


Minimising the Risk of Falls & Fall-related Injuries

Guidelines for Acute, Sub-acute and Residential Care

© Education Supplement



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This document should not be considered prescriptive. Health care staff should work with patient/residents and their families/carers to ensure that the most appropriate care and treatment is provided to the individual. Some flexibility will be required to adapt these Guidelines to specific settings, local circumstances and to individual patient/resident needs.

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Training Modules

About This Education Supplement

This Education Supplement is based on the Minimising Falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care. It is recommended that you read the Guidelines prior to completing these modules.

Training Modules

Summary of the Training Modules

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TRAINING MODULE 1: WHY FALLS AND FALL-RELATED INJURIES ARE AN IMPORTANT SAFETY ISSUE FOR HOSPITALS AND RESIDENTIAL CARE FACILITIES

Each of the six education modules is based on the Minimising the Risk of Falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care. It is suggested that you read the guidelines prior to undertaking these modules.

This module is a general introduction to the problem of falls and fall-related injuries. It looks at the role of both the individual caregiver and the organisation in minimising the risk of falls and fall related injuries and considers how evidence-based practice and quality improvement activities can assist staff to minimise the risk of falls and fall-related injuries.

Objectives

When you have completed this module you should be able to:

- explain why falls are an important safety issue for caregivers and the organisation
- state who is at increased risk of falling
- describe how falls and fall-related injuries can affect a patient/resident
- describe how organisations can support staff to reduce the risk of falls
- recognise the relationship between evidence-based practice and falls risk minimisation
- recognise the relationship between quality and safety improvement and falls risk minimisation.

Duration

Allow 30 minutes to complete this module.

Reference materials

You may need to refer to the following documents to assist you in completing this module:

- Minimising the Risk of Falls and Fall-Related Injuries Guidelines for Acute, Sub-acute and Residential Care
- Minimising the Risk of Falls and Fall-related Injuries Research Supplement
- the definition of a fall used by your organisation (or the definition provided in the Guidelines can be used – see below).

Definition of a fall

A fall has been defined as:

“A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, the ground or other surface”. This includes:

- slips
- trips
- falling into other people
- being lowered
- loss of balance
- legs giving way.

If a client is found on the floor, it should be assumed that they have fallen unless they are cognitively unimpaired and indicate that they put themselves there on purpose.

Other definitions of “fall” are given in the Research Supplement. It is important to choose a definition that is appropriate for your organisation – and for everyone in your organisation to use the same definition.

QUESTIONS AND ACTIVITIES

It is easy to underestimate the size and impact of a problem. Check your understanding of the problem of falls in acute, sun-acute and residential care settings by answering the following questions.

Falls statistics

1. **In a 500 bed acute hospital, up to how many falls have been reported to occur over a 12-month period?**
 - A. None
 - B. Approximately 700 (4 falls / 1000 bed days)
 - C. Approximately 1300 (7 falls / 1000 bed days)
 - D. Over 3000 (18 falls / 1000 bed days)

2. **What percentage of sub-acute patients do you think fall while they are in hospital?**
 - A. Up to 55%
 - B. Up to 26%
 - C. Up to 75%
 - D. Up to 46%

3. **What percentage of reported incidents in residential care facilities do you think are related to falls?**
 - A. Up to 65%
 - B. Up to 83%
 - C. Up to 40%
 - D. Up to 100%

4. **After reviewing the background section in the Research Supplement and drawing on your experience why do you think falls are an important safety issue? State at least 3 reasons.**

Who is at risk of falling?

Falls are a common public health problem because people of all ages can fall. However, the risk of falling is greater for some people than others. These are called high falls risk groups or populations.

5. **Which of the following factors do you think may contribute to being a high falls risk? Circle all that are applicable:**
 - A. Visual impairment
 - B. Hearing loss
 - C. Depression
 - D. Lower limb (leg) arthritis
 - E. Cognitive problems (eg dementia or delirium)
 - F. Neurological conditions (eg Parkinson's disease)
 - G. Drug addiction
 - H. Haematological/oncology conditions
 - I. Alcohol addiction
 - J. Acute infections (eg urinary tract, chest)
 - K. A history of falls, falls with injury, or fall related fracture

How falls and fall-related injuries can affect quality of life

The consequences of falls in hospitals and residential care settings vary from no effect, to severe injury or death. Research suggests that 30-40% of falls cause injuries. Refer to the Research Supplement, Background section for further information.

6. In your experience what are the most common fall-related injuries in Acute/sub-acute/residential care settings? State 2 or 3 most common types of fall-related injuries.

7. Consider the impact a fall may have on a patient/resident and state 2 or 3 different effects/outcomes that may result.

An organisational approach to managing the risk of falls and fall-related injuries

In *Better Quality, Better Health Care A Safety and Quality Improvement Framework for Victorian Health Services*, Department of Human Services, 2003, it states that an effective quality and safety program requires a planned approach, which includes:

- o appropriate organisational structures, processes and resources in place to monitor, manage and improve the safety of care and services and the service delivery environment
- o key areas of risk are identified, prioritised, managed and regularly reported.

(This document is available on the Victorian Quality Council Website [Http://qualitycouncil.health.vic.gov.au](http://qualitycouncil.health.vic.gov.au) if you would like to read more about the key principles and practices for the effective monitoring, management and improvement of health services).

Falls Risk Management

8. State what structures, processes and resources you think comprise an effective risk management strategy to minimise the risk of patient/resident falls (Reviewing Chapter 3 of the Guidelines may assist you in answering this question).

9. Think about the different structures, processes/activities in place in your organisation to minimise (the risk of) falls and fall-related injuries. What would you do to improve your organisations falls prevention program? Discuss

Evidence-based practice and falls risk minimisation.

10. The Research Supplement of the Guidelines provides the latest evidence on falls risk factors and interventions to minimise their risk. How do you think this research can assist to improve clinical practice in falls prevention in your organisation?

11. How would you go about reviewing current falls prevention practice in your organisation against best practice?

Workplace Activities (additional activities)

12. Review a falls incident that has happened in your organisation. Describe the effect of the fall on the:

- patient/resident
- patient/resident's family
- caregivers looking after the client when the fall happened.

12(a) Think about what might have been done differently and whether the incident could have been prevented? State reasons for your answer.

Module Summary

- Falls and fall-related injuries can have a significant impact on:
 - patient/residents resulting in: pain, medical complications, extended time in hospital, loss of independence, quality of life and even death
 - their families – resulting in increased stress and changes in home situation
 - staff – resulting in stress, additional workload
 - organisations – increased costs, increased length of stay.
- Minimising the risk of falls and fall-related injuries is an important safety and quality of care issue. Minimising the risk of falls and fall-related injuries is part of risk management. These include:
 - introducing policies and procedures to identify and minimise risk
 - educating staff about falls minimisation activities
 - collecting and analysing falls incident data to improve performance
 - drawing conclusions from the data and providing feedback to staff.
- Ensuring clinical practice is informed by the best available evidence is an important part of high quality care.

TRAINING MODULE 2: MINIMISING THE RISK OF FALLS AND FALL-RELATED INJURIES – STEPS 1 & 2 OF THE PROCESS MODEL

Each of the six education modules are based on the Minimising the Risk of falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care. It is suggested that you read the guidelines prior to undertaking these modules.

The process model is a four-step model centred on patient/resident care and designed to minimise the risk of falls and fall-related injuries. The first 2 steps of the model focus on identifying a patient/resident's risk factors, both personal and individual environmental.

