

WELCOME

GINA GAMBARO

Director of Marketing

Rx

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 - ❖ Click on the **Q&A** icon at the bottom of your screen
 - ❖ Type your question & hit Enter
 - ❖ Questions will be answered at the program's end, or offline if time runs out
- About technical issues or CE credit —
 - ❖ Click on the **Chat** icon at the bottom of your screen
 - ❖ Type your question & hit Enter
 - ❖ Our team will reply to your question right away

Housekeeping notes

- ▶ This webinar is being recorded for on-demand access later, after the series' conclusion
- ▶ To earn CE, you must attend the entire session
- ▶ **For those sharing a computer**
 - Complete a manual sign-in sheet before the program ends
 - Go to **Chat** to access the link for the sign-in sheet
 - Each participant must complete an evaluation to obtain CE credit
 - Instructions will also be emailed to the program registrant

2024 WEBINAR SERIES

A QAPI Approach to Addressing and Preventing Falls

The curious case of Ida B Afaller

Thomas Annarella, LNHA

Administrator

Valley Hi Nursing and Rehabilitation

Learning objectives

- ▶ Discover how QAPI utilizes data to identify areas for improvement in resident care and overall facility operations.
- ▶ Explore how QAPI fosters collaboration among staff members to achieve the highest standards of care
- ▶ Obtain practical guidance on developing and implementing an effective QAPI program in your facility.

Agenda

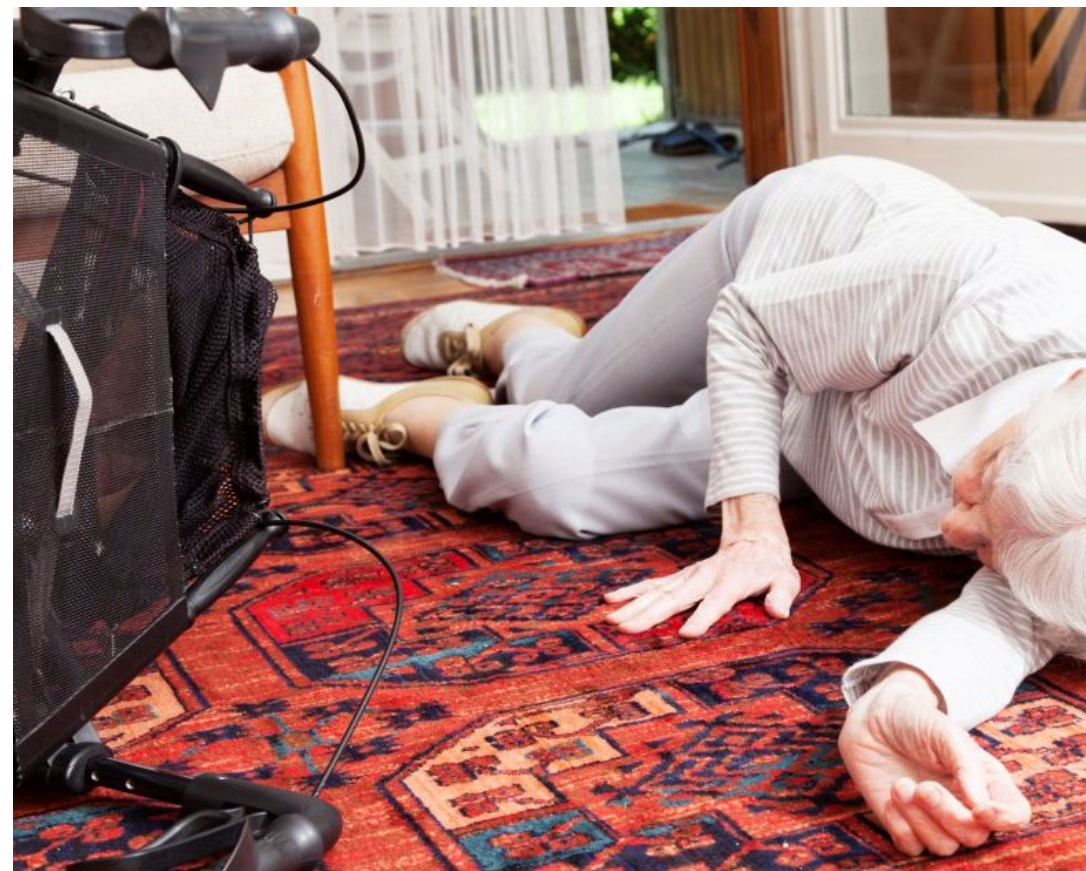
Today we will be discussing our friend Ida B Afaller and how her fall led to a fall reduction QAPI.

