Fall Reduction & Injury Prevention

Annual Review Fair

Continuing Care

January 1, 2022 – December 31, 2022

Saskatoon - Urban

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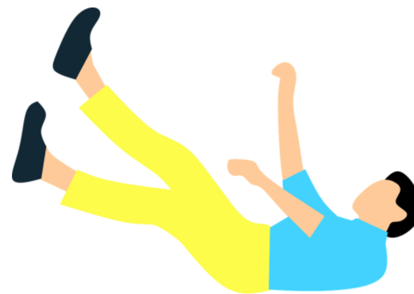
Fall Reduction & Injury Prevention

A Fall is defined as…

"An **unexpected event** in which a person comes to rest on the **ground, floor** or **lower level with or without injury**."

It includes:

- Unwitnessed falls where the resident is unable to explain the events but there is evidence to support a fall occurred.
- Situations where a resident is eased to the floor or a lower level surface by a staff or family member.



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Did You Know?

- **Falls are a serious safety concern!** The Saskatchewan Health Authority is committed to a safe care environment and has made **Fall Reduction & Injury Prevention** one of its safety priorities.
- Residents living in LTC homes are 3 times more likely to fall than other older adults living in their own homes, with results of these falls often more serious.
- Residents living in LTC homes are more frail, weaker, and have multiple chronic conditions that increase their risk for falls and fall related injuries.
- Falls for a resident can be the first sign of a new or worsening health problem, such as infection or a heart problem; it is a symptom not a diagnosis.
- Falls cause decreased independence, loss of mobility, pain, decreased sense of security and can result in significant injury, including death.
- In fact, falls are the leading cause of injury, death, hospitalization, and permanent disability among older Canadians.

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There are many Myths related to resident falls such as:

- “We can’t do anything to prevent falls”.
- “In order to keep resident’s safe, we must restrain them”.
- “Residents are just going to fall when they get older and more frail”.
- “Muscle strength and flexibility once lost, can never be regained”.
- And so on…

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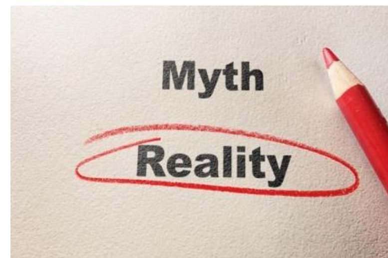
The Reality is…

- "We CAN prevent falls and SERIOUS INJURY as a result of a fall".
- "Falls are NOT an inevitable part of getting older; many falls are preventable".
- "Falls can be a serious problem, resulting in suffering, disability, loss of independence and decline in quality of life".
- "Falls can be prevented while:

  a) preserving as much of the resident's independence as possible,

  b) continuing to encourage safe physical activity, and

  c) maximizing quality of life".



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What Do We Know About Falls?

- Many factors can contribute to a resident's increased risk, such as physical frailty, the presence of long term conditions, physical inactivity, taking multiple medications and the unfamiliarity of new surroundings.
- The interaction of factors that contribute to an individual's risk of falling is unique to the individual. By reducing a individual's risk factors we can reduce their risk for falls and fall related injuries.
- A comprehensive assessment must be completed upon move-in as one tool CANNOT identify all risk factors. Identify, plan, implement, and evaluate in order to make lasting improvements to successfully manage and prevent falls and fall related injuries (i.e. hip fractures) and support an individual's wellbeing, independence, and participation to live as well as they possibly can.
- Fall prevention is **everyone's responsibility**!

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Falls Related Risk Factors (not a complete list):

Biological

Chronic disease, weakness, unsteady gait, vision and hearing loss, dizziness, effect of medications, pain, etc.

Behavioural

Anxiety/Fear of falling, depression, impulsive, restlessness, resident choice, impaired insight, etc.

Social / Economic

Social isolation, lack of meaningful activities, language barriers, feelings of loneliness, helplessness and boredom, etc.

Environmental

Wet floors, poor lighting, room set up, clutter, etc.

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Fall Reduction and Injury Prevention Strategy

- **Universal Fall Prevention for ALL Residents**– This includes asking the “3 Questions”, completing environmental room and home safety checks.
- **Individual Risk Screen Assessment to identify risk factors** – on move in, quarterly, with change of status, and post fall. This is a comprehensive assessment which combines the nursing assessment with the Scott Fall Risk Screening tool, LTCF Assessment, TLR Mobility, medication review, communication with resident and their family, etc.
- **Communication** – plan developed interventions must be communicated in many ways –verbally, in writing (i.e. myPLAN 1.1, progress notes) to all care team members.

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Fall Reduction and Injury Prevention Strategy continued…

- **Fall Reduction Interventions** such as: medication changes, addressing pain, dizziness, nutrition intake, hydration, meaningful activities, regular safety "checks" based on each resident's risk factors.
- **Injury Prevention Interventions** may include safety equipment such as hip protectors, fall mats, etc.

- **Post Fall Interventions –** problem solving and implementation of safety measures to reduce risk of subsequent falls and injuries related to falls.

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Universal Fall Prevention Precautions (SAFE)

Each resident will benefit from Universal Fall Prevention Precautions:

S **Safe Environment**: clear pathways, apply brakes on mobility aid before ambulating and ensure adequate lighting.

A **Assist with Mobility**: mobility aids within reach, mobilize at least 2 times a day, safe transfer (TLR) and mobilization, offer assistance to the toilet regularly, ensure glasses and hearing aids are worn or are within reach.

F **Fall Risk Reduction**: ensure call bell and personal items are within reach, bed placed at lowest appropriate height, proper footwear is worn, safe and regular toileting, frequent safety "checks".

E **Engage and Educate Residents and Families**: orientate to surroundings, discuss fall risk factors, develop and document plan of care into the myPLAN 1.1.

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The 3 Questions is part of Universal Fall Prevention

Ask these **3 questions** before leaving a resident in their room:

1. Do you need to **use the toilet**?
2. Do you have any **pain or discomfort**?
3. Do you need **anything before I leave**?

Asking these questions may decrease the resident's need to get up on their own, reduce their anxiety and use of their call bell. It may also provide opportunity to develop meaningful relationships with residents while ensuring their physical and emotional needs are being met.

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Fall Prevention Interventions

Fall Prevention Interventions are **resident specific.** There **must** be a written plan (in the myPLAN 1.1) in place to address each resident's individual risk factors. Some Fall Prevention Interventions to consider are:

- **Social and Physical Activity** improves overall health and strength. Engaging in activities (group or individual) may reduce a resident getting up unsafely.
- **Increase safety "checks" or monitoring** of residents identified at their higher peak times for falls.
- Ensure **appropriate mobility status/supervision & equipment** are in place & up to date.
- **Anticipate** and ensure resident's **unmet needs are met**. i.e. Pain, Hydration, Dizziness, Mood, etc.
- **Assess environment** for safety risks and remove/modify potential hazards.

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Injury Prevention Interventions may include:

- **Hip protectors -** most effective when worn all the time including at night. Research shows hip protectors are **up to 90% effective** in **preventing fall related hip fractures** when worn consistently.
- **Falls mats** based on assessment should be placed on the floor beside the bed when the resident is in bed. They are to be **removed from the floor** for storage **when the resident is up** to maintain a safe environment. Follow a regular cleaning schedule as the stationary mats will become **slippery** if they become **dust coated.**

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Injury Prevention Interventions continued…

- Ensuring the bed is left in the **lowest appropriate position** for the resident with its wheels locked.
- Use of **bed/chair alarms**, and/or **one-way glides** based on individual assessment.
- Assistance with the use of **transfer or mobility aids**.

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Least Restraint

Restraints can cause:

- Possible or worsening confusion, agitation & aggression
- Loss of independence & self-esteem, increased anxiety
- Feelings of loneliness, helplessness, isolation and depression
- Decreased bone and muscle strength
- Constipation or incontinence
- Skin breakdown/increased risk of developing pressure injuries
- Injury or death as a result of entrapment or falls.

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Least Restraint continued…

- Least Restraint use is based on an individual comprehensive assessment which includes **harm vs benefit.**
- Applying a "least restrictive" restraint should only be considered **after all other alternatives have been exhausted**. They are **NOT** intended for long term use.

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Post Fall Process (after a resident falls)

- Follow the **Post Fall Pathway.** Assess for injury and ensure the resident is safe and comfortable. This may involve keeping the resident comfortable on the floor until paramedics arrive.
- For **unwitnessed falls**, suspect a potential head injury. Monitor changes in Central Nervous System up to 72 hours for changes in behavior, orientation, or level of consciousness. Refer to **Fall Record** (Form #101853-06/2017) which includes the **Glasgow Coma Scale**.

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Post Fall Process (after a resident falls) continued…

- Complete a post **Fall Record**, including all contributing factors related to the fall.
- Conduct a **Post Fall Huddle** immediately after the fall to outline an action plan to prevent future falls.
- Follow-up with an **Interdisciplinary Huddle** to assess trends and establish interventions and actions to prevent future falls based on the resident's risk factors that contributed to the fall.

"Insanity: Doing the same thing over and over again and expecting different results" – Albert Einstein

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Post Fall Process Continued…

- **Complete an AEMS Report** (Both the Fall Record and AEMS report are required as they serve different purposes),
- **Communicate changes** to the resident's **plan of care** following the **Post Fall Huddle;**
  - To care team members
  - To resident and family - when possible, involve them in decision making discussions prior to changes made Post Fall
  - Documenting in the resident's chart
  - By updating the resident's care plan (myPLAN 1.1)
- **Evaluate** the **care plan** and if the interventions are not working
  try something different!

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Fall Prevention & Injury Reduction Resources

Some of the **Fall Reduction & Injury Prevention Tools/Resources** available on the **Infonet** page include:

- Alarm Use Pathway and Fall Mat Pathway
- Non-skid Socks Pathway
- Criteria for Hip Protectors
- One-Way Glide- Work Standard
- Vitamin D – Prescribing Guidelines for Health Care Providers
- Meaningful Activities Resource
- E-Learning Module
- Fall Referral form and the Consultation Process – Work Standard
- Bed Safety & Entrapment Prevention Video for LTC
- Toolkit full of additional resources

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In Summary

Fall Reduction and Injury Prevention…

- Is everyone’s responsibility and it needs to become part of our daily activities. Know your role in reducing falls and preventing injuries.
- Is creative problem solving. There are many tools and resources available on Fall Reduction and Injury Prevention.
- Is not use of restraints first. Alternatives to least restraints **should be exhausted.** The Least Restraint policy followed.
- Policy is currently under revision.
- Is a safety priority for all residents living in LTC!

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Thank You

Additional information on ***Fall Reduction & Injury Prevention*** and ***Least Restraint – Mechanical and Environmental*** may be found on the **Saskatchewan Health Authority - Saskatoon Health Region Former Infonet Site.**

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