

BACKGROUND / DESCRIPTION:

- Early on: falls-prevention loomed on the periphery but was addressed by incident
- In 2011: Acute care hospital Falls-prevention program began
 - Early falls-reduction became a strong focus
 - Went from nursing committee to multi-disciplinary
 - Interprofessional inclusion: colleagues from every area
 - ❖ Transport, Spiritual Care, Housekeeping, Facilities, etc.
- Falls Prevention Fairs began in fall of 2012
 - Acute care, hospital setting only
 - Great internal response
 - Staff very energized and aware of need for this topic
- Home Care (HC) staff unable to attend due to time, travel, & scheduling constraints
- Hospital falls-prevention committee chair asked to join the HC falls quality committee & vice-versa
 - Discussion of more collaboration and education was needed to improve the patient transition & progression process
- September, 2015: First HC Falls-Prevention Fair



OUR STORY:

- Created a “Fun Fair” atmosphere
 - Decorated in orange (color of falls prevention in Central New York State): “orange food,” orange balloons, staff dressed in orange, etc.
 - Provided door prizes, games to test your falls IQ, & prizes
 - Colleagues sponsoring a table were pleased at the day's outcomes
- Identified topics transitioning from the acute care setting included:
 1. Falls Facts & Figures- national
 2. Falls & Diabetes
 3. Falls & Pharmacy
 4. Falls & PT & OT
 5. “Falls-proofing” your home
 6. Test your knowledge on falls
 7. Community resources for home modifications (ie: grab bars, wider doorways, etc.)



OUTCOMES & TAKEAWAYS:

- HC falls-prevention awareness reached over 200 interprofessional staff
 - Nursing & CNAs, PT, OT, Social Work, Pharmacy, & Nutrition
- Created positive, engaging atmosphere conducive to increasing staff awareness regarding falls-prevention strategies in the home
- Bridged communication gap between acute and HC nurses in order to share knowledge capital focused on health promotion / disparity prevention
- Promoted understanding of the need for ongoing quality & safety toward wellness throughout patients' entire care continuum; not just exclusive to the acute setting, incident, or in a unidirectional manner
- Incorporates current research & evidence-based practice in a more standardized and meaningful way

IMPLICATIONS:

- Bringing resources closer to where the work gets done, ensures increased acceptance & compliance toward use
- Including falls-prevention in every HC patient plan of care (POC) helps improve home safety conditions and impacts (reduces) the rate of acute care readmissions
- Encouraging HC nurses to carry on a program promoting falls-prevention can greatly impact the success of best practice in a systematic manner

CONCLUSION:

- A streamlined and standardized “People-centered” approach to care should always include a falls-prevention risk-assessment: no matter the setting
 - No more RCA by incident: from episodic care (after fall) to continuous care to prevent falls
 - Promotes faster adoption & sustainability
- Guarantees specific transition of information, potential or real risk factors, & falls-concerns
 - Full-circle progression in care planning to include individualized falls-risk POC
 - Home Care nurses modify hospital POC to suit home environment & patient needs
- Initiative is provided to better deepen one's understanding of safety through falls-prevention for both HC nurses and the patients they care for: many of whom are over the age of 65 years and have transitioned from an associated, acute care facility
 - A unique & innovative way to disseminate falls-risk-prevention to HC staff

ACTION: CREATING URGENCY

- Needed consistent & standardized way to keep patients safe at home
 - Prevent acute care readmissions