



<p>Team Name: Personal Care Home Standards Team</p> <p>Team Lead: Regional Director, Seniors/Palliative Care</p> <p>Approved by: Executive Director - West</p>	<p>Reference Number: CLI.6410.PL.014</p> <p>Program Area: Personal Care Home</p> <p>Policy Section: General</p>
<p>Issue Date: November 20 2017</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Fall Prevention and Management in Personal Care Homes</p>

POLICY SUBJECT:

Fall Prevention and Management in Personal Care Homes

PURPOSE:

Falls, and specifically falls-related injuries can result in pain and suffering for individuals and their families. Falls can result in hospitalization, moderate to severe injury (e.g. hip fractures and head injuries with residual deficits) and can increase the risk for early death in older adults. More than one third of individuals 65 years or older experience a fall. Fall-related injuries are the leading cause of injury for older adults across all Canadian provinces and territories and account for over 85 percent of all injury-related hospitalizations (Safer Healthcare Now! 2013).

While much research and data has focused on the incidence of falls and falls-related injuries to older adults, Southern Health-Santé Sud recognizes that **all** patients, residents and clients receiving services are at risk for falls.

This policy is intended to provide direction to staff in Personal Care Homes about the steps to be taken to decrease the risk for falls, and decrease the risk of injury in the event of a fall.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients

POLICY:

- All residents are considered at risk to fall based on universal, multifactorial factors influenced by biology, behaviour, socioeconomic status and the environment.
- An initial fall prevention and fall injury reduction risk assessment is completed for all residents on admission to the Personal Care Home (PCH).
- Fall prevention and fall injury reduction reassessments are completed minimally quarterly for each resident and when there is a significant change in health status.
- Interventions to prevent falls and reduce injuries from falls are documented in the resident health record.
- Each PCH evaluates the effectiveness of fall prevention and fall injury reduction efforts twice annually and makes improvements as needed.

DEFINITIONS:

Fall	A sudden change in position that results in a person coming to rest on the ground or at a lower level.
Fall Injury	An injury that results from a fall, which may or may not require treatment. The injury can be temporary or permanent and vary in the severity of harm.
Health Care Team	Includes all members of the Health Care Team, i.e. dietitian/dietary aide, Registered Nurse (RN), Registered Psychiatric Nurse (RPN), Licensed Practical Nurse (LPN), health care aide, Social Worker, physician, Nurse Practitioner, occupational therapist, therapeutic recreation/activity worker, housekeeping, etc.
Representative/Designate	A person chosen or appointed to act or speak on behalf of the resident.
Restraint	Any restriction/reduction of the resident's voluntary movement or freedom implemented to ensure the safety of self, others, or the physical environment, is a restraint. This may be through chemical, physical or environmental forms.
Significant change in medical status	A change in medical status is considered "significant" if it requires a change in treatment or care plan and can be an improvement or worsening.
Unwitnessed Fall	Where there is evidence to support that a fall has taken place and it was not witnessed by anyone other than the resident, and the resident is unable to communicate how they fell.

IMPORTANT POINTS TO CONSIDER:

- The Fall Prevention and Management in Personal Care Home - "Falling Star" logo (CLI.6410.PL.014.SD.06) is the standard symbol used to visually identify those residents at higher risk to fall.
- Some residents and/or their representative/designate may choose to accept the risk of a fall and may not want preventative measures or interventions taken to prevent a fall. It is important to have discussions with residents and/or their representative/designate to outline the benefits of fall preventions and interventions, as well as possible outcomes of a fall. These discussions must be documented clearly.
- The Ethical Decision Making Framework and Worksheet (CLI.1810.PL.005.FORM .01) is a useful tool to help guide discussions and work through situations that challenge both the health care team and the resident and/or his/her representative/designate.
- Many screening tools are available to provide more information about a resident's functional status. These include Berg Balance Test and Tenetti Performance Oriented Mobility Assessment. Both are readily available in the public domain.
- For more information about falls, fall prevention, and reducing injury from falls, refer to available on-line resources (see References at the end of this document).

PROCEDURE:

Fall Prevention and Fall Injury Prevention in Personal Care Homes

The procedure to prevent falls and reduce injuries from falls in Personal Care Homes (PCH) is a five-step process:

1. Implement Universal Falls Precautions (SAFE Falls) for all residents.
2. Assess each resident's risk for falls and risk for injury from falls.
3. Implement interventions to decrease the risk of falls and to decrease the risk of injury from falls.
4. Communicate and educate about falls risk.
5. Review and analyze falls data for each PCH.

1. Implement Universal Falls Precautions (SAFE Falls) for all residents.

- Client Services Managers (CSMs) or designates provides the Fall Prevention and Management in Personal Care Home -SAFE Falls handout (CLI.6410.PL.014.SD.01) to all staff.
- All staff working in PCH implement the Universal Interventions listed on the Fall Prevention and Management in Personal Care Home -SAFE Falls handout.
- All staff working in PCH ask each resident three questions before leaving a resident room and during routine resident care while the resident is awake:
 - Do you need to use the toilet?
 - Do you have any pain or discomfort?
 - Do you need anything before I leave?

2. Assess each resident's risk for falls and risk for injury from falls.

- Assess all residents using the Fall Prevention and Management in Personal Care Home - Fall Risk Screening Tool (CLI.6410.PL.014.FORM.01):
 - Within 24 hours of admission to the PCH;
 - Following any significant change in medical status;
 - Quarterly;
 - Annually; and
 - After a fall resulting in injury or multiple falls.
- Retain the completed Fall Risk Screening Tool on the resident's health record.

