

INTERNATIONAL AFFAIRS & BEST PRACTICE GUIDELINES

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GUIDELINES

Quality Improvement in Long-Term Care: Improving Resident Safety

Heather McConnell, RN, BScN, MA(Ed)

Associate Director, International Affairs and Best Practice Guidelines Program

Registered Nurses' Association of Ontario

Objectives

- Describe the Breakthrough Series Collaborative methodology and its application to the long-term care sector.
- Identify challenges and successful strategies encountered by the LTC Improvement Teams in their quality improvement work.

Falls – A Resident Safety Issue

- Half of all elderly residents in long-term care facilities fall every year.
- 40% of admissions to long-term care facilities are the result of a fall.
- 1 in 3 of those who fall develop serious injuries.
- Those who fall are likely to fall again.
- In addition to the pain and suffering for individuals and their families, fall-related injuries result in substantial economic cost to our healthcare systems.



A Unique Partnership:



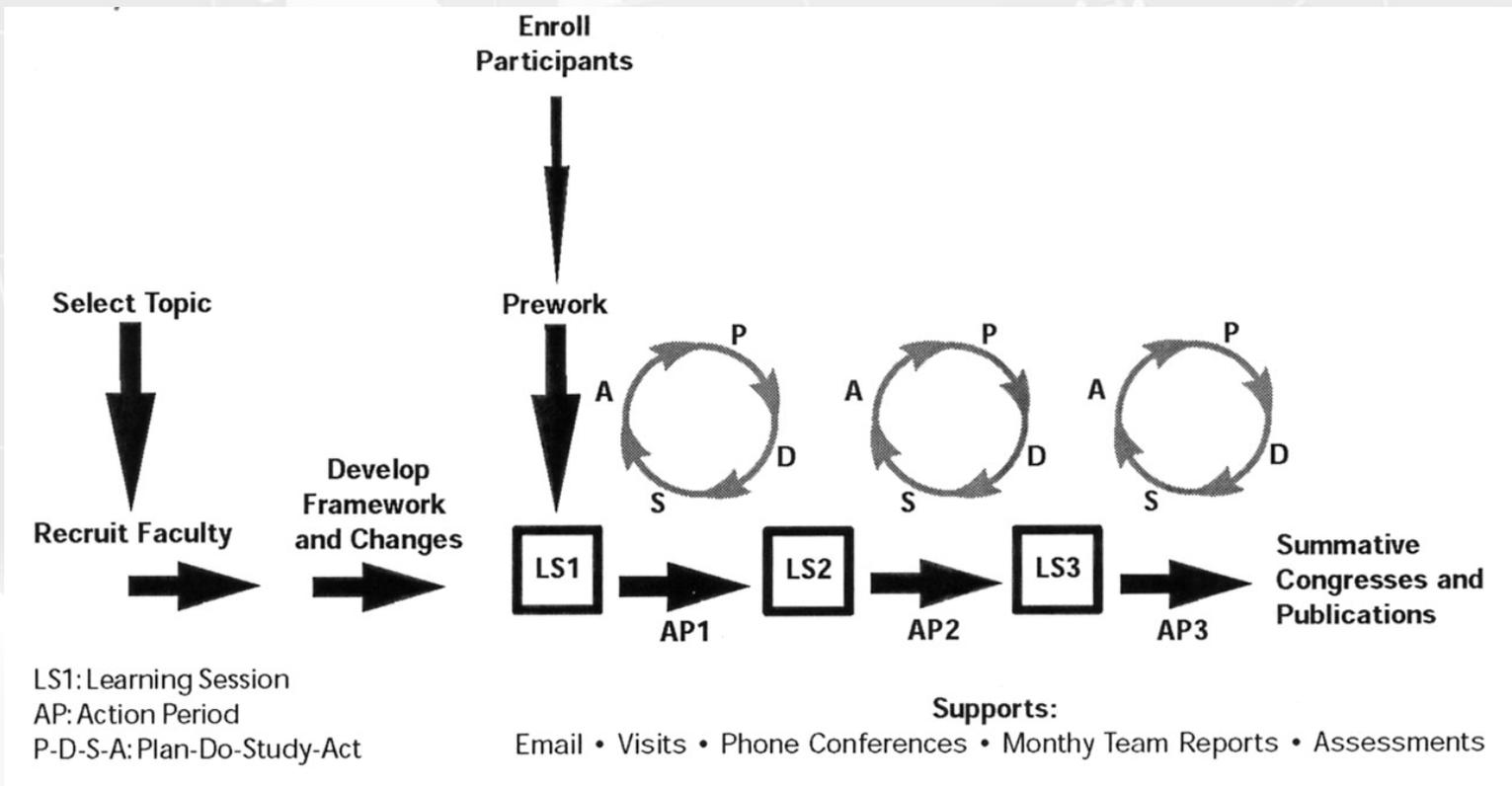
- ***Safer Healthcare Now!***
 - *Safer Healthcare Now!* (SHN) is a campaign aimed at improving the safety of patient care in Canada through learning, sharing and implementing interventions that are known to reduce avoidable adverse events.
- **Registered Nurses' Association of Ontario**
 - The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses wherever they practise in Ontario. Since 1925, RNAO has lobbied for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.
 - RNAO's Best Practice Guidelines Program, funded by the Ontario Ministry of Health and Long-Term Care, was launched in 1999 to provide the best available evidence for patient care. The 39 guidelines developed to date represent a substantive contribution towards building excellence in Ontario's health-care system.

Resident Safety is Everyone's Business...

- Methodology – Breakthrough Series Collaborative
- National Representation – faculty and team supports
- Two official languages (English and French)
- Regional vs Local structures/delivery models
- 31 LTC Improvement Teams from across Canada participated



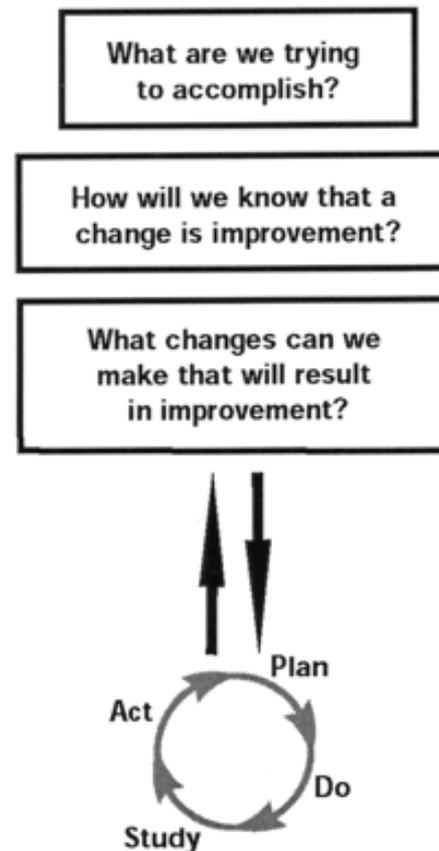
Breakthrough Series Collaborative



Breakthrough Series Collaborative

The Model for Improvement requires collaborative teams to ask three questions:

- **What are we trying to accomplish (aim)?**
 - participants determine which specific outcomes they are trying to change through their work.
- **How will we know that a change is an improvement (measures)?**
 - team members identify appropriate measures to track their success.
- **What changes can we make that will result in improvement (changes)?**
 - teams identify key changes that they will actually test.



