

Background

- **Health care providers often feel shame when their patients fall**, and may adopt an excessively custodial approach to mobility (Bernhardt 2004)
- In rehab, **falls can be the natural outcome** for some patients striving to be more **independent and better prepared** for the transition home
- **Definition:** A therapeutic fall occurs during a **higher-risk activity that a patient has chosen to participate in as part of their goals for recovery**, and is different than an unexpected, unanticipated fall (Andreoli 2022)

Aim Statement

- This project promotes patients as critical decision-makers about their mobility through a “therapeutic falls” framework, that is a shift in how providers, patients and families partner and learn from falls
- By Dec 31, 2022 > **10% ABI inpatients** at Toronto Rehab will have the **opportunity for shared decision-making around mobility and risk**

Contact: angie.andreoli@uhn.ca

Methods

- A Gap Analysis was conducted via retrospective chart reviews (10 charts/month June – Oct 2021 and May – Sept 2022)
- Plan-Do-Study-Act methodology was used as the project framework
- **Broad stakeholder engagement** through local Champions and an Advisory Group of patient partners, providers and leaders
- **Interviews, focus groups and surveys** with leaders, providers and patients (n=40) to understand barriers to shared decision-making

Outcome Measures

Number and % of patients who participated in shared decision-making about mobility and risk – as determined through chart reviews

Motor Functional Independence Measure Efficiency

“Therapeutic falls”/month

Process Measures

% of staff who attended education sessions

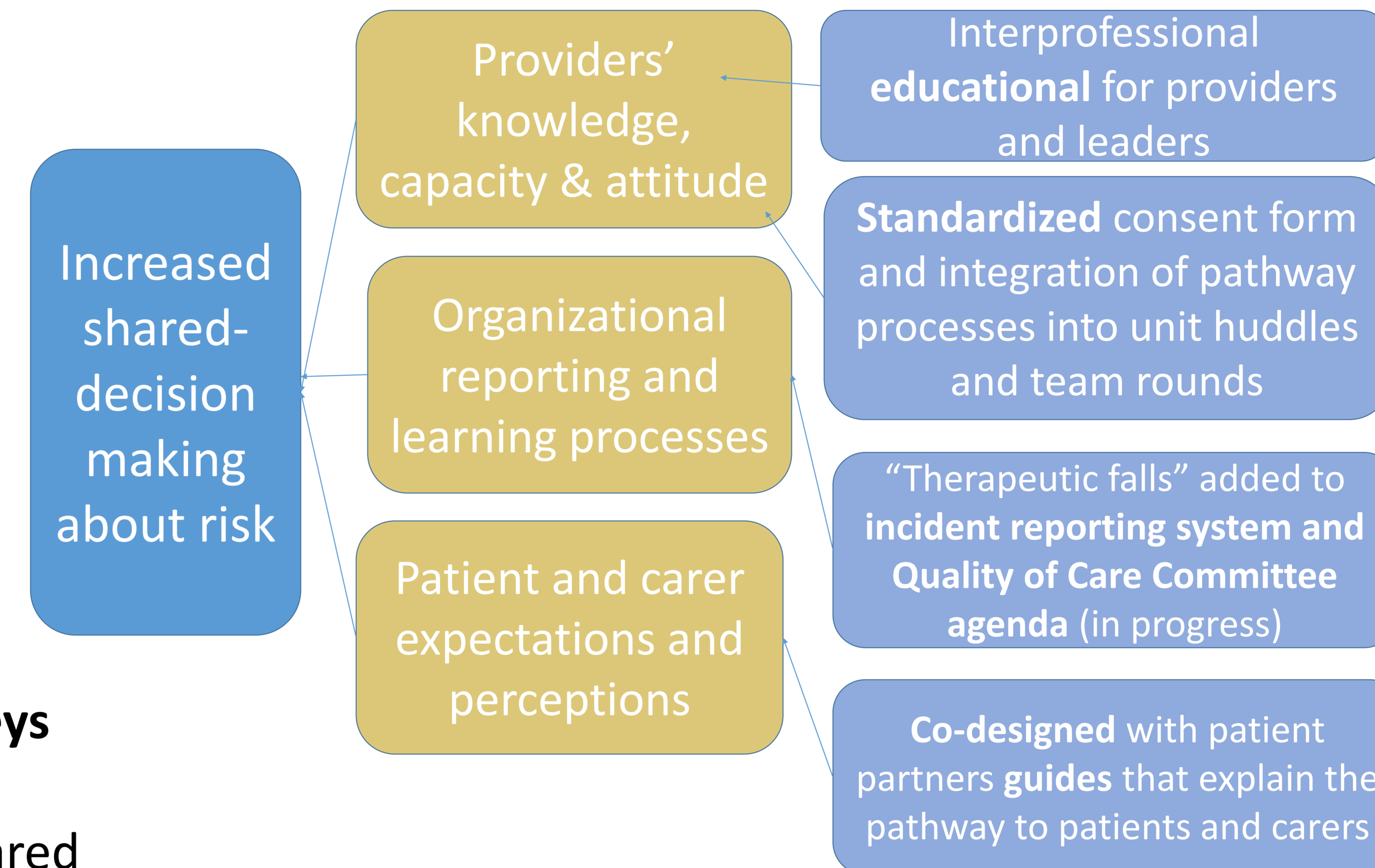
Provider perception of safety culture as it pertains to falls (pre & post focus groups)

Balancing Measures

Falls/month

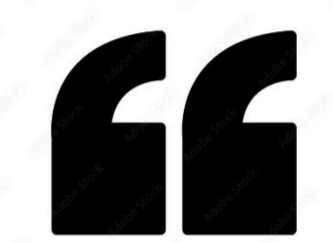
of falls resulting in moderate or greater harm/month

Drivers and Change Ideas



“Patients should not be asked to make decisions about risk, alone.”

ABI Provider



“It felt wonderful, but a bit scared that I would fall. I fell one time in the hospital, but I learned. And I never fell again.”

Patient on pathway

Results

- **Piloted** (Jan – March 22) and **spread** (Oct 22 – Jan 23) across **2 inpatient ABI units**
- **Target met:** >10% patients provided with chance for shared decision-making about mobility
- **No special cause variation in total # of falls** before and during pilot (June 21 – March 22)
- **96%** of interprofessional team attended training workshops
- **Well integrated** into team structures and processes
- **To date → 21 people on pathway and 5 therapeutic falls (23%),** with no repeat fallers and no falls with harm (Dec 21 – Jan 23)

Acknowledging the leadership of the ABI Rehab teams, Therapeutic Falls Advisory Group, Toronto Rehab Quality of Care Committee and PGY4 PM&R residents G Hartin, A Komar & S Szeto

Preparing for Spread

We have developed and tested a bundle of processes, resources, teaching materials and evaluation frameworks with the goal of organizational spread.

Conclusion and Learnings

This work proposes that patients can make informed decisions about risk-taking in collaboration with their care team, laying the foundation for a safer and more prepared discharge.