We all know her well, she is in every one of our buildings. She is cute and adorable, sweet as can be – however she is also non-complaint with safety. She is a fall risk.



Agenda

- The story / the set-up
- Incident report completion – the basics
- Incident review – the investigation
- Deeper dive / QAPI
- Trending
- Interventions – think beyond nursing
- QAPI follow through – is it working?



IDPH requirements

- ▶ F689 – Free from Accident Hazards with Adequate Supervision and Assistive Devices
 - The facility must ensure that each resident receives adequate supervision and assistive devices to prevent accidents.

THE CDC'S STATISTICS ARE **DISQUIETING** AT BEST:

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

What is QAPI?

- ▶ Quality Assurance and Performance Improvement
 - Process for maintaining and improving quality, safety, or any other issue
 - Data-driven approach
 - Proactive
 - Systematic approach
 - Goal driven
 - Comes from the Affordable Care Act of 2010

Continuous Quality Improvement Cycle



What is QAPI?



- ▶ Quality Improvement – Key to Success and Less Stress
 - Prevents facility issues
 - Prevents staff issues
 - Prevents resident and family issues
 - Prevents IDPH and other regulatory agency issues
 - Prevents legal issues
 - Etc.
- ▶ Requires the 3 keys needed for success
 - Leadership
 - Accountability
 - Presence

The story / the set-up



Ida is a 75 year old resident who was admitted a month ago.



Ida has a history of falling at home prior to admission to the facility.



Ida was admitted for rehab after being hospitalized following a recent fall in which Ida's son found her on the floor in the kitchen.



Ida is alert and oriented – most times; however is forgetful when it comes to using her walker.



Ida likes to ambulate around, especially later in the day when she is restless. She goes in and out of common areas and other resident's rooms.

The story / the set-up

- ▶ Since admission 28 days ago, Ida has had 4 falls.
- ▶ 3 of the falls did not result in an injury outside of general soreness and bruises; however, her last fall resulted in her needing to be sent to the hospital for sutures to her forehead.
- ▶ Ida's family is not upset; but they are getting frustrated that she continues to fall despite everything the facility says they are doing to keep her safe.
- ▶ The family has a rogue family member who is threatening to call IDPH.

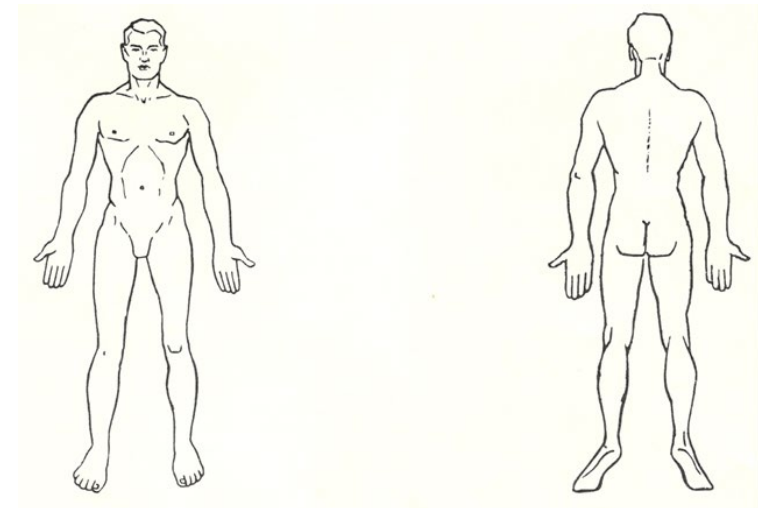
The story / the set-up

- ▶ Sound familiar? Happens all the time, right?
- ▶ Most facilities get the first few steps to fall prevention right; but many of them do not do the hard part – QAPI
- ▶ Fall prevention takes 3 things – and it is not just a simple intervention:
 - Leadership
 - Accountability
 - Presence



Incident report completion – the basics

- ▶ The incident review begins as soon as you enter the scene
 - Survey the scene – what is happening?
 - Pay close attention the environmental factors that may be contributing
 - Take note of witnesses (you'll need them later)
 - Of course, patient care and treatment come first – but pay attention
- ▶ How are you collecting the data?
 - Leverage your EMR
 - If you are logging it in Excel – you **MUST** have a data wonk
 - Collect the same data, every time



Incident review – the investigation



- ▶ Ask the right questions
- ▶ Ask the hard questions
- ▶ Be timely – facts get fuzzy over time
- ▶ When you think you have answer, try to go deeper
- ▶ Look closely for contributing factors
 - What happened just before the fall?
 - What has happened in the last few days? Last few hours?
 - Did the family just visit? Are they coming soon?
 - Was there a recent med change?
 - Was the environment loud and chaotic?
 - Where were the staff?
 - Was there an unmet need?