Objectives

When you have completed this module you should be able to:

- explain why and when patient/residents should be screened/assessed for falls risk
- the steps in the process model for identifying risk factors which contribute to risk of falls and fall-related injuries
- explain the purpose of the tasks in Steps 1 and 2 of the process model
- explain what falls risk factors are

Duration

Allow 30 minutes to complete this module.

Reference Materials

You may need to refer to the following documents to assist you in completing this module:

- Minimising the Risk of Falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care.
- your organisation's falls risk screening and assessment tool(s)
- your organisation's policy on risk screening and assessment (this information may be included within your organisation's tool(s)).

QUESTIONS AND ACTIVITIES

Review the process model in the Guidelines before answering these questions.

Understanding the Process Model

1. What do you think are the principles underpinning the model?

Tasks and purpose for Steps 1 and 2

2. Why would you use a falls risk screen rather than a comprehensive falls risk assessment?

3. What things would you need to consider when deciding whether to conduct a risk screen or assessment for a patient/resident?

Tasks and purpose for Steps 1 and 2 continued...

4. Which settings would you consider have high falls risk populations?

5. What are the key activities of a risk assessment?

6. When should patient/residents be screened/assessed and what might trigger a reassessment/screening?

Falls risk factors

Personal risk factors relate to a patient/resident's health problems that increase the patient/resident's risk of falling (poor balance/unsteadiness in walking). Individual environmental risk factors relate to a patient/resident's immediate environment (eg brakes on bed either not on or broken).

7. What do you think is meant by comprehensively assessing risk factors? How would you go about comprehensively assessing a patient/resident's risk factors

Your organisation's falls risk screening and assessment tool(s)

8. How is the tool structured, what information is requested about the patient/resident?

9. What does the scoring system tell you?

10. How do you use this information to minimise the risk of a patient/resident falling?

11. Having reviewed the guidelines do you think there are additional/different strategies/approaches that you (your organisation) could implement in relation to risk screening/assessment?

Case Study 1 – Mr Casey

Scenario

Mr Casey is a 77-year old man who lives at home with his wife, who is a frail 81 year old. Mr and Mrs Casey share most of the activities around the house, such as light domestic chores. They have home help attend once weekly to assist with vacuuming and cleaning tasks, and they hire a gardener to help maintain their garden.

Mr Casey has a medical history including:

- o Mild Parkinson’s disease, making his walking slow and a little unsteady
- o Diabetes (controlled with diet)
- o Postural hypotension (feels light-headed on standing up).

Mr Casey usually walks slowly but independently with a single point stick, and tries to maintain a daily walking program (30 minutes around a local park) to help with his balance and mobility. He has had five falls in the past 12 months, including three in the last four days. In the past few days, his wife has also noted he seems to have become a little vague and confused. Mr Casey is unsure about the circumstances of the recent falls (with his acute confusion), although his wife observed the last of these and indicated that he just seemed to lose balance when he stood up and turned to go towards the kitchen.

Mr Casey takes three prescription medications daily, including medication for his Parkinson’s disease. He has seen a neurologist three months ago, who adjusted his Parkinson’s disease medication dose, which seemed to help his walking.

Mrs Casey took Mr Casey to see their general practitioner, finding it increasingly difficult to cope with his confused state. The general practitioner conducted tests that indicated Mr Casey has a severe urinary tract infection, which appears to be causing his acute confusion. Mr Casey is admitted for medical management (this could be a hospital settings or emergency respite in a residential care facility).

Activity

12. Conduct a falls risk screen/assessment for Mr Casey using your organisation’s Falls Risk Screening or Assessment tool(s). Compare the risk factors you identified with those in the answers.

Module Summary

- o The steps in the process model are patient/resident-centred and follow the patient/resident’s path through their care.
- o In step 1, all patient/residents are screened for falls risk unless they are considered to be at high risk.
- o In step 2, patient/residents whose level of falls risk exceeds the screening threshold (or who are considered to be at high risk) are fully assessed, and their falls risk factors identified.
- o Falls risk screening and assessment is carried out to ensure that:
 - o the risk of falls and fall-related injuries is minimised for all patient/residents
 - o interventions are put in place where they are most needed
 - o the best use is made of available resources.

TRAINING MODULE 3: MINIMISING THE RISK OF FALLS AND FALL-RELATED INJURIES – STEP 3 OF THE PROCESS MODEL

Each of the six education modules are based on the Minimising the Risk of falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care. It is suggested that you read the Guidelines prior to undertaking these modules.

The process model is a four-step model centred on patient/resident care and designed to minimise the risk of falls and fall-related injuries. In Step 2, personal and individual environmental risk factors are identified and described. Step 3 involves using this information to develop and implement an Action List. It focuses on deciding what strategies to implement to address a patient/resident's risk factors, both personal and individual environmental.

Objectives

When you have completed this module you should be able to:

- explain the tasks and purpose for Step 3 of the process model
- determine the causes of the falls risk factors identified in Step 2
- determine actions to minimise the effects and causes of risk factors identified in Step 2
- develop a falls and fall-related injury risk minimisation Action List for inclusion in the patient/resident's plan for daily care.

Duration

Allow 30 minutes to complete this module.

Reference Materials

You may need to refer to the following documents to assist you in completing this module:

- minimising the Risk of Falls and Fall-related Injuries Guidelines for the Acute, Sub-Acute and Residential Care
- the Case Study scenario provided in Training Module 2
- copy of your organisation's patient/resident plan for daily care or other documentation for recording risk minimisation actions.

QUESTIONS AND ACTIVITIES

Tasks and purpose for Step 3 of the process model

Concepts to consider:

- there may be a number of risk factors that have several causes
- some causes can be modified and some can not
- falls risk factors resulting from non-modifiable causes, can be managed to minimise the effect of that risk factor on future risk of falling or fall-related injury
- multiple risk factors can increase the patient/resident's risk of falling
- it is often necessary to engage with a range of health care professionals to establish causes and determine appropriate falls risk minimisation actions.

1. **In Step 3, falls and fall-related injury risk minimisation actions are determined for each risk factor identified in Step 2. What are the key activities involved in Step 3?**

Determining actions to minimise the causes of risk factors identified in Step 2.

It is often necessary to engage with medical and allied health staff to fully investigate causes of some falls risk factors. The Risk Factor Minimisation Action Tables in the Guidelines describe a number of personal and individual environmental risk factors.

- 2. What strategies can you put in place for falls risk factors that have non-modifiable causes?

Developing a falls risk minimisation Action List

- 3. What information should be included in an Action List?

Case Study – Mr Casey

Scenario

Refer to Training Module 2 for the full scenario about Mr Casey (optional).

The falls risk factors identified for Mr Casey in this scenario include:

- urinary problems (urinary tract infection) – this is the primary reason for admission
- chronic medical condition/s – Parkinson’s disease/mild diabetes
- postural hypotension (low blood pressure on standing up)
- five falls in the past 12 months
- confusion (acute).

Activity

- 4. Determine what falls and fall-related injuries risk minimisation actions should be implemented for Mr Casey. (Use the information in the Guidelines and your own experience).

- 5. Prepare a falls and fall-related injuries risk minimisation Action List for Mr Casey using your organisation’s documentation.

- 6. What issues do you think might be involved in implementing the falls and fall-related injuries risk minimisation actions you have determined for Mr Casey?

