EXTRAORDINARY FALLS PREVENTION

Strategy and Solutions

Canadian Home Care Association Conference

October 26, 2011

CANADIAN
RED CROSS

PRESENTERS

Jody Hales

Manager of Client Safety & Clinical Support

Quality, Contracts and Accountability Department

Craig McCleary

Manager of Personal Support & Homemaking Program

Central East (Ontario)

RED CROSS HOME CARE –ONTARIO

We have provided home care services throughout Ontario since 1925. Fully accredited through Accreditation Canada since 2003.

Our Personal Support & Homemaking Program - 2010	
37	Personal Support & Homemaking Programs
3358	Community Support Workers (CSWs-PSWs)
113	Clinical Supervisors (RN/RPN)
25,000+	Clients
3.6 million	Volume in hours

September 2010 to March 2011, Red Cross participated in the National - ***DON'T SLIP UP* FALLS PREVENTION VIRTUAL LEARNING COLLABORATIVE (VLC).**

This collaborative was led by **Safer Healthcare Now!** and the **Canadian Patient Safety Institute** in partnership with the **Registered Nurses' Association of Ontario**.

WHY GET INVOLVED IN A VLC?

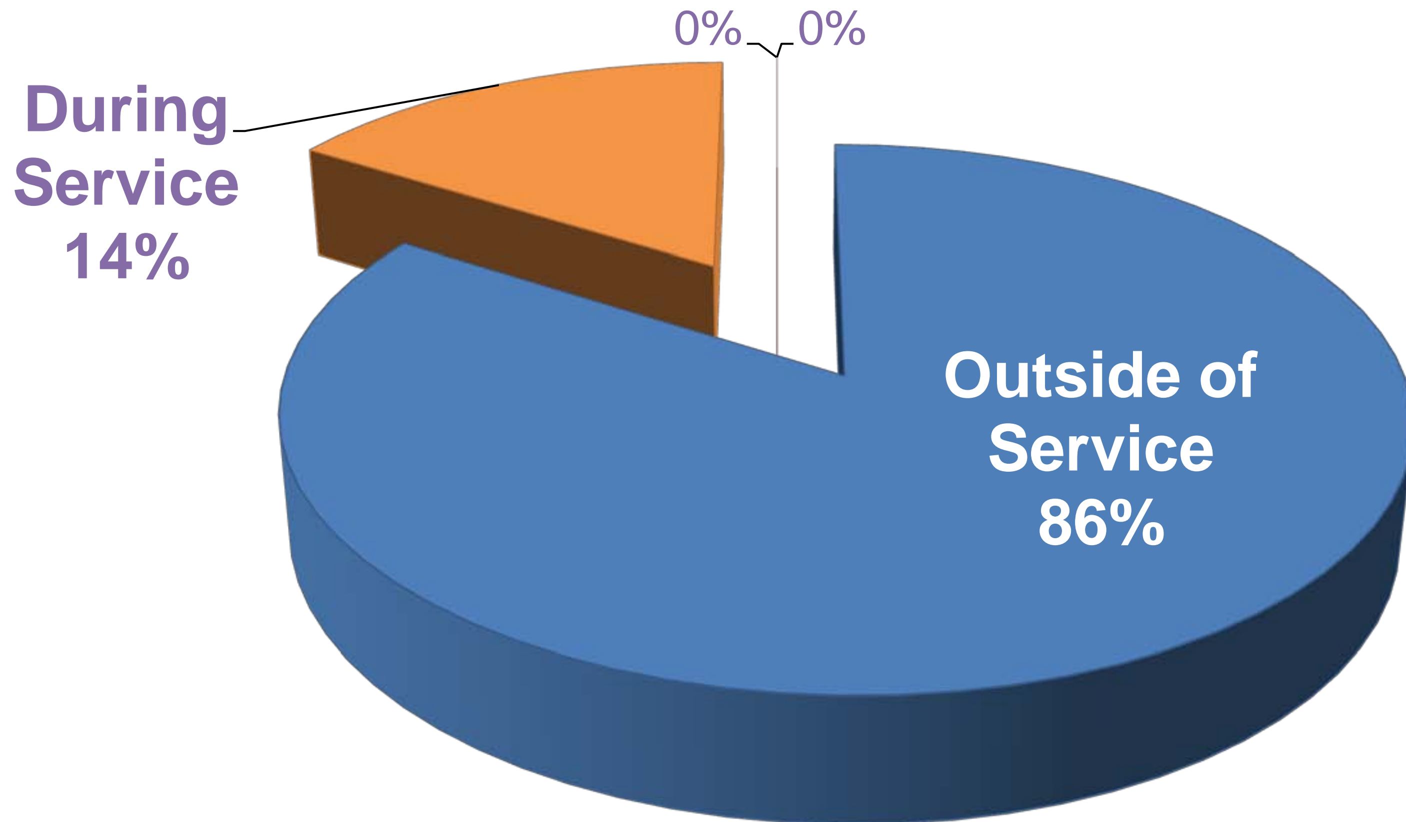
<u>April 1, 2008 to March 31, 2010</u>

We received **5,711** client fall-related reports from our frontline staff.

84% of these falls occurred outside of service.

40% of our frontline staff work-related injuries occurred during direct client handling activities of which many were directly linked to a client fall.

FALLS STATISTICS - 2010



Falls were the highest reported incident in 2010 with a total of 3,530 reports

