A Guide to Managing Falls Risk

A Competency-Based Approach to Reducing Falls

A guide that identifies the knowledge, skill and attitude performed by staff to reduce the risk of falls in long term care settings.

KNOWLEDGE   **SKILL**   **ATTITUDE**

Clinical Practice Committee
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ACKNOWLEDGEMENTS

OF SPECIAL NOTE

As the committee designed this comprehensive guide, it became apparent that besides the intended goal, it could be used by many people in many different ways. The ideas included:

- A guide for a falls program/committee
- A skills gap inventory helping leadership to determine where training dollars could be best spent
- As organizations move toward Quality Assurance/Performance Improvement (QAPI), they can have Quality Committees review and consider areas around which they can develop Performance Improvement Projects (PIPs)
- A systems checklist assuring leaders that working systems are in place

The comprehensive nature of this work requires that it not be swallowed whole, but nibbled on in small bites. Consider how it can be best used in your setting.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The purpose of this guide is to provide a person-centered, competency-based approach to reducing avoidable falls in long term care settings. Knowing and applying the competencies will strengthen staff's ability to reduce resident falls and their associated risks, as well as help staff identify and document medically unavoidable fall incidents. Additional benefits from using this guide will help reduce survey citations associated with resident safety and accidents and will help improve outcomes associated with litigation.

Information used in the guide is derived from a synthesis of the best available research, evidence and regulation on fall events and risk related to the elderly and long term care residents. Recommendations found in the literature were evaluated based on evidence and the frequency with which experts confirmed an approach and risk issues. Competencies were then drawn from the resources and are structured to provide care direction.

This managing fall risk guide is developed using a Competency Based Education (CBE) framework. Training based on the competencies focuses on learning outcomes addressing what the staff are expected to do. The design makes statements of observable and measurable behavior necessary for mastering each competency. These are identified as **K**-Knowledge, **S**-Skill, and **A**-Attitude.

How to Use Competency-Based Education: It's E-A-S-Y!

E – Examine each competency to determine which ones are being met. Use the tool as a checklist.
A – Assess for staff knowledge, skills, attitudes and supporting center operations and practices.
S – Select competencies needing to be mastered (identify gaps) and note what actions are needed.
Y – Yield! Yes, yield to making needed changes and providing training that help your center succeed.

Background

According to the literature, fall events in older people and those that reside in long term care settings are second to medication errors as the most common adverse event. They occur in 30-60% of older adults each year and 10-20% of these events result in serious injury, hospitalization and/or death. Most falls are found to be associated with known risk factors such as weakness, unsteadiness, confused state, or use of psychoactive medication. New and emerging research on sleep quality finds that poor and disrupted sleep significantly contributes to the risk of falls as well.

Knowing the risk factors and responding with innovative solutions will help reduce fall incidents and the associated negative outcomes. This is accomplished through individualized risk identification, care planning and innovative intervention strategies

Holistic Approach to Transformational Change (HATCh) Model

Competencies identified in the guide are grouped into six HATCh Model domains. The domains identify areas of focus and include:

1. Workplace Practice
2. Environment
3. Care Practice
4. Leadership
5. Family & Community
6. Government & Regulatory.

Each HATCh© domain centers on the individual's right to exercise control and autonomy.

COMPETENCIES FOR FALLS RISK

Management Model Version 1.0

DOMAIN	COMPETENCIES
1. Plan & Improve Care Practices for Fall Risk Management	**Focus is on the resident** Competency 1.1 Demonstrate an understanding of risks that lead to falls Competency 1.2 Demonstrate effective fall prevention strategies Competency 1.3 Employ effective sleep strategies Competency 1.4 Review residents' personal habits and life styles that may contribute to falls Competency 1.5 Support residents with especially high risk for falls
2. Maximize Personal Performance to Minimize Fall Risk	**Focus is on staff** Competency 2.1 Apply skill in managing fall risk Competency 2.2 Apply skill in effective equipment use, assistive devices & placement Competency 2.3 Communicate information effectively Competency 2.4 Apply Self-Governance Competency 2.5 Demonstrate effective investigation strategies
3. Create a Culture of Environmental Safety	**Focus is on environment** Competency 3.1 Establish environmental awareness Competency 3.2 Participate in the organization's efforts to manage fall risk and serious injury Competency 3.3 Integrate all staff into fall risk management
4. Model Leadership	**Focus is on leaders** Competency 4.1 Establish an effective fall risk management program by improving outcomes performance by using a QAPI process Competency 4.2 Sustain fall risk management strategies and initiatives Competency 4.3 Enable others to act Competency 4.4 Sustain the fall risk management efforts Competency 4.5 Demonstrate effective, timely event reporting
5. Engage Family & Community	**Focus is on families & community** Competency 5.1 Engage family in fall risk management care Competency 5.2 Demonstrate engagement of community care partners
6. Observe Regulatory Mandates	**Focus is on regulatory requirements** Competency 6.1 Demonstrate effective accident mitigation strategies as defined by regulation Competency 6.2 Evaluate accidents and outcomes through QAPI process Competency 6.3 Employ supervision and assistive devices to manage falls and serious outcomes