Workplace Activity (additional activity)

7. Consider some of your current patient/residents with high falls risk, compare the strategies you have in place (for them) with those in the risk factor minimisation action table. List any additional or alternative strategies you might use to reduce their risk of falls.

Module Summary

- o Step 3 of the process model involves:
 - o determining the causes of falls risk factors that are identified
 - o determining risk minimisation actions and documenting these in an Action List
 - o including the Action List in the patient/resident's plan for daily care
 - o implementing the falls and fall-related injuries risk minimisation actions as part of the patient/resident's plan for daily care.
- o The Tables of Falls Risk Factor Minimisation Actions in the Guidelines describe risk minimisation actions for personal and individual environmental falls risk factors. The actions in these tables are a starting point only. Your own observations of your patient/residents and your experience are just as important.
- o The information that should be included in your organisation's documentation for an Action List includes:
 - o falls and fall-related injuries risk factors identified for the patient/resident in Step 2
 - o falls and fall-related injuries risk minimisation actions determined for the identified risk factors
 - o times when the actions should be carried out
 - o notes related to implementing the actions.

TRAINING MODULE 4: MINIMISING THE RISK OF FALLS AND FALL-RELATED INJURIES – STEP 4 OF THE PROCESS MODEL

Each of the six education modules is based on Minimising the Risk of Falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care. It is suggested that you read the guidelines prior to undertaking these modules.

The process model is a four-step model centred on patient/resident care and designed to minimise the risk of falls and fall-related injuries. Step 4 of the model focuses on what to do if a patient/resident falls, it looks at appropriate care for the patient/resident post fall and recording and reporting the incident.

Objectives

When you have completed this module you should be able to:

- explain the appropriate steps in caring for a patient/resident post fall
- list information that should be included when reporting a falls incident
- understand the effect of implementing a falls program on the reporting of falls and falls data
- explain how falls incident data can be used to improve quality and safety of care in relation to falls.

Duration

Allow 40 minutes to complete this module.

Reference Materials

You may need to refer to the following documents to assist you in completing this module:

- Minimising the Risk of Falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care
- the definition of a fall that has been chosen by your organisation (or the definition given in the Guidelines can be used – see below).
- copy of your organisation's falls incident report form
- the falls and fall-related injuries risk minimisation action list you prepared from the Case Study (if module 3 completed).

Definition of a fall

A fall has been defined in the Guidelines as:

“A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, the ground or other surface”. This includes:

- slips
- trips
- falling into other people
- being lowered
- loss of balance
- legs giving way.

If a patient/resident is found on the floor, it should be assumed that they have fallen unless they are cognitively unimpaired and indicate that they put themselves there on purpose.

Other definitions of “fall” are given in the Research Supplement. It is important to choose a definition that is appropriate for your organisation – and for everyone to use the same definition.

QUESTIONS AND ACTIVITIES

Tasks and purpose for Step 4 of the process model

1. Outline what you think are key steps in caring for a patient/resident after a fall?

2. What other steps do you think should be taken after a patient/resident has a fall?

3. Why would you reassess a patient/residents personal risk factors and risk minimisation strategies after a fall? State at least 2 reasons.

Information that should be included in a Falls Incident Report

4. What information should you put in an incident report as a minimum?

5. Why do you think falls data reporting needs to be as comprehensive as possible? State 3 reasons.

6. Referring to the definition of a fall provided on page 1 of this document, do you think these types of incidents are consistently reported by everyone in your organisation? What do you think influences staff reporting of falls incidents?

Case Study Part A – Falls incident: Mr Casey

Scenario

Mr Casey was admitted to your facility on the 14th and fell about mid-day the next day. He was hurrying to get to the toilet about 20 metres away, by himself without his stick, although the care plan indicated he should have someone supervising his walking with the stick at this stage. He explained that he couldn't reach the call ball (which had been left accidentally out of reach after a staff member had finished a nursing task), and that he needed to go to the toilet urgently. He was wearing poorly fitting slippers when he fell. The only injury from this fall appeared to be another bruise on his left forearm.

Instructions

7. Using your organisation's incident report form complete an incident report on Mr Casey's fall from the information provided in the case study.
8. Describe any changes you consider necessary to the Action List for Mr Casey as a result of his fall (You will need to have completed the action list from training module 3).

Case Study Part B – Using incident report information to minimise the risk of future falls incidents

Scenario

During the same week Mr Casey was admitted and had his first fall, there were four other falls incidents on the same ward/unit:

- Mr Casey fell twice more
- Mrs Milano fell once
- Miss Clancey fell once.

Instructions

Review the following summaries of the incident reports for these 4 falls, along with your incident report for Mr Casey's first fall. Identify any common circumstances that might suggest a focus for falls and fall-related injuries risk minimisation activities on this ward/unit.

Falls Incident Report – Mr Casey

Date	Night of 15th
Time	9.30 pm
Circumstances of the fall	<ul style="list-style-type: none"> ○ Mr Casey was trying to get up to go to the toilet unassisted ○ he was wearing his poorly fitting slippers ○ call bell was not within reach ○ he was not using his walking stick ○ he did not remember that he needed assistance
Care plan requirements	Supervision while walking with stick at this stage
Injury caused by the fall	Minor bruising to left forearm.
Patient/resident's perception of the incident	Mr Casey said: <ul style="list-style-type: none"> ○ he just wanted to go to the toilet.

Falls Incident Report – Mr Casey

Date	Night of 16th
Time	After midnight
Circumstances of the fall	<ul style="list-style-type: none"> Mr Casey was trying to get up to go to the toilet unassisted he was wearing his poorly fitting slippers call bell was within his reach he was using his walking stick he did not remember that he needed assistance
Care plan requirements	Supervision while walking with the stick at this stage
Injury caused by the fall	No injury
Patient/resident's perception of the incident	<p>Mr Casey said:</p> <ul style="list-style-type: none"> he just wanted to go to the toilet he remembered to take his stick, but this didn't help

Falls Incident Report – Mrs Milano

Date	Night of 16th
Time	After 10 pm
Circumstances of the fall	<ul style="list-style-type: none"> Mrs Milano normally used a walking frame to walk, but it was not near her when she fell (it appeared she had got up without using the frame) she was able to call for help and staff attended and helped her back to bed she had taken two sleeping tablets before going to sleep
Care plan requirements	Use walking frame at all times
Injury caused by the fall	Bruised right hip
Patient/resident's perception of the incident	<p>Mrs Milano said:</p> <ul style="list-style-type: none"> she didn't remember what happened, just that she ended up on the floor

Falls Incident Report – Miss Clancey

Date	Night of 17th
Time	After 9 pm
Circumstances of the fall	<ul style="list-style-type: none"> she was going to the toilet at night her walking frame was within reach but she did not use it she caught her foot on the leg of a chair and tripped she was able to get herself up, and called for help from the staff she had taken sleeping tablets before going to bed
Care plan requirements	Use walking frame at all times
Injury caused by the fall	No obvious injury, but she appeared very shaken by the fall and appears to have lost some confidence in walking
Patient/resident's perception of the incident	<p>Miss Clancey said:</p> <ul style="list-style-type: none"> she didn't think about the walking frame she was very frightened

9. Given the feedback from analysis of falls incident reports outlined what broad strategies might you introduce to minimise the risk of falls and fall-related injuries?

Workplace Activity

10. Does your organisation collect data on falls incidents? How is it collected, and how is information conveyed back to staff on the ward/unit?

Falls incident rates can rise in the short term when staff awareness is raised about reporting and what to report.

