
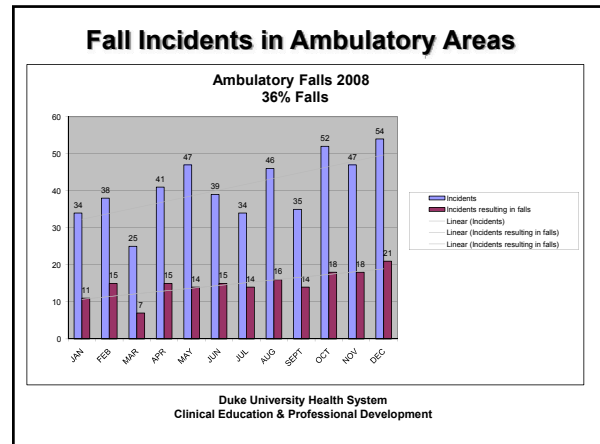


# Ambulatory Care Falls Prevention Champions Training 2009





## Definitions

**A Fall\*:**  
An unplanned descent to the floor (or extension of the floor, i.e. trash can, chair or other equipment) with or without injury.

**An Assisted Fall:**  
A fall in which any staff member was with the patient **AND** attempted to minimize the impact of the fall by easing the patient's descent to the floor or in some manner attempting to break the patient's fall.

**BOTH** of these must be reported in the SRS system.




Page 3 \*National Database of Nursing Quality Indicators

## Definitions

**Patient at risk for fall:**

A person of any age who requires assistance with standing or walking, has an unsteady gait, or informs the staff of a history of fainting prior to procedures or diagnostic tests, fear of needles, altered mental status, is taking medications that cause him/her to be dizzy or sleepy, or has experienced a fall in the past six months.




Page 4

## What Do We Know?

**A fall:**

- Can lead to unplanned hospitalization or prolonged hospitalization
- Can cause increased costs: to patient and hospital (not get reimbursed)
- Can cause patient/family dissatisfaction

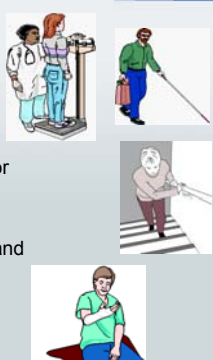



Page 5

## What are patients doing when they fall?

**Examples:**

- Walking
- Standing
- Dressing and undressing
- Getting on and off an exam table or stretcher
- Getting on and off the toilet
- Transferring between wheelchair and exam table
- Following a procedure






Page 6

## Falls Prevention Policy

Fall prevention is **everyone's** responsibility.

Employees are expected to exercise vigilance to identify patients who appear to be at risk for falling, providing immediate intervention and ensuring effective communication to a responsible party.

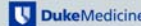
Page 7

## How to Access the Policy

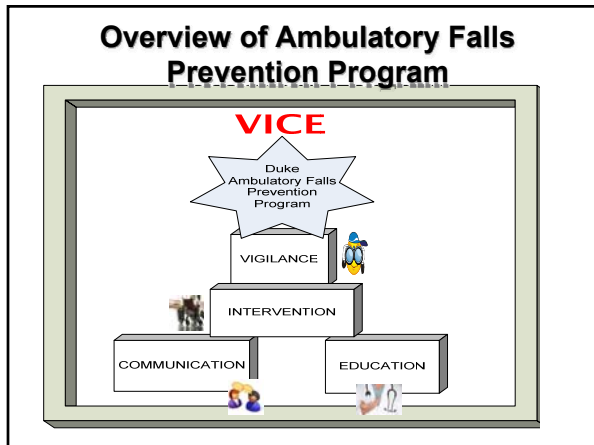
**DUH:**  
Fall Prevention Protocol in Process Standards Manual

**Ambulatory (DUH, PDC, DPC):**  
PDC Intranet <http://pdchannel.mc.duke.edu/pdc/>  
Title: "Ambulatory Falls Prevention Policy"

**Other:** Refer to department/location specific policy



Page 8



## Falls Prevention Program

**Roles and Responsibilities:**

- Falls Prevention Champions
- Management

**Reporting Process:**  
Everyone should report all fall incidents in Safety Report System (SRS).



Page 10

## The Impact of a Fall on the Patient




Page 11

## What Makes a Patient High Risk for Falling?

**Patient factors:**

- Advancing age: especially > 65
- History of falls
- Unfamiliar environment
- Acute/chronic illness
- Surgery
- Bed rest
- Visual impairment
- Balance problems
- Medications
- Treatments/ placement of various tubes & catheters
- Changed mental status








