

RISK REFERENCE SHEET



Patient/Client Falls

Sector: Home Care, LHIN/Home Healthcare Funder

A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, the ground or other surface. Patient/client falls in the home can result in serious injury requiring admission to hospital/long term residential care, and loss of independence. Home care comes with the challenges of an uncontrolled environment and a rotation of service providers. Nevertheless, patient/client falls resulting in injury may be mitigated through multifaceted strategies including implementing safe patient/client handling programs, screening patients/clients for falls risk factors, and completing risk assessments of the environment.

COMMON CLAIM THEMES

- Lack of awareness of and compliance with the home care organization's safe patient/client handling and mobility policies and procedures.
- Inadequate communication and documentation of care plans.
- Lack of accessibility to care plans when service providers are in the patient's/client's home.
- Falls involving the older adult population (over 65) with a history of prior falls, and cognitive and/or mobility impairment.
- Falls involving service providers not skilled in safe lifting and transferring of patients/clients.
- Inadequate environmental surveillance and mitigation of hazards (e.g. uneven surfaces).
- Lack of or delay in reporting of falls incidents.

CASE STUDY 1

A 90 year old obese home care client fell to the floor while being assisted by a personal support worker (PSW) from a chair to a commode. The client fractured her tibia and required surgical intervention, after which she was transferred to a long term care facility as she was not able to return home. The fall was not reported by the PSW to the home care agency; the homecare agency that employed the PSW became aware of the incident when it was contacted by the client's family to inform them the client was in hospital. During a review of the incident, it was learned that the PSW was newly hired. Long standing instructions to not transfer the client were provided only verbally by the care coordinator to the PSW, prior to the first client encounter. These instructions were not routinely revisited and the client's care plan was not readily available in the home. There was some difficulty with communication as the instructions were spoken quickly in English, which was not the PSW's first language. The homecare agency determined the PSW contravened instructions and the PSW was terminated.

CASE STUDY 2

An 80 year old home care client with dementia experienced a fall while in the care of a PSW who was attempting to transfer the client from the sofa to the commode. According to the PSW, the client tried to stand using her walker when her knees buckled and she started to slip to the floor. The PSW then eased the client to the floor and called the family, who were in the home, for assistance. The client was taken to hospital three days after the fall with a fractured left hip. The fall was not reported right away by the PSW; another PSW caring for the client reported it when she learned of the incident from the family. Following the fall, the client was transferred to a nursing home, and she died shortly thereafter. The family commenced legal action against the PSW and homecare agency.

 *Canadian Case Examples*

Patient/Client Falls

REFERENCES

- HIROC claims files.
- American Hospital Association. (2013). [Eliminate harm across the board: Days since last fall \[poster\]](#).
- American Hospital Association. (2014). [Falls with injury change package: Preventing harm from falls](#).
- American Nurse Today. (2014). [Current topics in safe patient handling and mobility](#).
- Boushon B, Nielsen G, Quigley P, et al. (2012). How-to guide: [Reducing patient injuries from falls](#). *Institute for Healthcare Improvement*.
- Feil M, Gardner L A. (2012). [Falls risk assessment: A foundational element of falls prevention programs](#). *Pennsylvania Patient Safety Advisory*, 9(3): 73-82.
- Ganz D A, Huang C, Saliba D, et al. (2013). [Preventing falls in hospitals: A toolkit for improving care](#). *Agency for Healthcare Research and Quality*.
- Goldberg T, Byrick K. (2009). The use of restraints: Recommendations from a recent inquest. *The HIROC Connection*, 20: 1-2.
- Higham T. (2011). Slip/fall risk control presentation [PowerPoint].
- [Long-Term Care Homes Act, Statutes of Ontario \(2007, c. 8\)](#). Ontario Regulation 79/10.
- Markle-Reid M F, Dykeman C S, Reimer H D, et al. (2015). [Engaging community organizations in fall prevention for older adults: Moving from research to action](#). *Can J Public Health*. 106(4): e189-e196.
- Occupational Health and Safety Agency for Healthcare (OHSAH) in British Columbia. (2000). [Reference guidelines for safe patient handling](#).
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS). (2011). [Fall prevention and management program: Policy, procedures and training package](#).
- Ontario Health Quality Council. (2010). [Quality monitor: 2010 report of Ontario's health system](#).
- Public Health Agency of Canada. (2014). [Seniors' falls in Canada: Second report](#).
- Registered Nurses' Association of Ontario. (2011). [Nursing best practice guideline: Prevention of falls and fall injuries in the older adult](#).
- Safer Healthcare Now!. (2015). [Reducing falls and injuries from falls: Getting started kit](#).
- Scott V, Bornstein S, Kean R, et al. (2014). [Fall prevention for seniors in institutional healthcare settings in Newfoundland & Labrador](#).
- Work Safe Alberta. (n.d.). [No unsafe lift workbook](#).
- World Health Organization. (2007). [WHO global report on falls prevention in older age](#).