Change Package: Evidence Based Practices

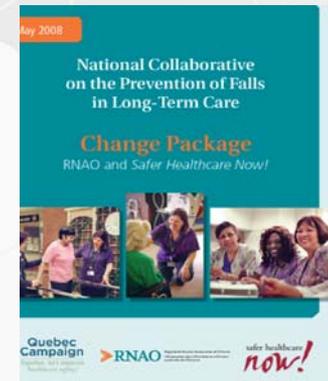
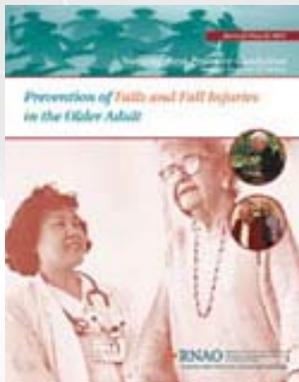
Figure 2: Falls Intervention Model
Adapted from Falls Reduction: An Error Management Model with permission from Sentara Virginia Beach General Hospital.

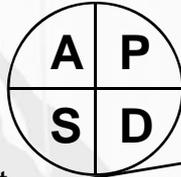
<p>REDUCTION OF INJURY STRATEGIES</p> <p>Having implemented a falls prevention program, some falls will still occur. In these cases, take steps to minimize the harm to the resident.</p>	<p>Disclosure</p> <p>Open disclosure to resident & family</p> <p>Protective Devices/Interventions</p> <ul style="list-style-type: none"> • Hip protectors • Osteoporosis interventions <p>Initial Response</p> <ul style="list-style-type: none"> • Rapid & complete assessment and treatment • Process for investigating falls and causes • Incident reporting/documentation
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<p>FALL INTERVENTION STRATEGIES</p> <p>When a fall happens or is about to happen, LTC staff can take action to reduce its impact.</p>	<p>Alarms/monitors</p>	<p>Assist to Floor</p>	<p>Immediate Response</p>
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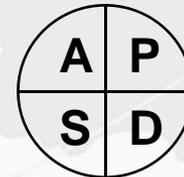
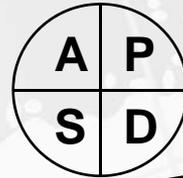
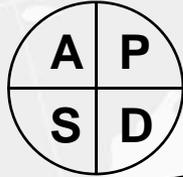
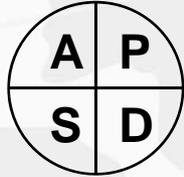
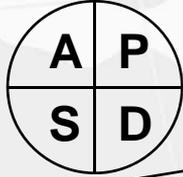
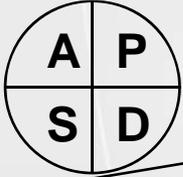
<p>PREVENTION STRATEGIES</p> <p>Modifying the environment, establishing formalized processes and taking proactive measures can reduce or prevent falls.</p>	<p>Education</p> <ul style="list-style-type: none"> • Environmental risk • Safe transfers • Specific feedback • Memos, flyers, safety fairs • External info sources: RNAO, IHI, Community resources • Resident/family education: Tai Chi, strength training, diet 	<p>Organizational Strategies</p> <ul style="list-style-type: none"> • Minimal restraints • Toileting schedules • Medical therapy • Polypharmacy management • Safe exit • Low bed • Frequent environmental rounding • Motion sensors 	<p>Environmental Hazard Reduction</p> <ul style="list-style-type: none"> • Lift devices • Furniture arrangement • Environmental (spills, etc.)
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<p>AWARENESS OF RISK STRATEGIES</p> <p>Of those residents who are at risk for falling</p>	<p>Assessment</p> <ul style="list-style-type: none"> • Risk assessment tool • Medication review 	<p>Identification (RISK STATUS)</p> <ul style="list-style-type: none"> • Ex. wristbands, blankets, rooms signs 	<p>Communication</p> <ul style="list-style-type: none"> • At change of shift between caregivers. • Document and inform high risk residents and families.
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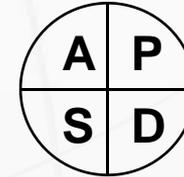
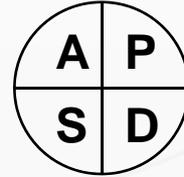
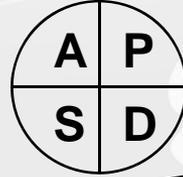
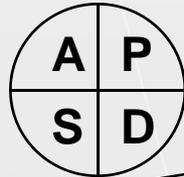




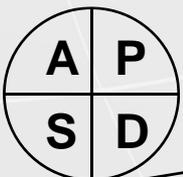
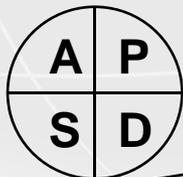
Standardize:
Risk assessment
Medication management
Communicate risk
Interventions in place



Redesign Systems:
Identify residents at risk
Alerts
Response to falls



**Engage providers/
Family/Resident:**
Educate
Treatment choice
Hip protectors



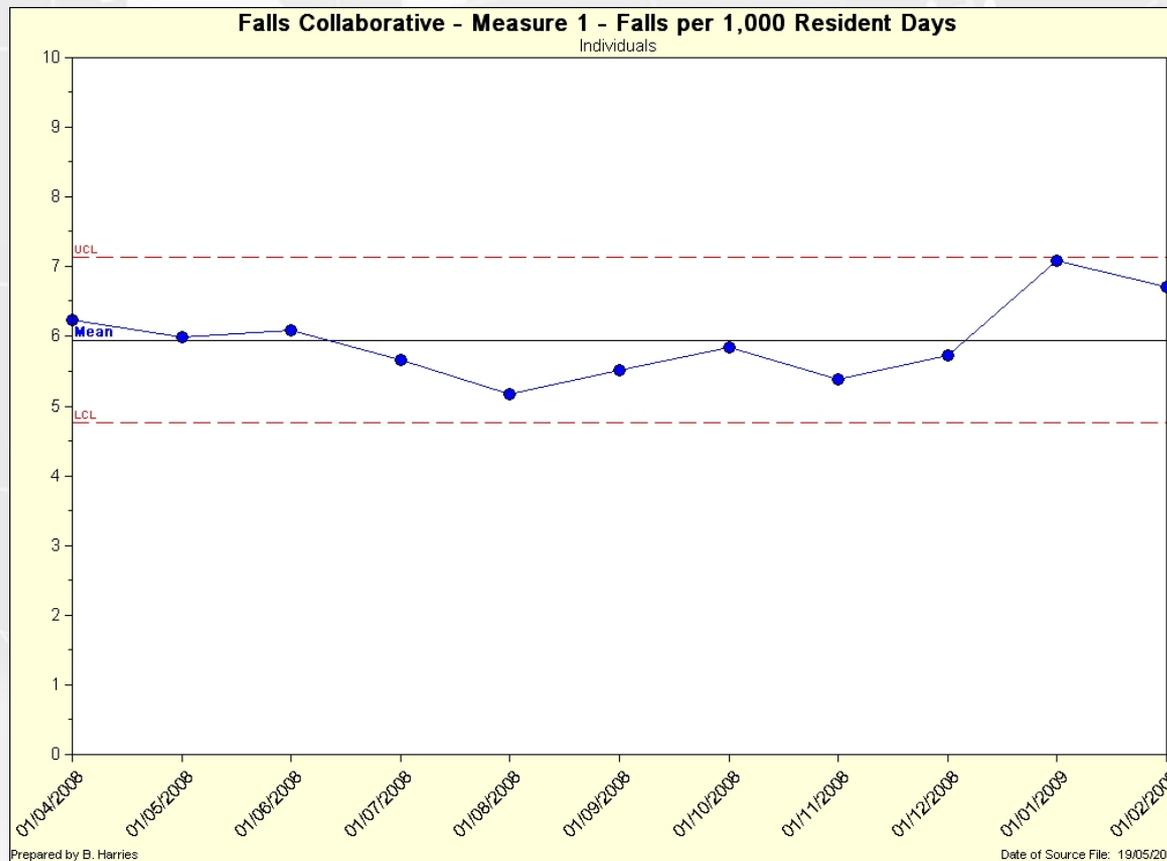
Improve work design:
Equipment
Interventions
Policy and procedure

