

Using a Clinical Decision Support Tool to Improve Fall/Injury Prevention Care Planning

Description:

This offering provides information to educate nurses in using a new clinical decision support (CDS) tool to facilitate care planning for patients who are at risk falls and fall related injuries. This work is part of an “ACTION” Project, a research study funded by the Agency for Health Care Research and Quality (AHRQ).

Estimated time for course completion is 12 minutes.

Course Objectives

After completing this course you will be able to:

- Review the goals of the new tool.
- Identify how to access and review the new CDS Tool
- Describe how to use of the CDS Tool during your workday
- Review the new Fall Prevention Patient Education Sheet
- Identify next steps in the evaluation process for the CDS Tool

The AHRQ* ACTION Project:

Title: “Using Evidence-based Nursing Practices and Electronic Decision Support to Reduce Fall-related Patient Injuries in Acute Care”

Purpose:

- To develop, test, and disseminate evidence-based nursing practice clinical decision support (CDS) tools within an existing electronic health record
- Use CDS tools to improve care planning and fall/injury prevention quality improvement and evaluate impact.



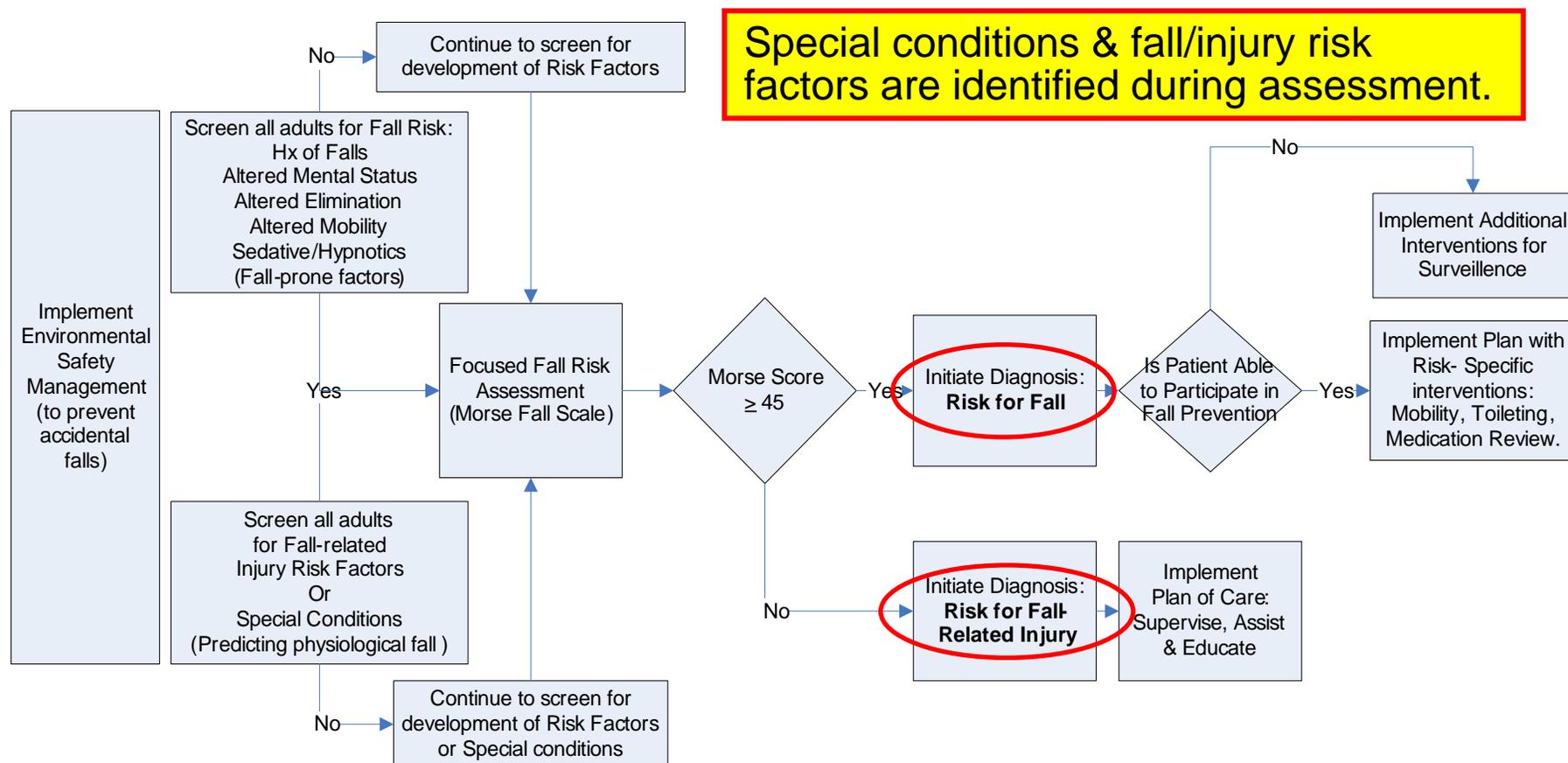
*Agency for Healthcare Research & Quality (AHRQ) ACTION Project TO# HHSA290200600016I