COMPETENCY MAP

CARE PRACTICES	WORKPLACE PRACTICES	ENVIRONMENT	LEADERSHIP	FAMILY & COMMUNITY	REGULATORY
Plan & improve care practices for fall risk management	Maximize personal performance to manage fall risks	Create a culture of environmental safety	Model leadership	Engage family and community	Observe regulatory mandates
5 Competencies	5 Competencies	3 Competencies	5 Competencies	2 Competencies	3 Competencies
29 KSA	20 KSA	11 KSA	24 KSA	16 KSA	18 KSA

DOMAIN 1: CARE PRACTICES

Plan and Improve Care Practices for Fall Risks

Definition: refers to the contributions and activities of all staff to protect residents from falls and injury through individualized care

	K Knowledge	S Skill	A Attitude
Competency 1.1 Demonstrate an understanding of risks that lead to falls *Staff will/ can:*			
1. Identify medications that may contribute to falls and fall risks	X		
2. Investigate resident's personal history of falls		X	
3. Identify problems with vision, postural hypotension, cognitive impairment, neurological function, ADL performance, pain, urinary urgency and incontinency, weakness and balance issues	X	X	
Resources: Panel on Prevention of Falls in Older Persons: Summary of the Updated American Geriatric Society/British Society Clinical Practice Guideline, JAGS 2010			

Tools:
    Medications and Falling: What You Don't Know Can Hurt Your Patient (PowerPoint) A. Barber, 2013 Medication Review to Reduce Falls Risk
    Falls Management Flow Chart - http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxman4.html
    Falls Management Program Case Study - http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanapc.html			

	K Knowledge	S Skill	A Attitude
Competency 1.2 Demonstrate effective care planning to reduce the risk of falls *Staff will/ can:*			
1. Verify the need of adaptive equipment			X
2. Demonstrate the ability to use adaptive equipment		X	
3. Recognize risk and benefit of assistive devices and use them only after thorough individual assessment and that other less restrictive interventions have been reviewed	X	X	X
4. Encourage a customized exercise program		X	
5. Recognize the need for adequate sleep and where clinically assessed appropriate, permit minimally 4 hour period of uninterrupted sleep	X	X	
6. Investigate the possibility administration of vitamin D supplements	X	X	
7. Evaluate fall risk and interventions to decrease fall risk	X	X	

Resources:			
Fall-Associated Activities of Daily Living in Functionally Independent Individuals Aged 65 to 69 in the U.S.: A Cohort Study, JAGS 61:96-100, 2013 MDS, Section J1700			
Low Abdominal Fat Stores in Older Women Tied to Higher Fracture Risk. Journal of Clinical Endocrinology & Metabolism, April 2013			
Obesity and Facture in Men and Women: An Epidemiologic Perspective, Journal of Bone & Mineral Research, December 2011 - http://onlinelibrary.wiley.com/doi/10.1002/jbmr.1486/pdf			
Tools:			
RAI Manual for MDS 3.0, Appendix C - Care Area Assessment (CAA), #11 Falls			