The story / part 2

- ▶ A new leader from the organization, Flo, is tasked with initiating the review following the nurse completing the incident report.
- ▶ Upon further review, it has been identified that the facility has not been consistent in completing incident reports and there is no formal trending being done.
- ▶ A review of the chart shows that the resident is falling between 3 and 3:30 pm, the same time that staff are doing shift to shift report.
- ▶ The review also noticed that Ida is complaining of pain after lunch.
- ▶ Ida is restless in the afternoon, but is good during the morning while she is receiving rehab and attending activities.



The story / part 2

- ▶ A review of Ida's MAR shows that she has a schedule pain med in the morning; necessary she has a PRN pain med for the afternoon.
- ▶ Some days Ida is getting the afternoon PRN and some days she is not.
- ▶ Flo notices that Ida's PRN pain med administration follows a pattern, there is a nurse that does not give it when she works.
- ▶ Flo asks the nurse if she is assessing Ida for pain and the nurse indicates that she does not think Ida is in pain and does not want Ida "to get addicted" to pain meds so she avoids giving PRNs unless necessary.

The story / part 2

- ▶ Flo completes the incident report and concludes the following:
 - Ida is experiencing pain and restlessness in the afternoon following her morning therapy sessions
 - Ida's morning pain medication is wearing off by lunchtime
 - Ida is getting more forgetful and has a pattern of getting up and trying to walk without her walker
 - Ida starts wandering around in the afternoon, possibly looking for staff to address her pain, but is unable to communicate her needs
 - Staff who have been proactive with her pain management have charted that Ida sits comfortably in the lounge watching her show in the afternoon

The story / part 2

- ▶ Flo implements the following interventions, updates the care plan, and educates staff
 - Note: interventions are worthless if they are not effectively communicated – do not expect staff to seek the information on their own
 - 1. Spoke with physician and got pain med in the afternoon scheduled
 - 2. Educated nursing staff on the importance of proper pain managements and assessment (including helping gain a better understanding on proper pain medication use vs addiction)
 - 3. Staff to ensure that Ida is comfortable in the lounge or her room, watching her show during shift-to-shift report

The story / part 2

- ▶ This is where Ida's individual story ends. Individual interventions will be monitored and adjusted as needed; and Ida is not wandering and experiencing restlessness in the afternoons anymore.
- ▶ But the real investigation has only begun.
- ▶ Flo realizes that there is no formal QA process for fall prevention and does not have a good sense of where the facility is performing.
- ▶ Time for Flo to get busy!

Deeper dive / QAPI

- ▶ Where do you go to gather your performance data?
 - Quality indicator reports
 - ❖ Prevalence of falls
 - ❖ Falls with major injury
 - EMR trending and risk reports
 - Safety Committee trending data
- ▶ A facility with a true quality focus is a master of their data and metrics.
- ▶ Let's restate that, a facility with a true quality focus is a master of their data and metrics.



Trending

- ▶ What data do you want to trend?
 - Well . . . all of it. At least what is important now and maybe in the future.
 - Falls vs time of day
 - Falls vs unit
 - Falls vs care team
 - Falls vs location in the resident room
 - Falls going to the bathroom
 - Fall type
 - Transfer related
 - Lowered to floor
 - Found on floor
 - Non-compliant with safety measures, asking for assistance, using call light
 - IDPH reportable

Trending

- ▶ What data do you want to trend?
 - Additional considerations
 - Environmental – lighting, flooring, clutter
 - Lighting, especially at night
 - Mattress width – get out of 36” and into 42”
 - Alarms (big shocker – they don’t prevent falls and may make them worse)
 - At the resident level
 - Personal history trending
 - Acuity changes
 - Changes in familiar routine

The story / Part 3

- ▶ Flo spends the next few weeks preparing a report for the Safety Committee. Although Flo's falls and successful interventions will be discussed, a much larger matter is at hand.
- ▶ The facility has no formal fall prevention and accident monitoring program in place, which is why they were recently cited for F689 in the recent survey.
- ▶ Flo has broken down the facility's incident reports for trending.