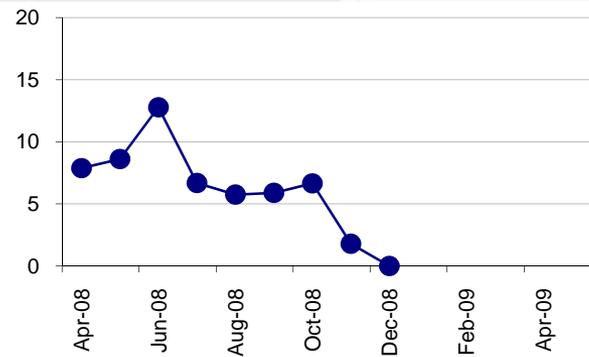
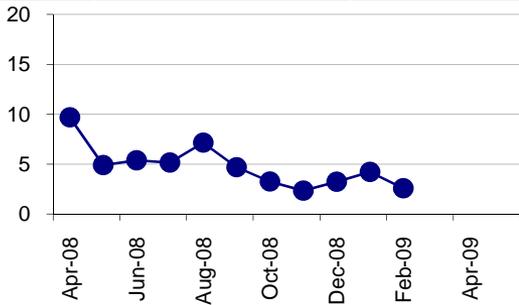
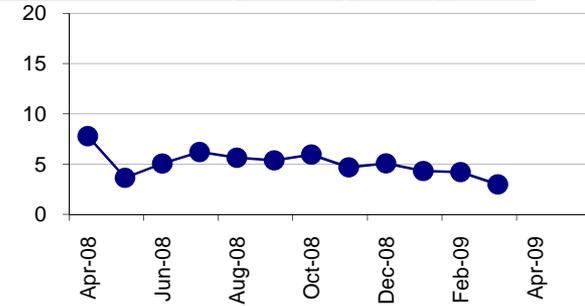
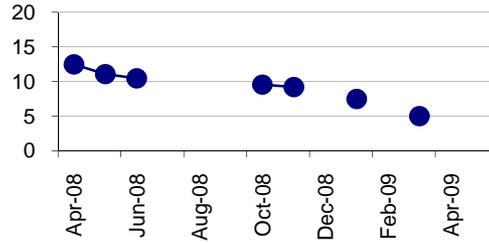
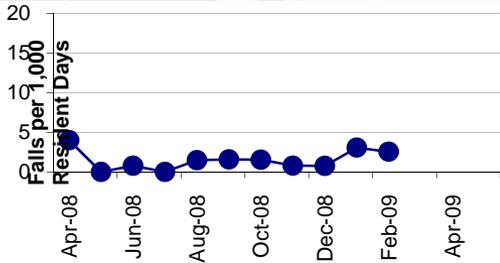
**Aim:
Reduce
Falls and
Harm
from Falls**

