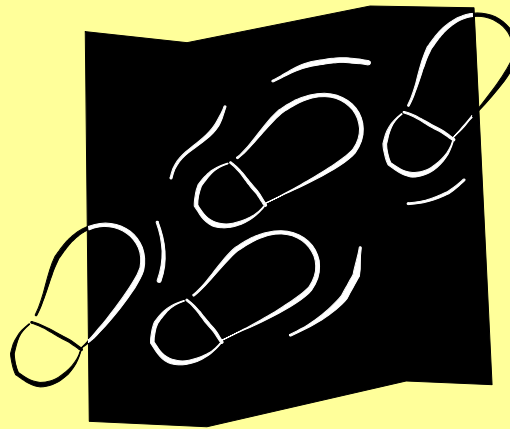


Fall Risk Reduction Education Program for Staff



Aging & Veterans Care



Background

- Falls Prevention Program initiated on LFS in 1999
- In 2004, the Program was expanded for both the cognitive and physical support units in Aging & Veterans' Care
- It is now the **Fall Risk Reduction Program**

Fall Risk Reduction Program Goals

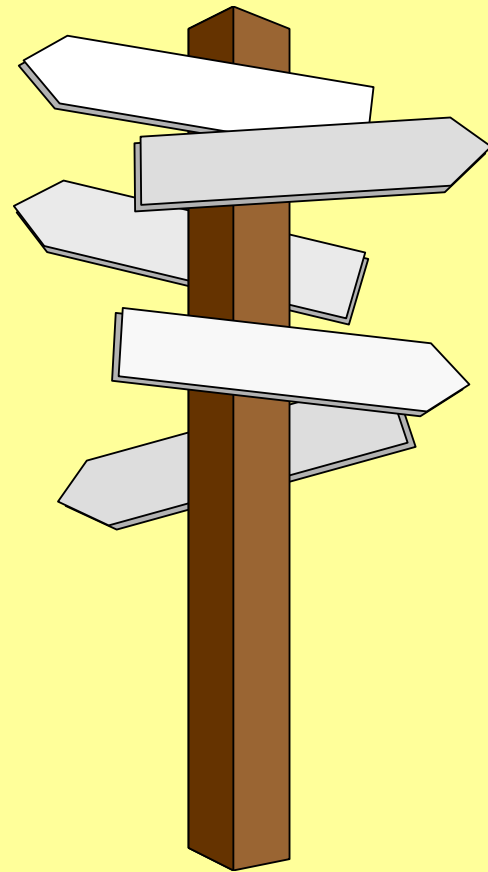
- To develop a standardized process to address modifiable risk factors and determine the program's effectiveness in fall management
- To reduce the number of falls and injury from fall
- To improve documentation of care plan/implementation of clinical practice guidelines relating to falls management
- To ensure followup or updating of care plans

Learning Objectives

1. To understand the risk factors for falls & impact of falls and fall-related injuries in older adults
2. To introduce the Fall Risk Reduction Protocol
3. To provide an overview of the Interdisciplinary Fall Risk Reduction and Post-Fall Care Planning
4. To discuss the roll-out/dissemination of this Protocol to front-line staff

Learning Objective #1

To understand the risk factors for falls & impact of falls and fall-related injuries in older adults



Fall Facts

- Falls usually result in decreased function and decreased independence.
- Incidence of falls and the severity of fall-related injuries rise with age.
- Institutionalized older adults have a 3 times higher incidence rate of falls than community older adults and have a higher susceptibility to injury.

Fall Management

- Modification of multiple risk factors through a interdisciplinary intervention strategy is an effective way to reduce fall rates.
- Risk factors are often not identified or addressed until after a fall or fall with injury.