Consistency of what is defined and reported as a fall is important for effective measurement of change in rates of falls and fall-related injuries.

Module Summary

Step 4 of the process model involves responding appropriately if a patient/resident falls. This means:

- caring for the patient/resident
- reporting the incident
- repeating Steps 1, 2 and 3 of the model as required.

Steps 1, 2 and 3 of the process model may need to be repeated if a patient/resident falls because:

- the patient/resident's level of risk of another fall may have changed
- additional falls risk factors may be present that haven't been identified previously
- it may be necessary to update the patient/resident's falls and fall-related injuries risk minimisation Action List and their plan for daily care.

Reporting, analysis and feedback of falls incident data enables:

- comparison of falls rates over time and with other wards/units or organisations
- identification of falls risk for individual patients/residents
- identification of falls risk related to work practices and the general environment
- strategies to be generated for minimising the risk of future falls and fall-related injuries.

TRAINING MODULE 5: A TEAM APPROACH TO MINIMISING THE RISK OF FALLS AND FALL-RELATED INJURIES IN HOSPITALS AND RESIDENTIAL CARE

Each of the six education modules is based on the Minimising the Risk of Falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care. It is suggested that you read the guidelines prior to undertaking these modules.

This module considers the use of a multidisciplinary team approach to minimise the risk of falls and fall-related injuries. It looks at the roles of a variety of caregivers and how each discipline can contribute to minimising the risk of falls and fall-related injuries. Evidence shows that falls are often caused by multiple risk factors and a multidisciplinary team approach is an effective way to assess and manage falls risk in hospital and residential care settings.

Objectives

When you have completed this module you should be able to:

- explain why a team approach to falls risk assessment is likely to be effective in hospital and residential care settings
- identify the disciplines available for your unit/ward and the procedures for engaging other relevant health professionals
- describe the roles of different health professionals and care providers in minimising the risk of falls in hospital and residential care settings
- complete an exercise related to implementing a team approach to minimising the risk of falls and fall-related injuries.

Duration

Allow 40 minutes to complete this module.

Reference Materials

You may need to refer to the following documents to assist you in completing this module:

- Minimising the Risk of Falls and Fall-Related Injuries Guidelines for Acute, Sub-acute and Residential Care
- Research Supplement
- your organisation's tool(s) for falls risk screening and assessment
- your organisation's client plan for daily care, discharge notes and referral templates.

QUESTIONS AND ACTIVITIES

1. **Why do you think a team approach to falls risk assessment may be effective? State at least 4 reasons.**

2. (a) List the professional disciplines that are available for your ward/unit/organisation and the procedures for engaging other health professionals.
(b) Describe briefly the role of each discipline in minimising a client's risk of falls and fall-related injury.

3. If some disciplines are not available for your ward/unit/organisation, suggest ways that relevant knowledge or assessment support may be arranged.

Case Study: Implementing a team approach to minimising the risk of falls and fall-related injuries

Scenario

Mrs Jones is 82 years old and has lived at home alone since her husband died 5 years ago. She has two children – both living interstate. Mrs Jones has been receiving Meals on Wheels five times a week, Home Help twice a week (to assist with cleaning and shopping), and has been attending the local community rehabilitation service for exercise to improve her walking and balance.

Mrs Jones has a number of health problems, including:

- cataracts (successful surgery on left eye, and awaiting surgery on her right eye)
- a stroke 6 years ago, causing mild movement problems in the right arm and leg
- high blood pressure (controlled with medication)
- mild arthritis in both hips
- osteoporosis
- a right total knee replacement 10 years ago (good recovery)
- diabetes (controlled with diet)
- urinary frequency
- high cholesterol.

Mrs Jones takes 7 prescription medications each day. She uses a dosette box to help manage these. One of the medications is a strong sleeping tablet, as she has been having difficulty sleeping since her husband died.

Mrs Jones usually walks independently and safely indoors with a single point stick. She uses the stick well, in the hand opposite her weak leg from the old stroke. She has been limiting her mobility increasingly over the past 12 months (saying to her friends that she is frightened of having a bad fall away from home), to the stage where she is now not going out at all except with another person (about once each week). Mrs Jones wears bifocal glasses at all times.

Mrs Jones has had 3 falls in the past 12 months, including one yesterday in which she suffered a broken left wrist requiring a plaster cast (the hand she held her stick in). All of the falls were indoors, and most involved catching her right foot on loose mats or other objects around the house (she has had a recent occupational therapy home assessment but is reluctant to do some of the recommendations, including removal of the mats).

Mrs Jones was taken by ambulance to the Emergency Department where the fracture was treated. The Emergency Department doctor discussed options for short term care (she was considered unable to cope at home in her present state, being unable to use her stick safely in her other hand, which had reduced movement from the old stroke). Her daughter from interstate had been contacted, and indicated she could organise leave from work from the following week to come and look after her mother. Mrs Jones has been admitted for medical management and restorative care (hospital settings)* or emergency respite (residential care)*. *whichever applies to your setting.

Activity

4. Carry out a falls risk screen/assessment for Mrs Jones using your organisation’s Falls Risk Screening and Assessment tool(s). Identify the falls risk factors that could be contributing to Mrs Jones’ falls. List the risk factors in the left-hand column of table 1 (over-page).

TRAINING MODULE 6: AUDITING ENVIRONMENTAL RISK FACTORS

Each of the six education modules is based on the Minimising the Risk of Falls and Fall-related Injuries Guidelines for Acute, Sub-acute and Residential Care. It is suggested that you read the guidelines prior to undertaking these modules.

This module considers environmental risk factors associated with falls and fall-related injuries. It looks at auditing environmental risk factors associated with falls and fall-related injuries to assist with minimising these risk factors.

Objectives

When you have completed this module you should be able to:

- define and describe individual and general environmental falls risk factors
- describe how to conduct an environmental audit, interpret and report the results and the contribution of environmental auditing in continuous quality improvement.
- determine what environmental falls and fall-related injury risk minimisation activities may be relevant to preparing your ward/unit for accreditation
- identify general staff work practices that ensure a minimum standard of safety for environmental factors related to falls and fall-related injury risk minimisation.

Duration

Allow 40 minutes to complete this module.

Reference Materials

You may need to refer to the following documents to assist you in completing this module:

- Minimising the Risk of Falls and Fall-Related Injuries Guidelines for Acute, Sub-acute and Residential Care
- Research Supplement
- your organisation's tools for individual and general environmental audits.

QUESTIONS AND EXERCISES

Environmental falls risk factors

1. Give a short definition and at least four examples for each of the two types of environmental falls risk factors: individual and general.

2. Define the term audit.

3. How do you think an environmental audit could contribute to Quality Improvement in your organisation?

4. Describe how you would conduct an audit.

5. Describe how you would interpret and report the results of an audit.

Case Study

Scenario 1

Your organisation is preparing for accreditation. As part of your portfolio you carry responsibility for falls and fall-related injury risk minimisation activities for your ward/unit/department.

6. What environmental falls and fall-related injury minimisation activities do you think may be relevant to preparing your ward/unit for accreditation?

Scenario 2

The regional hospital, where you work, has over the last few months, fewer acutely ill patient/residents as they are being admitted to a new acute hospital that has opened nearby. Consequently you are now treating many more patient/residents who have an average length of stay of 14-21 days.

Your General Manager wants to ensure that your hospital will be accessible and user-friendly for increasing numbers of interim care patient/residents. It is not possible to eliminate all hazards immediately. Over the short term, ambulatory frail and disabled patient/residents may be at high falls risk.

