Webinar: Sept 5, 2019
Using Video Review to understand the top cause of residents found on the ground

Presented by:

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AGENDA

1. Statistics on AI detected falls on video
2. Most common reasons or influencers
3. Actual fall stories
4. Post fall interventions
5. Review lessons learned
Statistics | AI detected “on the ground”

<table>
<thead>
<tr>
<th>Fall Severity</th>
<th>% of Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentional w/ Recovery</td>
<td>33%</td>
</tr>
<tr>
<td>Intentional w/o Recovery</td>
<td>27%</td>
</tr>
<tr>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>2</td>
<td>6%</td>
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<tr>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td>4</td>
<td>7%</td>
</tr>
<tr>
<td>5</td>
<td>4%</td>
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</tbody>
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Note: Data represents 1,000 falls since April 2019 - August 2019.

Fall: Any **unintentional** change in position where the individual ends up on the floor, ground, or other lower level. Severity levels defined:
- 1 – Near Fall: Resident almost goes to the ground.
- 2 – Self-Recovery: Resident is on the ground but self-recover. “Silent falls”
- 3 – Minor: Resident is on the ground and unable to self recover with no injuries.
- 4 – Moderate: Resident is on the ground and unable to self recover with possible injuries.
- 5 – Severe: Resident is on the ground and unable to self recover with traumatic injury to head or other body part.

Intentional Self-Lower: Any **intentional** change in position where the individual ends up on the floor, ground, or lower level **without injury**.

Self-recovery: An event where the individual is able transfer themselves from the ground to any other position off the ground **without assistance**.
Most common reasons:
- They want to leave the room, look for someone.
- They want to go to the bathroom.
- They see / looking for something they need in the room or under the bed.
- They hear something, looking under the bed.

Other environmental influencers to consider:
- Closet door open = 32% of fall videos
- Shoes in line of sight
- Lower tables with TVs or items they need
- Single occupancy vs. double occupancy room
- Lighting = 21% of fall videos the room was dark
- Floor design
When and how?

**Time of Day - On the Ground**

- **Most common ways to self-lower:**
  - Bedrail present = 59%
  - Sliding out of a chair
  - Use of furniture
  - Use of mobile aid
Post fall assessment

For intentionally self-lower without recovery (found on the ground):

- Continue with standard post fall assessment
- Inspect skin for bruises and shearing injury upon discovery especially for those with fragile skin
- Post-fall analysis to include looking for the reason behind the activity:
  - What were they doing before?
  - What are their habits?
Bed Rails

Bed rails are to help are resident with mobility around repositioning or transfer out of bed. They shouldn’t be used to keep them in bed. There are different types:

- **Attached rail.** These are typically attached to a hospital bed.
- **Portable rail.** These can be added to any type of bed. Many have a strapping system to hold in place.
- **Trapeze bar.** These can be attached to a bed or a floor stand. They can help an individual boost themselves or sit up.
- **Transfer pole.** These assist with sit → stand transfers. Not helpful with bed repositioning.
Floor mats can be used when you are concerned that a resident may fall out of bed or a non-ambulatory resident will get out of bed on their own.

- Floor mats create a fall risk for a mobile resident so it is important to weigh the risks and benefits of mat use.
- Floor mats need to be stored when the resident is not in bed.

Types:
- **Standard padded mat.** Thick, tri-fold, surface is soft and uneven. Do not attempt to walk or use wheelchair.
- **Beveled edge.** More firm and easier for mobile residents or wheelchairs/walkers to ride on/off
Create a Safe Environment

Bed Type

Lower bed height can lessen the risk of injury for a resident with a history of falling out of bed.

- **Height-adjustable bed.** Typical hospital beds can be lowered to 15 inches. Lower adjustable beds can be adjusted to a few inches from the floor and can also be raised to a safe working height for caregivers.

- **Fixed lower.** These are lower and non-adjustable. Cheaper but difficult to perform bedside cares and transfer from sit to stand.
Create a Safe Environment

- Other changes:
  - Clear area around bed to avoid entrapment
  - Consider changing wellness check times of day
  - Consider getting them out of bed earlier / toileting timing.
  - Consider getting them into the activity room as much as possible if they are looking to be around others.
Lessons Learned through video

- **Residents want to get out of bed and should be able to**
  - Learn what their needs are for companionship, activities, or just access to items
  - If you know they are safely lowering themselves, make sure the environment is safe

- **Residents that want to get out of bed may not be able to self-recover**
  - Make sure the environment is safe
  - Perform post fall assessment

- **Residents may frequently go to the ground to search for items under the bed or lower shelves**
  - Make sure it’s easier to see under the bed
  - Move furniture or things to make sure accessible

- **Residents living with dementia’s needs change**
  - Mobility may decline – continually assessing functional status and updating care plan
QUESTIONS?
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UPCOMING WEBINARS:
Using video review of falls to elevate care staff training

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Who is SafelyYou?

Staff can see critical moments without requiring any other time be visible.

- No access to live video
- Only recordings of detected falls