NYSPFP Falls Research Spotlight: Implementing and Spreading Patient-Centered, Evidence-Based Fall Reduction Strategies

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Disclosure Statement

• This project was supported by grant #P30HS023535 from the Agency for Healthcare Research and Quality (AHRQ). The content is solely the responsibility of the authors and does not necessarily represent the official views of AHRQ.
Overview

1. Discuss the evidence supporting the Fall TIPS program
2. Identify available tools for integrating fall prevention research into practice
3. The Fall TIPS Program experience
4. Call to Action: The Fall TIPS Collaborative
The Problem of Patient Falls

• Falls are a leading cause of death and disability.
  - ~ 33% of older adults fall each year

• Hospitalization increases the risk for falls.
  - ~ 3% hospitalized patients fall
  - ~ 30% of inpatient falls result in injury

• Patient falls and injurious falls are employed as national metrics for nursing care quality.
  - The incidence of patient falls and related injuries are publicly reported by acute care hospitals.
  - As of October 2008, costs associated with fall-related injuries in hospitals are no longer reimbursable under Medicare
Fall Prevention in Acute Care Hospitals: The Evidence Circa 2006

• Most falls (92%) are preventable
  – Accidental Falls (14%): Falls caused by environmental hazards or lapses in judgment
    • Can be prevented through universal fall precautions
  – Anticipated Physiological Falls (78%): Falls caused by the patient’s known physiological condition
    • Can be predicted using a valid and reliable fall risk assessment tool that identifies modifiable risk factors
    • Can be prevented through tailored interventions

Fall Prevention in Acute Care Hospitals: The Evidence Circa 2006

• Some falls are not preventable
  – Unanticipated Physiological Falls (8%): Falls caused by an unknown or emergent medical condition (e.g., seizure, heart attack, stroke, orthostasis)

Fall Prevention in Acute Care Hospitals: The Evidence Circa 2006

- Fall risk factors well established
  - Inpatient fall prevention research identified risk factors and fall risk assessment tool validation.
  - Risk assessment insufficient for preventing falls

- Paper-based fall prevention guidelines recommended multifaceted, tailored interventions

Insufficient evidence to support a specific protocol that links nursing fall risk assessment to a tailored plan to prevent falls.
Fall TIPS (Tailoring Interventions for Patient Safety)

• 2 year mixed methods study funded by Robert Wood Johnson Foundation:
  – Qualitative phase:
    • why hospitalized patients fall?
    • what interventions are effective and feasible in hospital settings?
  – Randomized control trial: to test a fall prevention toolkit designed to address issues identified during qualitative phase.

Supported by the Robert Wood Johnson Foundation, Dykes PI
Fall TIPS (2007-2009): Qualitative Results

Summary

• Communication related to fall risk status and the plan to prevent falls is highly variable.

• Inconsistent communication across team members is a barrier to fall prevention collaboration and teamwork.
  – Non-nursing team members do not view fall risk assessment/plan in medical record.
  – Inadequate, incomplete, or incorrect information at the bedside (i.e., generic “high risk for falls” signs are not useful).

• All stakeholders (care team members, patients and family members) must work together to prevent patient falls.
The Fall TIPS Toolkit Requirements

Leverage Existing Workflows

Surveillance

Tailoring

Teamwork

Communication
The Fall TIPS Toolkit:

### Fall T.I.P.S.
**Tailoring Interventions for Patient Safety**

**Patient Name:** Jane Doe  
**Location:** 14-10A  
**MRN:** 12345678 (BWH)

### Morse Fall Scale: For more info, scroll over each response below

- **History of Falls: past 3 months:**  
  - Yes (25)

- **Secondary Diagnosis:**  
  - Yes (15)

- **Ambulatory Aid:**  
  - None / Bed Rest / Nurse Assist (0)
  - Crutch / Cane / Walker (15)
  - Furniture (30)

- **IV or Hep Lock Present:**  
  - Yes (20)

- **Gait:**  
  - Normal / Bed Rest / Wheel Chair (0)
  - Weak (10)
  - Impaired (20)

- **Mental Status:**  
  - Oriented to own ability (0)
  - Overestimates, forgets limitations (15)

**Morse Fall Score:** 65

For more information about Fall prevention visit our website. For Fall TIPS Training Guide Go To Status Dashboard.

