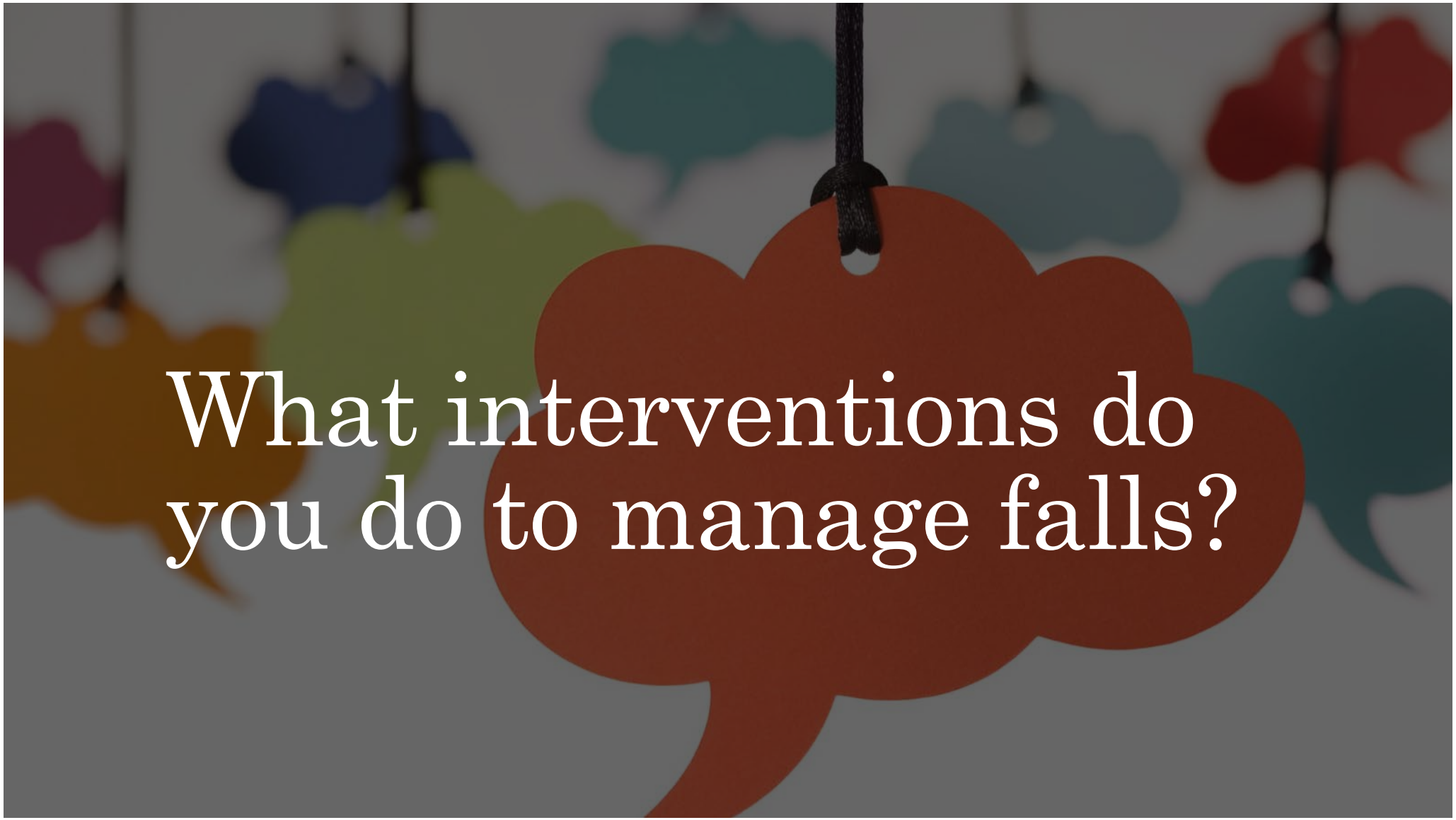
Project goals



Poll

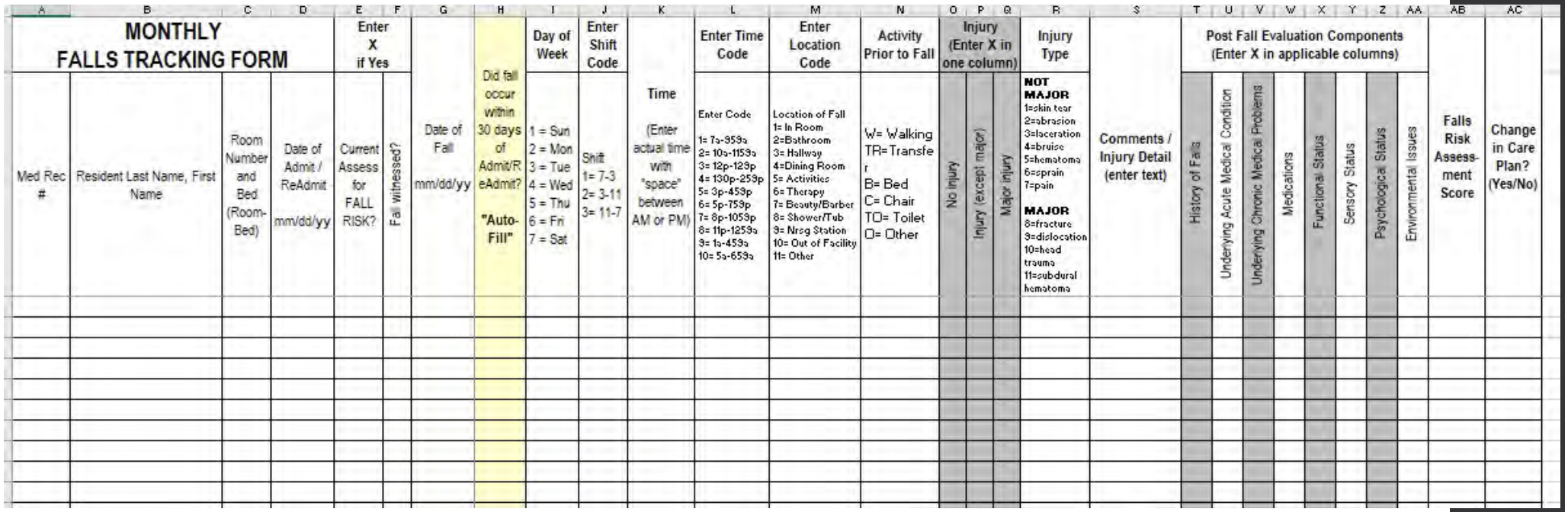

Let's Chat
What interventions do you use to manage fall risk?