	K Knowledge	S Skill	A Attitude
Competency 1.3 Employ effective sleep strategies *Staff will/can:*			
1. Arrange for the resident to have a minimum of 4 hours of uninterrupted sleep per night unless clinically contraindicated		X	X
2. Consider the amount of fluid intake before sleep time	X		
3. Recognize and correct factors that interfere with sleep	X	X	
4. Protects the resident's sleep by eliminating turning and repositioning if assessed appropriate	X	X	X
5. Reduce noise and lighting during sleeping hours	X	X	
6. Adopt a care routine to support natural wake-up times		X	X
7. Encourage resident participation in activities throughout their wake time to limit excessive napping		X	
8. Manage pain to eliminate sleep interruption	X	X	
9. Effectively utilize CPAP equipment	X	X	
10. Recognize importance of CPAP equipment, if prescribed, to ensure quality sleep	X		
11. Recognize the connection between toileting programs and quality sleep	X		
12. Recognize the importance of time of day for caffeine and other medications	X		
13. Recognize the need to avoid sleep medications to reduce risks associated with poly-pharmacy	X		
14. Recognizes that diuretics should be given in the morning only so that sleep is not interrupted	X		
15. Assure roommate compatibility regarding night time routine		X	X
Resources: Alarm Elimination & Fall Reduction (PowerPoint), Guildermann, 2013 Sleep Helps Older Women Prevent Falls, Archives of Internal Medicine, September 8, 2008 Sleep: The Best Medicine for Elders (Literature Overview) Shell, 2013			

	K Knowledge	S Skill	A Attitude
Competency 1.4 Review resident's personal habits that may contribute to fall risks *Staff will/can:*			
1. Assess for fear of falling		X	
2. Identify sleep disturbances and sleep length	X		
3. Arrange resident's personal items to reduce the risk of falls		X	
4. Utilize proper footwear in good condition and fit	X		X
5. Anticipate routine needs	X		

	K Knowledge	S Skill	A Attitude
Competency 1.5 Support residents with especially high risk for falls *Staff will/can:*			
1. Employ additional vigilance strategies determined by QA Committee		X	X
2. Monitor individual for at least 72 hours after a fall and then check for evidence of change and late complications		X	X
Resources: http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxman1.html			

A Guide to Managing Fall Risks

DOMAIN 2: WORKPLACE PRACTICES

Maximize Personal Performance to Manage Fall Risks

Definition: Refers to the responsibility of staff to engage in meaningful education and activity to manage fall risks

	K Knowledge	S Skill	A Attitude
Competency 2.1 Apply skill in managing fall risks *Staff will/ can:*			
1. Solve issues related to using mobility equipment in resident's room/bathroom		X	
2. Appraise resident's ability for use of mobility equipment	X		
3. Solve problems related to resident's adherence to mobility equipment use	X	X	
4. Recognize injury risk associated with the use of physical and chemical restraints	X		X
5. Show evidence of being able to anticipate a fall event	X		

	K Knowledge	S Skill	A Attitude
Competency 2.2 Apply skill in effective equipment use & placement *Staff will/ can:*			
1. Understand that equipment is properly adjusted/tailored to the person and his/her needs	X	X	
2. Operate equipment with safety and efficiency	X	X	X
3. Demonstrate safe & effective use of lifts	X	X	X
4. Demonstrate the use of care assistance when needed	X	X	X
5. Recognize importance of call light accessibility & placement	X	X	X
6. Recognize that all equipment has a preventive maintenance plan	X		

	K Knowledge	S Skill	A Attitude
Competency 2.3 Communicate information effectively *Staff will/ can:*			
1. Participate in stand-up/huddle meeting to share identified fall triggers		X	X
2. Demonstrate use of INTERACT tools (Stop & Watch, Change in Condition File Cards for reporting falls, fractures and dislocations)	X	X	
3. Demonstrate use of SBAR or CHAT for Falls, Confusion, Blood Pressure, Dizziness/Unsteadiness	X	X	

A Guide to Managing Fall Risks

	4. Communicate to others interventions that were attempted to mitigate falls and fall risk	X	X	X

Resources:
    http://interact2.net/tools.html
    CHAT Resources: http://www.ahcancal.org/quality_improvement/qualityinitiative/Pages/Hospital-Readmissions.aspx

	K Knowledge	S Skill	A Attitude
Competency 2.4 Apply Self-Governance *Staff will/can:*			
1. Recognize when one's own behavior pace and emotions (like hurrying) contributes to increase resident fall risk		X	X
2. Plan and organize care time to allow for resident's individual pace	X	X	
3. Recognize when one's own biases and concerns prompt the unnecessary use of restraints, bed and chair alarms, and other restrictive devises	X	X	
4. Respond to call bells	X	X	X

	K Knowledge	S Skill	A Attitude
Competency 2.5 Demonstrates effective investigation strategies *Staff will/can:*			
1. Review with resident and witnesses events immediately leading up to the fall	X	X	
2. Interpret clues from fall scene to determine cause		X	
3. Demonstrate ability to follow centers' investigative process	X		X