### Interventions

- **Safety documentation:**  
  - *Safety Precautions*
  - Document previous fall
  - Review Medication List

- **Consultations:**  
  - Consult with MD/Pharmacist
  - PT consult

- **Assistance with ambulating:**  
  - Provide Ambulatory aid:
    - Crutches
    - Cane
    - Walker
    - Other Device
  - IV assistance when walking
  - Out of bed with assistance:
    - 1 Person
    - 2 Persons

- **Assistance with toileting:**  
  - Toileting schedule using:
    - Bed Pan
    - Commode
    - Assist to bathroom

- **Bedside assistance:**  
  - Bed/Chair alarm turned on
  - Bed close to nurse station
  - Frequent checks; re-orientation

**Print Documents:**  
- Bed Poster  
- Plan of Care

**Patient Education:**  
- English  
- Spanish

### Fall risk assessment

### Tailored plan

Clear Form  
Exit
# Fall Prevention Plan of Care

**Problem:** ***Patient is at risk for falls***

### Patient Name: **Jane Doe**
### MRN: **12345678**
### Printed: **March 04, 2009**

<table>
<thead>
<tr>
<th>Patient has a history of falls</th>
<th>Safety Precautions</th>
<th>Document circumstances of previous falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient uses ambulatory aid</td>
<td>Place WALKER at bedside</td>
<td></td>
</tr>
<tr>
<td>Patient's gait is Weak</td>
<td>Patient needs AssistX1</td>
<td></td>
</tr>
<tr>
<td>Patient overestimates ability; forgets limitations</td>
<td>Bed/Chair alarm turned on</td>
<td>Move pt. close to nurse station</td>
</tr>
</tbody>
</table>

**Total Morse Fall Score:** **65**

**Sign/Credentials:** **Patricia C. Dykes RN**
**Date/Time:** **3/04/09**

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*Fall T.I.P.S. Research Study Plan of Care Documentation Form October 1, 2008 - June 30, 2009*

*Medical Record Copy*
• Findings:

Patient falls were significantly reduced (↓25%) on intervention units

There were fewer falls in intervention units than in control units

Patients aged 65 or older benefited most from the Fall TIPS toolkit

No significant effect was noted in fall related injuries
Fall Prevention Lessons Learned

Fall Prevention is a 3-Step Process*

1. Fall Risk Screening/Assessment
2. Tailored/Personalized Care Planning
3. Consistent Preventative Interventions
   - Universal Precautions
   - Tailored Interventions to address patient-specific areas of risk

Strategies and tools to facilitate the 3-step fall prevention process will prevent patients from falling!
Fall Prevention Lessons Learned

• Fall TIPS reduced falls by 25% but >90% of falls are preventable...what happened?
  – Why did some patients with access to the Fall TIPS Toolkit fall?
    • What factors are associated with falls in younger patients?
    • What factors are associated with falls in older patients?
  – Secondary analysis of fallers (cases) n=48 and 144 matched controls exposed to the Fall TIPS toolkit*
  – Found that in all cases, planned interventions were not followed consistently by the patient (most frequently) or the nurse
    • i.e., Out of bed with assistance

How do we get patients to CONSISTENTLY follow their fall prevention plan?

<table>
<thead>
<tr>
<th><strong>Nombre:</strong></th>
<th><strong>Fecha:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Riesgos de Caídas</strong></td>
<td><strong>Intervenciones Para Caídas</strong></td>
</tr>
<tr>
<td>(Marque todo lo que corresponda)</td>
<td>(Circule la sección basada en el color)</td>
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<td></td>
<td>Una persona Dos personas</td>
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</table>

**Fall risk assessment**

**Tailored plan based on patient’s determinants of risk**
Fall Prevention Lessons Learned

• Fall prevention in hospitals is a 3-step process:
  2. Developing a plan of care that is tailored to patient-specific areas of risk.
  3. Implementing the plan CONSISTENTLY.

Strategies and tools to facilitate the 3-step fall prevention process will prevent patients from falling!
Fall Prevention Lessons Learned: Patient Engagement is Essential*

• Fall TIPS reduced falls by 25% but >90% of falls are preventable...what happened?
  – Why did some patients with access to the Fall TIPS Toolkit fall?
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    • i.e., Out of bed with assistance

How do we get patients to CONSISTENTLY follow their fall prevention plan?