**It Takes Work in all Parts of the
Change Package: Testing in Parallel**

TestingImplementation.....Spread

Outcome Measure – 1 Falls per 1000 Resident Days

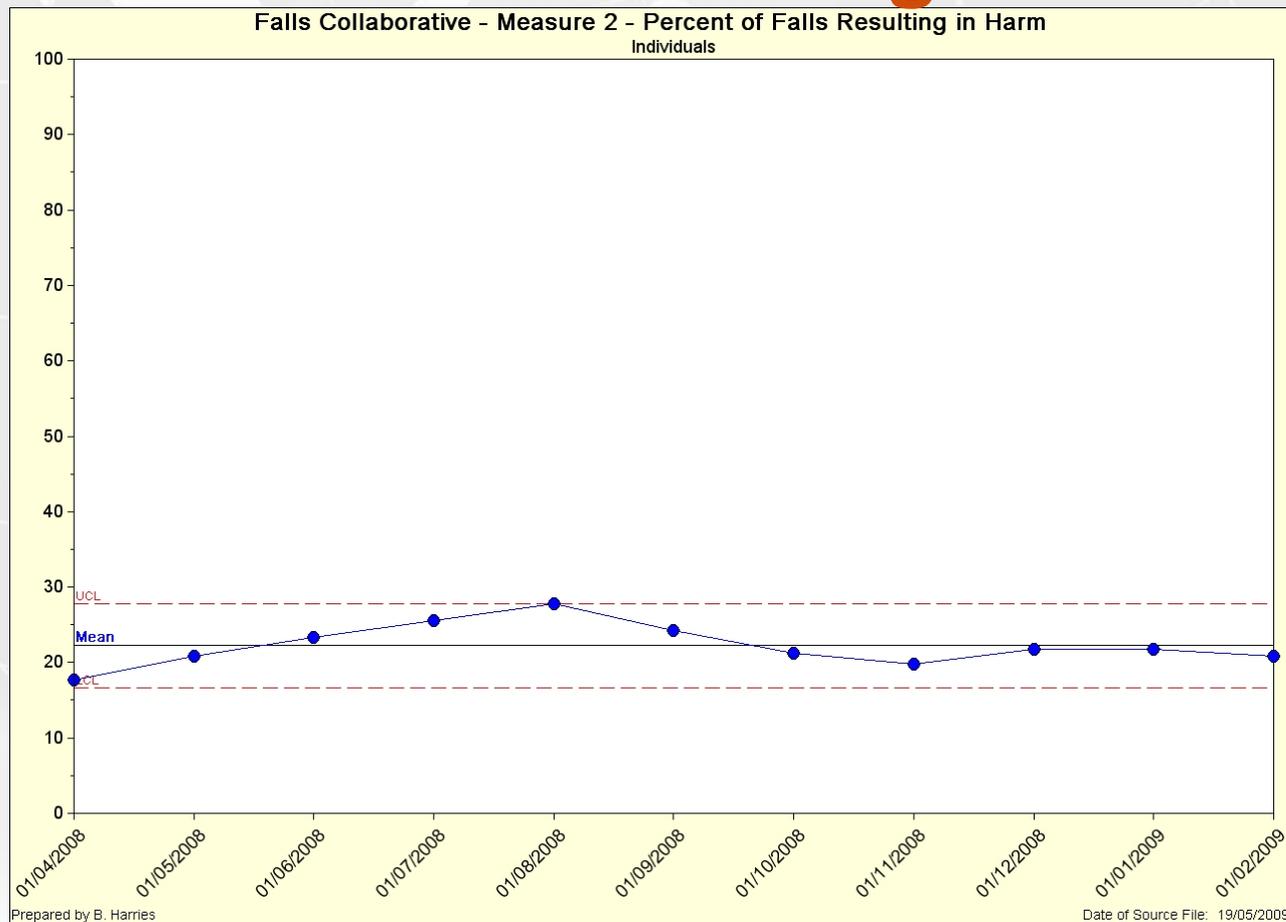


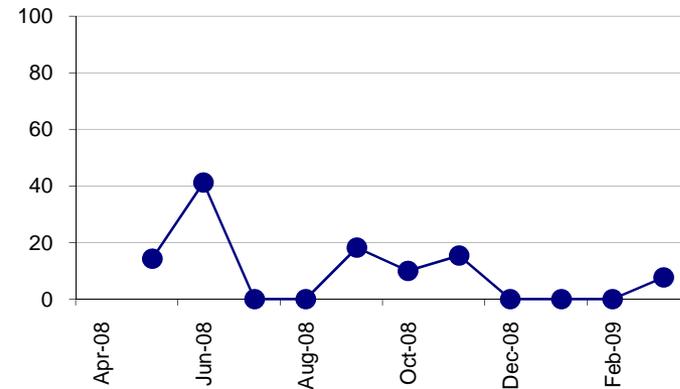
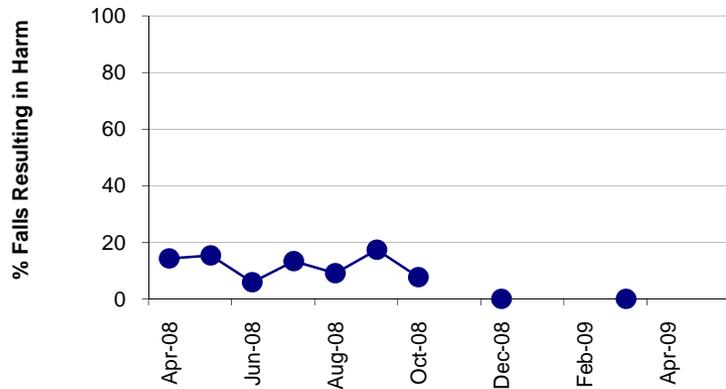
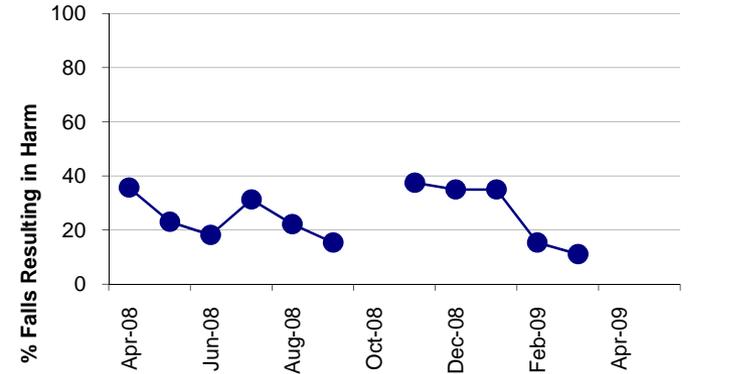
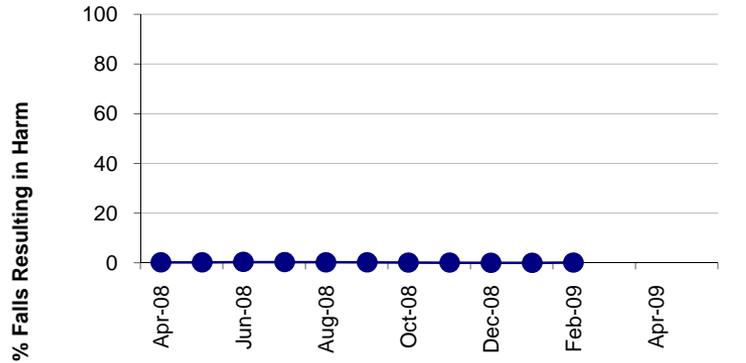