Tools:
    Tracking Record for Improving Patient Safety - http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanapb2.html

DOMAIN 3: ENVIRONMENT

Create a Culture of Environmental Safety

Definition: Refers to the responsibility of all to ensure that the environment of care, LTC setting and home, reflects the individual's preferences while maintaining safety

	K Knowledge	S Skill	A Attitude
Competency 3.1 Establish environmental awareness *Staff will/can:*			
1. Demonstrate attention to and correction of environmental trip/slip hazards and furniture placement	X	X	
2. Attend to noise that affects resident sleep		X	
3. Recognize and attend to sources such as lighting from hallways, TVs, clocks, that affect resident sleep		X	
4. Appraise flooring material, surface and wax for contribution to fall injury	X	X	
5. Consider proper placement of transfer and grab bars	X		
Resources: Dual-Stiffness Flooring: Can it Reduce Fracture Rates Associated with Falls, JAMDA, 14, Brief Report, 303-305, 2013			
Tools: Nursing and Engineering Inspection List - http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxman6.html Falls Engineer Instructions - http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanapd.html			

	K Knowledge	S Skill	A Attitude
Competency 3.2 Participate in the organization's efforts to manage/mitigate falls and serious injury *Staff will/can:*			
1. Demonstrate skills learned at fall and equipment use and care in-services		X	
2. Demonstrate ability to use assistive devices and techniques effectively		X	
3. Offer expertise and ideas for ongoing problem-solving		X	X
4. Work effectively with partners to improve care to individuals having fall risk		X	X
5. Demonstrate ability to utilized gait belts during transfer and ambulation activity		X	X

	K Knowledge	S Skill	A Attitude
Competency 3.3 Integrate all staff into falls management *Staff will/can:*			
1. Engage all staff in falls management education beginning in orientation	X	X	X
2. All staff share in the responsibility of the timely response in containing spills, and bringing attention to other floor debris			X
3. Establish specific responsibilities for housekeepers, like attention to floor debris (solid and liquid), placement of floor mats, use of wet floor signs and other trip/slip hazards	X	X	
4. Housekeepers secure their cleaning supplies in a secured setting.	X		X
5. Establish specific responsibilities for maintenance, like placement of electrical equipment and extension cords and inspections of furniture and equipment, flooring, lighting, etc. to identify hazards and complete repairs	X	X	

Tools:
    Information for Training Staff, Primary Care Providers, Residents and their Families
        http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxman5.html			

A Guide to Managing Fall Risks

DOMAIN 4: LEADERSHIP

Definition: Refers to the ability of leaders to create a vision of a safe environment through engagement, sustainability, modeling behavior and enabling others to prevent falls.

	K Knowledge	S Skill	A Attitude
Competency 4.1 Establish an effective fall risk management program by improving outcomes performance *Leaders will/can:*			
1. Promote fall risk management		X	
2. Show evidence that all staff are competent and trained in fall risk management		X	
3. Assemble and implement a communication plan	X	X	
4. Engage and promotes families involvement in the fall risk plan upon admission		X	
5. Identify fall management as a responsibility of all staff	X		X
6. Evaluate staff on safe use of equipment and safety techniques	X	X	
7. Review and respond to reports and safety problems	X	X	
Resources: http://www.ahrq.gov/professionals/systems/long- term-care/resources/injuries/fallspx/fallspxman1.html Falls forms and training materials - http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanapb.html			

	K Knowledge	S Skill	A Attitude
Competency 4.2 Sustain fall risk management strategies and initiatives *Leaders will/can:*			
1. Integrate fall plans into existing workflows	X	X	
2. Incorporate fall risks management activities into existing staff responsibilities		X	
3. Integrate fall risk management care into performance reviews		X	
4. Monitor progress and guide data collection and analysis	X	X	
5. Conduct periodic fall program evaluation	X		X
Resources: http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxman1.html			

	K Knowledge	S Skill	A Attitude
Competency 4.3 Enable others to act *Leaders will/can:*			
1. Identify unit-based champions	X		
2. Empower staff to correct safety problems		X	X
3. Provide safety data to all staff regularly to engage their suggestions and solutions		X	
4. Express the need for responsibility and accountability		X	