What is the process for a post-fall follow-up? When does this occur?


What interventions do you do to manage falls?

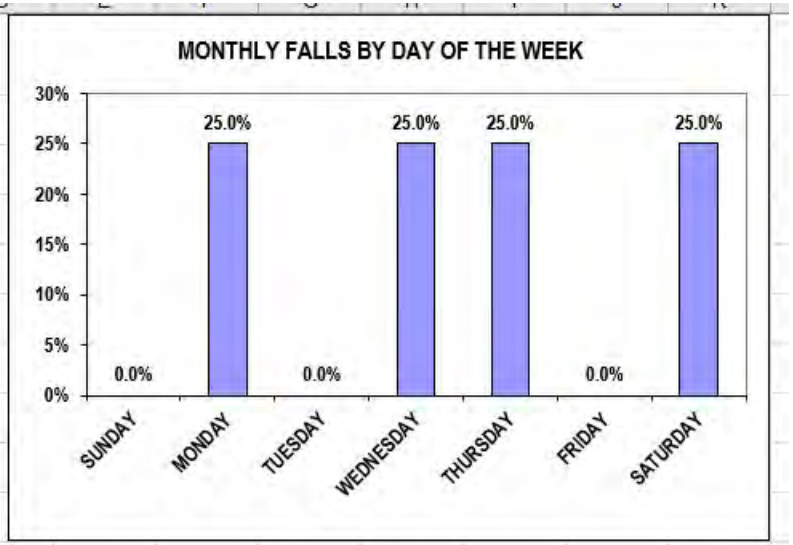

How do you communicate with staff about post falls follow-up?