How Will the Care Planning Tool Help You?

- The tool shows your patient assignment with a visual overview:
 - The status of risk assessments for your patients
 - Which patients are at risk for falling
 - Which patients have a care plan initiated
 - Inpatient fall history with date/time
- The tool will help you provide fall prevention care and communicate important information about which patients need to be assessed, who are at risk for falls/injury, which care plans in place, and if/when the patient has had a fall.



Reviewing the Fall Prevention Process in the EHR



Reviewing Patient-Specific Fall & Injury Risks

- The Genview (below) displays specific patient risks for falls, injury, and/or unpredicted falls related to special conditions

The screenshot displays a software window titled "Correct Date/Time?" and "Fall Interventions High Risk". The window is divided into several sections:

- Risk of Fall and Associated Injury**
 - Indicators for Potential Fall Risk**
 - Morse Fall Score: 100 02/16/2010 19:50
 - Anxiolytics, Sedatives and Hypnotics: Zolpidem
 - Indicators for Potential Injury with Fall**
 - Platelets: 25 06/08/2009 11:59
 - Anticoagulant Therapy: Warfarin
- From History**
 - Musculoskeletal:** Metastatic Bone Disease, Osteoporosis 02/16/2010 19:50
 - Hematologic History:** Bleeding Problem 02/16/2010 19:50
- Special Conditions for Unpredicted Falls**
 - From History**
 - Cardiovascular:** Irregular Heartbeat/Palpitations 11/17/2009 08:49
- Willing/Able to Participate in Fall Prevention**
 - From Recent Assessment**
 - Participative in Fall Prevention: No 02/16/2010 19:50

Fall Risk Factors:

- Morse Fall Scale ≥ 45
- History of Falls
- Mobility, Elimination, or Altered Mental Status Problems
- Prescribed meds that increase fall risk (avoid)

Injury Risk Factors:

- Receiving anticoagulants
- Low Platelets/Bleeding problems
- Osteoporosis/metastatic bone dx