Outcome1 – Falls per 1000 Resident Days

Outcome Measure – 2

Percent of Falls Resulting in Harm

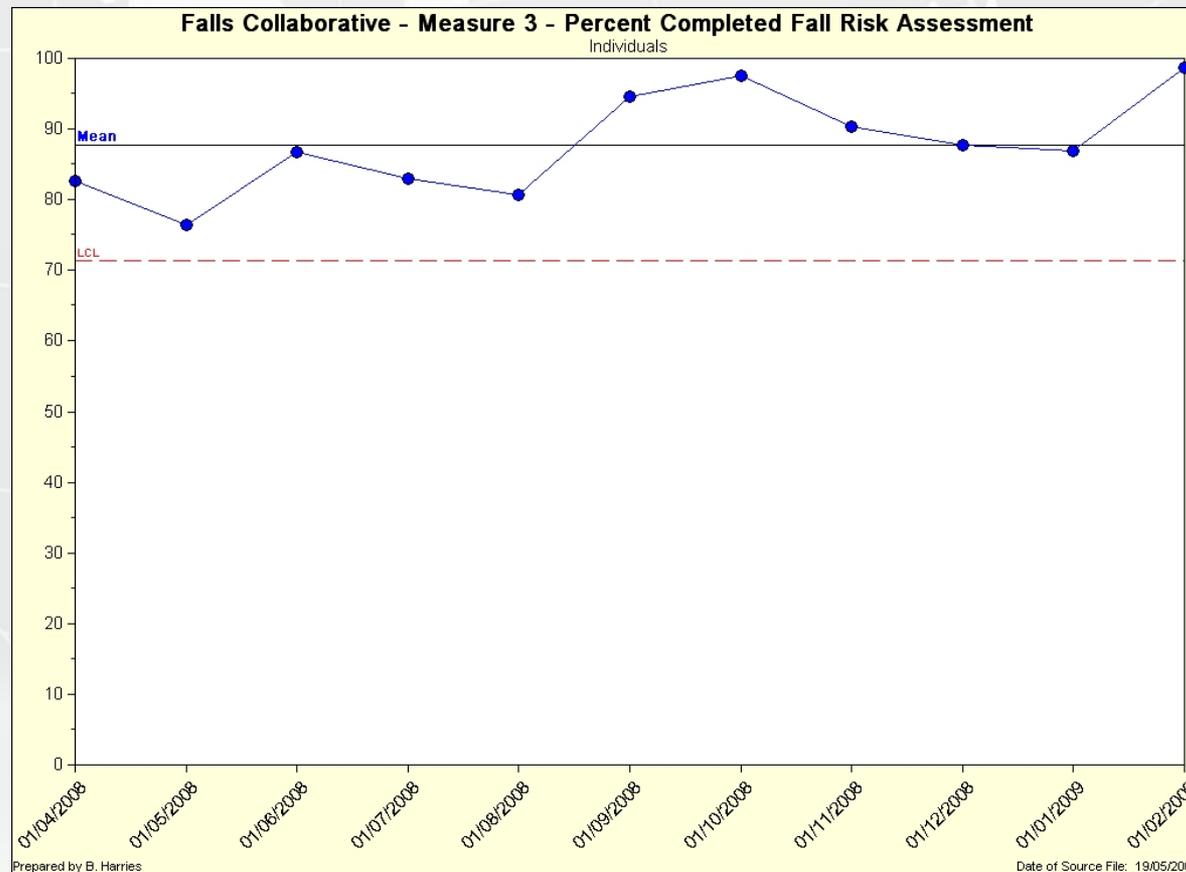




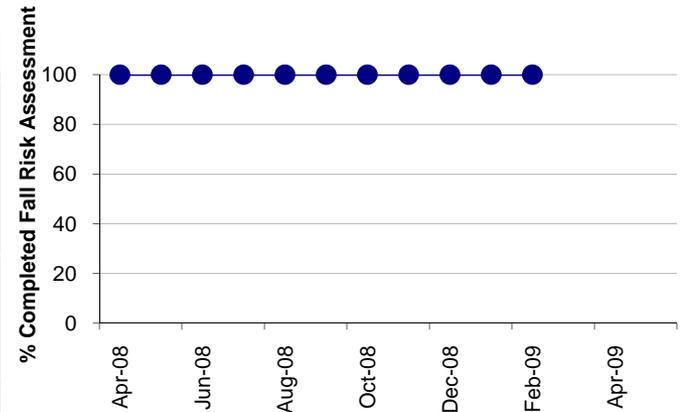
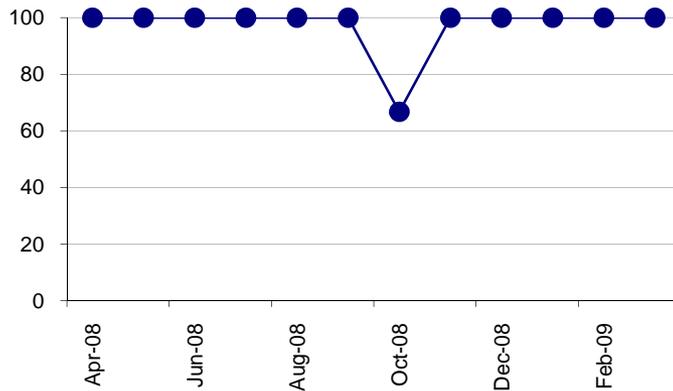
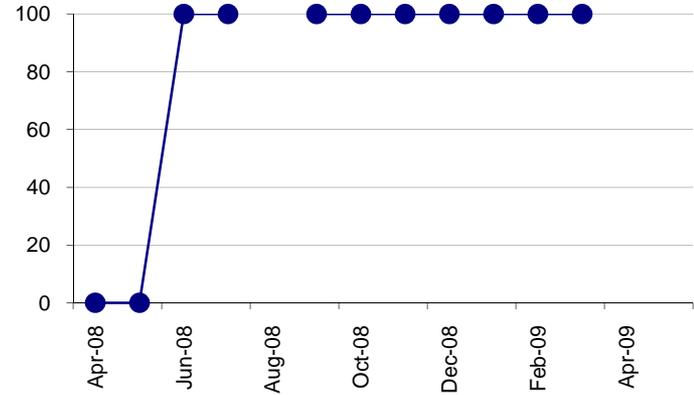
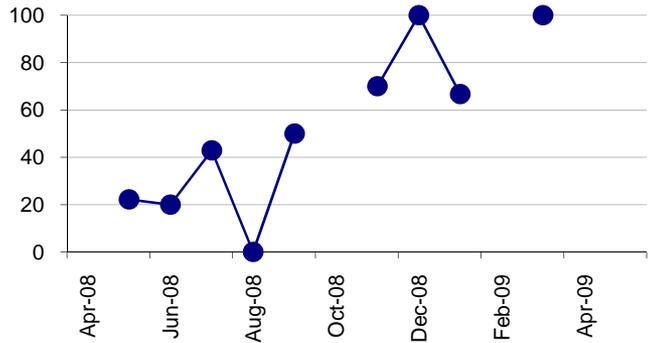
Outcome 2 – Percentage of Falls Resulting in Harm