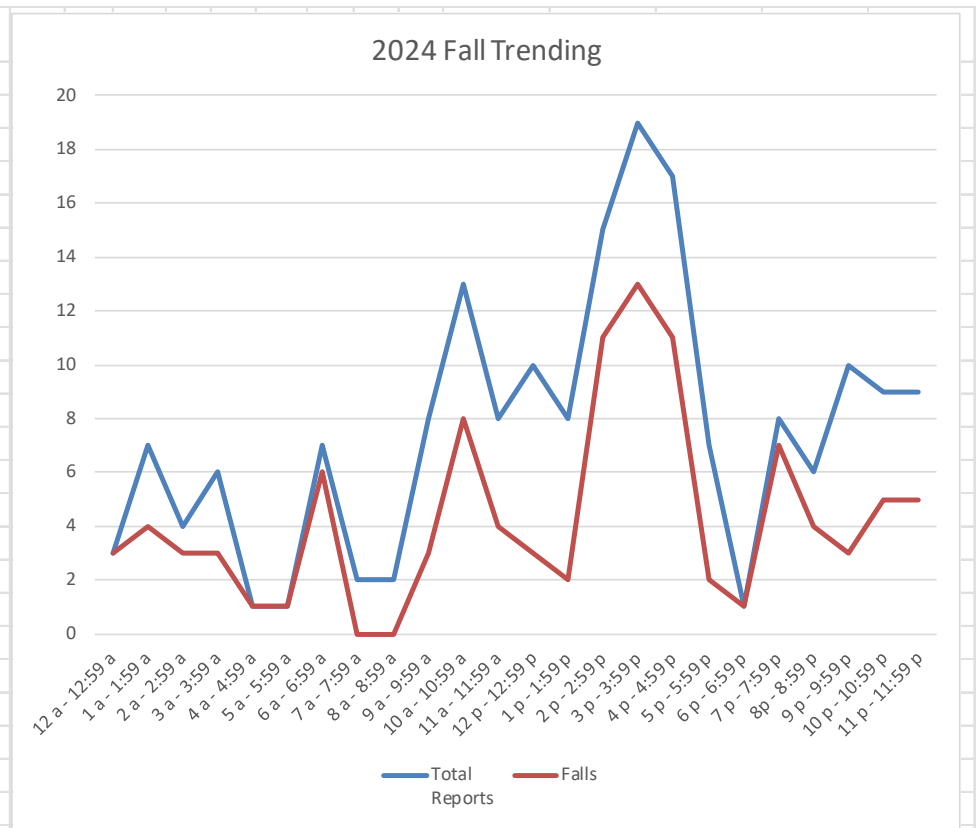
The story / Part 3

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The story / Part 3

- ▶ This is what Flo sees:
- ▶ Charts and data are great, but you must be able to read and understand the data.
- ▶ What does all this mean?
- ▶ What is not being told?

2024 Cumulative	Total Reports	Falls	
12 a - 12:59 a	3	3	
1 a - 1:59 a	7	4	
2 a - 2:59 a	4	3	
3 a - 3:59 a	6	3	
4 a - 4:59 a	1	1	
5 a - 5:59 a	1	1	
6 a - 6:59 a	7	6	
7 a - 7:59 a	2	0	
8 a - 8:59 a	2	0	
9 a - 9:59 a	8	3	
10 a - 10:59 a	13	8	
11 a - 11:59 a	8	4	
12 p - 12:59 p	10	3	
1 p - 1:59 p	8	2	
2 p - 2:59 p	15	11	
3 p - 3:59 p	19	13	
4 p - 4:59 p	17	11	
5 p - 5:59 p	7	2	
6 p - 6:59 p	1	1	
7 p - 7:59 p	8	7	
8 p - 8:59 p	6	4	
9 p - 9:59 p	10	3	
10 p - 10:59 p	9	5	
11 p - 11:59 p	9	5	
Totals	181	103	56.91%



2024 Monthly	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Total Reports	15	14	14	18	20	15	7	27	26	23		
Falls	9	9	8	4	10	7	6	18	15	17		