Page 12

## What Makes a Patient High Risk for Falling?

**Environmental Factors:**




- Poor or lack of lighting
- Floor glare
- Articles/trash on floor i.e. paper
- Distance traveled
- Uneven or wet floor surfaces
- Furniture (improper height)
- Assistive devices
- Time of day
- Lack of assistance available
- Trip hazards
- Clutter
- Clothing & linens

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Page 13

## Impact of a Fall: Patient's Perspective

- **Physically-**  
feel pain from fall, affect daily functions
- **Emotionally-**  
work in pain or discomfort, afraid to lose job, affect daily functions & overall quality of life
- **Financially**  
*Direct:* loss of income from being out of work, medical/legal expenses  
*Indirect:* caregiver's loss of income from taking time off to provide care

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Page 14


## The Impact of a Patient Fall on the Staff

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Page 15

## Perspective of Healthcare Professionals

**They help patients:**


- with functional impairments with transfers
- after procedures
- after receiving new medications/high risk medication i.e. pain medications
- during a clinic visit in unfamiliar environment
- moving down long hallways
- on and off exam, X ray tables
- get to a chair or to the floor
- by lifting a patient off the floor



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Page 16

## Why are there Risks for Injury to Staff When a Patient Needs Help?

- A patient's ability to ambulate/transfer is unknown
- You cannot predict what will happen when you are caring for them.
- Patients are bulky and do not have handles.
- You are trying to lift a patient.
- You are trying to catch the patient.




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Page 17

## What Are the Risks of Injury to the Staff?

When helping a patient, staff are often exposed to the following risks:

- **Awkward posture**
- **Force**
- **Repetition**



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Page 18

## Risks of Injury to Staff

### Awkward Posture

- occurs when you do your job tasks with your body in positions that takes you out of the neutral position or the natural curves of your spine
- requires increased exertion

Neutral Posture of Spine

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Page 19

## Risks of Injury to Staff

### Force

- the amount of muscular effort required to perform a task
- more force equals more muscular effort, and as a result, your muscles need more time to recover between tasks.

*Example:*  
If two persons are lifting a 160 lbs patient up from a wheelchair, how much weight is each staff is lifting approximately? **80 lbs**

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Page 20

## Risks of Injury to Staff

### Repetition

- motions or movements performed repeatedly

*Example:*  
Performs the motions 2 times per patient (to and from wheelchair)  
3 patients per day x 5 days per week  
2 (3) x 5 = **30 times each week per staff, about 80 lbs each time**  
**or 80 lbs x 30 = 2400 lbs each week**  
**or lifting two Dumbos**

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Page 21

## Impact of a Fall: Staff's Perspective

- Physically-**  
feel pain from fall, affect daily functions
- Emotionally-**  
work in pain or discomfort, afraid to lose job, affect daily functions & overall quality of life
- Financially**  
*Direct:* loss of income from being out of work, medical/legal expenses,  
*Indirect:* caregiver's loss of income from taking time off to provide care

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Page 22

## Falls Prevention Intervention

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Page 23

## Patient Presentation

### The Obvious:


- Advanced Age
- Weak, Frail
- Requiring Assistance
- Assistive Device: walker, cane
- Shoes (diabetic)
- Portable O2

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Page 24

## Patient Presentation

**The Less Obvious:**

- Coordination and Speed of Movement
- Balance and Posture
- Shortness of breath after walking in from the car
- Facial expression while walking
- Attentiveness of family member
- Vision (thick / dirty eyeglasses)



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Page 25

## Intervention

**V** Vigilance  
**I** Intervention  
**C** Communication  
**E** Education

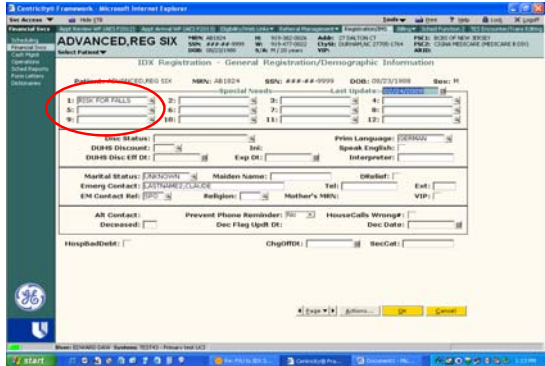
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Page 26

## Vigilance

- **Everyone is responsible!**
- **Appointment Scheduling**
  - Listen for voice weakness
  - Ask patient if he/she needs assistance, i.e. wheelchair
  - Record in IDX Registration

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Page 27

IDX form indicates a "falls risk" for 6 months.