Risk Factors

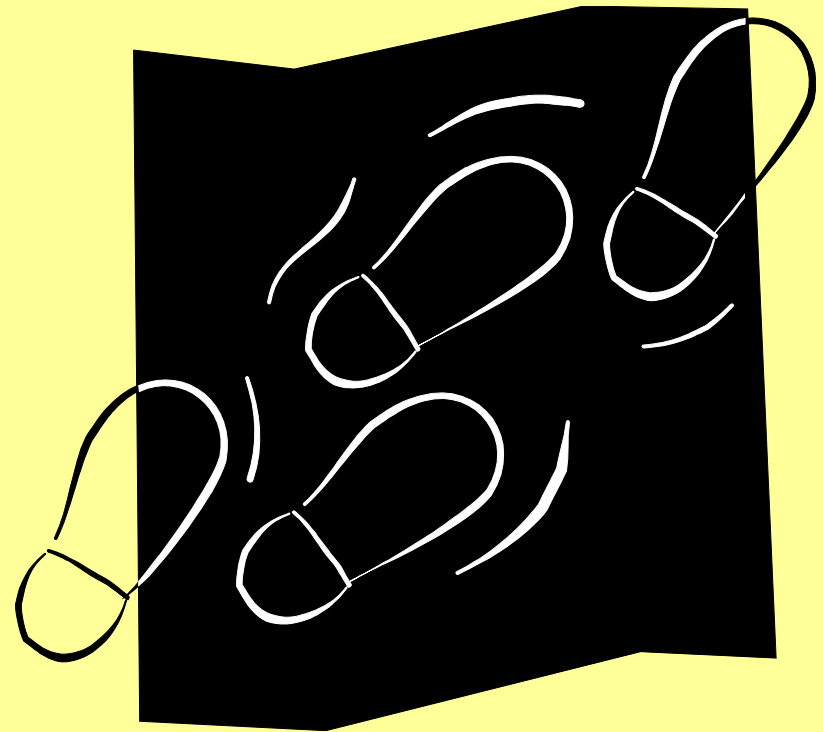
- Previous history of fall
- Cognitive impairment or altered mental status
- Pre-existing medical condition such as CVA, Arthritis, Parkinson's
- Postural Hypotension
- Medication – any psychotropic meds or >4 prescription meds
- Gait disturbances