	K Knowledge	S Skill	A Attitude
Competency 4.4 Sustain the fall risks management efforts *Leaders will/can:*			
1. Formulate a budget line item to repair safety problems found in the environment and with equipment	X	X	X
2. Provide a small budget to adapt wheelchairs and to attain seating items and specialized equipment	X	X	X
Resources: Falls forms and training materials: http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanapb.html			

	K Knowledge	S Skill	A Attitude
Competency 4.5 Demonstrate effective, timely event reporting *Leaders will/can:*			
1. Evaluate and track fall incidents	X		X
2. Analyze fall incidents and determine root cause		X	X
3. Communicate fall incidents to regulators as required		X	
4. Communicate fall incidents to liability insurer		X	
5. Discuss with family about the incident, seriousness of injury, care plan and outcome		X	
6. Participate with external partners in reporting resident- safety data and resolving event-associated customer complaints	X	X	

DOMAIN 5: FAMILY/COMMUNITY

Engage Families & Community

Definition: Addresses the organization's inclusion of family, friends and community in forming a collaborative partnership

	K Knowledge	S Skill	A Attitude
Competency 5.1 Engage family in fall risks management care *Staff will/can:*			
1. Involve resident's family and significant persons in care planning and fall risk management discussions, including life-long activities		X	X
2. Discuss resident home medication (prescription and OTC) use and handling	X	X	
3. Seek family input related to fall history		X	
4. Seek family support and assistance in promoting strengthening and balance exercises; cane and/or walker use; or other techniques successfully used at home		X	
5. Seek family information on home environmental trip/slip hazards. Show/bathtub access, use of no-slip mats/decals, bathroom grab bars, stairs, use of area rugs, etc.		X	
6. Discuss with individual and family the appropriates of footwear	X	X	
7. Appraise the likelihood of compliance with use of CPAP and other devices encouraging return demonstration	X	X	
8. Engage family in fall risk safety and management strategies on resident discharge to community		X	
9. Assess family understanding of importance of using walkers, canes, wheelchairs, etc.		X	X
10. Discuss issues regarding restraint use with the resident, family and significant persons	X	X	X
Resources: Ways Families Can Help Reduce Falls: http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanapb8.html			

	K Knowledge	S Skill	A Attitude
Competency 5.2 Demonstrates engagement of community care partners *Staff will/can:*			
1. Plan for the individual's care, environmental and safety needs with community placement agencies		X	
2. Organize home and community-based restorative care when needed		X	
3. Arrange appropriate referrals when prescribed		X	
4. Alert community partners of individual's fall history, risks, and outcomes of strategies employed		X	

A Guide to Managing Fall Risks

5. Alert community partners of individual's preferences, regimen, and level of activity engagement		X	
6. Plan for family concern over issues related to not using restraints	X		X

A Guide to Managing Fall Risks

DOMAIN 6: REGULATORY

Observe Regulatory Mandates

Definition: Refers to a community's ability to comply with the regulatory mandate for each individual to experience "the highest practicable physical, mental and psychosocial well-being" by keeping the care center free of hazards and by preventing accidents and harm.

	K Knowledge	S Skill	A Attitude
Competency 6.1 Demonstrate effective accident mitigation strategies as defined by regulation *Staff will/can:*			
1. Demonstrate ability to identify trip/slip hazards (cleaning-up spilled liquids) and immediately eliminate them to support safe and secure environment	X	X	X
2. Sample individuals with a history of falls to determine if safety and fall risk assessment were completed and appropriate plans of care initiated and information communicated across all disciplines	X	X	
3. Sample individuals at risk to monitor effectiveness of care plan provision to demonstrate adequate supervision	X	X	
4. Show evidence of use of assistive/mobility devices, lifts, transfer aids, bedrails, call lights		X	
5. Monitor resident transfer abilities and identify and use supervision or assistance where needed	X	X	
6. Monitor individuals with impaired physical functioning, balance and gait problems		X	
7. Provide and maintain a secure environment to reduce the risk of negative outcomes	X	X	
8. Monitor drugs that may cause postural hypotension, dizziness, visual changes or changes in mental awareness	X	X	
9. Monitor the effectiveness of safety interventions and modify as needed		X	
10. Demonstrate immediate correction of fall risk or factor contributing to injury		X	

	K Knowledge	S Skill	A Attitude
Competency 6.2 Evaluate accidents and outcomes *Staff will/can:*			
1. Determine the root cause of the fall to select the needed intervention	X	X	
2. Determine if fall resulted from an environmental hazard, unsafe or not properly used equipment, lack of	X	X	X