CANADIAN RED CROSS

OUR PILOT SITE & VLC TEAM

PILOT SITE – PETERBOROUGH BRANCH – NORTHUMBERLAND AREA

190	**Clientele base**
26	Frontline CSWs (PSWs)
1	Visiting Clinical Supervisor
1	Resource/Referral Review Clinical Supervisor
2930 hrs	Volume per month

VLC TEAM

1	Corporate Lead
1	Branch Lead
1	OH&S Lead
1	Scheduling Centre Manager
1	Scheduling Coordinator
1	Clinical Supervisor
7	Frontline CSWs

OUR APPROACH

Two-pronged approach
focusing on both client AND worker safety

OUR PHILOSOPHY

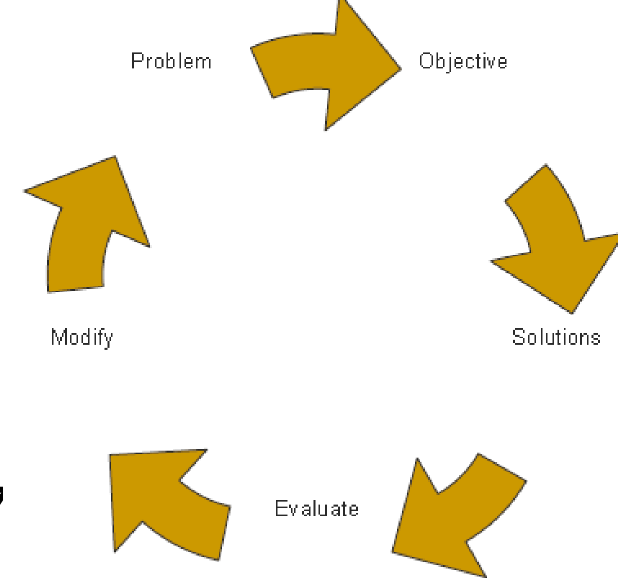
To be a leading organization in safety innovation and practice that supports quality healthcare and creates a culture of fairness in which worker and client safety are at the centre of everything we do.

OUR

WorkSafe

PROGRAM

WorkSafe



- WorkSafe was launched in 2007
- Multiple peer-to-peer based groups of frontline staff were created across the province.
- These groups worked together to make lasting improvements to the safety of their work environment.

Safe Worker ⟷ Safe Client

WorkSafe

- Since inception, this inclusive approach has seen the evolution of a “safety culture” throughout our organization and has specifically empowered our field staff to remain safe while providing quality care to their clients.

- To date, we have seen up to 20% of our 3000+ CSW workforce involved in WorkSafe initiatives throughout the province (**that’s over 600 employees**). There has been a **27%** reduction in occurrences injuries since the launch of the program.