7. State general work practices that all staff should carry out to ensure a minimum standard of safety (in the case study organisation) for 'ambulatory frail and disabled patient/residents' who are in an environment that is less than ideal.

The built environment, i.e. buildings and grounds, of your organisation cannot be brought up to the standard required to minimise risk of falls and fall-related injury over the short term.

8. Identify general environment risk factors in your organisation that may need to be upgraded for ambulatory frail and disabled patient/residents. List the people in your organisation who may be able to provide information or assistance on these upgrades?

Unit Summary

Falls risk factors:

- o personal falls risk factors are defined in the Guidelines as being a patient/resident's characteristics or behaviours that contribute to increased risk of falling
- o individual environmental falls risk factors relate to items within the patient/resident's immediate environment that create risk of falling
- o general environmental falls risk factors relate to items outside of the patient/resident's immediate environment, but with which the patient/resident needs to interact from time to time.

Environmental audits:

- o information from routine environmental audits can be analysed and the results can contribute to Continuous Quality Improvement.

Determining what environmental falls and fall-related injury risk minimisation activities may be relevant to preparing your ward/unit for accreditation will depend upon:

- o the current environment and constraints within your setting
- o accreditation requirements relating to the environment, and
- o information obtained from individual and general environmental audits.

Items to consider when determining a strategy to prepare your hospital for increased numbers of ambulatory frail and disabled patient/residents may include:

- o existing work practices of staff
- o influences on priorities for upgrades to the built environment.
- o possible items that need upgrading and relevant standards for the work.



Training Module - Answer Sheets

Answers

TRAINING MODULE 1 – ANSWER SHEET: WHY FALLS AND FALL-RELATED INJURIES ARE AN IMPORTANT SAFETY ISSUE FOR HOSPITALS AND RESIDENTIAL CARE FACILITIES

Falls statistics

- In a 500 bed acute hospital, up to how many falls have been reported to occur over a 12-month period?**
C. Approximately 1300 (7 falls/1000 bed days)
- What percentage of sub-acute patients do you think fall while they are in hospital?**
D. Up to 46% in some clinical groups such as patients who have had a stroke
- What percentage of reported incidents in residential care facilities do you think are related to falls?**
B. Up to 83%
- After reviewing the background section in the Research Supplement and drawing on your own experience, why do you think falls are an important safety issue? State at least 3 reasons.**

Key points may include:

- many falls can be prevented
- the patient/resident falls can cause increased:
 - pain
 - need for additional diagnostic procedures
 - disability
 - risk of complications
 - reduced quality of life
 - stress for patient/residents and their families
- additional cost – patient/residents who fall in hospital, stay in hospital longer than patient/residents who don't fall (estimated extra cost is \$US 4,233 for each patient/resident who falls). Also, beds are not available for other patient/residents
- falls are internationally and nationally recognised as a leading cause of death and injury

- falls are a major cause of adverse events in hospitals and residential care facilities (38% of adverse events in hospital settings, according to one Australian study).

Who is at Risk of Falling?

- Which of the following factors do you think may contribute to being a high falls risk?**

Factors that contribute to the risk of falling include:

- visual impairment
- depression
- lower limb (leg) arthritis
- cognitive problems (eg dementia or delirium)
- neurological conditions (eg Parkinson's disease)
- haematological/oncology conditions
- acute infections (eg urinary tract, chest)
- a history of falls, falls with injury, or fall related fracture.

Note: The risk increases when an individual has two or more of these health problems.

How falls and fall-related injury affect quality of life

- In your experience what are the most common fall-related injuries in hospitals and residential care settings?**
 - soft tissue injuries
 - fractures
 - head trauma.
- Consider the impact a fall may have on a patient/resident? State 2 or 3 different effects/outcomes that may result.**

Key points:

- injury and associated pain, and reduced independence
- further medical interventions, increased risk of complications, sometimes resulting in death
- loss of confidence in mobility – even when there is no fall-related injury. This can cause patient/residents to walk less and carry out fewer activities. Over time this results in deconditioning (muscle weakness), and further increases their risk of falling
- increased risk of falling again - research shows that once a patient/resident has fallen, the risk of further falls is greater.

An organisational approach to managing the risk of falls and fall-related injuries

8. State what structures, processes and resources you think comprise an effective risk management strategy to minimise the risk of patients/resident falls.

Key points include:

- identifying patient/residents who are at risk of falling
- identifying factors contributing to the patient/resident's risk of falling
- taking action to minimise the individuals risk of falls and fall-related injuries
- making the environment as safe as possible for patient/residents (ie free of falls hazards and risk of fall-related injuries).
- protocols for managing patients/residents after a fall
- providing education programs to raise awareness about falls risk and ensure staff know what are falls risk factors and how they can be addressed
- specialist staff with falls risk minimisation skills
- incident reporting
- root cause analysis
- benchmarking
- feedback from quality/risk management on performance
- management committees with responsibility for monitoring and improving performance.

9. The answer for question 9 is your own ideas for improvements to your organisation's falls prevention program.

Relationship between evidence-based practice and falls risk minimisation

10. The Research Supplement of the Guidelines provides the latest evidence on falls risk factors and interventions to minimise their risk. How do you think this research can assist to improve clinical practice in falls prevention in your organisation?

Research can help inform:

- what aspects of clinical practice are most likely to be effective in reducing the risk of falls
- what aspects of clinical practice are no longer supported by the evidence and therefore require alternative approaches to be implemented.

Research should guide practice, but needs to be considered in the context of the individual patient/resident needs and preferences.

11. How would you go about reviewing current falls prevention practice in your organisation against best practice?

Key points:

- best practice is evidence-based and is founded on the best or highest grade of evidence available on the subject at the time
- collect information about current practice (this includes current policies, tools and actual practice as opposed to "what is supposed to be done". Review your organisation's current practice to see if it has all the key elements outlined in the latest evidence. To do this you may:
 - use clinical guidelines that have been critically appraised. (Guidelines can be critically appraised using guidelines/instruments produced by National Health and Medical Research Council (NHMRC) or the Agree Collaboration to ensure they have been appropriately developed)
 - review the latest literature, this can be done either by conducting a literature review or using a literature review that has already been produced such as those under taken by the Cochrane Collaboration
 - forming a multi-disciplinary expert group who agree what they considered to be best practice (this may be necessary where the evidence is not clear).

Workplace Activities (additional activities)

Answers to questions 12 and 12(a) are your own descriptions.

TRAINING MODULE 2 – ANSWER SHEET: MINIMISING THE RISK OF FALLS AND FALL-RELATED INJURIES - STEPS 1 & 2 OF THE PROCESS MODEL

Understanding the process model

1. What do you think are the principles underpinning the process model?

Key points:

- the focus is on the patient/resident, rather than the organisation or caregivers
- the patient/resident participates as fully as they can in decision-making and/or first consideration is given to patient/resident preferences and needs
- the four steps follow the patient/resident's path through their care: assessing risk at key points, deciding actions to take to minimise the risk, carrying out the actions and taking care of the patient/resident if a fall occurs
- the model incorporates on-going review of performance at an individual patient, ward/unit and organisational level as a critical component of improving the quality and safety of care.