Date last reviewed: November 2016

Disclaimer/Terms of Use: This is a resource for quality assurance and risk management purposes and is not intended to provide legal or medical advice. Nothing in this document is deemed to articulate any standard or required practice. Rather the goal is to provide information for health care organizations regarding risk and quality issues. The information contained in this resource was deemed accurate at the time of publication; however, practices may change without notice. Please direct questions to riskmanagement@hiroc.com.

Page 2 of 3

Patient/Client Falls



MITIGATION STRATEGIES

Note: The Mitigation Strategies are general risk management strategies, not a mandatory checklist. Please also refer to the Visitor Falls Risk Reference Sheet.

Reliable Care Processes

- Adopt a standardized definition of a patient/client fall.
- Adopt a standardized, evidence based falls risk assessment tool which includes a patient's/client's falls history and other risk factors (balance, gait, cognitive impairment, etc.):
 - Ensure the tool(s) used is designed for the patient/client population being served (e.g. older adults);
 - Include expectations for frequency of re-assessment (e.g. changes in the patient's/client's condition; post-fall).
- Ensure medications are reviewed to identify medication interactions and side effects that may increase falls risk.
- Ensure comprehensive, written care plans are readily available to all service providers.
- Develop and deliver a comprehensive training program on safe patient/client handling and mobility which includes an overview of the organization's policies; safe procedures for lifts, transfers, and repositioning; use of assistive devices and equipment; patients/clients with aggressive behaviours.
- Discourage one-person manual lifts and transfers with patients/clients who are overweight, have balance issues, or who require moderate or complete assistance during transfer.
- Implement a mobility assessment tool or patient/client handling assessment criteria and decision algorithm.
- Ensure orientation to and ongoing staff education, training and competency in falls risk factors, effective communication skills to address risks with patients/clients and families, safe patient/client handling and mobility awareness and techniques, and incident reporting.

- Establish protocols for management of patient/client falls including timely notification, documentation, disclosure, and investigation.
- Conduct post-fall reviews to identify causes, modifiable fall risk factors and make changes to the patient's/client's care plan as required.
- Ensure a comprehensive assessment or checklist of common environmental falls hazards (e.g. uneven or slippery surfaces, obstacles, dim lighting) is completed for each room of the home. Make modifications where possible to promote safe performance of daily activities.

Patient/Client and Family-Centred Care

- Engage patients/clients and families in falls interventions and prevention practices where possible.

Documentation

- Ensure falls risk assessments are documented in the health record.
- Ensure findings from medication reviews that require precaution (e.g. drug interactions or dosage that increases likelihood of falls) are noted in the patient's/client's chart and communicated to the patient/client, family and other service providers.
- Document recommended environmental modifications to reduce falls hazards (e.g. lighting, scatter mats, hand railings).

Monitoring and Measurement

- Implement formal strategies to help ensure consistent adherence to patient/client falls prevention policies/practices (e.g. periodic chart/e-record audits, analysis of reported incidents/events, learning from medico-legal matters).