Rosewood on Broadway, Fargo, ND

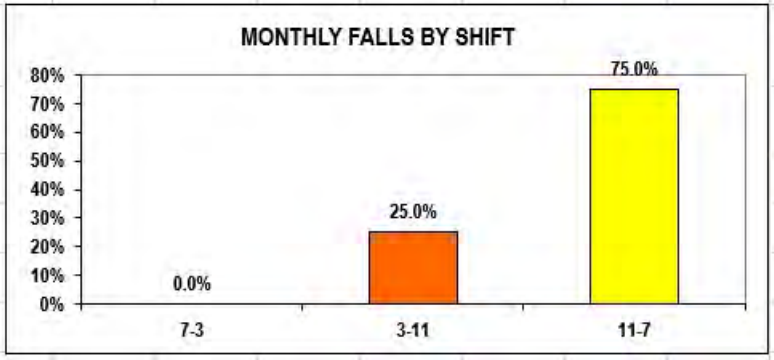


MONTHLY FALLS TRACKING FORM				Enter X if Yes										Injury (Enter X in one column)					Post Fall Evaluation Components (Enter X in applicable columns)										
Med Rec #	Resident Last Name, First Name	Room Number and Bed (Room-Bed)	Date of Admit / ReAdmit mm/dd/yy	Current Assess for FALL RISK?	Fall witnessed?	Date of Fall mm/dd/yy	Did fall occur within 30 days of Admit/ReAdmit? "Auto-Fill"	Day of Week 1 = Sun 2 = Mon 3 = Tue 4 = Wed 5 = Thu 6 = Fri 7 = Sat	Enter Shift Code Shift 1= 7-3 2= 3-11 3= 11-7	Time (Enter actual time with "space" between AM or PM)	Enter Time Code Enter Code 1= 7a-359a 2= 10a-1159a 3= 12p-129p 4= 130p-259p 5= 3p-459p 6= 5p-759p 7= 8p-1059p 8= 11p-1259a 9= 1a-459a 10= 5a-659a	Enter Location Code Location of Fall 1= In Room 2=Bathroom 3= Hallway 4=Dining Room 5= Activities 6= Therapy 7= Beauty/Barber 8= Shower/Tub 9= Nrsg Station 10= Out of Facility 11= Other	Activity Prior to Fall W= Walking TR=Transfer B= Bed C= Chair TO= Toilet O= Other	No injury	Injury (except major)	Major injury	Injury Type **NOT MAJOR** 1=skin tear 2=abrasion 3=laceration 4=bruise 5=hematoma 6=sprain 7=pain **MAJOR** 8=fracture 9=dislocation 10=head trauma 11=subdural hematoma	Comments / Injury Detail (enter text)	History of Falls	Underlying Acute Medical Condition	Underlying Chronic Medical Problems	Medications	Functional Status	Sensory Status	Psychological Status	Environmental Issues	Falls Risk Assess-ment Score	Change in Care Plan? (Yes/No)

MONTHLY FALLS BY DAY OF THE WEEK		
Day of Week	# by Day	% by Day
SUNDAY	0	0.0%
MONDAY	1	25.0%
TUESDAY	0	0.0%
WEDNESDAY	1	25.0%
THURSDAY	1	25.0%
FRIDAY	0	0.0%
SATURDAY	1	25.0%
TOTAL-->	4	100.0%



MONTHLY FALLS BY SHIFT		
SHIFT	# of Falls by Shift	% of Falls by Shift
7-3	0	0.0%
3-11	1	25.0%
11-7	3	75.0%
TOTALS-->	4	100.0%



Root Cause Analysis

Five Whys Tool for Root Cause Analysis

QAPI

Overview: Root cause analysis is a structured team process that assists in identifying underlying factors or causes of an event, such as an adverse event or near –miss. Understanding the contributing factors or causes of a system failure can help develop actions that sustain corrections.

The Five Whys is a simple problem-solving technique that helps to get to the root of a problem quickly. The Five Whys strategy involves looking at any problem and drilling down by asking: "Why?" or "What caused this problem?" While you want clear and concise answers, you want to avoid answers that are too simple and overlook important details. Typically, the answer to the first "why" should prompt another "why" and the answer to the second "why" will prompt another and so on; hence the name Five Whys. This technique can help you to quickly determine the root cause of a problem. It's simple, and easy to learn and apply.