CANADIAN RED CROSS

PILOT AIMS

AIMS

- ✓Develop a standardized fall risk assessment process that will effectively identify clients who are at risk for falls
- ✓Reduce the number of falls/severity of injury from falls – to improve the quality of life of our clientele
- ✓Improve staff knowledge about falls and their impact - and increase worker safety and awareness.

CHANGE IDEAS TESTED

Review of existing validated Falls Risk Assessment Tools

Develop:

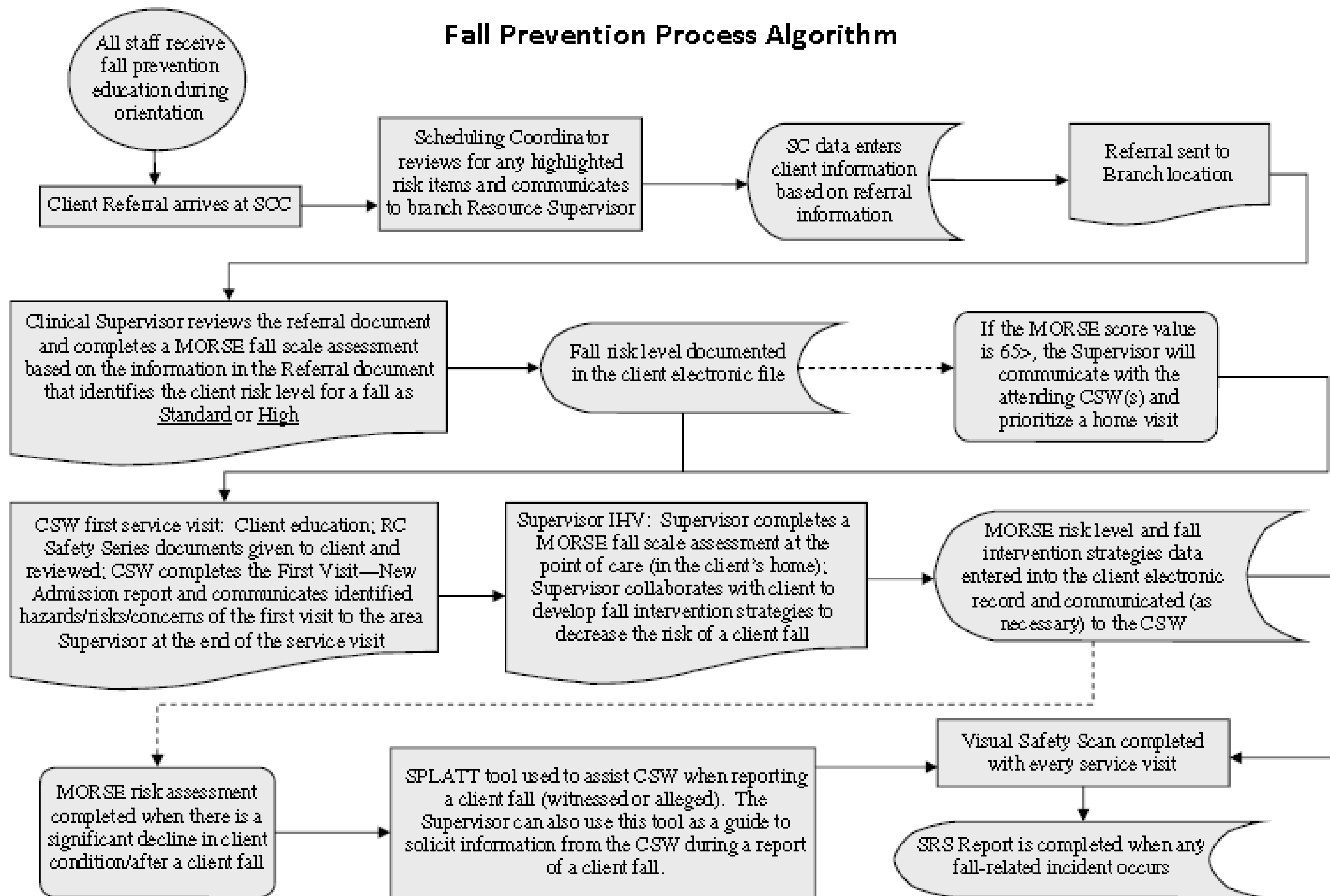
- MORSE training document for supervisory staff
- Standardized Fall Intervention Strategies
- Safety/Falls report tool for frontline CSW staff

