



STANTON TERRITORIAL HEALTH AUTHORITY

POLICY/PROCEDURE

Category: Falls Prevention Strategies	DISTRIBUTION: Hospital Wide Manuals
Subject: Falls Prevention - Ambulatory Care Areas	DEPARTMENT: Patient Safety Committee
CURRENT EFFECTIVE DATE: January 2016	NEXT REVIEW DATE: January 2019

Stanton Territorial Health Authority (STHA) is committed to providing patient and family centered care in a safe environment. Adoption of a falls risk strategy will ensure that patients and staff are aware of the potential risks for falls, how to reduce these risks, and how to report falls that occur on site. This information will be used to identify, implement and evaluate quality improvement initiatives.

SPECIAL POINTS

Falls are a major cause of injury across the continuum of health care. A collaborative approach is required to prevent falls and injuries related to falls from occurring in patients, families, and employees in the Ambulatory Care areas of STHA.

Data compiled by Accreditation Canada, Canadian Institute for Health Information (CIHI), and Canadian Patient Safety Institute (2014) identifies:

- "From 2006-2007 to 2012-2013, the national fall-related hospitalization rate was approximately 16 per 1,000 seniors. Seventeen percent of hospitalizations were the result of falls in residential institutions, which represents more than 80,000 fall-related hospitalizations. Eight percent of falls-related hospitalization ended in death.
- Fifty percent fall-related hospitalizations occurred as a result of falls in the home."
- The majority of remaining hospitalizations occurred as a result of falls in residential institutions, schools, and public areas.

Fall prevention programs are a Required Operational Practice (ROP) to meet Accreditation Canada Standards.

Safer Healthcare Now (2013) uses the acronym "SAFE" as a reminder of falls prevention:

- S - Safe Environment
- A - Assist with Mobility
- F - Fall Risk Reduction
- E - Engage Client and Family

**STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT**

Falls Prevention Strategies: Falls Prevention –
Ambulatory Care

F-0400

While this policy addresses Ambulatory Care falls, there is a specific Nursing policy for the assessment, prevention and management of inpatient falls.

DEFINITIONS:

Fall: an event that results in a person coming to rest inadvertently on the ground, or floor, or other lower level, with or without injury. This would include: unwitnessed falls where the client is able/unable to explain the events and there is evidence to support that a fall has occurred (Safer Healthcare Now, 2013).

Staff: clinical and non-clinical staff at STHA (e.g. housekeeping, lab, support staff and other interdisciplinary health care professionals).

POLICY

Each ambulatory care area at STHA (Appendix A) will develop an individual protocol which reflects the assessments and precautions taken in their department to mitigate the risk of patient falls.

Each ambulatory care area will determine the appropriate interventions to prevent falls specifically for their area, based on the template provided (Appendix B).

Education will be provided to all STHA employees regarding:

- Risk factors for falls
- How to reduce the incidence and severity of falls.
- What to do if they are made aware of or observe a fall
- Reporting and communication regarding a fall of a patient or a staff member.

Education will be provided to patients and family on ways to reduce the risk of falls including:

- Risk factors for falls
 - How to reduce falls at home
 - Appropriate distribution of information pamphlets on promoting safety to patients and family
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PROCEDURE

Falls Prevention

The following, if applicable, are expectations of staff to minimize falls:

- Orient patient to surroundings.
- Inform use of call bell and ensure it is located within reach.
- Advise patient of the anticipated staff return/follow up.
- Place personal care items/toileting devices within reach.
- Ensure bedrails are locked and in low position.
- Ensure room and pathways are clear of clutter and well lit.
- Conduct Environmental Care Round to monitor unit environment.
- Monitor and review medication use/side effects/impact to mobility, and provide education on best time for activity.
- Advise on use of appropriate footwear, personal items such as hearing aids and glasses, and mobility aids.
- Communicate to staff a patient's fall risk during handover.
- Communicate with patient and family members on falls prevention and interventions.

Management of a patient fall

- Offer patient assistance and assess for injury.
- Consider whether the patient should be seen by a physician.

Communication and documentation

- Some areas may choose to identify patients, at risk of falling, with a sticker and/or bracelet (Appendix B).
- Before the end of shift, the person witnessing or discovering the incident will complete the incident report in RiskPro.
- The incident and outcome should also be documented on the patient's medical record, if one exists.

Evaluation

- An interdisciplinary subcommittee of the Patient Safety Committee will track the data and review all ambulatory care area falls from RiskPro reports on a quarterly basis. Recommendations for changes will be reported to the Patient Safety Committee.

STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT

Falls Prevention Strategies: Falls Prevention –
Ambulatory Care

F-0400

REFERENCES

1. Accreditation Canada. (2016). Required Organizational Practice: Falls Prevention. Retrieved from <http://www.accreditation.ca/sites/default/files/rop-handbook-2016-en.pdf>.
2. Accreditation Canada, Canadian Institute for Health Information, Canadian Patient Safety Institute. (2014). Preventing Falls: From Evidence to Improvement in Canadian Health Care. Retrieved from <https://www.accreditation.ca/sites/default/files/falls-joint-report-2014-en.pdf>
3. Capital Health Nova Scotia. (2011). Falls Prevention Ambulatory Care Areas Policy CC 05-046. Retrieved from http://policy.nshealth.ca/Site_Published/DHA9/document_render.aspx?documentRender.Id=51696&documentRender.GenericField=&documentRender.Id=51696
4. Safer Healthcare Now! (2013). Reducing Falls and Injuries from Falls: Getting Started Kit. Retrieved from <http://www.patientsafetyinstitute.ca/en/toolsResources/Pages/Falls-resources-Getting-Started-Kit.aspx>

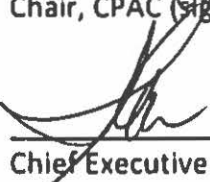
Reviewed and approved by:



Chair, CPAC (signed and dated)

JAN - 7 2016

Reviewed and approved by:



Chief Executive Officer (signed and dated)

JAN - 7 2016

Appendix A

Listing of all Ambulatory Care Areas

- Physiotherapy Department
- Occupational Therapy Department
- Diagnostic Imaging Department
- Laboratory Department
- Emergency Department
- Medical Daycare Unit
- Surgical Daycare Unit
- Respiratory Therapy Department
- Dialysis
- Specialist Clinics (Medical Clinic, Medical Centre, Eye Clinic)
- Speech Language Pathology
- Audiology
- Northern Options for Women (NOW)
- Northern Women Health Program (NWHP)

STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT

Falls Prevention Strategies: Falls Prevention –
Ambulatory Care

F-0400

Appendix B

Template For Falls Prevention In Ambulatory Care Areas

Unit/Area _____ **at Stanton Territorial Hospital**

Prevention: Falls prevention measures taken prior to patient visit (e.g. falls prevention handout and/or information given to patient with appointment details)

Type here:

Identification: Process of identifying patients at falls risk (e.g. stickers on charts, verbal communication from employees during handover, yellow bracelet given to patient, informing and engaging family members/ caregivers)

Type here:

Action Plan: Falls prevention measures taken once a falls risk is identified (e.g. verbal and written communication between staff members on new appointment and notification process on subsequent appointments, informing and engaging family members/ caregivers, one on one monitoring of patient, falls prevention handout and education given)

Type here:

Follow-up Plan- Process following a fall which may be unique to the area. (e.g. assessment by physician if there is one in the department)

Type here:

**STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT**

Falls Prevention Strategies: Falls Prevention –
Ambulatory Care

F-0400

Appendix C

Morse Fall Scale

See below an example of a falls risk assessment tool for reference in creating a template for each ambulatory care area.

STANTON TERRITORIAL HEALTH AUTHORITY FALLS INJURY PREVENTION TOOL		May 5 2015 DRAFT				
DATE / TIME						
Please check most appropriate reason for assessment	Admission					
	Change in Status					
	Periodic Review					
	Discharge					
RISK FACTORS (the lower the score, the lower the risk)		SCORE	1st	2nd	3rd	4th
History of Falling		No: 0 Yes: 5				
Secondary diagnosis (2 or more medical conditions)		No: 0 Yes: 5				
Ambulatory Aids: None/Nurse Assist Cane/Crutches/ Walker Furniture		0 3 6				
IV pole		No: 0 Yes: 4				
Gait normal Bed rest/Wheelchair Gait Weak/Impaired		0 0-4 2-4				
Mental Status: Knows own limits or over-estimates or forgets limits		0-3				
Patient is taking 4 or fewer medications Patient is taking 5 or more medications		0 3				
Vision Uncorrected/Impaired:		No: 0 Yes: 4				
Able to rise from a chair in a single movement Pushes up from a chair, successful in one attempt Multiple attempts but successful Unable to rise from a chair without assistance		0 2 3 4				
TOTAL SCORE						
INITIALS						

Please turn over...

**STANTON TERRITORIAL HEALTH AUTHORITY
POLICY DOCUMENT**

Falls Prevention Strategies: Falls Prevention –
Ambulatory Care

F-0400

STANTON TERRITORIAL HEALTH AUTHORITY FALLS INJURY PREVENTION TOOL	May 5 2015 DRAFT
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Planning and Implementation

Date and initial each assessment where the patient's score indicates

Complete the rest of that section by checking each item when action has been taken

	1st	2nd	3rd	4th
0 - 11 Low Risk				
- re-assess if status changes				
12 – 23 Moderate Risk				
- initiate Falls Prevention Care Plan				
- place Falls Precaution label on spine of chart, in care plan and over patient's bed				
- refer to Physiotherapy if appropriate				
- re-assess if status changes or if a fall occurs				
24 – 38 High Risk				
- initiate Falls Prevention Care Plan				
- place 2 Falls Precaution labels on spine of chart, in care plan and plan and over patient's bed				
- refer to Physiotherapy				
- re-assess on a regular basis as appropriate				

Please turn over...