Tasks and purpose for Steps 1 and 2

2. Why would you use a falls risk screen rather than conduct a comprehensive falls assessment?

Key points:

- clinical judgement and knowledge about falls risk factors indicate that the patient/resident is at low risk of falling
- the setting is an emergency department or other setting where it is considered more appropriate to conduct a risk screen because of high turn-over of patients (patients may be referred on for further assessment/management if necessary)
- the patient/resident population for the particular setting is predominantly low risk.

3. What things would you need to consider when deciding whether to conduct a risk screen or assessment for a patient/resident?

Key points may include whether the patient/resident:

- has just fallen or has had a fall recently
- has health problems known to contribute to high falls risk
- is being admitted to a ward or unit within a facility known to have high rates of falls. Patient/residents in high falls risk populations should have a falls risk assessment completed.

4. Which settings would you consider have high falls risk populations?

These could include:

- dementia specific wards/units geriatric, general medical or neurological wards and amputee units.

5. What are the key activities of a Falls Risk Assessment?

Key activities include:

- reviewing the patient/resident's medical file and consulting with the patient/resident and/or their family to identify health problems that could contribute to the patient/resident's risk of falling
- assess the patient/resident's level of risk using a risk assessment tool to help you determine the level of risk associated with each of the health problems (risk factors). This should include a description of the risk factors both personal and individual environmental factors.
- record the level of risk and identified risk factors in the patient/residents record/file
- undertake Step 3 of the process model – determine actions to address the risk factors you have identified.

6. When should patient/residents be screened/assessed and what might trigger a reassessment/screening?

Answers may include:

- before or on admission
- if there is a change in the patient/resident's health or functional status
- if the environment changes (eg the patient/resident is moved to a different room, or is transferred to another ward/unit)
- if there are changes to treatment (eg changes to medications that might increase risk of falling)
- the patient/resident has undergone a medical intervention which is likely to alter their level of falls risk
- after a fall
- on a regular basis for patient/residents who are likely to be in a facility for sometime (timing would depend on the policy/procedure for in the particular setting)
- the patient is to be discharged.

Falls risk factors

Personal risk factors relate to a patient/resident's health problems that increase the patient/resident's risk of falling (poor balance/unsteadiness in walking).

Individual environmental risk factors relate to a patient/resident's immediate environment (eg brakes on bed either not on or broken).

7. What do you think is meant by comprehensively assessing risk factors? How would you go about comprehensively assessing a patient/resident's risk factors

Key points:

- read the patient/resident's notes/care plan, consult with the patient/resident and/or their family/carers to identify all personal risk factors, this includes health problems, functional behaviour and other issues such as foot wear, communication difficulties (refer to the research supplement for more information about risk factors).
- if the patient/resident has a history of falls, the circumstances and consequences should also be reviewed. This can provide useful information in developing an Actions List (Step 3)
- all risk factors are described in the patient/resident's record/file

- address individual environment for safety (eg is the patient/resident orientated to the ward/unit, have items frequently used been positioned in easy reach, is there any clutter, are walking aids safe and accessible).

Your organisation's Falls Risk Screening and Assessment tool(s)

8. How is the tool structured, what information is requested about the patient/resident?

Your response will depend on the tool your organisation uses. Consider if the tool has discrete sections (eg grouping of risk factors), if there are sections to be completed by different staff, and whether there are different weightings (scores) for the different risk factors.

9. What does the scoring system tell you?

Key points may include:

- scores for specific items indicate relative importance of each factor
- the total score for a patient/resident is their overall level of falls risk
- the threshold number, over which a patient/resident is considered to have a high risk of falling. (This classification might be used for determining which patient/residents are provided with resources that are limited. For example, your ward/unit may only have one bed/chair alarm, and it can be allocated to a patient/resident scored as having a high risk of falling).

10. How do you use this information to minimise the risk of a patient/resident falling?

Key points may include:

- involving other health professionals to address particular issues (eg physiotherapist for appropriate exercises, dietician to improve nutritional status, medical officer to review medication)
- educating the patient/resident and family/carers about the patient/resident's falls risk. Asking them to provide more appropriate footwear or clothing
- providing appropriate aids, monitoring the patient/resident, providing a low bed
- proactive nursing such as toileting regimes, encouraging hydration, addressing issues such as lack of confidence and communication difficulties.

11. Having reviewed the guidelines do you think there are additional/different strategies that you (your organisation) could implement in relation to risk screening/assessment?

Your response will depend on the tool your organisation uses, policies and procedures relating to assessment. Consider issues such as training required for staff, time required to complete assessments, where information about risk factors is stored and its usefulness in helping develop an Action List to minimise risk of falls and fall-related injuries.

Case Study – Mr Casey

12. Which falls risk factors can you identify for this patient/resident?

The falls risk factors for this patient/resident include:

- urinary problems (urinary tract infection) – this is the primary reason for admission
- chronic medical condition/s – Parkinson's disease/mild diabetes
- postural hypotension (low blood pressure on standing up)
- five falls in the past 12 months
- confusion (acute).

TRAINING MODULE 3 – ANSWER SHEET: TASKS AND PURPOSE FOR STEP 3 OF THE PROCESS MODEL

1. In Step 3, falls risk minimisation actions are determined for each risk factor identified in Step 2. What are the key activities involved in step 3?

Key activities:

- determining which risk factors identified in step 2 have causes that are modifiable
- determining actions to minimise risk due to personal risk factors which have modifiable causes
- determining actions to manage risk due to personal risk factors that have non-modifiable causes
- determining actions to minimise risk due to individual environmental risk factors
- determining when, how often and by whom the actions should be carried out
- documenting all the actions in an action list
- including the action list in the patient/resident's plan for daily care
- implementing the actions as specified.

Determining actions to minimise the causes of risk factors identified in Step 2.

2. What strategies can you put in place for falls risk factors that have non-modifiable causes?

Key points:

- it is important that we don't assume that nothing can be done
- some actions can be introduced to reduce the effect of the risk factor on falls risk, even though it may not affect the underlying cause of the risk factor. (eg exercise can help improve balance and mobility in patient/residents with Parkinson's disease, although it has no effect on the disease process itself)
- surveillance is important with patient/residents who have risk factors with non-modifiable causes

- review the patient/resident's immediate and general environment to remove environmental hazards
- use injury minimisation strategies such as hip protectors.

Developing a falls risk minimisation Action List

3. What information should be included in an Action List?

Key points:

- falls and fall-related injury risk factors identified for the patient/resident in step 2
- falls and fall-related injury risk minimisation actions determined for the risk factors identified (including personal risk factors with both modifiable and non-modifiable causes, and individual environmental risk factors)
- times when the minimisation actions should be carried out
- notes related to implementing the actions.

Case Study – Mr Casey

4. Determine what falls and fall-related injury risk minimisation actions should be implemented for Mr Casey, using the information in the Guidelines and your own experience.

(Some of the actions you might consider including in the Action List are:)

- medical investigations and management of the urinary tract infection
- implementing a continence chart
- prompted voiding program
- ensure adequate hydration by encouraging fluid intake
- repeated orientation to the ward/module, especially toilet location and need for supervision when walking
- consider location in the ward/unit relative to the toilet
- ensure regular supervision/monitoring
- referral for physiotherapy assessment of mobility and balance
- medical investigation and management of postural hypotension.

5. Prepare a falls and fall-related injury risk minimisation Action List for Mr Casey using your organisation's documentation.

This should address all of the factors identified, include referrals to other health professionals, timing and frequency of strategies to reduce the patient/resident's risk of falling.

6. What issues do you think might be involved in implementing the falls and fall-related injury minimisation actions you have determined for Mr Casey?