Fall TIPS Next Steps

• Develop tools to engage patients and families in the 3-step fall prevention process.
Inpatient Fall Prevention Patient Engagement Tools

PATIENT SAFETY LEARNING LAB

2014-2018
BWH Patient Safety Learning Lab
Patient-Centered Fall Prevention Toolkit

Primary Aim:
To engage patients and their family caregivers as well as providers in the design and development of a fall prevention toolkit.

This project was supported by grant number P30HS023535 from the Agency for Healthcare Research and Quality. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality.
Mixed Methods/Participatory Design Approach

- Surveys, observations, semi-structured interviews
  - Nurses, patients, families
- Interviews recorded, analyzed for themes
- Focus end-user requirements for patient participation in 3-step fall prevention process
- Feedback on prototype tools
  - Paper
  - Electronic
Iterative Design and Development

• **Design phase**
  – Powerpoint mockups by systems engineers at Northeastern University
  – Qualitative feedback from Patient and Family Advisory Council (PFAC) and patients at bedside

• **Development phase**
  – System and integration software testing
  – Usability testing with patients and providers to refine tools
  – Iterative fall prevention icon development with ongoing patient and clinician validation (patient n=90; clinicians n=59)
### Fall TIPS Paper Tool Prototype

#### FALL RISK ASSESSMENT

**Why you are at risk for falling while in the hospital**

1. You have fallen recently.
2. You have a medical condition and are taking medications that may make you dizzy, unsteady, or cause you to urinate frequently.
3. You need a walking aid to walk safely.
4. You have an intravenous ("IV") or other equipment attached to you.
5. Your walk is unsteady.
6. You may forget or not want to call for help to get out of bed.

#### EVIDENCE-BASED FALL INTERVENTIONS

**How can we work together to prevent you from falling while you are in the hospital?**

- **History of Falls**
  - Tell your nurse about recent falls.
- **Bed/chair alarm**
  - The bed/chair alarm is on to remind you and your nurse that you need help to get out of bed.
- **Intravenous (IV)**
  - Ask for help to move the IV pole or other equipment.
- **Call for help**
  - Call for help to get out of bed.
  - You may need assistance to get up safely.

**Other plans?**

- **Patient Comfort Rounds, Because we care**
  - We are coordinating & formalizing the excellent care we give by anticipating your needs. We are rounding every ____________ to make sure:
    - Your pain is controlled
    - Assist you with toileting
    - Make sure you are comfortable
    - Your personal items are within reach
    - Environment is safe
  - We are coordinating the care we give you by anticipating your needs.

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**INJURY RISK ASSESSMENT**

- Age (85 years old or older, frailty)
- Bones (osteoporosis, risk of History of Fracture, etc)
- Coagulation (risk for bleeding, low platelet counts or taking anticoagulation)
- Surgery (recent), lower limb amputation or major abdominal or thoracic surgery
Results Summary: Barriers to Fall Prevention

Nurses
- Lack awareness of evidence-based fall prevention practices and benefits of patient engagement in 3-step fall prevention process
- Resistent to completing Fall Risk Assessment at bedside

Patients
- Lack awareness of personal risk factors and plan
- Not fully engaged in the 3-step fall prevention process

Hospital
- Lack of resources to implement electronic Fall TIPS Toolkit
- Lack of simple models for integrating clinical decision support into bedside care
Requirements for Patient Engagement

• Icons: Must be patient friendly
  – Validate with patients

• Simplify visual display, optimize for use by patient/family,
  – Add decision support to link areas of risk to interventions
  – Develop Spanish version
## Requirement: Validate Icons with Patients