Process Measure – 3

Percent Completed Falls Risk Assessment

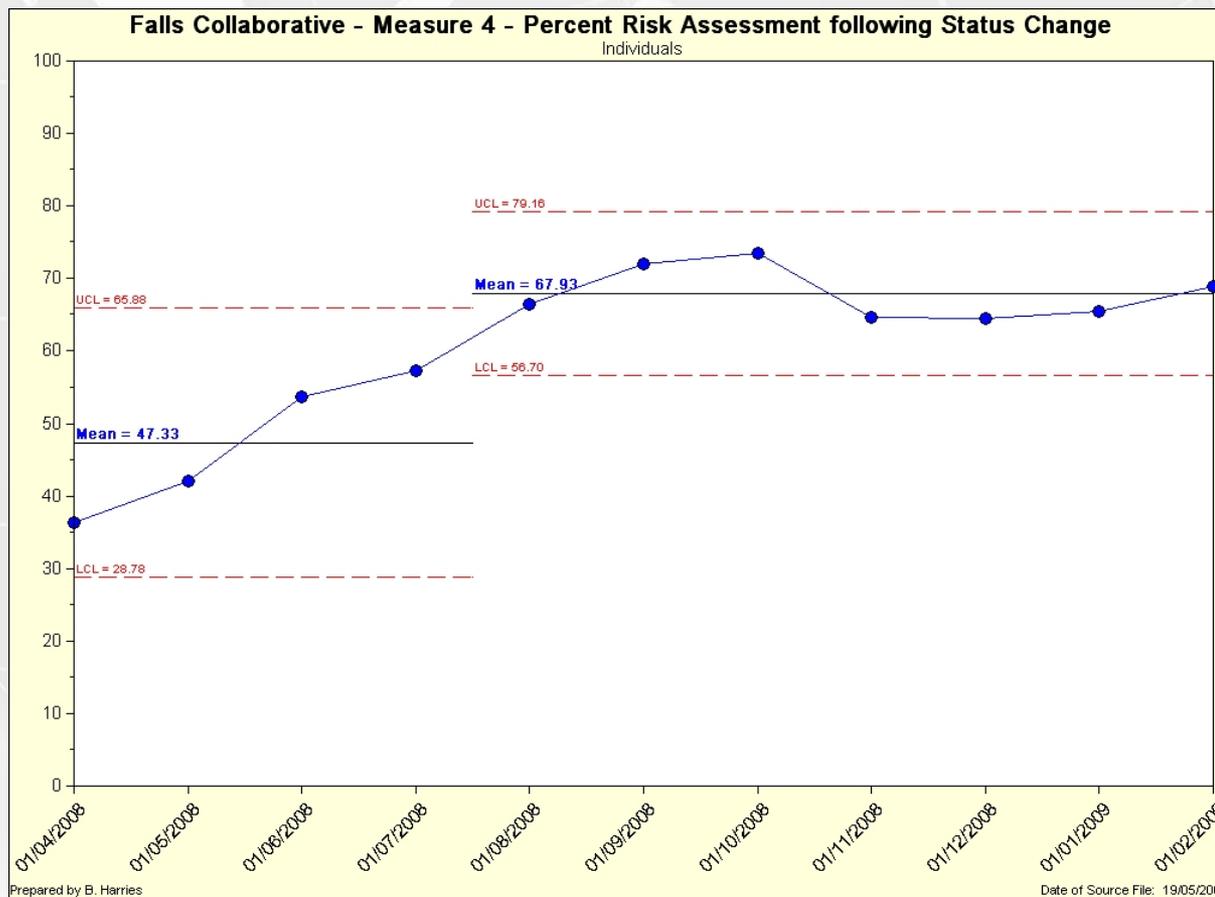


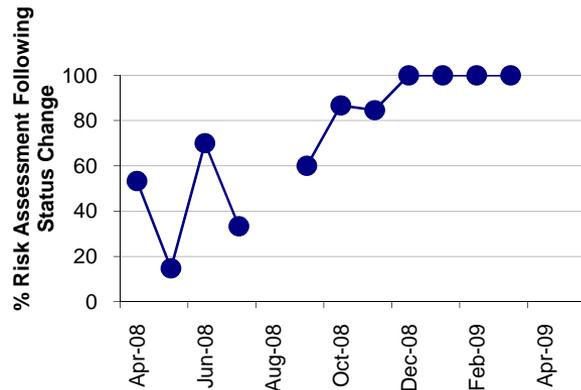
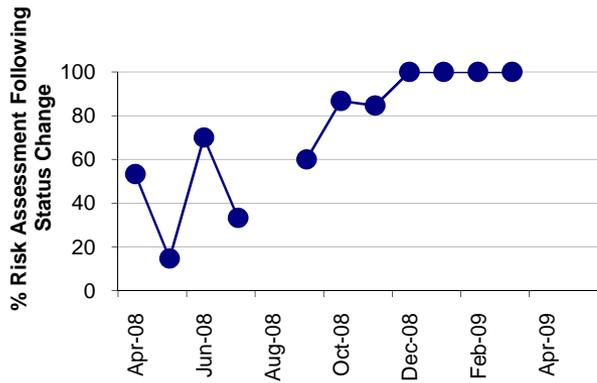
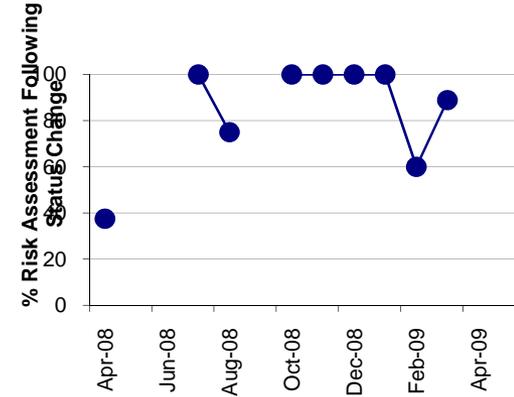
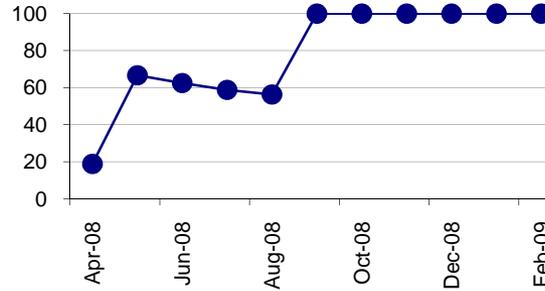
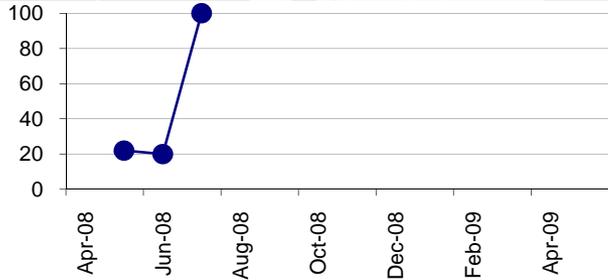
Process 3 – Completed Falls Risk Assessment



