Preventing falls and harm from falls in hospital

Falls Prevention is everyone’s business
What is a fall?

An event which results in a person inadvertently coming to rest on the:

• ground
• the floor or
• other lower level

This can be from:

• standing
• a bed
• a chair
Falls in hospital – some facts

• 1 in 3 of all patient incidents in our hospitals involve a fall

• Most people who have a fall in hospital are over 65 years of age

• 20% of falls occur outside of aged care wards.
Falls in hospital – some facts

NSW average 4.1 falls/1,000 occupied bed day (2012):

- 30-40% will result in a physical injury
- 60-80% are un-witnessed
- 70% occur around or from the bed
Consequences of Falls

• Death

• Serious injury

• Increased stay in hospital

• Loss of independence - changes in living arrangements on discharge
Risk factors for falls

Medical Conditions
- Stroke
- Incontinence
- Parkinson’s disease
- Dementia
- Delirium

Medications
- Psychoactives
- Four or more medications

Psychosocial & Demographic
- History of falls
- Depression
- Advanced age
- Living alone
- ADL limitations
- Female gender
- Inactivity

Sensorimotor & Balance
- Muscle weakness
- Impaired vision
- Reduced peripheral sensation
- Poor reaction time
- Impaired balance

Environmental
- Poor footwear
- Home hazard
- External hazard
- Inappropriate spectacles

Neuro Science Research Australia 2012
Adult risk factors for falls in hospital

- History of falls
- Patient is confused, agitated or disorientated
- Has poor vision, such that everyday function in the ward is impaired
- Needs to go to the toilet frequently or is incontinent
- Unsafe mobility and transfers
- Takes medications associated with increased risk of falls.
Confused older person is at increased risk of a fall

Disorientated due to an unfamiliar environment or noisy ward

Due to Delirium

• watch for: fluctuating changes in cognition: increased agitation, restless, lethargy, aggression
• screen for delirium – complete a CAM

Look for:

• acute infection – treat Sepsis
• confusion post – operatively due to sedation
## Identifying patient falls risk in hospital

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<tr>
<th>Stage</th>
<th>Description</th>
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<tr>
<td><strong>Screen</strong></td>
<td>Falls risk screen in ED, or on admission to ward</td>
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<tr>
<td><strong>Assessment</strong></td>
<td>Falls risks assessed and identify actions</td>
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<td><strong>Manage identified risk</strong></td>
<td>Implement actions in consultation with family and carer, document in care plan and patient health record</td>
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<tr>
<td><strong>Communicate falls risk</strong></td>
<td>Falls risk and interventions in place communicated to staff eg at handover</td>
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<tr>
<td><strong>Post Fall</strong></td>
<td>Follow CEC Post Falls Guide, notify falls in IIMS &amp; notify family/carer</td>
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<tr>
<td><strong>Incident investigation</strong></td>
<td>Post fall ‘huddle’ and review of serious incidents - implement recommendations</td>
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<td><strong>Discharge</strong></td>
<td>Referral for follow-up services &amp; provide falls information</td>
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*CLINICAL EXCELLENCE COMMISSION*
National Safety & Quality Health Service Standards – Standard 10

Preventing Falls and Harm from Falls
National Safety & Quality Health Service Standards

• Key requirements of Standard 10
  • All Adult Patients to be screened for falls risk
  • Assessment and management of falls risk factors
  • Regular audits of patient records and ward environment
  • Patient/Carer involvement in care and provided with falls prevention information
Falls Risk Screen

- All patients are to be screened for falls risk on admission, post fall, transfer, change of condition.

- Falls Risk Screen Tool
  Ontario Modified Stratify (Sydney Scoring)

- Patients with identified falls risks will require further assessment and management.
Ontario Modified Stratify (Sydney Scoring)

Implement care actions
Any identified Falls Risks

All Patients
FRAMP
Care actions for all patients

• Document and communicate patients falls risk status to other staff

• Implement all care actions

• Discuss patients falls risk with patient/family/carer

• Ensure falls risk management is included as part of regular hand over
Falls Risk Assessment

• All patients with falls risks require further assessment

• Falls Risk Assessment tool

Falls Risk Assessment & Management Plan (FRAMP)

• Complete and implement the appropriate action/s
Falls Risk Assessment

Complete and implement the appropriate action/s in the FRAMP from the falls risk factor/s identified in the Ontario Falls Risk Screen.
How to use the FRAMP

- Falls risk factor/s identified in falls screen - implement the appropriate action/s in the FRAMP

- Complete on admission, review after a fall, change of condition or when appropriate

- Use clinical judgement to inform care plan
  – develop care plan in consultation with patient/family/carer

- Date and initial actions undertaken and sign form when completed
  – use ‘Comments’ sections for additional information

- Document referrals, necessary actions in patient health record

- Communicate relevant actions/strategies at handover.
Communicate falls risk

- At staff-handover and change of shift
- Document falls risk in patient care plan
- Alert in notes/by bed - e.g. falls stickers
- Discuss falls risk with patient/family/carer & involve in care planning
CEC Post Fall Guide

• The causes of falls are complex
• Post fall assessment and management with clinical review will help reduce the degree of harm to the patient
• A post fall ‘huddle’ is encouraged for staff to review the incident and facilitate appropriate falls prevention strategies
CEC Post Fall Guide

The post fall guide aligns with the CEC Between the Flags program

Between the Flags
Keeping patients safe
A statewide initiative of the Clinical Excellence Commission
CEC Post Fall

Post Fall Management

• Notify fall in the Incident Information Management System (IIMS)

• Notify family/carers

• Serious falls to be investigated and recommendations implemented
Post fall incident reporting - IIMIS
SAC2 Fall Incident Investigation Form

• Gather information about the fall incident

• Help identify human & system factors & process issues

• Guide recommendations to prevent further falls
Transfer of Care/Discharge planning

Communicate falls risk status and care plan to:

- Patient/family/carer
- GPs
- Residential Aged Care facilities
- Community Health Services: nursing, allied health
- Other health providers
- Community Service Providers
- Physical activity provider

www.activeandhealthy.nsw.gov.au
Falls Policy
PD2011-029

NSW Health Prevention of Falls and Harm from Falls among Older People 2011-2015
Falls best-practice guideline

Preventing falls and Harm from Falls in Older People

• Guideline
• Guidebook
• Implementation guide

Australian Commission on Safety & Quality in Health Care

www.safetyandquality.gov.au
CEC Falls Prevention Resources

Hospital Falls Prevention Strategies

Available from CEC website
CEC Falls Prevention one page flyers for patients and consumers


Healthy eating

In Hospital

Home exercises

How to get up if you have a fall

Foot care and safe footwear

Eyesight

Medications

Bone health

In public places

Strength and balance exercises
CEC Falls Prevention one page flyers for patients and consumers.


Home Safety

Information for those at risk of a fall

Information following a fall at home

Discharge information following a fall

Key messages for maternity units

Maternity services

For children in Hospital

In Progress
A selection of falls prevention flyers are available in:

- Arabic
- Simplified Chinese
- Traditional Chinese
- Vietnamese
- Greek
- Italian
Find an exercise program

All programs include strength and balance exercises to help prevent falls
Resource booklet

*Staying Active and On Your Feet*

- Health and lifestyle checklist
- How to get up from a fall
- Exercises to do at home
- Home safety checklist
NSW Falls Prevention Network

- Network list serve
- Newsletters & updates
- Annual Network forum

http://fallsnetwork.neura.edu.au
Thank you

For further information:

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www.cec.health.nsw.gov.au