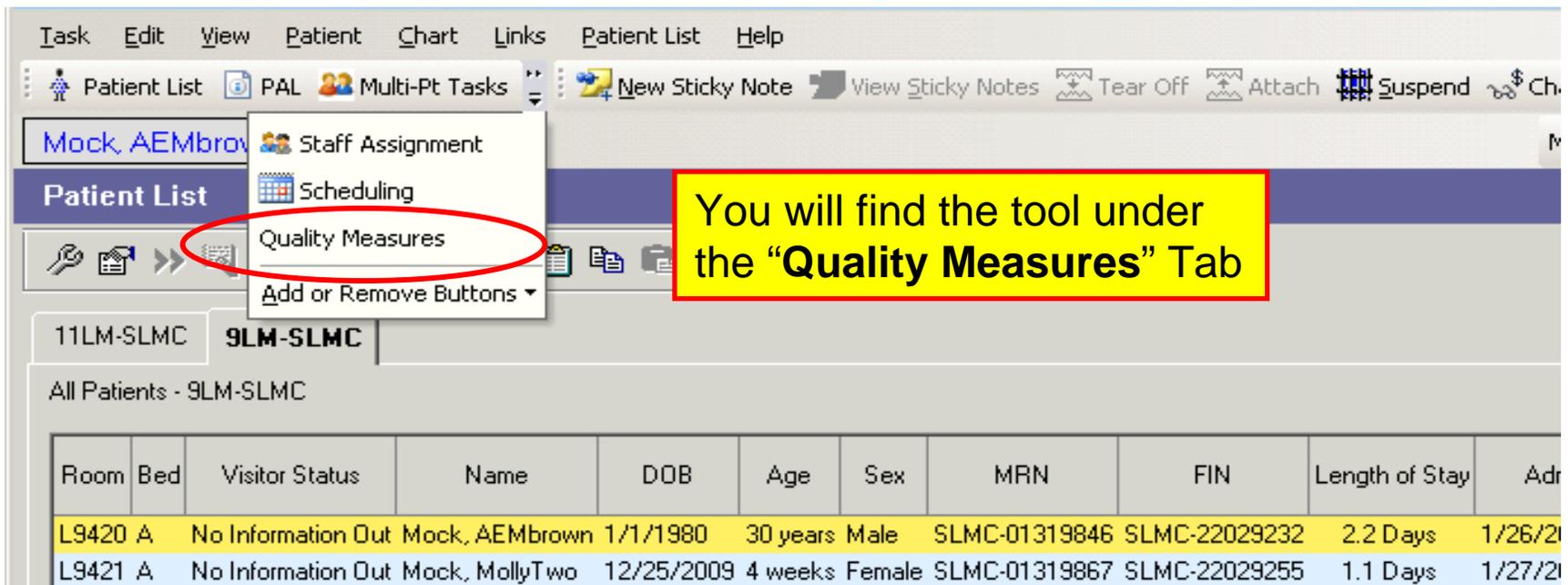
Special Conditions:

- Seizures, Irregular Heartbeats

Using the CDS Tool to Review Patient Fall Prevention Plans & Individualize Care

- Patient specific information will be pulled together in one easy-to-access view for planning the care for groups of patients.
 - **The following pages will show you the new tool and how to use it.**

Locating the Care Planning CDS in the EHR



The screenshot displays the EHR interface for a patient list. The 'Patient List' tab is active, and a dropdown menu is open, showing options: 'Staff Assignment', 'Scheduling', 'Quality Measures', and 'Add or Remove Buttons'. The 'Quality Measures' option is circled in red. A yellow callout box with a red border contains the text: 'You will find the tool under the "Quality Measures" Tab'. Below the menu, the patient list is displayed for '9LM-SLMC'.

Room	Bed	Visitor Status	Name	DOB	Age	Sex	MRN	FIN	Length of Stay	Adm
L9420	A	No Information Out	Mock, AEMBrow	1/1/1980	30 years	Male	SLMC-01319846	SLMC-22029232	2.2 Days	1/26/20
L9421	A	No Information Out	Mock, MollyTwo	12/25/2009	4 weeks	Female	SLMC-01319867	SLMC-22029255	1.1 Days	1/27/20

Reviewing the Care Planning CDS Tool

Quality Measures

List: 2 North Tower

Patient Demographics			Falls		
Name	Date Of Birth	MRN	Assessment	Interventions	Falls
+ Carson, Cindy	08/30/1977	605	●	●	N/A
+ Daily, John	12/13/1956	954	○	○	N/A
+ Handle, Matt L	10/12/2008	2377	●	N/A	N/A
+ Kaps, Jane	04/12/1959	479	○	○	N/A
+ Lock, Amy L	10/12/1946	2089	●	●	⚠
+ Roberts, Fred A.	05/07/1940	1133	○	N/A	N/A
+ Sawyer, William K	08/03/1975	1816	●	●	N/A
+ Walker, Susan Rave	02/15/1990	845	○	N/A	N/A



Screen will display information for the patients on your Unit or your Assignment if that feature is used.