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## Vigilance

- Once on Duke Medicine grounds, vigilance begins as soon as the patients steps foot out of vehicle in garage, parking lot, etc
- Begin observation and interventions to prevent a fall at point of entry

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Page 29

## Intervention

**Communicate with patients**

- Begin interaction as soon as possible
- Ask the patient:
  - “Do you need help with standing?”
  - “Do you need help with walking?”
- Offer or point out location of a wheelchair, bench, accessible bathroom





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Page 30

## Intervention

**At Check-In, if the patient shows signs for risk of fall the staff should:**


- Stop what he or she is doing
- Go to patient and provide assistance: take wheelchair or walk patient to chair
- Alert a nurse
- Bring check-in information to the patient
- Begins “fall alert” identifying process: document electronically and on paper & place falls armband on patient

 Page 31

## Intervention

**From waiting room to exam room**


- Allow extra time
- Call for & escort **only one** patient at a time when patient is a falls risk
- Go to patient and assist with ambulation or use appropriate assistive device i.e. wheelchair
- Offer assistance, use appropriate assistive device

 Page 32

## Intervention

**In the exam room**

- Instruct patient at falls risk to NOT get on exam table until someone can assist
- Assist patient with changing into gown as needed
- After exam/procedure, assist patient off exam table
- Assist with redressing as needed

 Page 33


## Intervention

**Exam room to the lab or to check-out**

- **Observe for changes in gait & balance or in facial expression** [*Are they making eye contact? Are they diaphoretic (pale and sweaty)?*]

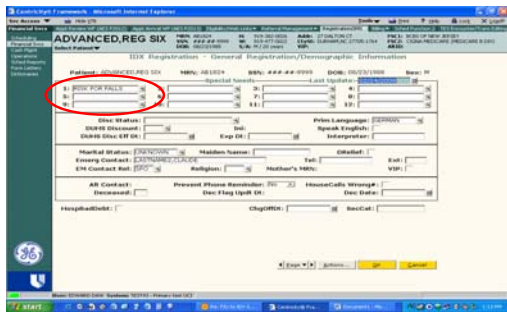
Note: Exams/procedure can increase risk for falling by affecting balance, vision, blood glucose, or blood pressure (fasting, having blood drawn)

- **Ask the patient:**  
*“Do you need help with standing?”*  
*“Do you need help with walking?”*
- **Offer assistance**

 Page 34

## Communicate & Educate


IDX form indicates a “falls risk” for 6 months.




The screenshot shows a web-based form titled 'ADVANCED REG SIX'. A dropdown menu for 'FALL RISK' is set to 'FALL RISK' and is circled in red. Other fields include Patient ID, MRN, and various contact information.


## Communicate & Educate

- Communicate to ALL staff involved during hand-off that the patient is identified as a “falls risk” with the arm band and sticker
- Educate the patients and family to work together with the staff to prevent falls
- Communication should continue throughout the patient’s visit




 Page 36

## Providing Assistance




**Providing Assistance**





Page 37

## Site Inspection




**Be prepared and ensure that:**

- Wheelchairs available at the front
- Floors/hallways are clear and free of clutter
- Be alert to adverse weather, spills and clutter
- Chairs that have arm rest are available
- Hand rails for in the hallways and all bathrooms are available

Page 38

## Providing Assistance





### Handling Techniques

Patients will require different levels of assistance:


**Stand by/Supervision, Contact Guard, Minimum Assistance:**

The patient is able to do most of the work. These pictures show minimum assistance and contact guard.

Page 39



## Providing Assistance



### Handling Techniques


**Example: Stand Pivot Transfers**

- Give the patient time to participate and initiate movement
- Have the patient hold onto your arms
- Ask the patient to feel for the sitting surface with the backs of the legs
- Ask the patient to use his or her arms for support and sit down


Page 40

## Providing Assistance




### Basic proper body mechanics for stand pivot transfers

- Bend at the knees and hips – NOT just the waist
- Limit twisting -- feet and shoulders move to the same direction together
- Position yourself to shift your weight and turn
- Get close to the patient
- Movements are slow and controlled
- Please see the tip sheets for pictures



Page 41

## Providing Assistance

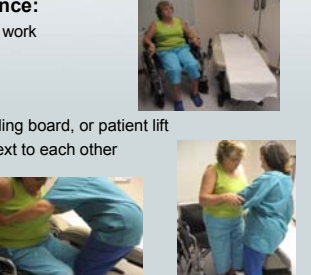



### Handling Techniques

Patients will require different levels of assistance.