Revision of our:

- Home Risk Analysis form
- Frontline falls training document
- Client Safety Series – Falls Prevention document

Refer to Hand Out

- All clients involved in the control group signed consent for participation. (4 clients refused to participate)
- The MORSE Fall Scale (MFS) assessment tool was selected as the validated fall risk assessment tool
- A MORSE score greater than 65 during the Referral Review prompted notification to the area Supervisor for further assessment (*communication with attending CSW, client/family and/or prioritized supervisory home visit)*
- The CSW First Visit Report for new client admissions was completed during the first client service visit. This report prompted the CSW to review specific health and safety related information with the client and to perform a visual safety scan of the environment.


Fall Prevention Process Algorithm
All staff receive fall prevention education during orientation
Client Referral arrives at SCC
Scheduling Coordinator reviews for any highlighted risk items and communicates to branch Resource Supervisor
SC data enters client information based on referral information
Referral sent to Branch location
Clinical Supervisor reviews the referral document and completes a MORSE fall scale assessment based on the information in the Referral document that identifies the client risk level for a fall as Standard or High
Fall risk level documented in the client electronic file
If the MORSE score value is 65>, the Supervisor will communicate with the attending CSW(s) and prioritize a home visit
CSW first service visit: Client education; RC Safety Series documents given to client and reviewed; CSW completes the First Visit—New Admission report and communicates identified hazards/risks/concerns of the first visit to the area Supervisor at the end of the service visit
Supervisor IHV: Supervisor completes a MORSE fall scale assessment at the point of care (in the client's home); Supervisor collaborates with client to develop fall intervention strategies to decrease the risk of a client fall
MORSE risk level and fall intervention strategies data entered into the client electronic record and communicated (as necessary) to the CSW
Visual Safety Scan completed with every service visit
MORSE risk assessment completed when there is a significant decline in client condition/after a client fall
SPLATT tool used to assist CSW when reporting a client fall (witnessed or alleged). The Supervisor can also use this tool as a guide to solicit information from the CSW during a report of a client fall.
SRS Report is completed when any fall-related incident occurs

PILOT RESULTS

11%	Client MFS score during the referral review process was over 65 which prompted notification to the area supervisor for a priority home visit assessment
38%	Client MFS scores were higher during the Supervisory IHV (at the point of care) than during the Referral Review (completed in the office setting)
68%	Client MFS scores were identified as High Risk at the point of care which resulted in the development of a fall intervention plan
61%	Clients had home hazards identified during the CSW first service visit
0	Falls during service
1	Fall outside of service

