MDS Alert

In The Spotlight: Heritage Enterprises Inc.

Use The MDS To Keep Residents On Their Feet

The best fall management programs balance resident autonomy and mobility with safety by using the MDS as a guide every step of the way.

That's the inside secret to **Heritage Enterprises Inc.'s** successful fall management program, which touts five quarters of continuous reduction in falls even though Heritage's restraint use is below the state average.

Follow Heritage's lead in pulling off this feat:

1. **Coach the MDS team on the MDS definitions of a fall**. "Any time the resident experiences any change in a surface level, whether witnessed or not, the facility codes a fall," reports **Nancy Annegers**, field nurse for Heritage Enterprises. The facility counts these events as falls even if they are a planned or accepted activity due to restraint-reduction programs.

   "We interpret our QIs in the context of the facility's intensive effort to code every single change in level of surface -- every roll from a low mat to the floor using the RAI Manual clarifications as the guidelines," explains Annegers. (For MDS coding instructions for falls, see, "Don't Take A Fall For Miscoding Falls On The MDS").

2. **Encourage a non-punitive culture where staff feels safe reporting falls.** Your facility won't get a true picture of how many residents are falling -- along with when, where and why falls are occurring -- if staff don't feel safe reporting falls that might have been due to a faulty transfer technique or other problem, Annegers notes.

   Once you have an accurate picture of falls occurring in the facility, you can compare your quality indicator for fall-related injuries to the number of falls meeting the MDS definition.

3. **Use software to track falls and related injuries.** Heritage Enterprises uses the Care Watch software program to produce a number of "watch pages" for many different MDS items, including falls and fractures. The information is "extremely helpful from a risk management perspective," Annegers notes. The software also allows Heritage Enterprises to spot trends in falls at both the facility and corporate level.

4. **Steer clear of a "one size fits all" fall prevention program.** Instead, the interdisciplinary team evaluates each resident and his/her risk of falling on an individual basis by using the MDS, RAPs and Resident Assessment Instrument user's manual guidelines as their standard.

   "We encourage our facilities to individualize approaches within the structure of our basic protocols," reports **Sandra Mitchey, LNHA**, manager, clinical software, training and support for Heritage.

5. **Perform comprehensive preadmission assessment of falls risks.** Heritage nursing staff obtain as much information about the resident's prior history and patterns of falls before he ever steps foot in the facility. "We want to know the person's gait pattern, his/her toileting pattern, and any history of falls and fall-related injuries," explains **Vicki Beid, RN**, vice president of nursing. "Those are the biggest early indicators of fall risk." The facility then uses the assessment to develop a pre-emptive fall prevention plan and get the necessary equipment in place, such as a low bed or bed alarm.

6. **Implement an investigative protocol for falls.** When a resident falls, staff document the time and any causative

factors involved, including external factors and medical issues. The interdisciplinary team then jumps on the care plan immediately to revise it as needed to prevent another fall.

7. **Use discretely placed picture boards in residents' rooms to give staff a heads-up on a resident's needs for transfer assistance and other care requirements.** "We use a symbol to indicate the person's transfer status -- whether independent, one-person assist, assisted stand or full lift," explains Bied. The picture boards prove to be a special boon to temp staff who may not be familiar with the resident's functional abilities.

8. **Consider implementing a no-lift policy to enhance risk management.** In August 2001, Heritage implemented its no-lift policy -- primarily with employee safety in mind. But administrators soon learned that the policy also decreased the number of resident falls, reports **Paul Williamson**, benefits manager for Heritage. Staff use either a standing or full lift for residents who require more than a two-person assist, except in rare cases. "One staff person can operate the assisted lift stand but two staff members operate the full lift," Williamson explains. Editor's Note: Read more about Heritage's best practices no-lift program on the Occupational Safety & Health Administration's Web site at http://www.osha.gov/SLTC/ergonomics/heritage.html.

9. **Continuously monitor fall trends and promptly investigate an increase in falls and/or fall-related injuries.** View fall trends in the context of the facility's case-mix population, advises Sheridan. "Variances may be due to the continually changing patient population" at a facility, notes **John Sheridan** with Care Watch. "For example, Heritage follows a progressive care model where people transition from here to other settings, including assisted living and home," he says.