RISK PROFILE

Care – Falls

Falls prevention is an Accreditation Canada ROP (Required Organizational Practices). Falls may lead to significant physical and psychological harm to patients/clients/residents, may increase the risk for early death, and can make it difficult for individuals to live independently or can impact quality of life. Many risk factors can be changed or modified to reduce the risk of falls and falls-related injuries. This document contains information entered by HIROC Subscriber healthcare organizations (acute and non-acute) in the Risk Register application to help you in your assessment of this risk.

Key controls/mitigation strategies

- Falls Prevention Practices:
  - ✓ Implementation of a falls prevention approach for patients/clients/residents which may include:
    - Identification of the population(s) at risk for falls through use of standardized, evidence-based, and validated falls risk screening and assessment tools to assess patient/client/resident risk for falls:
      - Upon admission or within 24 hours of admission
      - After transfer to another unit or program
      - After a significant event
      - Following a change in health status
      - After fall resulting in injury
    - Identification and implementation of a standardized intervention algorithm based on risk assessment findings
    - Assessment and mitigation of environmental falls hazards (e.g. during regular observation rounding)
    - Conduct home safety falls risk assessment in patient/client home
    - Measurement and evaluation of the falls prevention approach on an ongoing basis
    - Make improvements to the falls prevention approach, including site-specific approaches, based on information from the assessment
    - Ensuring care plans include customized interventions for patients/clients/residents identified as high-risk for falls
    - Changes in status are communicated via care plans, shift reports and staff huddles
    - Communicate falls risk status and patient/client/resident-specific safety strategies to the healthcare team, patient/client/resident, and family
    - Regular staff safety huddles with falls data sharing
    - Adopt early mobilization strategies and practices (i.e., post-procedure)
    - Incorporate the right number of people to assist in moving patients/clients/residents
    - Engage patients/clients/residents and their support network (e.g., family members) in falls prevention strategies including prompt discussions, one-on-one, and visits
    - Individual units participating in plan-do-study-act (PDSA) projects methodology for quality improvement
    - Use of HIROC resources related to falls

- Awareness or Observation Opportunities:
  - ✓ Awareness/observation opportunities to reduce likelihood of falls or injury due to falls:
    - Falls sticker on chart and patient/client/resident's bed
    - Falls armbands to increase staff awareness
    - Falls precaution signage posted (e.g. magnet that goes outside the room to identify to the entire team that the patient/client/resident is a falls risk)

Care – Falls

- Move high-risk falls patients/clients/residents closer to nursing station
- Assess appropriateness of sleep environment
- Assess physical environment layout
- Clutter-free rooms
- Call bell instructions posted and patients/clients/residents are encouraged to call for assistance when needed (i.e. walking, washroom, etc.)
- Q1-2 hour rounding
- 4 P's of rounding (pain, peripheral IV, "potty" (toilet), and positioning)
- Medication consideration that may place patient/client/resident at falls risk
- Daily falls report to pharmacy for medication review
- Physiotherapy or Occupational Therapy involved for high-risk patients/clients/residents

- Equipment/Potential Personal Safeguards:
  - ✓ Equipment used to reduce likelihood of falls or injury due to falls:
    - Bed and chair alarms
    - Ensure that beds can assume low position in order to assist with transfer out of bed and/or reduce impact of potential fall
    - Hip guards
    - Motion alarms
    - Provide wheelchairs
    - Increased use of cribs vs. stretchers
    - Use of walkers, canes
    - Ceiling lifts
  - ✓ Potential Personal Safeguards:
    - Non-slip socks
    - Footwear assessed daily
    - Encourage use of glasses and hearing aids
    - Commonly used and personal items are within reach (e.g. tissues, water, cell phone)
  - ✓ Salting in winter weather
  - ✓ Assess and update falls mitigation equipment (e.g. preventative maintenance)

- Post-Fall Management:
  - ✓ Conduct post-fall debriefings to identify:
    - Causes
    - Modifiable fall risk factors
    - Gaps
    - Changes to the patient/client/resident's care plan, as required
    - Shared learnings
  - ✓ Use of a standardized process/checklist/algorithm to aid decision making following a patient/client/resident fall
  - ✓ Regular meetings to review fall incidents
  - ✓ Review pertinent falls events during morbidity and mortality committee meetings

- Education (staff, patients/clients/residents and family):
  - ✓ Provide regular education and training on falls risks and falls prevention strategies to staff, patients/clients/residents and family
  - ✓ Annual training on safe patient/client/resident handling and mobility
  - ✓ Quarterly in servicing of porter group on falls risks
  - ✓ Understanding of delirium/dementia related to falls and prevention strategies with regular staff education
  - ✓ Patient safety toolkit/guide is given to patients/clients/residents upon admission and lists fall prevention strategies

- Administrative (Policies and Procedures):
  - ✓ Implement formal strategies to help ensure consistent adherence to patient/client/resident falls prevention policies/practices (e.g. record audits, incidents/events analysis, learning from claims)
  - ✓ Reminders to staff on completing incident reports
  - ✓ Accreditation Canada ROP (Required Organizational Practices) for falls prevention and injury reduction
  - ✓ Adopt standard definition of a patient/client/resident fall
  - ✓ Develop and implement patient/client/resident falls prevention (including criteria for conducting falls risk assessment) and least restraint policies; ensure regular policy reviews and compliance audits
    - Ensure role clarity around the responsibilities for conducting and documenting falls risk assessments
  - ✓ Policy on safe patient/client/resident handling
  - ✓ Establish a falls working group/team with interprofessional representation from highest risk areas to support ongoing organizational focus
  - ✓ Secondment for 'falls champion'

Monitoring/indicators

- ✓ Develop falls indicators for all settings, including ambulatory
- ✓ Review patient/client/resident and family complaints about falls
- ✓ Review patient/client/resident experience survey results – falls prevention
- ✓ Number of falls incidents by severity submitted in the incident reporting system, including critical incidents
- ✓ Document all witnessed and unwitnessed falls in event management system, review trending data
- ✓ Tracking and review of falls risk assessments and effectiveness of falls prevention strategy
- ✓ Regular review of falls metrics which may include:
  - Total number of falls
  - Percentage of witnessed falls
  - Percentage of falls with harm (number of days between)
  - Percentage of falls without harm
  - Falls/1000 patient days
  - Falls with harm/1000 patient days
  - Percentage of falls due to multiple fallers
  - Percentage of falls with harm due to multiple fallers
  - Percentage of falls linked to toileting to total falls
  - Percentage of falls with mention of restraints as cause or intervention
  - Percentage of inpatients with completed fall risk assessment on admission
  - Falls assessment completion rates
- ✓ Flag repeat falls
- ✓ Track multiple fallers and patient/client/resident-specific huddles for alternate interventions
- ✓ Falls metrics monitored in the Quality Improvement Plan (QIP), quality scorecards
- ✓ Quarterly reporting on falls indicators to the Quality Committee of the Board
- ✓ Restraint audits and appropriate use
- ✓ Incorporate daily falls compliance/monitoring into unit huddles

[1]Date last reviewed, March 2022