A Guide to Managing Fall Risks

	K Knowledge	S Skill	A Attitude
3. Show evidence of fall investigation, report and keep current all notes and documentation providing feedback for corrective actions through QAPI		X	
4. Determine the seriousness of harm if injury occurred and communicate to QAPI for corrective action	X	X	
5. Determine the potential for serious harm if injury did not occur and communicate to QAPI	X	X	
6. Show evidence of the IDT documentation that proves fall risk attention through comprehensive assessment, care planning, providing the interventions, and on-going reassessment	X	X	X

	K Knowledge	S Skill	A Attitude
Competency 6.3 Employ supervision and assistive devices to ensure proper functioning of equipment *Staff will/can:*			
1. Provide and maintain assistive devices and equipment (canes, lifts, wheelchairs, walkers)		X	X
2. Operate and keep assistive equipment in accordance with manufacturer's recommendations	X	X	X

A Guide to Managing Fall Risks

APPENDIX 1: MORE ON COMPETENCY-BASED EDUCATION AND HATCh

Competency-Based Education is best described as:

> *"… 'a cluster of related knowledge, skills, and attitudes that affects a major part of one's job (a role or responsibility), that correlates with performance on the job, that can be measured against well-accepted standards, and that can be improved via training and development."*[1]

Training based on the competencies focuses on learning outcomes addressing what the staff are expected to do. The design makes statements of observable and measurable behavior necessary for mastering each competency. This is critical because in order for knowledge to be transferred into practice in any long term care center, staff must have the necessary knowledge, skill and attitude to attain the highest level of performance. All three are required. Below is a further description.

KSA Framework		
Knowledge	**Skill**	**Behavior/Attitude**
What information does staff need to know to attain the highest level of performance?	What skill is required to carry out the knowledge?	What behavior, attitude or objection might staff hold that would prevent them from performing at the highest level?
Information	**Proficiency**	**Objections**
Do they know?	Can they do it?	Are there objections?

Example: On a special care unit, staff would be expected to know how to maximize behavioral strategies. Using this model, "maximize behavioral strategies" would be broken down into observable and measurable behavior that is evident to everyone. (See Tables 3.1 & 3.2)

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[1] A Review of The Art and Science of Competency Models by Anntoinette D. Lucia and Richard Lepsinger published by Jossey-Bass / Pfeiffer, San Francisco, 1999 ISBN 0-7879-4602-8

Domain 3: Maximize Behavioral Strategies *Definition: Refers to the responsibility of each worker to engage effectively and respond appropriately to those with dementia by demonstrating the following competencies*	K Knowledge	S Skill	A Attitude
Competency 3.1 Recognize and respond to unmet needs			
1. Differentiate between problem behaviors and unmet needs	X		
2. Assume responsibility for responding to the individual in need with appropriate interventions	X	X	X
3. Implement innovative action to bring the resident back to a state of well-being		X	
4. Explain interventions that are appropriate for each individual	X		
5. Encourage the engagement of all staff in behavioral interventions (e.g., housekeeping, maintenance, activities)	X		
Competency 3.2 Solve problems related to behaviors			
1. Brainstorm solutions and possible interventions specific to the individual	X		
2. Differentiate among the consequences of specific interventions	X		
3. Maintain willingness to be an active listener to solve problems			X
4. Maintain an open and active dialogue around interventions			X
5. Maintain respect for all suggestions			
6. Contribute to a climate where innovation is highly valued		X	
7. Commit to active research on behavioral interventions through reading, site visits, workshops or other field education	X		

The example above demonstrates the manner in which the framework breaks topics down into:

- **Domains**: a group of competencies
- **Competencies**: the ability to perform a real-world task in a specific context
- **KSA**: these are the task broken down based on whether it is knowledge, skill or attitude
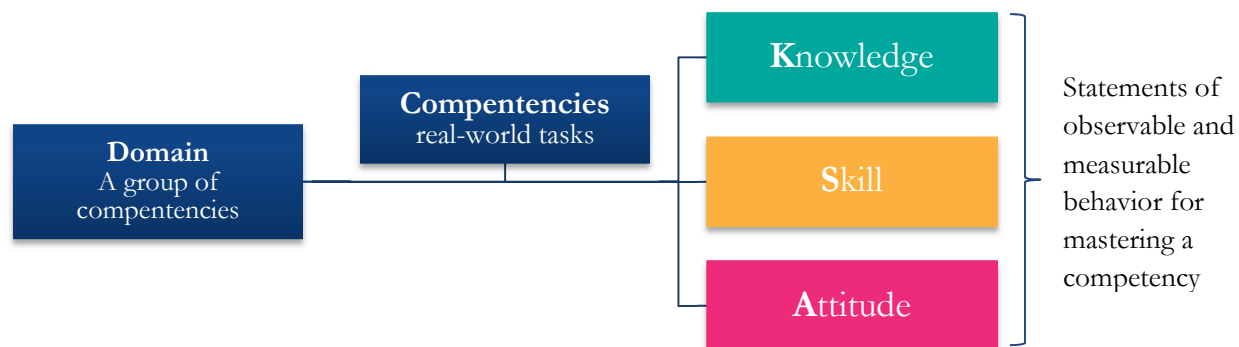
This practical and exciting method is being utilized for nursing education,[2] by the Center for Disease Control, Quality and Safety Education in Nursing (QSEN) to name a few. AHCA looks forward to adding to this framework with a host of educational resources and tools in an effort to support the quality journey of its members.

This Framework is a Guide

To assist you in your efforts, AHCA has designed this framework. It is a guide. It can be used in many different ways but key to its use is the opportunity to view the necessary actions from a competency based perspective. To manage fall risks, these are the competencies that staff would exhibit in their daily work. These are the competencies that an organization would strive to achieve.

Benefits in using the framework:

1. The framework is built based on three key areas: knowledge, skill and behavior/attitude. Use the framework to discover the gap in knowledge, skill or attitude. Based on the competencies described in the framework, leaders can develop strategies to enhance their care of people with dementia.
2. The framework can provide insight when used as a self-assessment.
3. As organizations move toward QAPI they can have Quality Committees review and consider areas around which they can develop PIPs.
4. The framework will have additional educational resources and exercises so that you can train your staff, having meaningful conversations and engage many in the learning process.

There are several ways that this document should not be used:

1. Though specific to fall risk management it assumes key foundational elements of a well-functioning nursing home are in place-leadership, management skills, a relative degree of staff stability, and a robust quality improvement process is in place.
2. It is a big undertaking to manage fall risks consistently and create the systems to support falls management. It is not likely that these can be accomplished quickly. Though some of these activities can reasonably be put in place in that time. Encourage the use of the framework but don't overwhelm staff by expecting it to be accomplished in a short time frame.

Domains for Fall Risks Management

The domains for fall risks management were designed using the HATCh© Model. These domains conveniently and effectively identify the important areas of focus.

What is HATCh©?

Under a Center of Medicare and Medicaid Services (CMS) pilot study to improve nursing home culture, the HATCh© model was developed and successfully tested by Rhode Island Quality Partners. The HATCh approach individualizes care using a philosophy that puts the needs, interests, and lifestyle choices of individuals first. The model supports the individual's right to exercise control and autonomy.

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[2] Best Practices in Education for Healthcare Professionals of the Future Prepared for Hennepin Health Foundation Health Force Minnesota June 2011

HATCh uses six inter-related domains. The heart at the center represents the resident and all of the care and services revolves around them-their schedule, their mood, their ability. The domains offer unique opportunities for focused quality improvement that betters the lives of residents. The domains include Workplace Practice, Care Practices, Environment, Leadership, Family and Community, and Regulatory/Government/Stakeholders. All the domains are interconnected and lead to personal, organizational, community, and systems changes, all of which are necessary to achieve individualized care and optimum results.
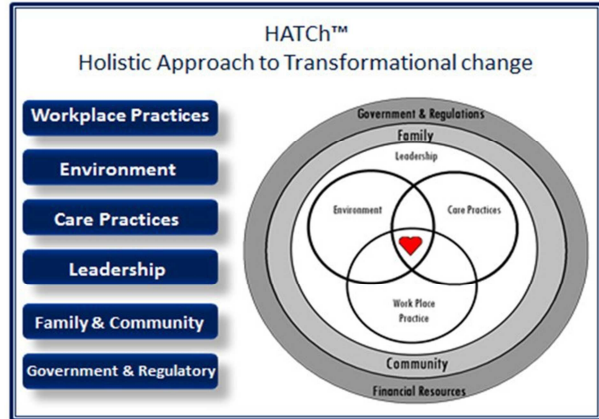
The committee recognized the HATCh model as an effective strategy for the falls work contained within this guide.