Directions: The team conducting this root cause analysis does the following:

- Develops the problem statement. (See Step 1 of Guidance for RCA for additional information on problem statements.) Be clear and specific.
- The team facilitator asks why the problem happened and records the team response. To determine if the response is the root cause of the problem, the facilitator asks the team to consider "If the most recent response were corrected, is it likely the problem would recur?" If the answer is yes, it is likely this is a contributing factor, not a root cause.

Problem statement	One sentence description of event or problem
Why? ⇨	
Why? ⇨	
Why? ⇨	
Why? ⇨	
Why? ⇨	
Root Cause(s)	1. 2. 3. To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FiveWhys.pdf

Fall Huddle

Fall Huddle:

Who: Nurse, primary RA, person finding resident (also NSM, CM, Therapy, Quality when available)

What: Review the circumstances of the fall

- What was resident doing at time of fall? Before fall?
- Were there any changes in resident behavior or function prior to the fall?
- Was the resident on any new meds? When was last PRN given?
- When was resident last toileted? Last repositioned? Last eaten?
- What was staffing like at the time? Where were staff when the resident fell?
- What activities were available? Does resident participate?
- Review the careplan – what interventions are in place already? Were they used?
- What interventions could be added to prevent another fall?

When: Meet to review fall as soon as possible but within 1 hour of fall

Where: Review at the scene where the fall occurred to give you clues about what could have happened and how to prevent further incidences

- Where did fall occur?
- Was equipment positioned where it should be? Where was the w/c or walker?
- What does the area look like where fall occurred? Is there clutter? Tripping hazards?

Conclusion : Why did the fall occur?

Document findings in the Risk Management report and include any additional information that will be helpful in the Risk Management report. Remember to also document the fall in the progress notes.

If you would like additional technical assistance, please let us know.

You can work with our mentors one-on-one.

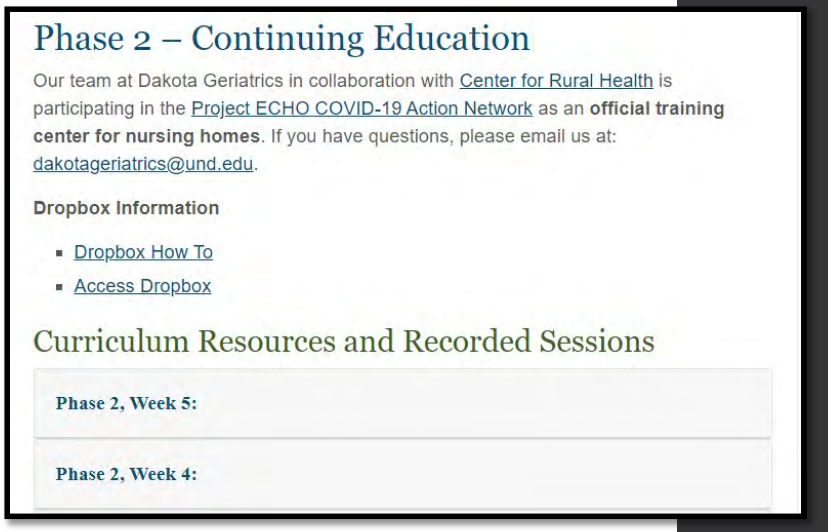
Homework

This week

- Begin RCA of Falls in your facilities
  - Can use your preferred tool or our shared tools
  - QIO Falls tracking tool
  - Post Fall Huddle Tool

Submit Homework via Dropbox

- Now on our website (direct link to dropbox with instructions)
- https://www.dakotageriatrics.org/project-echo-can/phase-2-continuing-education
- Please note we might share your work with the group (if you don't want to share, please let us know)



Phase 2 – Continuing Education

Our team at Dakota Geriatrics in collaboration with Center for Rural Health is participating in the Project ECHO COVID-19 Action Network as an **official training center for nursing homes**. If you have questions, please email us at: dakotageriatrics@und.edu.

Dropbox Information

- Dropbox How To
- Access Dropbox

Curriculum Resources and Recorded Sessions

Phase 2, Week 5:

Phase 2, Week 4: