Falls Prevention and Management

Best Practices Initiative
Ministry of Health and Long-Term Care

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Based on the Toronto Best Practice Implementation Steering Committee’s Policy and Procedure ‘Falls Prevention and Management’ (2006).

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Overview

- Definition of falls
- Falls Assessment
- Preventative approaches
- Strategies and interventions for falls
- Monitor and evaluate resident outcome
- Roles and Responsibilities
Definition of a Fall

- A fall:
  - sudden,
  - uncontrolled,
  - unintentional,
  - downward displacement of the body to the ground or other object.

Note: excludes falls resulting from violent blows or other purposeful actions
Near fall

☐ A near fall

- sudden loss of balance
- does not result in a fall or other injury
- can include a person who slips, stumbles or trips but is able to regain control prior to falling.
Un-witnessed fall

☐ An *un-witnessed fall*

- when a resident is found on the floor
- neither the resident nor anyone else knows how he or she got there.
Consequences of Falls

- Fractures of the hip, femur, humerus, wrist and rib,
- Soft tissue injuries,
- Hematoma,
- Transient confusion,
Consequences of Falls

- Social/psychological consequences,
- Sometimes sudden aging,
- Hospitalization and immobilization,
- Disability,
- Death
Predisposing Factors for Falls

- Secondary diagnosis (especially cardiovascular disease)
- Advancing age
- Recent admission
- History of falls
- Changes in mental status
- Transferring activities or the use of assistive devices
Fall Risk Assessment

- Conduct the Morse Fall Risk Assessment,
  - Within 24 hours of admission.
  - Any sudden change of status.
  - With quarterly documentation.

- Complete assessments including cognitive status, e.g., Mini-Mental Status Examination (MMSE).
  - Document and update quarterly.
Morse Fall Scale

☐ Determine Fall Risk Factors

☐ Determine Morse Fall Score
  ▪ High Risk 45 and higher
  ▪ Moderate Risk 25-44
  ▪ Low Risk 0-24

☐ Target Interventions to Reduce Risks

Note: Complete checklist for resident assessed based on level of risk
Fall Risk Interventions

- Develop interventions
  - address residents identified as at risk for falling
  - implement plan of care
  - based on level of risk

- Initiate a written plan of care
  - within 24 hours of admission
  - update as necessary.
Falls Risk Evaluation

- Evaluate and document resident outcome.
Interventions/Strategies to Reduce Risks for Falls

- Familiarize the new resident with the surroundings on admission.

- Assign the resident to a bed that enables the resident to exit towards his/her stronger side whenever possible.
Provide education

- Teach resident proper ambulation and use of assistive devices:
  - do not turn on the heel of the foot;
  - use handrails;
  - wheelchair safety (brakes, pedals); and
  - do not pull down on walkers when rising to a standing position.
Provide education

- Teach resident to sit on the edge of the bed for several minutes before rising.
- Caution resident to avoid bending his/her head sharply backwards.
- Instruct resident to refrain from working with his/her arm above their head.
Provide education

- Instruct resident and family members about appropriate footwear:
  - use of treaded socks
  - and/or non-skid footwear.

- Instruct the resident to request assistance with ambulation.
  - repeat instructions to call for help on each shift
Exercise

- Assess the resident’s coordination and balance before assisting with transfer and mobility activities.
- Engage the resident in physical activities and exercise.
Medication Review

☐ Conduct periodic medication reviews such as:
  - dosage,
  - side effects and
  - interactions with food or other medications.

☐ Examine medication dosing schedules.
Medication Review

- **Note**: Residents taking:
  - benzodiazepines,
  - tricyclic antidepressants,
  - selective serotonin-reuptake inhibitors,
  - trazodone, or
  - more than 5 medications should be identified as high risk.

- Residents on anticoagulants should be monitored after a fall for possible hematoma.
Nutrition, Vitamins and Supplements

- Provide information on the:
  - benefits of Vitamin D supplementation in relation to reducing fall risk.
  - dietary, lifestyle, and treatment choice for the prevention of osteoporosis to reduce risk of fracture.
Consider the use of hip protectors/helmet to reduce fractures.
Environmental Considerations

☐ Place an “at risk” indicator on the chart and on the bulletin board above the bed.

☐ Perform environmental rounds to promote safe environment.
Continence Management

- Assess the resident for a bowel and bladder program to decrease urgency and incontinence.

- Assist with toileting as needed and record signs for possible urinary tract infection or constipation.
Some Alternative Strategies to Restraints

- Individualizing daily routine such as sleep patterns; activity patterns; toileting programs.
- Bedside commode.
- Monitoring devices (e.g., bed alarms).
- Use night light – assists with orientation and prevents unsafe transfers at night.
Post Fall Management

- Initiate Head Injury Routine
  - assess resident’s level of consciousness
  - any potential injury associated with the fall.
- Notify the attending Physician
- Ensure immediate treatment after the fall.
- Complete incident report and detailed progress note.
- Investigate the contributing factors associated with the fall including location, time and related activity.
Post Fall Management

☐ Review fall prevention interventions and modify plan of care as indicated.

☐ Communicate to all shifts that resident has fallen and is at risk to fall.

☐ Monitor the resident for 48 hours after a fall if they are on anticoagulants such as heparin, coumadin and aspirin.
Roles and Responsibilities of Registered Staff

- Fall-risk assessment
- Initiates plan of care
- Referral to interdisciplinary team members.
- Ensures procedures for high fall-risk residents are in use.
- Provides education to family/resident about falls prevention strategies.
- Evaluates the plan of care.
Roles and Responsibilities of Health Care Aide/Personal Support Worker

- Follows procedure and care plan for high fall-risk admissions.
- Monitors residents.
- Assists residents when transferring, ambulating or walking.
- Recognizes and reports resident verbalizations and behaviours indicative of discomfort which may potentially lead to falls.
- Reports any risk factors identified.
Roles and Responsibilities of Maintenance/Housekeeping

☑ Supports a safe environment of care, e.g., preventative maintenance, environmental checks.
References


- Toronto Best Practice Implementation Steering Committee’s policy and procedure Falls Prevention and Management