Process Measure – 4

Percent Risk Assessment following Status Change

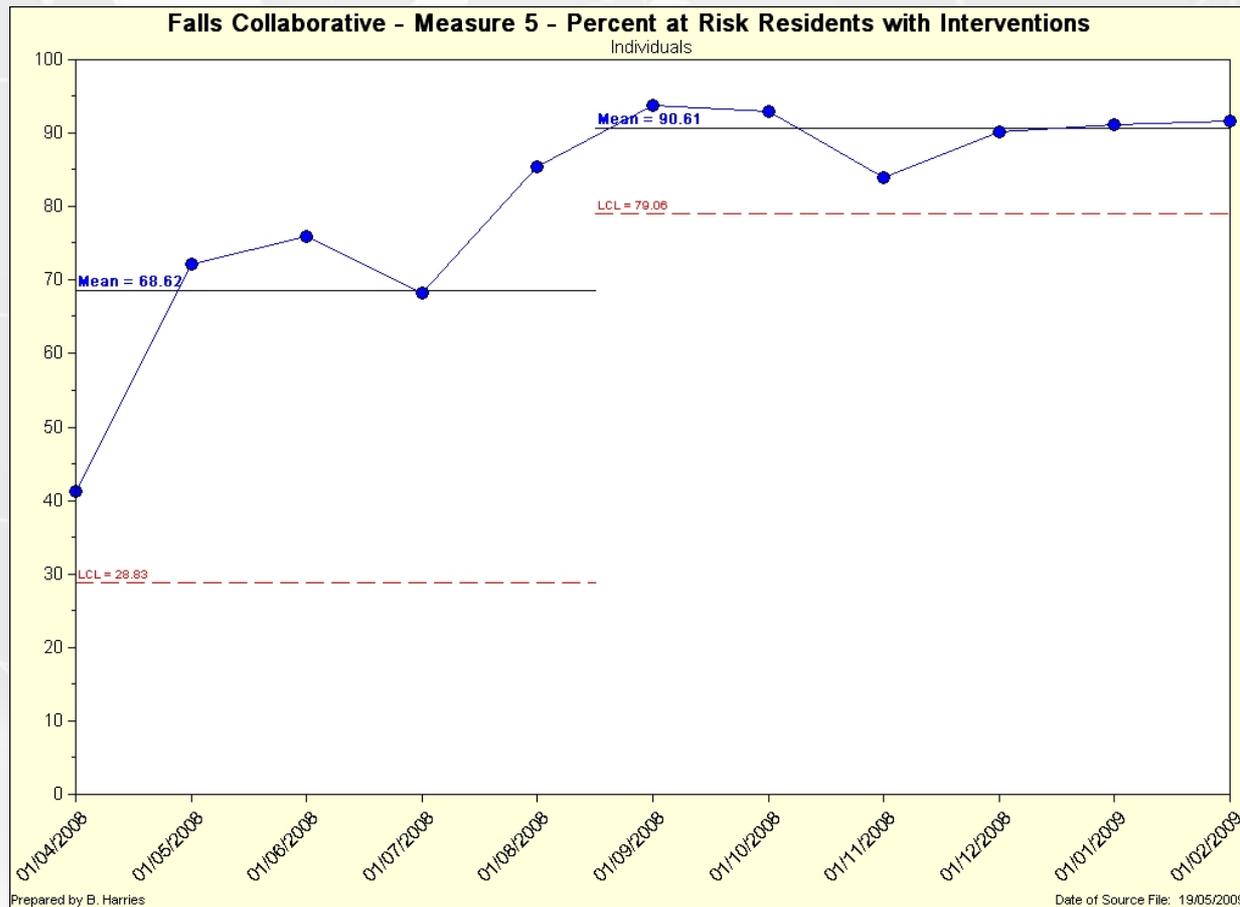




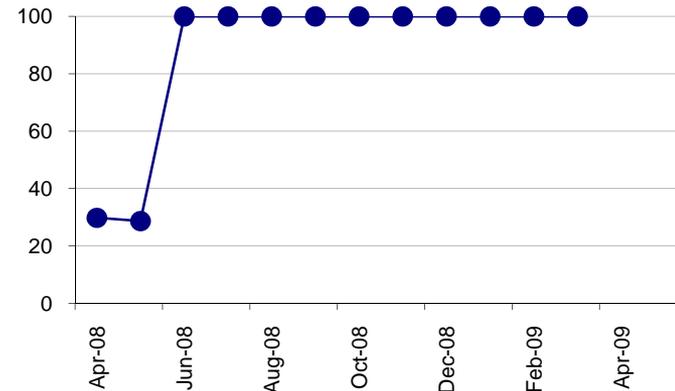
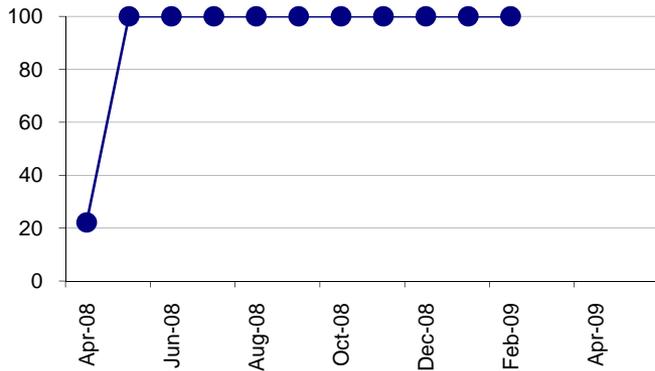
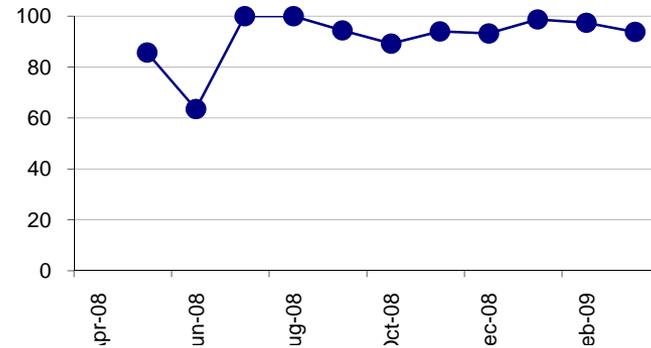
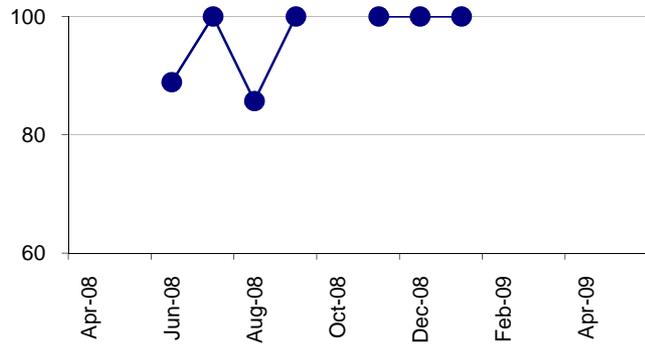
Process 4: Percentage of Completed Risk Assessments Following a Status Change

