

## QUALITY HEALTH STRATEGIES

**Moderator: Pamela Kane**  
**April 16, 2013**  
**8:01 am CT**

Operator: Ladies and gentlemen, thank you for standing by. Welcome to the NNHQC Collaborative Conference Call. During the presentation all participants will be in a listen-only mode. Afterwards we'll conduct a question and answer session. At that time if you have a question, please press the one followed by the four on your telephone. If at any time during the conference you need to reach an operator, please press star zero. As a reminder this conference is being recorded Tuesday, April 16th, 2013.

I would now like to turn the conference over to Pamela Kane, Quality Improvement Consultant. Please go ahead ma'am.

Pamela Kane: Thank you (Ahmed) and good morning everyone. It's Pam from Del Marta and we're here for the conference to review how to use the Falls tracking tool. For those of you who have picked Falls as one of your quality measures and for those of you who just like the tool and wanted to use it to track your falls.

For those of you who were at the learning session, we did review this very briefly but we wanted to offer this time for anyone who is new to Excel or

new to the Falls data collection tool to give them a chance to see the tool in action.

So you should be seeing my screen which I have the Falls data collection tool open. And it is an Excel spreadsheet. So if you've ever opened an Excel, it'll look very similar in that it has columns and rows. But everything is already set up for this Falls data collection tool and I'll give you plenty of time at the end if you have any questions.

Just like any Excel program it has several folders. Down at the bottom of your screen the first tab or folder is the instructions for the tool. The second tab is the data collection table and this is what you'll be using the most. Then there is a tab that will graph your falls versus your falls with injury each month and this will automatically happen and I'll show you how that happens - just the Falls collection tool and then the circumstances - and we'll talk about those as well - will be bar graphed.

So let's go to the data collection table because that's what you'd be using the most. And the pale yellow columns that you see are where you'll be inputting your data and the white column form is already set up to automatically calculate your rate. So let's just put in some dummy data and see how it goes.

If you want to put in the number - the first column is the number of falls that happened that month. And in any Excel you just click on the box that you want to put the information in. As you see, I'm just clicking and it sort of highlights it so you know where you are in the tool.

So for January of this year, number of falls - and say there was 24 in this facility. Now there was only one injury. And we're talking about serious

injury - not a slight skin tear or slight bruise. So you want to count serious injuries there. And then you would put in your monthly census.

So let's say this is 110 bed home and they were full for the month. Their average census was 110. You can see that the tool will automatically calculate your falls rate and your falls with injury rate for you. So let's go ahead and put in some dummy data for February. And we'll say that they were not quite full that month and for March. And I'll put in 20 here. And we had zero injury that month and an average census of 108.

And as you can see, as we go along it will automatically calculate again your falls rate and your injury rate each month. Now to the right of the red line you see here - this area is meant for you to at least start looking critically at your data. It is a breakdown and again, this is very high level breakdown of looking at where and when your falls are occurring.

So of those 24 falls that occurred in January, how many occurred either while transferring or when the resident was in a bathroom? How many were out of bed falls? How many were falls from a chair or a wheelchair, while walking or any activity, occurred during the weekend, occurred during an off shift and then there's an other column as well.

So this is not meant to look at every possibility that there is for falls. It is meant to again just start looking at what is going on with our falls rate and give you some high level analysis of what's happening.

So let's put some numbers in here and say seven and I'm not going to make sure each one adds up perfectly and they may not because you could have something that was sort of from the bed and a chair and, you know, while they were walking and then, you know, got to a chair. So you have to use your

judgment there. But we'll put some numbers in. I want to show you what the tool will do.

So we'll give some numbers of when this is happening and you want to think about other things that may be more appropriate to look at in your facility. These are not meant to, again, be everything that you would want to look at. This is just meant to give you a beginning of what you'd want to analyze.

Once you have all of your numbers in, the rest of the Excel sheet will automatically graph this data, your rates and this data. So if you click on falls down at the bottom here - again, I'm looking at the tab - falls versus falls with injury - you can see that this fake nursing home has a nice trend where their falls are going down and their falls with injury are staying pretty low. If you want to just look at falls it will also graph just the falls and then here's the circumstance graph which gives you a shot of, you know, what may be happening at that level.

Let's go back to the data table. This area here again is just the beginning. You want to start thinking about other things that may contribute to your falls. I have some nursing homes already looking at tracking people with dementia that have fallen, people that have had infections if that's causing more falls, new medications they're, you know, tracking if anybody has had any new medications. People who are on antipsychotic medications to see what is - who is having the most falls and what they can do to prevent those falls.

This data graphing can be a good way to share your data with your team. You can bring this to your quality improvement meetings. You can print out this data and post it whether this is a unit that you're following falls on or the whole facility. You can go back to your data collection table and if you want

for yourself, individual units can track their falls rate. And again, they would just put their monthly census in.

For those of you who are sharing your data with us, if you have picked falls as a quality measure you would send us your facility information. But this graphing data can be shared with teams so that they know how they're doing and towards your goals to reducing your falls.

It can also be a good discussion point at meetings - at staff meetings to see what we can do to try to improve and even this data can be shared to see if they have any ideas of why certain times or certain circumstances may be higher.

So we get back to the data table and as you go along you will complete and this graph will just continue to fill in as we go through. So that is the basic review of how to put your data into the Falls data collection tool. It has some instructions that will remind you that you only put data in the yellow columns. And I am going to have them open this up for questions to see if you guys have specific questions about how to complete this and how to track your data using those graphs.

So (Ahmed) if you could open the lines, that would be great.

Operator: Certainly. Ladies and gentlemen, if you'd like to register a question, please press the one followed by the four on your telephone. You'll hear a three tone prompt to acknowledge your request. If your question has been answered and you would like to withdraw your registration, please press the one followed by the three. If you are using a speakerphone, please lift your handset before entering your request. Once again to register for a question, press the one four. One moment please for the first question.

Ladies and gentlemen as a reminder to register for a question, press the one four. And we have no questions from the phone lines at this time. Thank you.

Pamela Kane: Alright, thanks guys. I hope that if you do have questions do not hesitate to call your quality improvement consultant and we can certainly go over this again if we need to. It is a fairly simple tool. We try to keep it burdensomeless as you know that is our goal. But it will help you track your falls rate, see how you're doing, for trending your rate and again, this right side is meant to be just that first high level review of what's going on with falls.

You may want to break it down by unit. You may want to break it down further by time of day and consider all the other circumstances that may be a factor in your falls - especially as you review each of your falls. It is recommended and considered best practice to do a review of each fall and see what you could have done to maybe prevent that fall. So you can get information from those reviews as well to help you decide what are the trends that you're having that may increase your falls rate. And then you can decide what you may want to change or put in place to help decrease that falls rate.

So I'm going to check one more time to make sure there's no questions.

Operator: We have no questions. Yes, we have no questions.

Pamela Kane: Okay, thank you very much. No questions, okay. Well I told you guys it would probably be only 15 minutes if you didn't have a lot of questions and I'm going to let you go. And if you have any questions, don't hesitate to call your quality improvement consultant. Thanks so much for joining us this morning.

Operator: Ladies and gentlemen, that does conclude the conference call for today. We thank you for your participation and ask that you please disconnect your lines.

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