CDS Tool:
Care Plan Overview

Reviewing Patient Details or Accessing the Chart

Quality Measures

List: 9LM-SLMC

Patient Demographics			Falls		
Name	Date Of Birth	MRN	Assessment	Interventions	Falls
+ Carson, Cindy	08/30/1977	605			
+ Daily, John	12/13/1956	954			
+ Handle, Matt L	10/12/2008	2377			
+ Kaps, Jane	04/12/1959	479			
- Lock, Amy L	10/12/1946	2089			

Age: 63 Years Room/Bed: / Location: Attending Physician: Patient Arrival Date/Time: 2/10/2010 15:30

Nurse Assigned: Surgical Date/Time: Length Of Stay: 20 Days

Click (+) sign to expand detailed patient information. Double clicking on patient name will take you to the Main Menu in the patient chart.

Reviewing the CDS Tool Icons

- The icon tells you something about the status of the care plan
- If you do not remember what they mean, locate your cursor over icon and the specific information will display

Icon	Meaning
	Not Done
	Item is time-sensitive
	Done
N/A	No action needed at this time
	Event Occurrence

Reviewing the Care Plan Status: Assessment

Quality Measures

List: 9LM-SLMC

Patient Demographics			Falls		
Name	Date Of Birth	MRN	Assessment	Interventions	Falls
Carson, Cindy	08/30/1977	605			N/A
Dally, John	12/13/1956	954			N/A
Falls Risk and Risk of Injury from Falls Assessment NOT completed within the last 24 hours; 4 hours or less remain to complete Open Chart: Lock, Amy L					N/A
Lock, Amy L	10/12/1946	2089			
Roberts, Fred A.	05/07/1940	1133		N/A	N/A
Sawyer, William K	08/03/1975	1816			N/A
Walker, Susan Rave	02/15/1990	845		N/A	N/A

The Clock indicates fall assessment is NOT complete and is a reminder it needs to be performed. The icon will fill in (blue) when relevant documentation forms are completed & signed (e.g. Morse Fall Scale, Physical Assessments, Activity).

Reviewing the Care Plan Status: Interventions

Quality Measures

List: 9LM-SLMC

Patient Demographics			Falls		
Name	Date Of Birth	MRN	Assessment	Interventions	Falls
Carson, Cindy	08/30/1977	605	●	●	N/A
Daily, John	12/13/1956	954	○	○	N/A
Handle, Matt L	10/12/2008	2377	●	N/A	N/A
Kaps, Jane	04/12/1959	479	○	○	N/A
Lock	Patient has been found at risk for falls and/or at risk for injury from falls and no plan or orderset defined				⚠
Robert					N/A
Sawyer, William K	08/03/1975	1816	●	●	N/A
Walker, Susan Rave	02/15/1990	845	○	N/A	N/A

N/a = "no action" at this time, meaning that no fall/injury risks were identified

The empty icon indicates the patient has risk factors but no intervention/plan has been initiated. Note: When you locate your cursor over the icon, information is displayed with **an active link** to the care plan in patient chart.

Reviewing the Care Plan Status: Intervention

Quality Measures

List: 9LM-SLMC

Patient Demographics			Falls		
Name	Date Of Birth	MRN	Assessment	Interventions	Falls
Carson, Cindy	08/30/1977	605	●	●	N/A
Daily, John	12/13/1956	954	○	○	N/A
Handle, Matt L	10/12/2008	237	○	○	N/A

Interventions: NUR Fall Risk Special Condition or Injury KBN
Open orders page of chart: [Carson, Cindy](#)

The filled in icon indicates the patient has risk factors and an intervention/plan has been initiated. The details reflect the last plan that was initiated.

Note: The detail provides **an active link** to take you directly to the “Orders” tab in the patient record to confirm if one or both plans are active.

Reviewing the Care Plan Status: Intervention

- Clicking the link to the patient chart will take you to the “Orders” Tab to view specific care plan information

The screenshot displays a medical software interface with a 'Menu' on the left and an 'Orders' tab active. The 'Orders' tab shows a tree view of orders, including 'NUR Fall Prevention and Management KBNI' which is expanded to show 'High Fall Risk Management (Initiated)' and 'Post-Fall Care (Planned)'. A red star and bracket highlight the 'Orders' menu item and the corresponding care plan. A yellow callout box with a red border contains the text: 'Example: Both Fall & Injury Care plans are active'. The right side of the interface shows a 'Plans' panel with a table of components and outcomes.

