Appendix H:
Fall Prevention and Management Training Presentation

Release Date: November 19, 2010

Fall Prevention and Management Program Outline

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- Training Objectives
- Definitions
- Assessment
- Falls Prevention Strategies
- Post Fall Assessment
- Determine the Cause of the Fall
- When a Resident Falls Documentation & Communication
- Strategies to Prevent Reoccurrence
- Program Evaluation

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Background

- In Canada, falls are the **sixth** leading cause of death among older adults
(RNAO Best Practice Guidelines, Falls and Restraints, 2002)

- 1 out of 3 older adults fall **each** year
(Campbell, Borrie & Spears, 1989)

- More than 1 in 3 people who fall develop serious injuries *(Koski, Luukinen, Laippala & Kiveal, 1998)*

- 40% of admissions to nursing homes are the result of falls *(Tinetti, Speechley & Ginter, 1998).*

Background...cont'd

Increased falls happen in LTCHs because:

- People tend to be more frail and older
- ↑ chronic illnesses
- ↑ difficulty walking
- ↑ vision problems
- ↓ thinking or memory
- ↓ independence with activities of daily living

Training Objectives

At the end of this training session you will:

- Be aware of the issues related to seniors' falling
- Implement strategies related to preventing and managing falls
- Know which tools to use and when

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Training Objectives...cont'd

- Reduce and mitigate the overall incidence of residents falling

- Reduce environmental risk factors that may contribute to resident falls

- Identify residents at risk of falling and prevent resident falls

- Effectively identify and manage risk factors that have caused a resident to fall

- Reduce the severity of resident falls

- Monitor the incidence and severity of resident falls

- Promote the optimal level of resident function

- Track, analyze and trend fall data in order to achieve positive resident outcomes and identify required program changes

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Definitions

Fall

- A fall is any unintentional change in position where the resident ends up on the floor, ground or other lower level

- Includes witnessed and un-witnessed falls

- Includes if resident falls onto a mattress placed on the floor

- Includes whether there is an injury or not

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Definitions...cont'd

Near Fall – Near Miss

- Sudden loss of balance that does not result in a fall or other injury. For example, if a resident slips or trips but does not fall

Serious Injury

- Fractures
- Lacerations requiring sutures
- Any injury requiring assessment in emergency or admission to the hospital

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Assessment

Registered Staff:	Health Care Aide/Personal Support Worker:
Assess residents using the Fall Risk Assessment Tool (e.g. RAI-MDS 2.0) • Within 24 hours of admission • Quarterly (according to the RAI-MDS 2.0 schedule) • Annually • Change in heath care status (e.g. fall resulting in serious injury, more than 2 falls in 72 hours, more than 3 falls in 3 months, more than 5 falls in 6 months) • Implement strategies to reduce risk of falls	• Observe and report any change in health status such as drowsiness, confusion, restlessness • Assist and report any resident who appears unsteady • Report if the resident is having or demonstrating behaviours that indicate pain • Promote adequate fluid intake to avoid dehydration and confusion • Remember that a resident with a Urinary Tract Infection may need more frequent help to the bathroom

Assessment...cont'd

Physiotherapist:	Physician:
• Review results of RAI- MDS 2.0 assessment as appropriate • Assess residents identified as being high risk for mobility and strength using the following assessment tools. (e.g. Functional Reach Test) • Implement strategies based on the assessment findings (e.g. gait/balance/transfer training) • Share strategies that can be used by the interdisciplinary team • Arrange for appropriate supportive equipment, supplies, devices and assistive aids to prevent falls • Arrange for participation in nursing restorative/rehabilitation activities in collaboration with nursing	• Conduct a medication review • Consider bone supplement

Assessment...cont'd

Activation/Recreation:	Resident/POA/SDM:
• Assess activity patterns and pursuits • Engage the resident in supervised activities and nursing restorative/ rehabilitation activities in collaboration with nursing • Engage resident in a recreational programming: group or one-to-one programs • Assess need for, or consider referral to a one-to-one visiting volunteer	• Ensure that resident has proper footwear (see Appendix C: Footwear Guidelines) • Ensure appropriate eye glasses/hearing aid • Provide a history outlining past falls, special needs, medications etc.

Assessment...cont'd

Document and report risk for falls:

- On RAI-MDS 2.0 assessment
- In care plan
- At inter-shift report - what strategies are in place to minimize risk of falls?
- Among the interdisciplinary team
- At care conferences so families can support the strategies (e.g. footwear guidelines)

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Falls Prevention Strategies

Level of Risk	Fall prevention strategies and safety checks
Low	✔ Orientate resident to unit ✔ Keep commonly used items within reach ✔ Set bed at lowest position ✔ Clean glasses-hearing aid inserted ✔ Lock wheel locks on chair and bed ✔ Ensure call bell is attached ✔ Maintain an uncluttered environment ✔ Ensure the proper footwear ✔ Ensure the Proper transfers ✔ Provide mobility aids (as needed e.g. cane, walker) ✔ Ensure a toileting routine ✔ Provide family members/resident with Falling Star brochure, foot care guidelines) ✔ Ensure appropriate lighting

Falls Prevention Strategies...cont'd

Level of Risk	Fall prevention strategies and safety checks
High	**All strategies listed for LOW risk PLUS:** ✔ Communicate fall risk and strategies to all disciplines ✔ Refer to PT for balance and strength assessments ✔ Review need for hip protector, bedrail use ✔ Encourage resident to be involved in an exercise program ✔ Review medications for potential fall risk ✔ Bed check systems