Issues may include:

- reorganisation to enable increased supervision/monitoring. if there are several patient/residents requiring monitoring, locating them together/in close proximity might improve ability for observation (ie. have greater observation time in this area relative to other areas)
- changes in practice such as timing of breaks and frequency and timing of showering might be able to be modified to effectively increase supervision/monitoring, particularly at times when falls are identified as being more common

- prompt review by medical and allied health staff if required should be initiated. For a patient/resident with high falls risk, the longer the time from admission to the completion of the falls risk assessment and implementation of a falls and fall-related injury risk minimisation action list, the greater the likelihood that a fall may occur
- a prompted voiding program has been shown to reduce agitation in patient/residents with reduced cognition
- ensure all staff are aware of procedures for referral for allied health staff.

Workplace Activity (additional activity)

- 7. Consider some of your current patient/residents with high falls risk, compare the strategies you have in place (for them) with those in the risk factor minimisation action table. List any additional or alternative strategies you might use to reduce their risk of falls.**

TRAINING MODULE 4 – ANSWER SHEET: MINIMISING THE RISK OF FALLS AND FALL-RELATED INJURIES – STEP 4 OF THE PROCESS MODEL

Tasks and purpose for Step 4 of the process model

1. Outline what you think are key steps in caring for a patient/resident after a fall?

Key points:

- provide reassurance and make patient/resident comfortable
- assess the patient/resident for injuries
- call medical staff if obvious or suspected injury
- attend to any superficial injuries
- instigate formal investigations such as x-rays or scans if required
- instigate neurological observations if suspected head trauma, reduced conscious state, unwitnessed fall continue to monitor patient/resident
- continue to monitor patient/resident.

2. What other steps do you think should be taken after a patient/resident has a fall?

- notify:
 - medical staff
 - NUM, ANUM, Nurse in charge of shift
 - patient/resident's family.
- record fall and subsequent actions in patient/resident record/file.
- complete an incident report.

3. Why would you reassess a patient/residents personal risk factors and risk minimisation strategies after a fall? State at least 2 reasons.

Key points:

- the patient/resident is at greater risk of falling again post a fall
- additional falls risk factors might be identified and if so, risk minimisation actions will need to be determined for these
- the patient/resident's current falls and falls injury risk minimisation Action List and plan for daily care may need to be revised.

Information that should be included in a Falls Incident Report

4. What information should you put in the incident report?

The following information should be included as a minimum:

- patient/resident identification – minimum data set
- time of fall
- whether the fall was witnessed
- circumstances of the fall:
 - location
 - activity being performed by the patient/resident at the time of the fall (eg transfer details)
 - relevant information about clothing, footwear, glasses and gait aids used at the time of the fall
 - environmental conditions, eg floor, lighting, clutter
- type of fall, eg slip, bumping into/falling onto an object
- whether the patient/resident was injured and if so, the nature and severity of the injury
- the patient/resident's perception of the fall, including description of any preceding sensations or symptoms

- action taken following the fall and any injuries resulting from the fall
- name and signature of the person who observed and/or reported the fall.

This information outlines the main features required by the Victorian Coroner's Standards for Investigation of falls related deaths in Victorian hospitals.

5. Why do you think falls data reporting needs to be as comprehensive as possible? State 3 reasons.

Key points:

- it is important for the care of the individual patient/resident that all relevant data relating to the fall is collected to assist in identifying risk factors and strategies to minimise risk of further falls and fall-related injuries
- the ward/unit/organisation can use data collected over time to identify trends/patterns about when or where falls are occurring and can develop strategies to reduce risk
- trend data can also identify reductions in falls due to changes/ improvements to falls minimisation program
- it provides a basis for demonstrating whether appropriate actions were implemented if a fall occurs.

6. Referring to the definition of a fall provided on page 1 of this document, do you think, these types of incidents are consistently reported by everyone in your organisation? What do you think influences staff reporting of falls incidents?

Key points:

- staff knowledge and understanding of the definition of a fall. This can vary when staff are familiar with the definition but interpret it differently. The definition needs to be discussed with staff within the organisation to ensure a consistent approach to reporting.
 - consistency is important because it enables comparison over time and between wards/units or other like organisations.
 - inconsistent reporting makes it difficult to assess if falls risk and fall-related injury minimisation strategies are effective, or to identify issues which are contributing to falls risk which may become apparent over time such as particular times of the day or particular locations

- education about what is defined as a fall in your organisation can result in an increase in the reporting of falls incidents and may not reflect the effectiveness of a falls program in the short term.

- organisational support for the reporting of falls incidents
- ensuring staff understand what is required in reporting a falls incident
- support for staff who report a fall, including review of the circumstances of the fall in an objective and constructive way to minimise future risk

Case study Part A – Falls incident: Mr Casey

7. Using your organisation's incident report form complete an incident report on Mr Casey's fall from the information provided in the case study.

Complete as much of the form as possible with the information provided.

List any information that you think may be relevant that has not been provided in the case study.

8. Describe any changes you consider necessary to the Action List for Mr Casey as a result of his fall (You will need to have completed the action list from training module 3).

Some additional actions may include:

- reminding staff about routine care needs such as keeping call bell and personal needs items always within reach
- repeating Mr Casey's falls risk assessment.
- reviewing strategies for close monitoring/observation (such as using a bed alarm, moving the patient/resident to an area where increased observation is possible)
- discussing need for firm fitting footwear with Mr Casey's wife.

Case Study Part B – Using incident report information to minimise the risk of future falls incidents

9. Given the feedback from analysis of falls incident reports outlined below what broad strategies might you introduce to minimise the risk of falls and fall-related injuries?

Key points:

- seek medical review for patient/residents on sleeping tablets, and consider alternatives to medication to assist sleep
- improved toileting strategies, including prompted voiding immediately prior to going to sleep
- strategies for increasing monitoring/surveillance may be needed during the night for patient/residents with high falls risk
- a review of all current patient/residents' footwear should be undertaken, and also done for all new patient/residents
- regular repetition to high risk patient/residents about the need for use of their walking aid, and need to call for assistance. Seek physiotherapy review of walking aid and its use for high falls risk patient/residents.

Workplace Activity

10. Does your organisation collect data on falls incidents? How is it collected, and how is information conveyed back to staff on the ward/unit?

Consider your organisation's systems for collecting, collating, analysing, and feeding back information about falls on a regular basis. What improvements would you make to this process based on the information provided in Step 4 of the Guidelines?

TRAINING MODULE 5 – ANSWER SHEET: A TEAM APPROACH TO MINIMISING THE RISK OF FALLS AND FALL-RELATED INJURIES IN HOSPITALS AND RESIDENTIAL CARE

1. Why do you think a team approach to falls risk assessment may be effective? State 4 reasons.

Key points include:

- assessments from a range of disciplines may be necessary to identify all the risk factors for a patient/resident
- a consistent approach from all disciplines managing a risk factor is likely to have a greater effect
- different disciplines have varied skills and expertise that can contribute to improved patient/resident care and outcomes
- communication is improved among team members and between individual members and the patient/resident.

2. (a) List the professional disciplines that may be available for your ward/unit/ organisation.

(b) Describe briefly the role of each discipline in minimising a patient/resident's risk of falls and fall-related injury.

The following list is an example of the varied roles in minimising the risk of falls and fall-related injuries. Roles have been listed against specific staff, but there is often overlap between roles, or occasions where other staff assume roles that would normally belong to another discipline.