<table>
<thead>
<tr>
<th>Fall Risks Assessment Concepts</th>
<th>Initial Mean CIV Score (Patient)</th>
<th>Initial Icon</th>
<th>Dislikes</th>
<th>Suggested Improvements</th>
<th>Final Icon</th>
<th>Final Mean CIV Score (Patient)</th>
<th>Final Mean CIV Score (Nurse)</th>
</tr>
</thead>
</table>
| History of Falls              | 2.8                             | ![History of Falls Icon] | - looks like a cage  
- days are too small | - use “January” instead of days as header | ![Final History of Falls Icon] | 3.0 | 3.2 |
| You have a medical condition and are taking medications that may make you dizzy, unsteady, or cause you to urinate frequently. | 3.2                             | ![Prescription Icon] | - black background  
- only a prescription  
- seemingly unrelated to falls | - eliminate background  
- perhaps draw patient as well as prescription | ![Final Prescription Icon] | 3.0 | 3.1 |
| You need an ambulatory aid (walking aid) to walk safely. | 3.7                             | ![Ambulatory Aid Icon] | - only includes one device | - possibly include more devices | ![Final Ambulatory Aid Icon] | 3.4 | 3.6 |
| You have an intravenous (“IV”) or other equipment attached to you. | 3.1                             | ![Intravenous (IV) Icon] | - shows the act of tripping | - standing patient with IV | ![Final Intravenous (IV) Icon] | 3.7 | 3.7 |
| Your gait is unsteady.        | 2.6                             | ![Gait Unsteady Icon] | - looks like someone slipping on wet floor, not unsteady gait | - draw person looking unsteady  
- lines around arms/legs to indicate unsteadiness  
- feet misaligned  
- put stars around head  
- some iterations too loosely resemble dancing | ![Final Gait Unsteady Icon] | 3.0 | 3.0 |
| You may forget (or refuse) to call for help to get out of bed. | 2.3                             | ![Confused Icon] | - suggests deep thoughts rather than desired concept | - draw a patient sitting on bed looking confused  
- use question marks  
- include phone or call bell  
- have person with string tied around finger to indicate remembering  
- include stop sign | ![Final Confused Icon] | 3.1 | 2.7 |

**Fall Risks**
*(Check all that apply)*

- History of Falls
- Walking Aid
- IV Pole or Equipment
- Medication Side Effects
- May Forget or Choose Not to Call
- Unsteady Walk

**Fall Interventions**
*(Circle selection based on color)*

- Communicate Recent Falls
- Use Ambulatory Aid
- Crutches
- Cane
- Walker
- IV Assistance When Walking
- Toileting Schedule: Every __ hours
- Bed Pan
- Commode
- Bathroom
- Bed Alarm On
- Assistance Out of Bed
- None
### Fall risk assessment

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<td></td>
<td>Una persona</td>
</tr>
</tbody>
</table>

### Tailored plan based on patient’s determinants of risk
<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Old (N=27)</th>
<th>New (N=27)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Variance</td>
<td>Mean</td>
</tr>
<tr>
<td>1. I think that I would like to use these tools frequently.</td>
<td>2.333</td>
<td>0.846</td>
<td>3.704</td>
</tr>
<tr>
<td>2. I find the tools unnecessarily complex.</td>
<td>3.148</td>
<td>1.746</td>
<td>1.667</td>
</tr>
<tr>
<td>3. I think the tools are easy to use.</td>
<td>2.692</td>
<td>1.502</td>
<td>4.222</td>
</tr>
<tr>
<td>4. I think that I would need the support of a fall prevention expert to be able to use these tools.</td>
<td>1.852</td>
<td>0.593</td>
<td>1.500</td>
</tr>
<tr>
<td>5. I find the various functions in the tools are well-integrated.</td>
<td>2.593</td>
<td>0.866</td>
<td>3.852</td>
</tr>
<tr>
<td>6. I think there was too much inconsistency in available tools.</td>
<td>2.704</td>
<td>1.293</td>
<td>2.111</td>
</tr>
<tr>
<td>7. I would imagine that most people would learn to use these tools very quickly.</td>
<td>2.889</td>
<td>1.333</td>
<td>4.296</td>
</tr>
<tr>
<td>8. I find the tools very cumbersome to use.</td>
<td>3.296</td>
<td>1.755</td>
<td>2.222</td>
</tr>
<tr>
<td>9. I felt very confident using these tools.</td>
<td>3.222</td>
<td>1.103</td>
<td>4.259</td>
</tr>
<tr>
<td>10. I needed to learn a lot of things before I could get going with these tools.</td>
<td>2.423</td>
<td>1.134</td>
<td>1.852</td>
</tr>
<tr>
<td>11. I am satisfied with the tools to support the fall prevention process at this hospital.</td>
<td>2.481</td>
<td>1.028</td>
<td>3.704</td>
</tr>
</tbody>
</table>