MFS – MORSE Fall Scale
IHV – Initial Home Visit

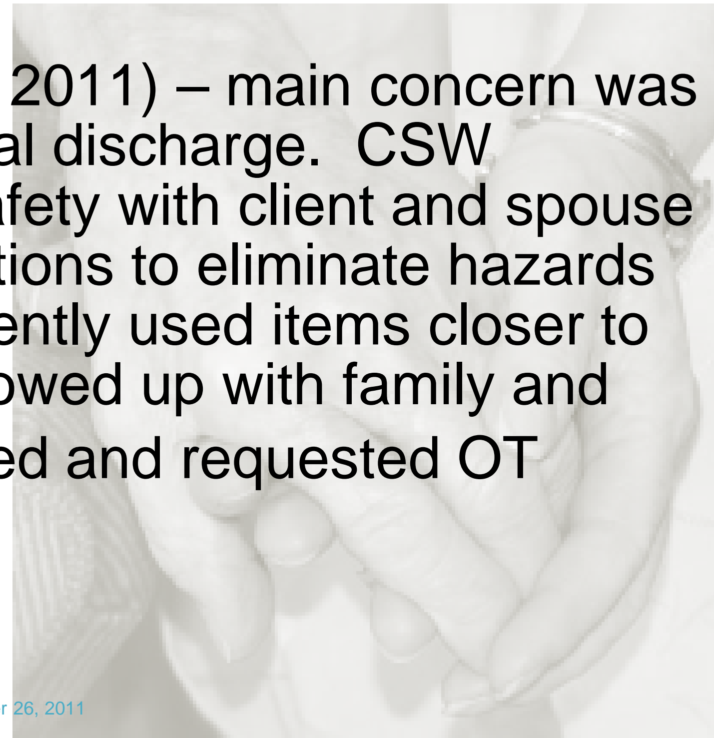
CASE STUDY

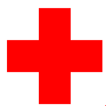
LET'S HEAR MRS. M'S STORY

- On February 8th Mrs. M was referred to Personal Support Services for 3 hours per week starting February 15, 2011.
- 88-year old orientated client who lived with her spouse and had limited external supports. Her referring diagnosis was post right hip fracture/post hospital rehabilitation.
- History – client admitted to hospital post fall at home requiring surgery intervention.
- She was not on Personal Support Services prior to her fall
- Care Plan Goal – return to previous level of independence

CASE STUDY – CONTINUED…

- Pre-Screening medical file – limited. MORSE Score on file screening was 65 (file was flagged for history of fall, multiple co-morbid diagnosis, ambulatory aid, and references to weakness)
- Due to SCORE of 65 (threshold), Mrs. M was flagged for a priority visit from a Regional Clinical Supervisor.
- First CSW visit Report (February 15, 2011) – main concern was overall fatigue/weakness post hospital discharge. CSW discussed Falls Prevention/Home Safety with client and spouse and made some immediate modifications to eliminate hazards (i.e. throw rugs, clutter, moved frequently used items closer to client, etc.) Regional Supervisor followed up with family and funder regarding concerns identified and requested OT Assessment.

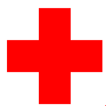




CANADIAN RED CROSS

CASE STUDY – CONTINUED…

- In Home (September 18, 2011) - Screening MORSE Score was 75 (increased information related to dizziness and impaired gait)
- Regional Clinical Supervisor completed a walk-through of the home with the spouse and spoke with the client/spouse about falls prevention (reinforcing education already provided by CSW).
- CSW team advised of high risk of falls and action plan to prevent occurrences related to transfers and personal care. Confirmed assistive devices were installed in home.
  - Client discharged from Personal Support Services in May of 2011 – Care Plan Goals Achieved. No falls reported during this time – client and spouse managing well.



CANADIAN RED CROSS

LESSONS LEARNED

- It is of great benefit to have frontline staff involved in the process (developing/testing tools and providing feedback)
- There was variance in MORSE score values when completed during referral review (paper review) and at the point of care (in the client home)
- Change ideas need to be realistic and align with available resources to support process success
- Falls strategy needs to be embedded into routine operational practice...not just another form to fill out

CHALLENGES - *Most of which are unique to the **Homecare Environment***

- Uncontrolled work environment (the client home)
- Client's right to choose to live at risk
- Client/family fear – *"If I tell, I will lose my independence or be taken out of my home"*
- Client cognitive issues
- Service limitations – we are not in the client's home 24 hours a day
- Time and resources – workload, $$$, health care professionals, community resources (fragmented)

NEXT STEPS

Submission of our Falls Prevention Pilot results and developed materials with projected timeline for Provincial Roll Out	**April 2011**
Provincial training/roll out of New Fall Prevention Strategy	January 2012
Adaption of materials to align with other RC Community Health Service programs	2012 Fiscal Year

TAKE HOME MESSAGE........

TELL ME AND I'LL FORGET

SHOW ME, AND I MAY REMEMBER

INVOLVE ME AND I'LL UNDERSTAND

CONFUCIUS