Process Measure – 5

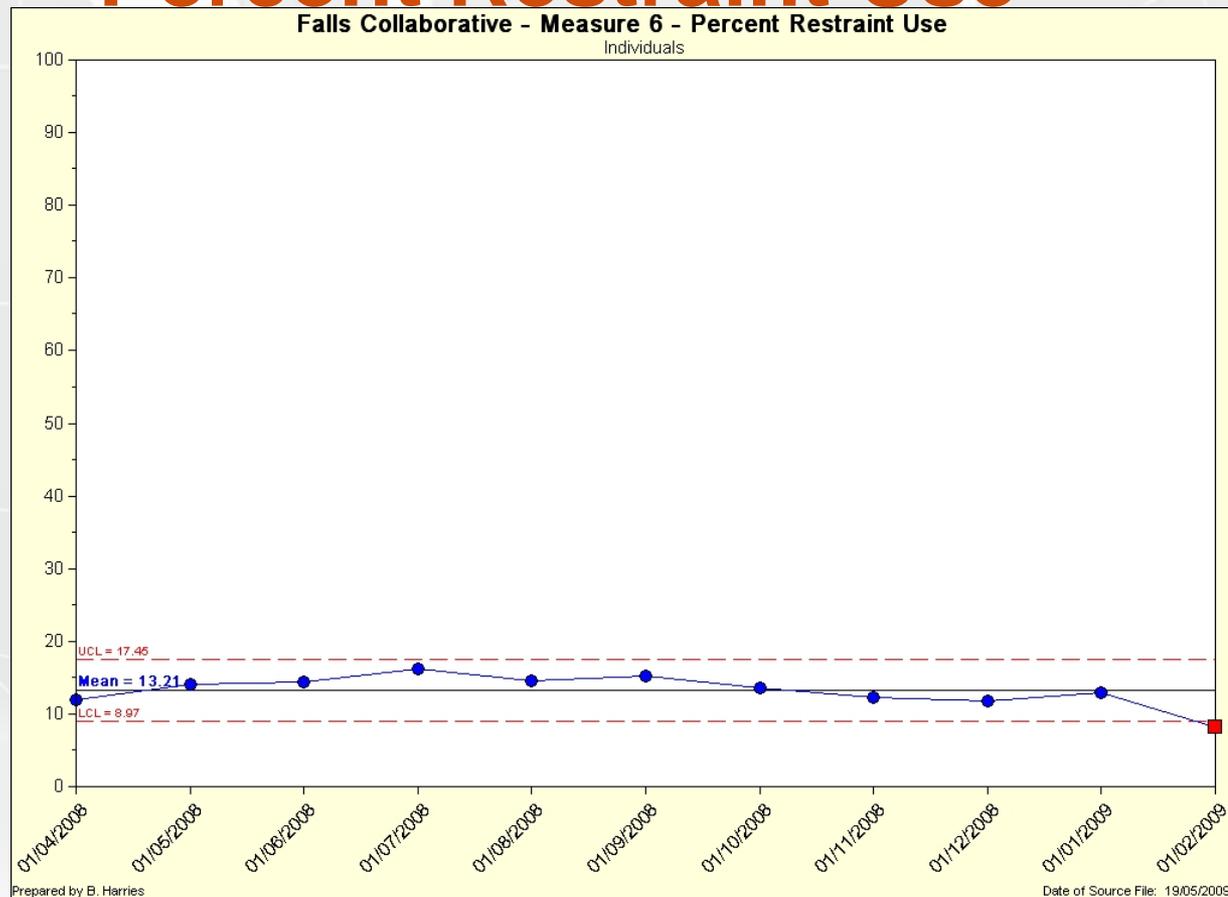
Percent of at Risk Residents with Interventions

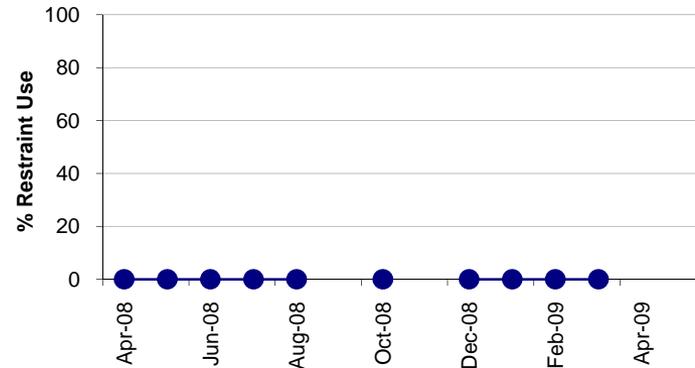
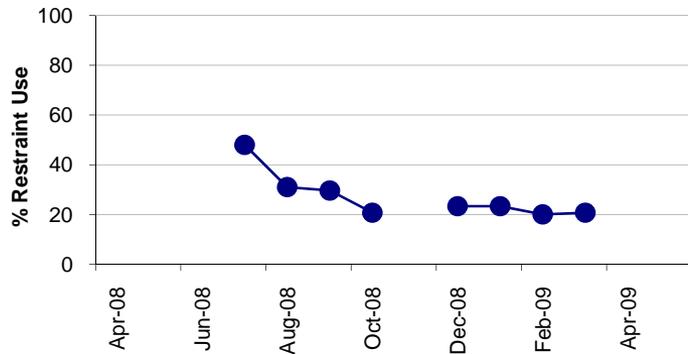
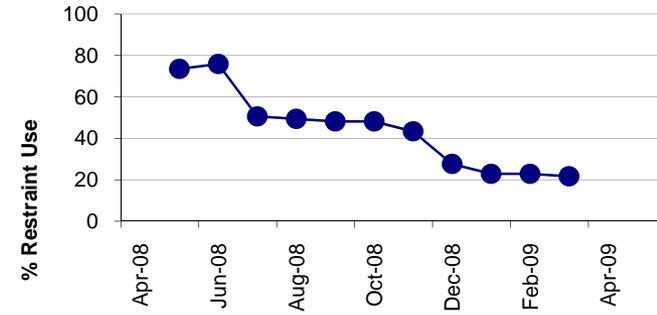
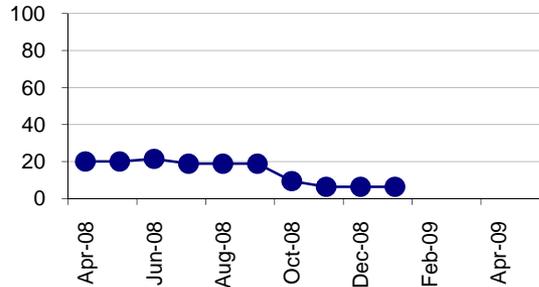
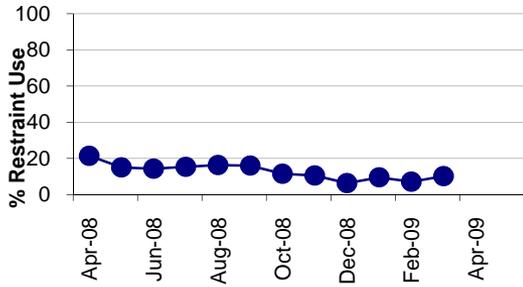


Process 5 – Percent of At Risk Residents with Interventions



Process Measure – 6 Percent Restraint Use





Process 6 – Percent of Restraint Use

Lessons Learned...

- Keep focused on your falls work
- Use your data to inform your activities
- Build your network for improvement – learn from your colleagues
- Integrate the changes you have been making into your organizational structures to support long-term change.



Prevent Falls and Injuries from Falls

Lessons Learned...

- It can be done! - Sixteen percent of the teams reporting data achieved or exceeded the aim of a 40% reduction in falls, and thirteen percent achieved or exceed a 40% reduction in harm from falls
- With the significant impact on process measures seen during the course of the Collaborative, we would expect to see a corresponding change in the outcome measures as these practice changes take hold – key message to the teams is to keep going!

awareness – practice changes – resident outcomes



Prevent Falls and Injuries from Falls

Next Steps...



Prevent Falls and Injuries from Falls

- RNAO will be leading the development of a “*Getting Started Kit*” for Canadian teams wanting to join the “Falls” Intervention through *Safer Healthcare Now!* It will be freely available to all on the *Safer Healthcare Now!* website.
- The *Getting Started Kit* will be informed by the key lessons learned through the Collaborative experience, but will include acute care, LTC and community falls.
- The *Getting Started Kit* will include work environment assessment (readiness for change) and the need to acknowledge local, provincial and national policy
- RNAO will continue to host National Calls featuring experts in the area of Falls Prevention and quality improvement methodology for enrolled teams
- RNAO will provide ongoing support of the Falls Community of Practice
- Consider joining us....

www.saferhealthcarenow.ca

Thank you for your interest in our work...
www.rnao.org/bestpractices



QUESTIONS?