Team Name: Critical Care and Medicine / CancerCare Team Lead: Director - Acute Community Hospitals Approved by: Regional Lead – Acute Care & Chief Nursing Officer	Reference Number: CLI.4510.PL.001 Program Area: Across Hospital Units Policy Section: General
Issue Date: January 27, 2017 Review Date: Revision Date: October 17, 2023	Subject: Falls Prevention - Acute Care

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POLICY SUBJECT:
Falls Prevention - Acute Care

PURPOSE:
The falls prevention program aims at preventing falls and, in the event that a fall is experienced, to decrease the severity of any injury sustained.

BOARD POLICY REFERENCE:
Executive Limitation (EL-02): Treatment of Clients
Executive Limitation (EL-07): Asset Protection & Risk Management

POLICY:
Southern Health-Santé Sud is committed to client safety and well-being through injury prevention and risk reduction. The falls prevention program is implemented to decrease the risk of falls and the severity of injuries associated with a fall when it does occur.

DEFINITIONS:
Fall - A sudden unexplained change in position that results in an individual coming to rest unintentionally on the ground or at a lower level. An example is a person falling from a standing position onto a bed or wheelchair. A patient will be considered to have fallen if: (a) a patient is found on the floor; (b) a fall is unwitnessed but reported by patient, family or caregiver; and/or (c) any patient eased to the floor by staff members/other (referred to as a near miss or near fall).

Falls Prevention Program - A systemic standardized evidence-based approach to falls risk assessment, prevention and interventions.

Universal Falls Precaution - Precautions that are identified and adopted for all patients regardless of risk of falling using the key safe strategies: S.A.F.E. (Safe Environment; Assist with mobility; Fall-risk reduction; and Engage client and family).

IMPORTANT POINTS TO CONSIDER:

- Falls are the leading cause of hospital-acquired injuries.
- Close observation, visual identifiers, and communication of fall risks to all care providers decreases the number of falls that result in injury.
- Multiple risk factors place older adults at a significantly increased risk of falling.
- Intervention strategies are informational, environmental, medical, functional, and behavioral.
- When a patient falls, their fall risk status automatically becomes HIGH.
- The use of a restraint may increase the severity of a fall. Southern Health-Santé Sud embraces a least restraint approach, in identifying which restraint, when all other options have been eliminated, imposes the least restrictions possible that is in the best interest of the patient.

PROCEDURE:

Fall Risk Assessment and Interventions

1. Assess all patients for risk of falls when accessing health services.

	Falls Risk Assessment for Ambulatory Care / Dialysis/ Same Day Surgery / CancerCare (CLI.4510.PL.001. FORM.01)	Preoperative Assessment Patient Questionnaire (CLI.6611. FORM.01)	COMPASS Questionnaire	Triage and Emergency Department Record (CLI.5110.PL.005. FORM.01)	Falls Risk Assessment and Interventions for Inpatients (CLI.4510.PL.001. FORM.02)
Ambulatory Care Clinics	x				
Dialysis Units	x				
Same Day Surgery*	x*	x*			
Cancer Care	x		x		
Emergency Department				x	
Observation Unit				x	
Inpatients					x
* Any "YES" response to the Risk for Falls Screening questions within the Preoperative Assessment Patient Questionnaire requires completion of the Falls Risk Assessment for Ambulatory Care/Same Day Surgery/Cancer Care (CLI.4510.PL.001.FORM.01)					

2. Implement Universal Precautions and/or High Risk precautions initiated based on assessment findings and relevant score.

Universal Precautions - are established routine measures implemented to prevent a fall and, in the event of a fall occurring, to minimize harm or injury. These measures apply to all patients in all acute care settings and include:

- Orientate the patient to their environment (e.g. location of the bathroom),
- Provide signage for patients with mild cognitive impairment (e.g. signage for the bathroom),
- Maintain adequate hydration and nutrition,
- Prior to any transfer, complete a "Transfer and Mobility Assessment" as defined by "Safe Client Handling and Injury Prevention Program" (SCHIPP.RES.080),
- Assist with transfers as required,
- Place and maintain an up-to-date patient transfer and handling requirement on the communication whiteboard at the bedside,
- Assist with toileting as required,
- Administer analgesic(s) as ordered and required,
- Keep patient items within easy reach,
- Place nurse call bell within reach,
- Remind patient to ask for assistance,
- Ensure that the patient has properly-fitting clothes and footwear,
- Ensure proper use and function of eyewear and hearing aids,
- Keep the bed/stretcher/chair in the lowest position with brakes on,
- Keep bottom bed rails down unless otherwise indicated,
- Ensure the room is kept obstacle-free,
- Ensure that the patient is using a proper mobility aid as applicable,
- Purposeful rounding by conducting hourly checks (at minimum),
- Maintain proper lighting and flooring, and
- Utilize barricade tape to label all weight scales to prevent from slip/trip falls from weight scales.