Component
NUR Fall Prevention and Management KBNI Last updated on: 2/17/2010 1
Outcomes
Verbalizes Understanding
Patient Specific Fall Risk
Takes Action to Control
Adherence to Fall Risk S
Interventions
Fall Interventions High R
Education Fall Risk Prev
Fall Risk Alert System in
Update Environmental Iv
Collaborate with physic
If elimination problems ar
FOR PATIENTS L
Minimize use of restraints
Manage activity carefull

Reviewing the Inpatient Patient Fall History

Quality Measures

List: 9LM-SLMC

Patient Demographics			Falls		
Name	Date Of Birth	MRN	Assessment	Interventions	Falls
+ Carson, Cindy	08/30/1977	605	●	●	N/A
+ Daily, John	12/13/1956	954	○		N/A
+ Handle, Matt L	10/12/2008	2377	●		N/A
+ Kaps, Jane	04/12/1959	479	○		N/A
+ Lock, Amy L	10/12/1946	2089	○	●	▲
+ Roberts, Fred A.	05/07/1940	1133	○	N/A	N/A
+ Sawyer, William K	08/03/1975	1816	●	●	N/A
+ Walker, Susan Raye	02/15/1990	845	○	N/A	N/A

Post Fall:
Fall #1
02/15/2010 02:30
Fall Incident Date/Time

The Triangle ICON indicates the patient has had a previous fall. Locating the cursor over the icon will provide the details about the date/time.

Implementing the CDS Tool in your work flow

- It is recommended that you access and review the Care Planning CDS during report
- Care Planning CDS tool can also be access anytime during your shift



How to Use the CDS Tool During Report

- The Care Planning CDS Tool will:
 - Help you to know which patients are at risk for falls, the status of your patient assessments and interventions, and patient fall history during current hospitalization.
 - Help you to determine what to communicate to your CNA partners about patients risk for falling, the status of the interventions, and their history of falls during the current hospital stay.

Tailoring Patient Education to the Patient

- During the admission process, the patient is screened for risk of falls and risks for fall-related injury.
- Plans are initiated with specific outcomes for prevention education.
- An new **Patient and Family Member Educational Tool** was created to support nurses to teach patients about their personal risk factors and to engage them in fall prevention activities specific to their risks.



[Link](#)

*Patient/Family Member Fall
Prevention Education Sheet*

Print out and review

How to Teach about “Patient Specific” Risks

- Review the identified patient risk factors.

The screenshot displays a software interface for patient assessment. At the top, there are two tabs: "Current Date/Time?" (highlighted in red) and "Education" (highlighted in blue). The main content area is titled "Risk of Fall and Associated Injury" and is divided into several sections:

- Indicators for Potential Fall Risk**
 - Morse Fall Score:** 100 10/11/2009 08:00
 - Anxiolytics, Sedatives and Hypnotics:** Temazepam
- From Recent Assessment**
 - Number of Assists:** 1 10/11/2009 14:32
 - Gait:** Slow, Unsteady, Uses Assistive Devices, Other: up with assist 10/11/2009 09:00
 - Orientation:** Disoriented to Time 10/11/2009 09:00
 - Memory:** Inability to remember past or recent events 10/11/2009 09:00
- From History**
 - Musculoskeletal:** Metastatic Bone Disease, Osteoporosis 02/16/2010 19:50
 - Hematologic History:** Bleeding Problem 02/16/2010 19:50
- Special Conditions for Unpredicted Falls**
 - From History**
 - Cardiovascular:** Irregular Heartbeat/Palpitations 11/17/2009 08:49
- Willing/Able to Participate in Fall Prevention**
 - From Recent Assessment**
 - Participative in Fall Prevention:** No 02/16/2010 19:50

A yellow callout box with a red border is overlaid on the right side of the screenshot, containing the text: "Example: Patient has Fall risks, Special Conditions and Injury Risk Factors".

