**“Falls Reduction” Part 1**

**VA National Center for Patient Safety**

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**Time − 6:43**

**Participants**

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**Interviewer**

**Joe Murphy, APR, M.S.**

VA National Center for Patient Safety, Ann Arbor, Mich.

**The Transcript**

**Music Builds**

Joe

This podcast is being brought to you by the VA National Center for Patient Safety. I’m you host, Joe Murphy, public affairs officer.

My guests are Pat Quigley and Julia Neily. As Associate Director, VISN 8 Patient Safety Center of Inquiry, Pat leads many of the center’s fall and injury reduction efforts.

Julia is Associate Director for the VA National Center for Patient Safety’s Field Office, and has been involved in many quality improvement initiatives.

Both have authored or coauthored numerous articles on a wide range of patient safety issues,

given conference presentations, and recently worked together to revise and update the Falls Toolkit.

Falls reduction is a critical aspect of VA’s patient safety program.

Pat and Julia joined me on a conference call to discuss this important issue.

So Julia, can nurses, alone, effectively prevent falls?

**Music Fades**

Julia

They really can’t. Fall risk factors are too complex and multi-factorial. And the overall fall approach is really designed based upon the evidence that confirms that a multi-factorial assessment is required and an interdisciplinary team approach.

It’s really what we promoted within the VA through the “Breakthrough Series” that we’ve done. We’ve really recommended that people employ and work together with physical therapists, occupational therapists, nurses, physicians, and nursing assistants. All levels and all providers working together and really having a strong relationship with each other and with the patient to prevent falls.

Joe

So Pat, what is your response to the question that Julia just addressed?

Pat

Thank you Joe for the opportunity to also comment. Julia was right on in relationship to what we need to do effectively prevent falls and why nurses cannot deal with it alone. And I think unfortunately, in many health care organizations, they assume that nurses can deal with it alone.

But a clear example of why nurses cannot deal with it alone is that so many falls occur because of problems with gait, balance and mobility. And that’s why there is a group of people – physical therapists, rehabilitation services staff – that that is their area of expertise.

So that’s a clear single example of why you need to have an interdisciplinary team; another team member to help identify risk factors and get them treated. Because physical therapists can help identify gait and balance issues and actually design plans of care to eliminate or mitigate those risk factors.

Julia

Pat, you brought up a really great point that I didn’t mention earlier, which was that value and importance of pharmacy and physicians; the prescribing providers examining the medications that patients are on that would increase their risk to fall and have fall-related injuries.

That’s a really important additional reason for an interdisciplinary team approach; that nurses, alone, they cannot prescribe, staff nurses on the floor, so it would be really important to involve these other providers to address the medication-related issues.

Joe

So, Pat, why has the VA focused primarily on protection from fall injuries rather than falls?

Pat

Thank you Joe, that’s a really great question as well. In the Department of Veterans Affairs, our patient population is adults and, predominantly, men. But with an adult population, we accepted a long time ago that you cannot prevent all falls.

We have people who are going to get up without us; are not going to call for help. So we embraced that assumption that anyone could fall anytime in our care – people are going to get up without asking for help and accidents happen.

So our commitment has been, for over a decade, for almost two decades, essentially, is that if someone was to fall in our care, we do not want them to get injured. And that’s why our “zero,” or marker of success for keeping people safe in relation to falls and falls injury, is that they do not get injured if they fall.

So injury reduction, preventing injuries, has been the primary outcome in the Department of Veterans Affairs. Because you know what, Joe, it’s injuries that result in loss of function or loss of life. And even though many organizations will be looking at how they reduce serious injuries, for us it has been a commitment to reduce any injury, because even a mild injury – even one that someone thinks that might have very little impact can be really grave for people – especially older people.

With older people, when they fall – our older Veterans, even men or women – a minor injury can be grave. You know, with a low distance, low velocity fall, even without a head strike in older people, they can still have bleeds that can occur, slight bleeding around their brain, and with those micro-tears that occur, they can have a delayed onset of subdural; they could have mild traumatic brain injury that occurs.

So for us, we have made a commitment of very robust and rigorous commitment to make sure that if people do fall in our care, that they don’t have injury. Any serious injury, any level of injury, we want to protect them from injury. And that’s what sets us apart; the Department of Veterans Affairs. Because that means to meet that goal, we have be implementing injury reduction strategies since 2004 through the launch of our national falls toolkit.

When we first launched that toolkit in 2004, we were the first to actually integrate floor mats for reducing injury; hip protectors for people at risk for hip injuries. No one else had done that in health care in the United States of America. So in this great country, we, the Department of Veterans Affairs, has really been the leader in injuries if someone was to fall.

So that is why that has been our primary outcome. Again, it’s injuries that result in loss of function or loss of life. And because of our work, that has been integrated into many of the toolkits that came out since ours in 2004, whether it’s the Agency for Healthcare Research and Quality, or the Institute for Health Care Improvement. Any of those toolkits that you will now are really focusing, as well, on injury reduction. So the Department of Veterans affairs has taken great leadership in this area.

**Music Builds**

Joe

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