Risk Factors

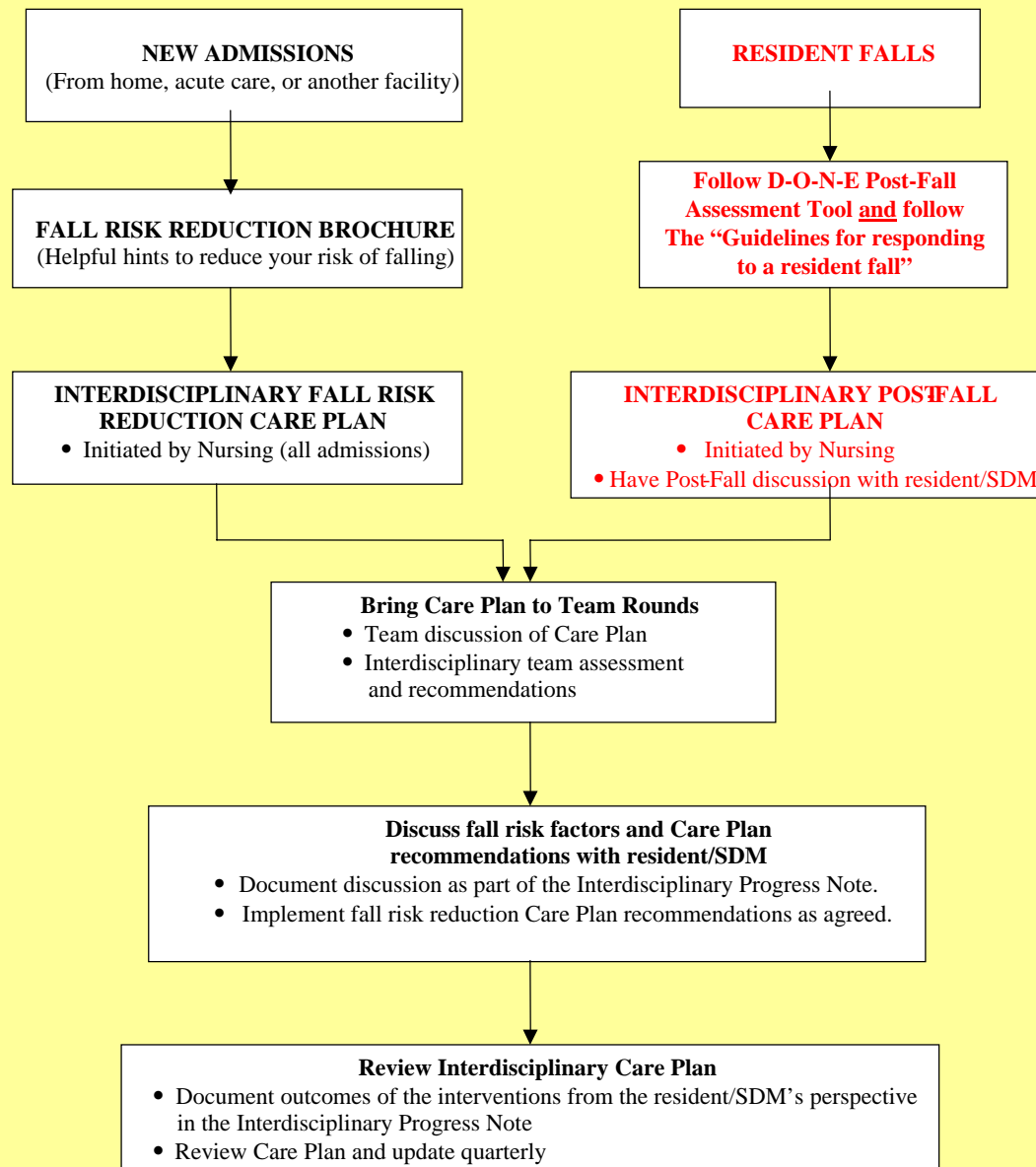
- Balance Impairment
- Decreased muscular strength
- Impaired vision
- Incontinence
- Acute change in Health Status
- Environmental Hazards
- Recent Relocation
- Sensory impairment

Learning objective #2

To introduce the
Fall Risk Reduction
Protocol



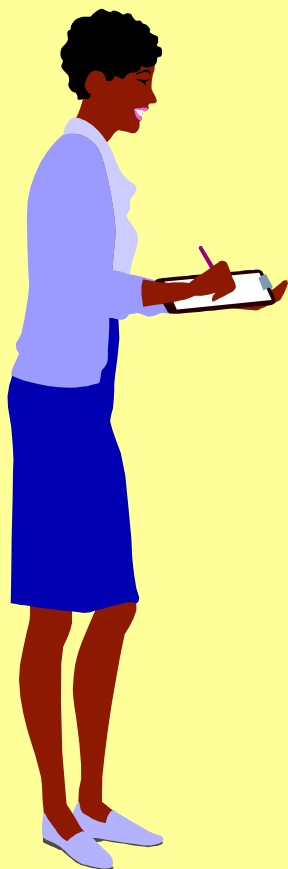
FALL RISK REDUCTION PROTOCOL



Fall Risk Reduction Brochure

- Brochure highlights helpful hints geared specifically to the resident.
- Gives recommendations for clothing, footwear, hip guards, and other strategies to reduce risk of falls.

Falls Risk Reduction Protocol



When a resident is admitted:

- Provide Falls Risk Reduction Brochure and discuss falls risk factors and helpful tips.
- Initiate Interdisciplinary Falls Risk Reduction Care Plan
- Introduce new admission at team rounds, along with the Fall Risk Reduction Care Plan for team input

Fall Risk Reduction Protocol

When a resident is admitted:

- Discuss Fall Risk factors and Care Plan interventions with resident/SDM
- Implement Fall Risk Reduction interventions
- Document outcomes of the interventions from resident's /SDM's perspective in progress notes
- Review Risk Reduction Care Plan and update quarterly

Fall Risk Reduction Protocol

When a Resident Falls:

- Use the D-O-N-E Post Fall Assessment Tool
- Follow the Guidelines for Responding to a Resident Fall



D-O-N-E tool

Have You “DONE” Your Post-Fall Clinical Assessment?

Do not move patient

Observe:

- LOC *
- airway *
- bleeding *
- vital signs *
- head injury *

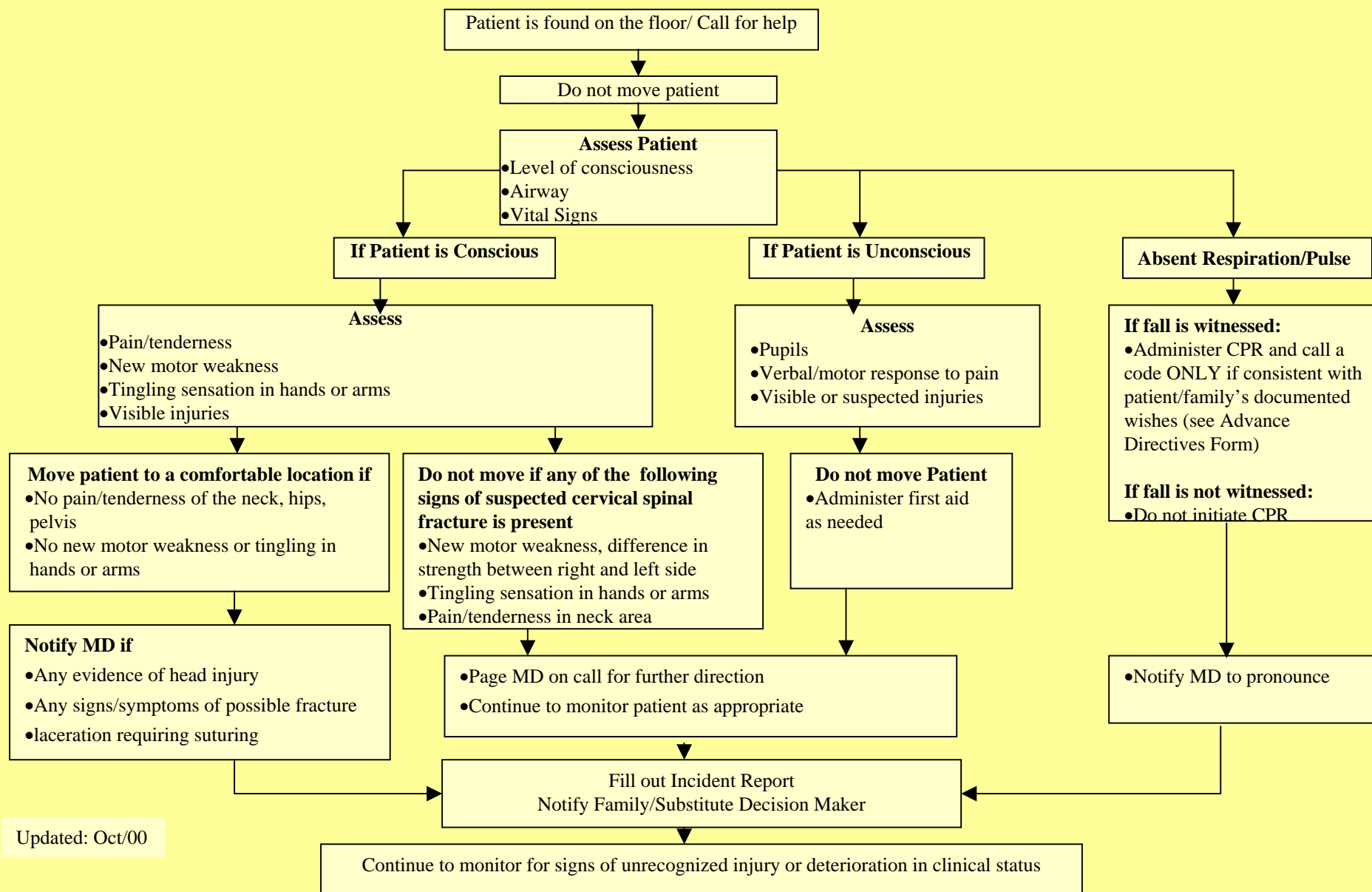
Neck assessment:

- pain / tenderness *

Extremities assessment:

- pain/tenderness of extremities,
lacerations *

Guidelines for responding to a fall



Updated: Oct/00

Fall Risk Reduction Protocol

When a Resident Falls:

- Initiate Interdisciplinary Post Fall Care Plan.
- Bring to Team Rounds for input
- Have Post-Fall Discussion with resident/SDM
- Implement Post-Fall Interventions
- Document outcomes of the interventions from resident's /SDM's perspective in progress notes
- Review Post-Fall Care Plan and update quarterly

Learning objective #3

To provide an overview
of the Interdisciplinary
Fall Risk Reduction and
Post-Fall Care
Planning



Interdisciplinary Fall Risk Reduction Care Plan

Universal Interventions

- Review Brochure, interventions, perspective with resident/SDM
- Call bell and walking aids in reach
- Use sedating medications cautiously
- Review medications q3months
- Complete environmental assessment
- Assess safety of gait (q-shift)

Interdisciplinary Fall Risk Reduction Care Plan

Universal Interventions - cont'd

- Assess safety of mobility aid use (q-shift)
- Assess safety of transfers (q-shift)
- Identify & investigate any new or worsening symptoms of illness (ongoing)
- Optimize hearing & vision (ongoing)
- Assess for possible pain (e.g., agitation)

Interdisciplinary Fall Risk Reduction Care Plan

Optional Interventions

- √ Assess need for mobility aids
- √ Consult OT/PT with issues
- √ Explore why resident is trying to get up unsafely (pain, need to void, boredom, etc.)
- √ Refer to Least Restraint Policy if at risk of significant injury
- √ Assess/monitor condition of feet/footwear

Interdisciplinary Fall Risk Reduction Care Plan

Optional Interventions - cont'd

- √ Monitor for any changes in behaviour/health status following new medication/dose change
- √ Identify high risk behaviour and develop interventions to decrease frequency/risk
- √ Ensure appropriate activities
- √ Establish a toileting plan
- √ Ensure commode at bedside if appropriate

Interdisciplinary Post-Fall Care Plan

**Interventions are grouped according to
Focus/Risk Factors:**

- All Falls
- Postural hypotension
- Sensory impairment
- Incontinence
- Agitation
- Cognitive loss
- Imbalance

Learning objective #4

To discuss the roll-out and dissemination of this Program to front-line staff



Roll-Out Plan

1. Identify contact person/champion on each Unit.
2. Obtain educational materials package
3. Provide in-services to all staff
4. Discuss Fall Risk Reduction Care Plans on current residents at team rounds
5. Set up system, based on incident reports of falls, or staff assessment that resident is at risk, to complete Post-Fall Care Plans & discuss at team rounds
6. Schedule quarterly review of all Fall Care Plans at team rounds

Conclusion

Fall Risk Reduction Program

Benefits/Measurable Outcomes

- Completion of initial Fall Risk Reduction Care Plans on all newly admitted residents, and on all residents on nursing home units
- Increased staff knowledge of fall risk reduction
- Reduced incidences of new fractures
- Reduced injuries from falls

Future Directions

- Evaluate the Program
- Obtain approval of forms
- Network with other units and share resources
- Transition to electronic documentation