

Fall prevention: Best Practices for Developing an Inpatient Program to Prevent Older Adult Falls After Discharge (2021)

About the Guideline

- This guideline highlights 10 steps to incorporate a STEADI (Stopping Elderly Accidents, Deaths, and Injuries) safe mobility and fall prevention strategy into inpatient workflow and scientific practice.
- The goal is to stop falls throughout the course of hospitalization, to set the stage for higher collaboration with external healthcare personnel for post-discharge care, and to decrease the risk of falls after hospital stays.

Key Considerations

Become familiar with the recommendations and best-practice statements provided in this guideline, especially if you work in an acute care or inpatient setting.

Step 1: Assess Existing Inpatient Fall Prevention Activities and Readiness for Change

- Determine what inpatient staff are already doing to intercept falls among hospitalized older adults.
- Identify who is currently involved in fall prevention, which elements (screening, assessment, or intervention) of a fall prevention program are currently being implemented, and which aspects are adequately received by staff and patients.
- Assess and compare the hospital and individual inpatient cultures.
- Investigate the readiness of staff to adapt to new initiatives or clinical practice.
- Explore doable obstacles that teams may face in altering the tradition of fall prevention.

Step 2: Identify Inpatient Champions and Interprofessional Team Members

- Consider the following personnel as attainable champions
 - A geriatrician, or geriatrics-trained provider
 - A quality improvement leader
 - A physical therapist, an occupational therapist, or a pharmacist with geriatric certification
- Interdisciplinary prevention program team members may include the following individuals:
 - Pharmacists
 - Physicians and advanced practice providers
 - Nurses (direct care, managers, educators)
 - Unlicensed assistive personnel
 - Social workers, case managers, discharge planners
 - Electronic health record (EHR) analysts
 - Nutritionists
 - Patient advocates or representatives

Step 3: Obtain Leadership Support

- Include wording in your fall prevention plan that aligns with organizational goals.
- Incorporate quality measures to calculate fall rates and fall-related injuries.
- Keep leadership informed during all stages of program development to increase awareness of developments and successes.

Step 4: Identify and Link with External Partner Resources

- Maximize technology use.
 - Create a list of community resources to include in your EHR discharge summary.
 - Include fall prevention tips in the discharge summary.
 - Aim to integrate communication with community providers into the EHR for appointment and follow up scheduling prior to discharge.

Step 5: Adapt EHR Tools

- Explore what fall prevention modules are available and can be incorporated into your EHR system.
- Create a best-practice advisory alert for fall risk precautions and to flag patients with a fall history.

Step 6: Identify Team Members' Tasks

- Assign team members responsible for specific tasks based on their roles and expertise.
- Develop direct communication channels between team members and other staff to increase collaboration and engagement.

Step 7: Conduct Safe Mobility and Fall Prevention Training for Team Members

- Assess which training strategy will be most beneficial (individual versus group training).
- Obtain team member support.
- Coordinate time for training.
- Plan and implement the training sessions.
- Add safe mobility and fall prevention training to new employee onboarding.
- Provide refresher training on a regular basis.

Step 8: Develop Implementation and Monitoring Plans

- Implementation
 - Prioritize any gaps or urgent needs in the hospital and inpatient units.
 - Engage the team to determine realistic, feasible goals.
 - Develop nurse-driven pathways that facilitate interdisciplinary action.
 - Begin small and address barriers before expanding.
 - Obtain and encourage open communication and feedback regularly to improve the plan.
- Monitoring
 - Coordinate with EHR analysts to provide outcome and adherence data.
 - Utilize a standardized improvement method approach (Plan-Do-Study-Act).
 - Have regular team meetings to review feedback, determine changes, and evaluate team members' satisfaction with the program.
 - Survey caregivers and patients about satisfaction with the program.
 - Maintain targets that are feasible and measurable.

- Evaluate long-term sustainability.
 - Evaluate processes and availability of the team to continue effort.
 - Routinely update targets as appropriate.
 - Provide updates to leadership to showcase successes and maintain support.

Step 9: Identify Reimbursement and Quality Improvement Opportunities

- Identify specific inpatient codes and reimbursable fall prevention and safe mobility services.
 - This includes time-based coding for education and care coordination, and evaluation and management codes for specific fall risk factors.
- Consider assigning a team member as a quality champion to lead the quality improvement effort.

Step 10: Document the Individualized Care Plans for Your Patients

- Document patient goals and priorities for safe mobility and fall prevention.
- Create a checklist the patient can use to review interventions, rationales, and contact information for referrals and resources.
- Identify signs and symptoms the patient should report to their primary care provider (PCP).
- Utilize the EHR to communicate fall prevention interventions across specialties, settings, and to the PCP.

Reference

Rogers, S., Haddad, Y.K., Legha, J.K., Stannard, D., Auerbach, A., & Eckstrom, E. (2021). *CDC STEADI: Best practices for developing an inpatient program to prevent older adult falls after discharge*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/steady/pdf/steady-inpatient-guide-508.pdf>