Based on the System Usability Scale, responses ranged from 1 (strongly disagree) to 5 (strongly agree).
## Fall TIPS Pilot Test

- January – June 2016
- Targeted units with fall/injury rates above hospital and state mean

### Sites/Number of Units

<table>
<thead>
<tr>
<th>Site/Number of Units</th>
<th>Service</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brigham and Women’s Hospital/3</td>
<td>Neuroscience Intermediate Care</td>
<td>43</td>
</tr>
<tr>
<td>Brigham and Women’s Hospital/2</td>
<td>Medical Intermediate Care</td>
<td>31</td>
</tr>
<tr>
<td>Brigham and Women’s Hospital/2</td>
<td>Oncology</td>
<td>20</td>
</tr>
<tr>
<td>Montefiore Medical Center/1</td>
<td>Medical Intermediate Care</td>
<td>36</td>
</tr>
</tbody>
</table>
Fall TIPS Pilot Test Results: BWH

Average Fall Rate 2015 vs. 2016 with Average Fall TIPS Completion

Pre-intervention mean fall rate: 3.28
Post-intervention mean fall rate: 2.80

Average Fall Rate with Injury 2015 vs. 2016 with Average Fall TIPS Completion

Pre-intervention mean fall with injury rate: 1.00
Post-intervention mean fall with injury rate: 0.54

Fall TIPS Pilot Test Results: MMC

Klau 4 Fall Rates 2015 vs. 2016 with Fall TIPS Completion Rates

- Pre-intervention mean fall rate: 3.04
- Post-intervention mean fall rate: 3.10

Pre-Fall TIPS Fall Rate: 3.04
Post Fall TIPS Fall Rate: 3.10
Pre-Fall TIPS Injury Rate: 0.47
Post Fall TIPS Injury Rate: 0.31

...Personalized fall prevention assessment, planning and patient education
Patient-centered Fall Prevention Tools

- Laminated paper Fall T.I.P.S.
- Web-based and mobile patient portals to access Fall T.I.P.S.
- Patient Safety Plan Screensaver for providers
Patient Portal: Fall TIPS
Patient Portal (Mobile Application view) – Fall T.I.P.S. displayed

Use this mobile app with your nurse to complete your fall risk assessment and to develop a personalized fall prevention plan. This app is part of a research project called Patient-centered Fall Prevention. Thank you for agreeing to participate in this study to improve patient safety at our hospital.

Status: Changes Pending Approval

Your Fall Prevention Interventions
Here’s what you can do with your nurses to prevent falling.

- Communicate recent falls
- Assist to Bathroom, Every 1 Hour
- Use Cane
- IV Assistance when walking
- 2 People assist
- Bed Alarm On

Update Plan
Patient Preferences: 
- Hearing aid, translator, 
- Glasses/contacts, latex allergy, arm restriction

Safety Reminders: 
- Braden score, diet order, 
- Catheter infection, ulcer, 
- Restraints, PT exercises etc

Fall Prevention: 
- Toileting schedule, help to walk with IV Pole, use ambulatory aid etc

Patti’s Safety Plan

To help your patient:
- Turn Often
- Meds Only
- Prevent Catheter Infection
- Take Meds to Prevent Ulcer
- Use Restraints for Safety

To help your patient prevent falls:
- Communicate Recent Falls
- Ask for Help to Walk with IV Pole
- Use Crutches
- Ask for Help with Commode
- Ask for One Person to Assist You Out of Bed

Fall Prevention in Acute Care Hospitals: The Evidence Circa 2017

- Patient Falls are a common problem and can be prevented using the 3-step fall prevention process.
- EHR clinical decision support can link patient-specific risk factors to interventions most likely to prevent a fall.
- Tools are available for use in clinical care to integrate the 3-step fall prevention process into the workflow.
- Engaging patients and family in the 3-step fall prevention process ensures that they understand their risk factors and can play a role in ensuring that the fall prevention plan is implemented consistently.
Thank You: BWH/NEU Patient Safety Learning Lab Team