The story / Part 3

- ▶ Flo presents the following to the Safety Committee:
 - Based on trending and charting, we have 3 high fall times
 - ❖ 6 am – 7 am
 - ❖ 2 pm – 5 pm with a high period of 3 pm – 4 pm
 - ❖ 7 pm – 8 pm
 - Flo noted that the mid-day fall increase was following morning therapy when residents were tired and some were experiencing pain
 - Flo also made note that there was an exceptionally high number of falls occurring on the 1N hallway
 - Flo further noted that when 1 specific nurse works, falls increase – believed to be lack of supervision or leadership of the CNAs
 - Lastly, Flo noted that nursing was stretched thin during peak fall times

Interventions – think beyond nursing

What Flo was doing is the start of QAPI

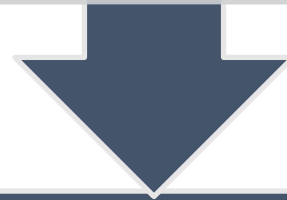
Gather data you want to measure

Analyze the data and identify the issue

Implement strategies for change

Monitor, measure, adjust

THINK BIGGER THAN NURSING



Activities are an essential link in the fall prevention strategy

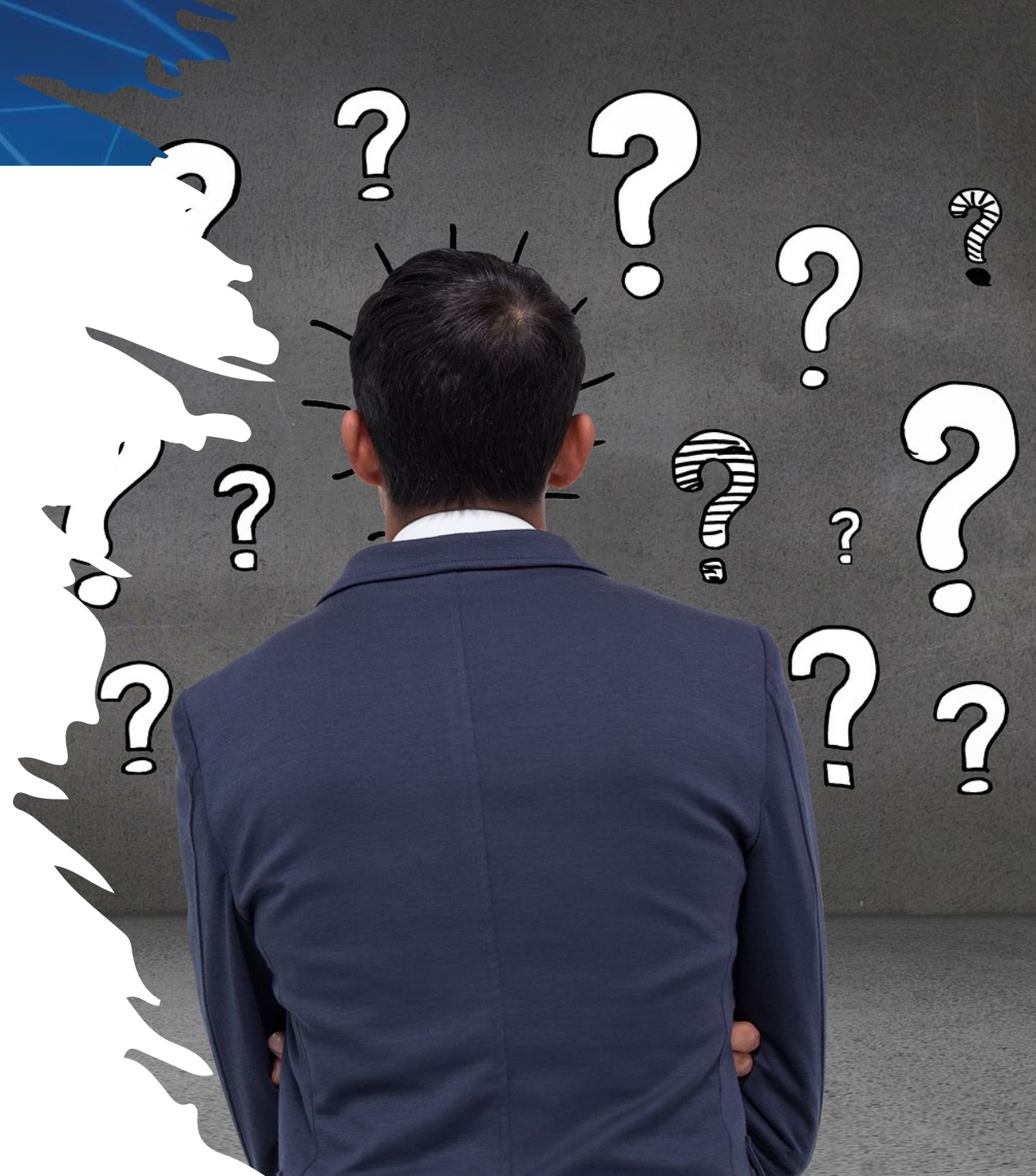
Do not forget about light duty, unit secretaries, universal workers, etc.

