

## Fall Prevention Program Part 2: Interventions



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### Objectives

- Discuss the interventions that have demonstrable results in reducing and preventing falls
- Describe the coordination of the infrastructure strategies of education, audits, accountability, sustainability
- Discuss the successful and challenged operational strategies for the implementation of the fall prevention and reduction program

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### Interventions

- **Definition:** is any action undertaken in an effort to affect a result.
- **Medical Intervention:** is a medical term in which patients receive external treatments or actions that have the effect of preventing injury and/or prolonging life.



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**Implement Interventions / Solutions**

- What will you do to prevent this problem from happening again?
- Do the interventions / solutions match the causes of the problem?
- How will it be implemented? Who will be responsible for what? Who will monitor it?
- How will the solutions impact or effect other operations / people in YOUR facility?
- What are risks to implementing the solutions?
- Move from weak to strong interventions.

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**Hierarchy of Actions and Interventions**

- National Center for Patient Safety's "Hierarchy of Actions", a classification of corrective actions and interventions:
  - **Weak** – actions that depend on staff to remember: their training, a policy or procedure, an assignment, a regulation
  - **Intermediate** – actions are somewhat dependent on staff remembering to do the right thing, but tools are provided to help the staff remember or to promote clearer communication
  - **Strong** – actions that do not depend on staff to remember to do the right thing; the tools or actions provide very strong controls
- \* To be most effective: interventions need to move to stronger actions rather than education or reminders alone.

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**Weak Interventions & solutions –** these actions are least likely to eliminate or reduce the likelihood of a problem or fall, it relies upon memory and/or education

- Policies, procedures, memos
- "Remind resident to . . ."
- "Remind staff to . . ."
- Education or training alone
- Educational posters




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**Intermediate Interventions & solutions-**  
these actions are somewhat likely to control the root causes; they trigger the memory of staff

➤ **Memory aids: Checklists, signs, icons**

- Color coding, falling stars, cactus picture



➤ **Redundancy, repetition:**

- "Everyone entering room looks for 'x'"

➤ **Read back/double check:**

- Verbal orders, med checks

➤ **KISS: "Do 1, 2, and 3." "Count to 4, stay off the floor."**

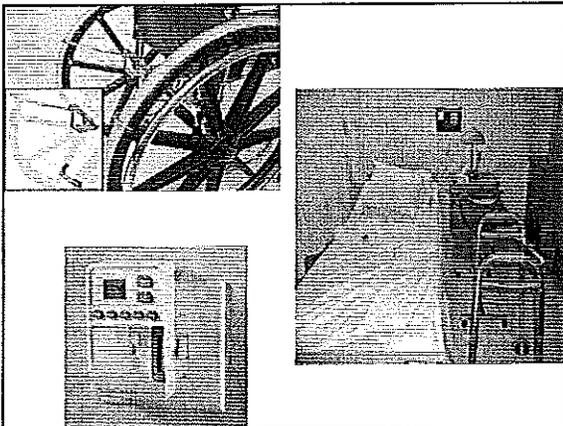
**Strong Interventions & solutions –**  
these actions are most likely to eliminate or reduce the likelihood of an event; do not rely on memory

➤ **Engineering controls (forces functions):**

- Hooks at entrance/exit to house to hold car keys
- IV tubing that will not allow connections to different piggy back IVs
- Auto lock brakes, anti-tip device on w/c
- Contrast toilet seats, contrast thresholds
- Double call-lights

➤ **Operational controls:**

- Auditing, Monitoring, Evaluating
- Assure consistency and compliance
- Alter workload, staffing levels to meet resident needs
- Consistent; staffing, documentation & communication



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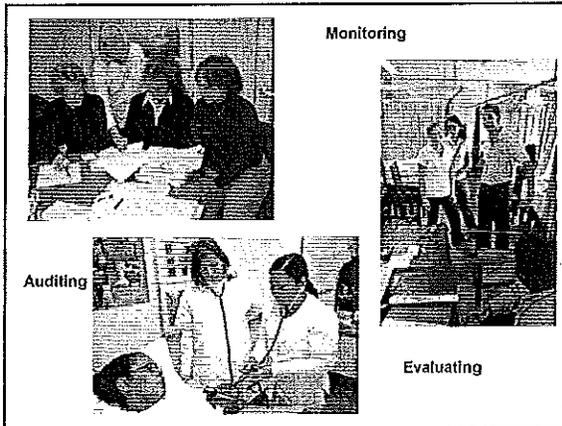
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**Strong Interventions to Prevent Falls**

- > Root Cause Analysis
- > Reduce Noise
- > Restraint & Alarm Elimination
- > Medication Reduction
- > Correct Beds Heights
- > Reduce Floor Mats
- > Fall Huddle
- > Hourly Rounding – 4Ps
- > Consistent Staffing at Appropriate Times



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**Findings Based Upon Type of Interventions:**

- > Weak interventions are recommended more frequently but are less likely to be implemented and are least successful
- > Strong interventions are recommended less frequently but are more likely to be implemented and are most successful

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**Types of Interventions**

- Appropriate interventions
- Scatter gun interventions
- Band aid interventions
- Immediate interventions
- Ongoing interventions w/o evaluations
- "No change, continue with same" interventions
- "Standard of practice" interventions

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**Interventions**

- Appropriate interventions are interventions that match the root cause(s) of the fall:
- **Extrinsic**
  - Noise reduction; alarms, tv, paging, shift changes
  - Environmental contrasts; toilets, doorways
  - Furniture & personal items placement; adjust bed heights, room/bed assignment, walkers, mats
  - Proper footwear/clothes, hip protectors, helmets
- **Intrinsic**
  - Offer opportunity to balance, improve sleep deprivation, address orthostatic B/P, reduce medications, PT/OT referrals for distance fall occurs from transfer surface, toileting plans & programs, eliminate pain, address cognitive status, mood, depression w/ TR programs, corrective eye wear and hearing aids, prevent O<sub>2</sub> deprivation
- **Systemic**
  - Hourly rounding, staffing and break times adjusted to needs and fall times of residents, equipment repairs, room & bed assignments

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**Hurdles & Challenges**

- RCA skill set competency:
  - Root Cause Analysis vs. "Just Tell Me What To Do"
- Staff resistant to change (e.g. alarms, balance, staff times)
- Scatter gun approach to interventions vs. matching interventions to root cause of fall
- It's not just a nursing program any more
- Sustainability: building redundancies
- OSHA's "Safe Patient Handling" vs. reduction in resident independence



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**What's in the future to preventing falls?**



- > Sleep deprivation
- > Medication reduction
- > Non-pharmacological interventions for behaviors
- > Equipment:
  - Actigraphy, motion detectors, hip protectors, improve environmental contrast and design
- > Shift times/staffing matched to meet resident needs
- > "Bone cocktail": Vitamin D & calcium, magnesium
- > Education:
  - Family – outings with transfers, walking, toileting
  - Medical directors, MDs, NPs, Hospitals
  - DOH, Case Mix, CMS

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**"First they ignore you,  
Then they laugh at you,  
Then they attack you,  
Then you win."**

~ Mahatma Gandhi  
"How to initiate change."



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