**Moderate or more assistance:**


- Be prepared to do more of the work
- Rock forward to stand
- Block the knees
- Hold on more tightly
- Use a gait belt, chuck pad, sliding board, or patient lift
- Transfer with the 2 surfaces next to each other


Page 42

## Providing Assistance


### Handling Techniques: DOs & DON'Ts



DO use a "gait belt" – made out of a sheet. This will provide handles on the patient.



DO NOT let patient wrap arms around staff's neck.




DO NOT grab under their arms.

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## Providing Assistance

### Bathroom transfers

- "Handicapped accessible" bathrooms are not necessarily truly accessible
- May require 2 people: one to support the patient while the other manages clothing or hygiene
- Plan out your moves
- Talk through the plan out loud so that everyone knows their role
- Move slowly and carefully




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## Providing Assistance

### Car transfers

**They are challenging due to**

- the type of car
- the patient's status (i.e. chronically ill/home bound except for doctor visits)
- Outside is an uncontrolled environment



**Before transfers:**


- Find out how they get into the car
- Be sure that patient is alert, can follow directions and answer questions. **Otherwise, do not move the patient and call for help.**

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## Providing Assistance

### Car transfers

- Have 2 persons to assist
- Swing the door wide or roll down the window to use the door
- Turn the patient's legs outside of the car
- Stand the patient against the car
- Pivot them to the wheelchair – placed right next to you
- Apply the general safety use of the wheelchair
- Use a car lift if available for optimal safety (currently only in ED at DUH)



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## Providing Assistance

### Your Resources

- Know yourself and your team members
- Know your strength, comfort level
- Know equipment available in clinic
- Know when to ask for help
- Coordinate team efforts to problem-solve

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## Typical Assistive Devices Available



Powered height-adjustable exam table



Step stool



Transfer board



Walker



Gait belt

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## Equipment Options for Falls Prevention



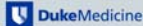
Page 49

## Practice Safe Patient Handling with Equipment

The U.S. Congress is looking at making safe patient handling a law to protect both patients and health care workers.

***The Nurse and Health Care Worker Protection Act of 2009 (H.R.2381)***

Requires OSHA to establish a safe patient handling standard that would largely eliminate manual patient lifting among health care workers by requiring the use of mechanical equipment.




Page 50

Source: <http://www.govtrack.us/congress/bill.xpd?bill=h111-2381>

## Equipment Options


The next few slides show other types of equipment that can be used to increase the safety of patients and health care workers when assisting with transfers.

If you or your work area would like to learn more about a specific technology, please contact Ergonomics, OESO at 681-4440 or [ergonomics@mc.duke.edu](mailto:ergonomics@mc.duke.edu)




Page 51


## Equipment Options



Portable Powered Floor Lift



Ceiling mounted Powered Lift




Page 52

## Equipment Options



Portable, Powered Sit-Stand floor Lift



Active Standing Aid




Air-Assisted Transfer Devices




Page 53


## Equipment Options



Powered Pusher - Stretcher & Wheelchair



Car Lift



Page 54

### Equipment Options

**Raised Toilet or commode over the toilet**

**Folding Hand Rail**

**Friction-reducing Device – Blue Plastic Liners**

**Gait Belt**

Page 55

### Equipment Options

With Higher Weight Capacity for Obese Patients

**Stretcher**

**Stretcher/chair**

**Exam Table**

**Scale**

### Equipment Options

With Higher Weight Capacity for Obese Patients

**Bedside Commode**

**Bed Pan**

**Chair/ Recliner**

**Additional Support for Wall-mounted toilet**

### What Should the Champions Do After This Training?

**Collaborate with Manager to**

- Coordinate training for co-workers
- Conduct environmental safety rounds
- Remind co-workers to be vigilant about falls prevention
- Encourage co-workers to report any fall incidents in SRS

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Page 58

This presentation along with all the handouts can be accessed online and ready for print via Occupational & Environmental Safety Office's (OESO) website: [www.safety.duke.edu](http://www.safety.duke.edu)

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Page 59

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