Brigham and Women’s Hospital
- David Bates
- Alex Businger
- Sarah Collins
- Brittany Couture
- Anuj Dalal
- Patricia Dykes
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- Lisa Lehmann
- Emily Leung
- Stuart Lipsitz
- Eli Mlaver
- Ronen Rozenblum
- Jeffrey Schnipper
- Kumiko Schnock

Partners HealthCare
- Frank Chang
- Ramesh Bapanapalli
- Mohan Babu Ganasekaran
- Gennady Gorbovitsky

Making Acute Care More Patient-centered

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- James Benneyan
- Corey Balint
- Jennifer Coppola
- Nicholas Fasano
- Zachary Katsulis
- Meredith Clemmens
- Lindsey Baldo
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- Dominic Breuer
- Jillian Hines
- Jessica Cleveland

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- Srijesa Khasnabish
- Emily Leung
- Awatef Ergai
- Jillian Hines
- Zachary Katsulis
- Ramesh Bapanapalli
- Mohan Babu Ganasekaran
- Jason Adelman
- Maureen Scanlan
Lessons from Montefiore/NYP Experience

Maureen Scanlan, MSN, RN, NEA-BC
Montefiore Health System
Vice President of Nursing and Patient Care Services
• Introduction to Fall TIPS at Montefiore
• Spread of Fall TIPS across Montefiore

Jason Adelman, MD, MS
New York-Presbyterian Hospital/ Columbia University Medical Center
Chief Patient Safety Officer & Associate Chief Quality Officer
• Introduction to Fall TIPS at NewYork-Presbyterian
• Spread of Fall TIPS across NewYork-Presbyterian
Lessons from Montefiore/NYP Experience

- Nursing & Hospital Leadership Support (MS)
- Traditional Project Management (charter, project plan, etc.) (JA)
- Frontline Staff Input (MS)
- Decision: Paper vs. Electronic (JA)
- IT – Decision Support & Printing (JA)
- Fall Risk Assessment: Morse vs Non-Morse (MS)
- Education - Nursing, Physicians, Support Staff (MS)
- Hanging Signs (JA)
- Translating to languages of local patient population (e.g. NYP – Chinese) (JA)
- Integration Into Existing Falls Program (MS)
- Following Evidence vs. Compromise (e.g. yellow wristbands at NYP) (JA)
- Post Implementation Data Monitoring – observations and IT reports (MS)
- Post fall huddles (JA)
The Fall TIPS Collaborative: A Partnership for Spread

• Fall TIPS Toolkit: suite of tools available to promote adoption and use by diverse hospitals
  – Based on over a decade of research and practice
  – Supports efficient implementation
  – Foundation for an effective and sustainable fall prevention program

• The Fall TIPS toolkit used in more than 125 hospitals in the United States, Canada, China, and Taiwan
# The Fall TIPS Toolkit: A Suite of Tools to Promote Adoption and Spread of Evidence-based Fall Prevention Best Practices

## General Resources
- Fall TIPS Website (falltips.org)
- Fall TIPS Implementation Protocol
- Fall TIPS Rollout Guide
- Laminated Paper Fall TIPS Template (English)
- Laminated Paper Fall TIPS Template (Spanish)

## Leadership Resources
- Fall TIPS Leadership Talking Points
- Fall TIPS Gap Analysis Form
- Fall TIPS SWOT Analysis Form
- Fall TIPS Implementation Checklist
- Fall TIPS Patient Engagement Monthly Report Template

## Training Resources
- Fall TIPS Training Slides
- Fall TIPS Super User Training Slides
- Fall TIPS Instruction Sheet for Nurses
- Fall TIPS Instruction Sheet for Nursing Assistants
- Fall TIPS Information Sheet for Patients
- Fall TIPS Quality Audit and Audit Instructions
The Fall TIPS Collaborative: A Partnership for Spread

• Benefits of membership:
  – Ongoing access to the Fall TIPS Toolkit, Fall TIPS training webinars, and the implementation guides
  – Access monthly reports related to your hospital’s progress with engaging patients and family in the three-step fall prevention process relative to other hospitals in our database

• Requirements for membership:
  – Submit de-identified data monthly via REDCap (secure database), related to engaging patients in the three-step fall prevention process, patient falls, and fall-related injuries

Interested in joining? Email the Fall TIPS team at PHSFallTIPS@partners.org
Thank you

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