Falls Prevention Strategies…cont'd

Identify residents at High Risk:

- On mobility aids, chart, memory box
- With Falling Star tag
- With Falling Leaf tag

Post Fall Assessment

The Registered Staff will:	Health Care Aide/PSW will:
• Assess for any potential injury (Head to Toe Assessment) • Assess the resident's level of consciousness (determine re transfer to ER) • Do not move the resident until an appropriate action has been determined based on the assessment • Ensure immediate treatment after the fall (e.g. first aid) • Initiate Head Injury Routine for all unwitnessed falls & witnessed falls that have resulted in a possible head injury. For a possible head injury check vital signs every hour for 4 hours and then every four hours for 24 hours • If the resident is on anticoagulant therapy monitor for 24 hours. • Notify the attending Physician and the family or Substitute Decision Maker on the day of the fall	• Assist the Registered Staff as needed • Observe the resident and physical environment and complete post-fall environmental screening tool (Appendix D) • Transfer the resident once the assessment has been completed and to provide comfort to the resident

Post Fall Assessment...cont'd

If no loss of consciousness, no head trauma, only minor hematomas and lacerations:

Registered Staff will:	Health Care Aide/PSW will:
• Check vital signs at time of fall and as assessment warrants • If diabetic, check blood glucose • Anticoagulants, monitor 24hrs • Observe for possible injuries not evident at time of fall • Observe for mental status changes • Determine if restrictions to mobility appear warranted • Determine circumstances leading to fall (cause of fall) and meet with inter-disciplinary team to prevent reoccurrence • Re-do Falls Assessment and Post Fall Assessment	• Monitor the resident by doing frequent safety checks • Carry out interventions to prevent reoccurrence of the fall (e.g. toileting) • Report any changes in the resident's condition to the registered staff

Determine Cause of the Fall

An inter-professional team will investigate the cause of the fall and refer to the appropriate team member for actions to prevent reoccurrence.

Determine Cause of the Fall...cont'd

- Inappropriate foot wear
- Unsafe transfer
- Dizziness
- Accidents
- Environment factors
- Wet floors
- Poor lighting
- Bed rails and improper bed height
- Blood pressure

- Sudden loss of consciousness
- Acute illness
- Medication side effects
- Personal needs unmet (e.g. toileting)
- Equipment malfunction
- Impaired vision
- More….

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When a Resident Falls - Documentation & Communication

Registered staff will document circumstances in residents' chart including:

- Time of discovery
- Appearance of the resident at the time of discovery
- Environmental factors at the time of discovery
- Response to event
- Evidence of injury
- Location of the fall (e.g. bathroom, resident's room)
- Physician notification and response
- Family/SDM notification and response
- Medical/nursing actions

Complete the Incident Report

If the resident has been sent to hospital, complete an unusual occurrence form/critical incident report

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When a Resident Falls - Documentation & Communication

- Notify the family/POA/SDM

- Review fall prevention interventions and modify plan of care as indicated

- Communicate to all shifts: that the resident has fallen and is at risk to fall again; what the interventions are to prevent reoccurrence; and emphasize continued follow-up from shift to shift

- Complete documentation according to guidelines

When a Resident Falls - Documentation & Communication

Care Plan:

- Review if one or more of the major risk factors listed on the RAP are present (e.g. psychotropic drug use, previous falls, dizziness)
- Falls RAP (1 of 5 - Wandering, previous falls, psychotropic drugs, dizziness, restraints)
- Multiple falls (refer to the MDS, reports of the family, incident reports)
- Internal risk factors - identify
- External risk factors - identify
- Appliances & devices
- Environmental/situational devices

Strategies to Prevent Reoccurrence

- Try small changes (one at a time) to determine what works to reduce falls (e.g. quality improvement methodology, Plan, Do, Study, Act)

- Ensure that appropriate interventions have been taken (e.g. low bed, uncluttered room, rest periods in the afternoon) and that the interdisciplinary team is aware

- *Challenge:* Residents may choose to live at risk and maintain their independence. We need to try to work with them to prevent serious injuries from falls

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Strategies to Prevent Reoccurrence...cont'd

What We Will Measure…The Small Picture

- Details regarding residents who are falling (QI data from Point Click Care, Medi-Care and internal tracking systems)

- Registered Staff will recognize trends with individual residents and initiate an interdisciplinary discussion regarding possible interventions. (e.g. Mrs. Smith is falling in the bathroom between 0600 and 0730 – has had 5 falls in the last month-change care plan and communicate to toilet her at 0600 hrs)

- Did the strategy work? Try something else if change did not result in an improvement

Strategies to Prevent Reoccurrence...cont'd

What We Will Measure…The Big Picture

- Prevalence of falls

- Serious injuries arising from falls

- Restraint Utilization Rate

- Physiotherapy/Nursing Restorative Data (e.g.# of residents who have fallen that are participating in an exercise program, residents whose function has improved due to physiotherapy or nursing restorative programs)

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Program Evaluation

- Is our program working?

- Are our falls and injuries resulting from falls reducing?

- Are there new best practices being used to address fall prevention and management?

- What changes can we make to our program to achieve better resident outcomes?