Use Educational Tool to Identify Personal Risks

Check the boxes that pertain to the risks that have been identified for the example patient:

Fall Risks or Special Conditions

- Irregular Heart Beats
- Problems with walking or moving
- Memory loss or confusion (**include family**)
- Taking Medication . . . Drowsy

Injury Risk Factors

- Osteoporosis
- Metastatic bone disease
- Bleeding problems

Preventing Falls and Injury While in the Hospital

You have one or more health conditions that make it likely that you may either fall or become injured if you fall. Knowing that you are more likely to fall, we want to work with you to prevent you from falling and being injured during your hospital stay.

An X marks your risk factors for falling:

- Dizziness or fainting
- Seizure disorder
- Irregular heartbeats
- Low blood pressure
- Recovering from surgery or other procedure
- History of falling
- Problems with walking or moving
- Problems with using the bathroom
- Memory loss or confusion
- Taking medications that cause you to become drowsy

An X marks your risk factors for a fall-related injury:

- Osteoporosis (brittle bones)
- Metastatic bone disease (cancer)
- Blood thinning medications
- Bleeding disorders
- Blood clotting disorders

Why are falls dangerous for me?

Falls can lead to broken bones and head injuries that can slow your recovery and keep you from returning home.



To prevent unexpected falls:

- Use your call light when you need help
- Call and please wait for help
- Get up slowly from the bed or chair to prevent a fall if you become dizzy
- Keep personal items within your reach
- Wear non-skid slippers when out of bed.
- Use your walker, cane or wheelchair to help you walk safely
- Wear your glasses while active
- Use a night light



Engaging Patient/Family in Creating the Plan

Check the boxes that pertain to the interventions that are most appropriate based on identified risks.

Preventing Falls and Injury While in the Hospital, Page 2

Keeping you safe

Here are some ways that you and your caregivers can keep you safe during your hospital stay:

Medications

Some medications can make you feel weak or dizzy. To prevent falls due to medications, your plan of care includes:

- Avoid sleeping pills and medicines that make you drowsy.
- Some of the medicines that you are taking can make you weak or dizzy:

• When you get out of bed, get up slowly.

Using the bathroom

To keep you safe when you use the bathroom, your plan of care includes:

- Call for assistance to the bathroom *before your need is urgent.*
- Use your cane or walker and *move slowly.*
- Use the bedside commode if you cannot walk to the bathroom safely or if you have an urgent need.
- We will offer to take you to the toilet at regular times. If you need to go before we come, please call us.
- Use grab bars in the bathroom.



Walking to stay active

Staying active helps to prevent falls. Your plan of care includes:

Wear non-skid footwear.

- Keep your strength by walking in your room *and* in the hall 1 or 2 times a day.

- Use your walker or cane, or walk with help from (1) or (2) people.

- Focus on your walking:* Avoid doing other things at the same time.

- Use handrails when you are walking in the hall.

- PT recommendations:



Keeping you safe if you are forgetful

To prevent falls and injuries, your plan of care includes:

- A bed or chair alarm has been placed to keep you safe. It will sound if you get up without help.
- We will stay with you while you are on the toilet.
- A low bed helps prevent fall injuries.
- Your family may want to stay with you while you are in the hospital.

Key Points to Remember:

The Care Planning CDS Tool was designed to help you to:

- View a Dashboard for each of your assigned patients
 - Who needs to be assessed?
 - Who is at risk for falling or fall-related injury?
 - Is the correct care plan initiated?
 - Which patients have fallen and when?
- Use this information to help you to know and communicate important information to other caregivers about patients who need to be assessed, who is risk or has fallen and which intervention plan is initiated.

Key Points to Remember:

The Patient and Family Member Education Tool for Fall Prevention was designed to help you to:

- Identify patient-specific fall & fall-related injury risk factors
- Talk with patients and family members about their specific risk factors
- Help to engage the patient/family in participating in a fall prevention plan based specifically on their risk factors



This content has been based on
a quantitative analysis of current fall metric data,
observation, focus group, and survey data.

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