3. Implement interventions to decrease the risk of falls and to decrease the risk of injury from falls.

- Follow the instructions on the Fall Prevention and Management in Personal Care Home - Falls Prevention/Intervention Checklist (CLI.6410.PL.014.FORM.02). Implement required preventative measures/interventions based on the resident's Fall Risk Score.
- Implement individualized preventative measures/interventions based on the resident's identified risk factors (from the Fall Risk Screening Tool).
- Document interventions on the Integrated Care Plan (CLI.6410.PL.002.FORM 01).

Post-Fall Management

- Refer to the Fall Prevention and Management in Personal Care Home - Post Fall Management Process Map (CL.6410.PL.014.SD.02).
- Document each fall on the Fall Prevention and Management in Personal Care Home -Falls Log (CLI.6410.PL.014.FORM.07).
- Use the Fall Prevention and Management in Personal Care Home -Neurological Assessment Record (CLI.6410.PL.014.FORM.08) to document any neurological assessments completed.

4. Communicate and educate about Fall Risk.

- Document the Fall Risk Score on the Integrated Care Plan.
- Communicate the Fall Risk Score if it is ≥ 7 at shift change.
- Provide the handout Fall Prevention and Management in Personal Care Home – “Falls Prevention – A Guide for Residents” (CLI.6410.PL.014.SD.03) to all residents and/or their representative/designate.
- Communicate any individualized preventative measures/interventions to be implemented with the resident and/or his/her representative/designate, regardless of Fall Risk Score.

5. Review and Analyze Falls Data

- Each PCH conducts the following audits annually for the period of October 1 – September 30:
 - Fall Prevention and Management in Personal Care Home -Environmental Fall Risk Audit (CLI.6410.PL.014.FORM.03). Audit results are reviewed and analyzed at each PCH. A copy of the tool is provided to the Regional Director, Seniors/Palliative Care annually by November 30.
 - Fall Prevention and Management in Personal Care Home -Falls Audit Tool (CLI.6410.PL.014.FORM.04). Audit results are reviewed and analyzed at each PCH. Results are summarized and reported to the Regional Director, Seniors/Palliative Care annually by November 30 using the Fall Prevention and Management in Personal Care Home -Falls Audit Summary Tool (CLI.6410.PL.014.FORM.05).
- Each PCH completes the Fall Prevention and Management in Personal Care Home -Falls Data Report (CLI.6410.PL.014.FORM.06) twice annually and reports it to the Regional Director, Seniors/Palliative Care by May 30 and November 30.

The data can be requested through the same process to request data for Complaints or Occurrence/Near Miss Bi-Annual Analysis (see ORG.1810.FORM.01). Falls data is reviewed and twice a year, for the same months as the Occurrence Report Analysis (April 1 – September 30, October 1 – March 31). The number of resident days is obtained from the Financial Analyst supporting the home.

- Falls Rate per 1000 Resident days
 - Injury Rate related to falls per 1000 Resident days
 - Percentage of Falls Causing Injury
- The PCH reviews results from the audits and falls data at the PCH and makes changes to either the environment, system or individual care plans based on audit results.

SUPPORTING DOCUMENTS:

CLI.1810.PL.005.FORM.01	Ethical Decision Making Framework and Worksheet
CLI.6410.PL.002.FORM.01	Integrated Care Plan
ORG.1810.FORM.01	Complaints or Occurrence/Near Miss Bi-Annual Analysis
CLI.6410.PL.014.FORM.01	Fall Prevention and Management in Personal Care Home -Fall Risk Screening Tool
CLI.6410.PL.014.FORM.02	Fall Prevention and Management in Personal Care Home -Falls Prevention/Intervention Checklist
CLI.6410.PL.014.FORM.03	Fall Prevention and Management in Personal Care Home -Environmental Fall Risk Audit
CLI.6410.PL.014.FORM.04	Fall Prevention and Management in Personal Care Home -Falls Audit Tool
CLI.6410.PL.014.FORM.05	Fall Prevention and Management in Personal Care Home -Falls Audit Summary
CLI.6410.PL.014.FORM.06	Fall Prevention and Management in Personal Care Home -Falls Data Report
CLI.6410.PL.014.FORM.07	Fall Prevention and Management in Personal Care Home –Falls Log
CLI.6410.PL.014.FORM.08	Fall Prevention and Management in Personal Care Home -Neurological Assessment Record
CLI.6410.PL.014.SD.01	Fall Prevention and Management in Personal Care Home -SAFE Falls Handout
CLI.6410.PL.014.SD.02	Fall Prevention and Management in Personal Care Home -Post Fall Management Process Map
CLI.6410.PL.014.SD.03	Fall Prevention and Management in Personal Care Home -Falls Prevention – A Guide for Residents
CLI.6410.PL.014.SD.04	Fall Prevention and Management in Personal Care Home -Proper Footwear Can Help Prevent Falls
CLI.6410.PL.014.SD.05	Fall Prevention and Management in Personal Care Home -Hip Protectors
CLI.6410.PL.014.SD.06	Fall Prevention and Management in Personal Care Home -Falling Star Logo
CLI.6111.SG.001	Identification of Significant Weight Change

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