Interventions – think beyond nursing

- ▶ Flo came up with the following fall prevention strategies
 - Staff education on the importance of proper pain assessment and management – including proactive pain management
 - The 2 of the peak times happen to fall during shift-to-shift report, so additional staff and resources were assigned to be available on the floors at those times
 - ❖ Schedule activities to engage residents during that time
 - ❖ Get more non-clinical staff to the units to monitor residents during report
 - The later peak time is the same time that staff are focused on getting residents ready for bed with little or no activity programming, so an activity aid was scheduled later in the evening to conduct movies and cards later in the evening for residents to stay engaged while clinical staff were assisting the residents

QAPI follow through – is it working?

- ▶ How do you know if the plan is working?
 - First off – don't pull the plug too early
 - ❖ Adjust if needed
 - ❖ Stay diligent
 - ❖ Work with the staff (remember leadership, accountability, and presence)
 - Don't manipulate the data to support your hypothesis, it is okay to be *wrong* in QAPI if you are pushing towards a solution
 - Measure, measure, measure

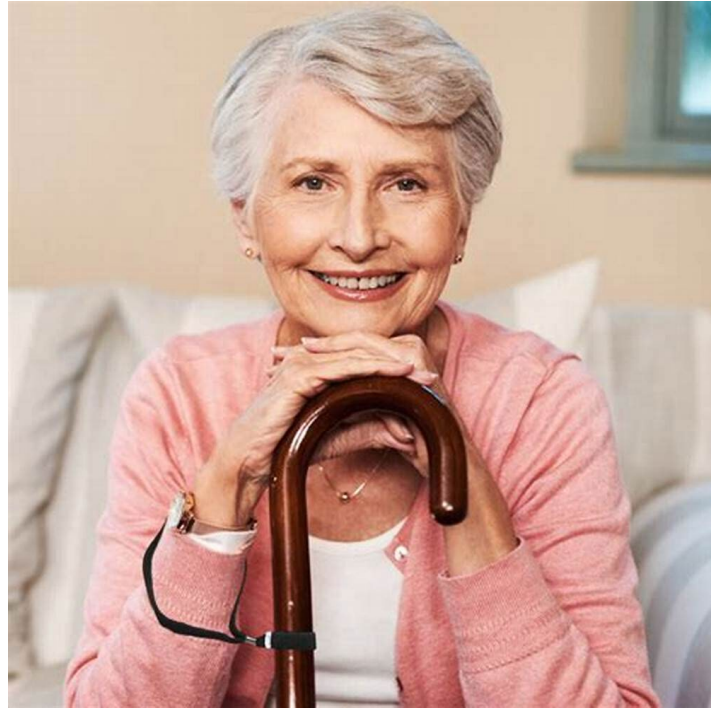


QAPI follow through – is it working?

- ▶ How do you know if the plan is working?
 - Follow your trend lines for a period of time, keep reporting to stakeholders
 - Watch your Quality Indicator Scores
 - Use your EMR
 - Leverage your data wonks
 - Don't get frustrated
 - Stay focused
 - Small progress is still progress



Thank you – Ida and her friends thank you too!



Thomas Annarella
Valley Hi Nursing and Rehab
Jordan Healthcare Group
Thomas@jordanhg.com

Q & A

About CE credit

Administrator credit

This program has been approved for one total participant hour of continuing education credit by the National Continuing Education Review Services (NCERS) of the National Association of Long-Term Care Administrator Boards (NAB).

Approval # 20251120-1-A108051-DL

Nursing credit

This program has been approved for one total participant hour of continuing education credit by The Illinois Board of Nursing, an approved sponsor of continuing education by the Illinois Department of Professional Regulation.

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 - In your web browser
 - Also emailed immediately following this program
- ▶ For those sharing a computer to view the webinar:
 - Submit your sign-in sheet to the email address listed on the form
 - Each participant will then be emailed a link to the evaluation
 - Each person must complete an evaluation to receive CE credit
- ▶ CE certificates should be **emailed in the next 30 days**

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January 16, 2025

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