The Development of a Task Force to Create a Fall Prevention Plan in a Long-Term Care Facility

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Structured Abstract

PROBLEM

Falls can be life changing to the residents and their families. According to research, fall-related injuries (FRIs) are the most likely cause of injury-related emergency department (ED) visits and hospitalization among seniors, with over 2 million annual FRI-related ED visits. In 2014, total personal health care spending for falls among the older adults ranged from $48 million in Alaska to $4.4 billion in California. Medicare spending attributable to older adult falls ranged from $22 million in Alaska to $3.0 billion in Florida. Costs per faller in U.S. studies examining older adults from all settings (including institutionalized adults) ranged from $3,766 to $25,955 while costs per faller involving only community-dwelling older adults ranged from $2,310 to $24,140.3. With these statistics in mind, the DNP project focused on creating ways to prevent falls in the long -term facility by working with a task force which focused on revising old strategies or creating new methods of fall prevention among the older adults.

PROJECT PURPOSE

The purpose of the project is to lead a stakeholder task-force to develop a fall prevention plan in a long-term care facility.

METHODOLOGY

The model for evidence-based practice change provided the framework for this project. Steps 1 through 4 of the 6-step models were implemented as the investigator redefined the practice problem; located, analyzed, and appraised the best evidence; and designed the practice change. The members of the task force include the Executive Director, the Assistant Executive Director, the Medical Director, the In-House Physician, the Educator, the Director of Nursing, the Assistant Director of Nursing, the Activity Director, the Assistant Activity Director, the Case Worker, and activity CNA. These members of the task force helped to develop a plan to address the problem of falls in a long -term care facility. At the beginning of the first session, the task force was oriented to the project. During session two, the evidence-based model by Rosswurm and Larrabee was reviewed. The task force discussed the fall reduction programs already in place such as frequent rounding, medication reviews, activities, designated dining room, etc. The facility has fall huddles after every fall to discuss what happened before, during and after the fall. We looked at the huddle worksheet, fall protocols, and incident reporting checklist. Also, the data for falls in all the wings in the past three and six months was reviewed. Statistically, it was noted that the C-Wing has the most falls. During session three, the discussion was focused on ways to help prevent falls focusing on the C-Wing. The plan is to continue using the existing fall reduction strategies already in place and to increase activities making sure that no high risk for fall resident is left alone in the room. Not all the residents can always go to activities and not all the high risk for

fall residents can always be at the designated monitored dining at the same time due to the available number of workers. Also, the team noted that A-Wing has a place for the residents to do more activities, B-Wing has the exclusive dining area for more activities, but -C-Wing does not have any designated area for more activities. However, the residents can still be engaged in the unit out from their rooms with activities such as playing cards, painting, reading magazines, conversing, going to the gazebo when the weather allows with the help of the nursing staff and nursing students instead of sitting idle in the nursing station. Engaging the residents increases brain stimulation and avoid boredom and thereby reducing the incidents of falls as noted by the task force due to the difference in the availability of activity areas for the other wings from C-Wing. During session four, all that has been discussed in all the sessions were summarized. The team agreed to focus on C-Wing since it has the most falls. The idea of having more activities for the residents in C-wing and not leaving any high risk for fall resident in the room alone was agreed upon by all task force members.

RESULTS

The task force held meetings that culminated with a policy revision that incorporates the requirement that the residents in C-Wing will be kept busier through engagement in activities outside their rooms. The residents can engage in activities of their choice to keep them physically and mentally busy. The unit manager for C-Wing was supportive of the task force recommendation and planned to implement the recommendations and include a discussion of the recommendations with the nurses and the CNA's. All the employees have the responsibility to watch out for the residents and report anything they see that could contribute to falls.

IMPLICATIONS FOR PRACTICE

The long-term care facility targeted in this project is one of the largest in the Central Florida area. The focused unit, C-Wing statistically has the most falls when compared to the A and B-Wings in the facility. The A and B-Wings, have designated areas for more activities. The task force agreed that doing more activities with the residents in C-Wing can potentially reduce the incidents of fall. There has been an instance that the fallen resident voiced that they were bored. Nurses and CNA'S should utilize the help of nursing students to engage residents in more activities such as taking residents to the gazebo or reading to residents. The recommendation is that no resident is left in the room and that all residents should engage in an activity of their choice. The short-term evaluation of the task force was based on the recommendation which was started immediately. The plan is determined a success because the unit manager for C-Wing is supportive of the recommendations and has begun implementation of the recommendations. The long-term evaluation will take place in three and six months by comparing the falls in C-Wing pre-task-force and post-task force recommendations.

Keywords: Long-Term Care, Stakeholder Task-Force, Fall Prevention Plan, Older Adults, Evidence Based-Practice

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