High Risk Precautions - are implemented for patients assessed as being at high risk for sustaining a fall or have sustained a fall. These include all measures listed above plus the following precautions:

- Apply a yellow armband to patients identified as a high risk for falls,
- Have the patient dangle and perform an ankle pump while sitting, before standing, and then to stand up slowly,
- Encourage patient mobility and assisting with same as required,
- Establish a toileting routine,
- Place a commode and/or urinal at the bedside,
- Use incontinent products as appropriate,
- Use a bed and/or chair alarm,
- Use a fall mat by the bed or stretcher,
- Engage family or volunteers to interact/monitor the patient,
- Review all medications. Conduct medication reviews for polypharmacy and/or those medications associated with side effects which have the potential to increase falls

including but not limited to opioids, psychotropics, cardiac medications, hypoglycemic agents.
  - Identify the risk for falls on the communication whiteboard at the bedside,
  - Communicate the patient's risk for falls and safety plan with all care transitions, and
  - Consult interdisciplinary team members that may be available and/or appropriate. These can include:
    - Physiotherapist,
    - Occupational Therapist,
    - Mental Health Liaison Nurse,
    - Social Worker,
    - Dietitian, and
    - Pharmacist.
3. Prior to leaving the patient's room, all staff:
   - Ensure the call bell and personal items are within the patient's reach,
   - Ask the patient:
     - if they need to go to the bathroom,
     - if they are experiencing any pain or discomfort and
     - if they need anything else.
4. Educate the patient, and family/designate(s) about falls prevention and provide *"Falls and You – Most Falls are Preventable*" (CLI.4510.PL.001.SD.01). For CancerCare patients, include "*Keeping You Safe from Falls*" to all "New Start" packages for patients
5. For all admitted patients, complete "Falls High Risk Precautions - Acute Care (Kardex Insert)" (CLI.4510.PL.001.FORM.05).
6. Document the outcome of the falls risk assessment, any preventive interventions implemented, and the patient's/designate' s response within the patient health record.

Fall Risk Reassessments:

- Complete a falls risk reassessment in all settings:
  - post fall,
  - change in environment, and/or
  - change in condition or functional status.
- For inpatients, assess as per above and weekly.
- For all surgical procedures, reassess patient post-operatively.
- When conducting a falls risk reassessment, and evaluating the implemented Falls Precautions:
  - Engage and re-educate patient and family/designate,
  - Consider implementing additional Falls Precautions.

Patient experiencing a fall:

- Offer safety and support to the patient but do not move without understanding the severity of harm/injury sustained by the fall.
- Conduct a complete patient assessment for injuries (including vital signs), attend to any injuries, determine and address any underlying precipitating factors.
- Conduct neurological assessments if there is a risk of a head injury.

- Assist patient from floor using a mechanical lift as per SCHIPP guidelines: Assist Fallen Client from Floor: Lift Assist Two Or More Assist (SCHIPP.M5.006) if unable to get up on their own with the use of a chair.
- Monitor and reassess patient.
- Report the occurrence to the:
  - Primary Nurse/Nurse-in-Charge,
  - Patient's Primary Care Provider and
  - Patient's Family/Designate.
- Complete a Falls Risk Reassessment, review effectiveness of current precautions and implement additional precautions as required.
- Complete a Safety Event Report (ORG.1810.PL.001.FORM.01) as per the Safety Event Reporting policy (ORG.1810.PL.001).

Quality Improvement

Bi-annually, complete the Falls Prevention Audit for each care area/unit to evaluate compliance with the Falls Prevention Program:

- Emergency Department, Observation Unit, Ambulatory Care Clinics, Dialysis, Same Day Surgery, and CancerCare: "Falls Prevention Audit – Emergency Department/ Observation/Ambulatory Care/Dialysis/Same Day Surgery/ CancerCare" (CLI.4510.PL.001.FORM.03):
  - Regional sites: Audit a minimum of 10 patients/unit.
  - Community sites: Audit a minimum of 5 patients/unit.
- Inpatient Units - "Falls Prevention Audit – Inpatients" (CLI.4510.PL.001.FORM.04) :
  - Regional sites: Audit a minimum of 10 patients/unit.
  - Community sites: Audit a minimum of 5 patients/unit.

The local interdisciplinary team reviews audit results, identifies opportunities for improvement and develop an action plan. The results and the action plan are submitted to the respective program.

SUPPORTING DOCUMENTS:

CLI.4510.PL.001.FORM.01	Falls Risk Assessment For Ambulatory Care/Dialysis/Same Day Surgery /CancerCare
CLI.4510.PL.001.FORM.02	Falls Risk Assessment and Interventions for Inpatients
CLI.4510.PL.001.FORM.03	Falls Prevention Audit - Emergency/Observation/Ambulatory Care/Dialysis/Same Day Surgery/CancerCare
CLI.4510.PL.001.FORM.04	Falls Prevention Audit - Inpatients
CLI.4510.PL.001.FORM.05	Falls High Risk Precautions - Acute Care (Kardex Insert)
CLI.4510.PL.001.SD.01	Falls and You…Most Falls are Preventable
ORG.1810.PL.001	Safety Event Reporting
ORG.1810.PL.001.FORM.01	Safety Event Report
CLI.6611.FORM.01	Preoperative Assessment Patient Questionnaire
CLI.5110.PL.005.FORM.01	Triage and Emergency Department Record
SCHIPP.RES.080	Transfer and Mobility Assessment
SCHIPP.M5.006	Assisting Fall Client From Floor Lift Assist Two or More Assist

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