Staff	Role in minimising the risk of falls and fall-related injuries
Doctor	<ul style="list-style-type: none"> ○ identify causes of falls risk factors and appropriate treatment ○ review medication and modify medication regime ○ institute referrals for other disciplines ○ consider alternatives to restraint use
Nurse	<ul style="list-style-type: none"> ○ carry out risk screening/assessment ○ institute referrals for some other disciplines ○ monitor patient/resident status on a regular basis and during functional activities ○ implement management strategies for many of the falls and fall-related injury minimisation activities, such as continence management program, increased observation of at risk patient/residents, and ensuring a safe and uncluttered environment.
Personal Care Assistant	<ul style="list-style-type: none"> ○ monitor patient/resident status on a regular basis and during functional activities, reporting issues of concern to nursing staff ○ assist nursing staff to implement ward/unit based falls and fall-related injury minimisation activities

Risk factor	Role in minimising the risk of falls and fall-related injuries
Physiotherapist	<ul style="list-style-type: none"> ○ assess physical and functional abilities (including balance, walking and transfers) ○ make recommendations for walking and transfer status (ie level of supervision or assistance required) ○ assess the need for walking aids, ensuring these are appropriate height, and used correctly ○ may supply/organise hip protectors and other aids (eg wheelchairs) ○ recommend individual or group exercises and functional training
Occupational Therapist	<ul style="list-style-type: none"> ○ assess functional and cognitive abilities ○ make recommendations for support/aids to improve patient/resident's independence and safety ○ may supply/organise hip protectors and other aids (eg wheelchairs) ○ review individual and general environment risk factors, and develop actions to improve patient/resident's safety
Podiatrist	<ul style="list-style-type: none"> ○ assess and manage foot problems contributing to falls risk ○ recommend safe footwear, especially for those who have foot problems causing difficulty fitting into off-the-shelf shoes ○ make recommendations for managing sensory loss in the feet (eg diabetes)
Pharmacist	<ul style="list-style-type: none"> ○ review medications and medication needs
Dietician	<ul style="list-style-type: none"> ○ assess adequacy of nutritional intake for mobility, activity and bone strength needs ○ implement actions to improve nutritional status ○ review vitamin D and calcium intake
Clinical Psychologist	<ul style="list-style-type: none"> ○ assess and manage fear of falling ○ assess and manage other psychological problems which may be associated with falls such as depression and anxiety
Activities coordinators	<ul style="list-style-type: none"> ○ coordinate activities ○ run group exercise/walking/other activity programs
Social Worker	<ul style="list-style-type: none"> ○ assess social and family support ○ make recommendations to improve patient/resident's support network

Staff	Role in minimising the risk of falls and fall-related injuries
Case Manager or Discharge Planner	<ul style="list-style-type: none"> ○ coordinate input from all disciplines to ensure a comprehensive approach to care while the patient/resident is in the organisation ○ review care and arrange discharge planning with patient/resident, their family and all health professionals

Note:

- In respite/residential care settings team meetings provide an opportunity for a team approach to falls risk assessment.
- In acute settings a team approach may be sequential and team members may contribute to the patient/resident's assessment through written input to the patients medical record.

3. If some disciplines are not available for your ward/unit/organisation, suggest ways that relevant knowledge or assessment support may be arranged.

Suggestions include:

- arrangements could be made for external, sessional consultants or visiting specialists of all disciplines to run an education session with staff to update knowledge or to attend and assess the patient/resident
- telephone consultancies could be arranged to assist with an assessment.

Case Study: Implementing a team approach to minimising the risk of falls and fall-related injuries

4. Carry out a falls risk screen/assessment for Mrs Jones using your organisation's Falls Risk Screening and Assessment tool(s). Identify the falls risk factors that could be contributing to Mrs Jones' risk of falls.

The risk factors include:

- reduced balance (attending exercise class)
- poor vision (awaiting cataract surgery)
- medical conditions that affect balance and mobility (previous stroke / mild arthritis in her hips)
- six falls in the past 12 months
- osteoporosis
- environmental hazards (loose mats at home; reluctance to accept environmental modifications suggested in recent home visit)
- more than 4 medications
- high falls risk medication (sleeping tablets)

- reduced activity level (possible weakness/deconditioning)
- fear of falling

In addition, living at home alone may increase her risk of falls.

5. List the actions you consider should be implemented to reduce Mrs Jones' risk of falls and fall-related injury, whether a referral will be required, and if so, which member/s of the health care team should be involved.

Refer to table 2. Note: This table should only be used as an indicative guide, to be considered in the context of your ward/unit.

High quality standard care practices can reduce the risk of falls and fall-related injuries. These have not been included in the table, however they do require special emphasis for people with increased risk of falling. These actions include:

- identifying the causes of the risk factor (usually requires a medical review)
- ensuring safety (adequate supervision, communicate mobility status to all staff, use of appropriate walking aid)
- ensuring safe and uncluttered environment, and
- keeping call bell and other personal items within the patient/resident's reach.

Note:

- Any action that can reduce a falls risk factor even by a small degree will have an effect on reducing overall falls risk
- This effect is magnified with each additional effective action instituted

TABLE 2

Risk factor	Suggested Actions to implement	Referral required	Which staff to be involved
Reduced balance	Exercise program	yes	Physiotherapist to develop appropriate exercise program Other staff may implement the program
	Assess current walking aid/need for other aid	yes	Physiotherapist to determine most appropriate aid, and training with use
	Increased observation	no	All staff
	Ensure walking aid in reach	no	All staff
Poor vision	Organise vision assessment	yes	Doctor, optical health professional
	Ensure glasses are clean and worn at all times	no	All staff
	Maintain a safe, clutter free environment	no	All staff
	Discuss safety issues at home, and need to re-consider acting on recommendations from previous home assessment (assuming Mrs Jones will be discharged back home)	yes	Occupational Therapist, Social Worker, all staff
	Ensure appropriate lighting (eg night light) and strategies to minimise glare	no	All staff (Occupational Therapist may provide additional advice)
Medical conditions that affect balance and mobility	Medical review to ensure optimal medical management of these conditions in the context of high falls risk	yes	Doctor
Three falls in the past 12 months	Review circumstances of previous falls	no	All staff
	Indicates high risk, therefore recommend hip protectors	no	Nurse, Physiotherapist, Occupational Therapist
Likely osteoporosis	Investigate level of osteoporosis, and possible need for vitamin D and calcium supplementation	yes	Doctor
	Review nutritional intake and need	yes	Nurse, Dietician
Poor footwear	Determine whether there is better footwear at home that could be brought in	no	All staff, family

Risk factor	Suggested Actions to implement	Referral required	Which staff to be involved
	Recommendations for safe footwear, review of foot problems that might limit the type of footwear able to be worn	yes	Podiatrist, all staff
Environmental hazard	Maintain a safe, clutter free environment	no	All staff
	Discuss safety issues at home, and need to re-consider acting on recommendations from previous home assessment (assuming Mrs Jones will be discharged back home)	yes	Occupational therapist, social worker, all staff
More than four medications	Medical review of appropriateness of current medication regime	yes	Doctor, Pharmacist
High falls risk medication	Medical review of appropriateness of current medication regime	yes	Doctor
	Discuss possible alternatives to medication that could improve sleep, and reduce need for this medication	yes	Nurse, Doctor, Occupational Therapist (relaxation, coping strategies)
Reduced activity level	Establish an activity program (including incidental activity such as walking to bathroom, as well as an exercise program)	yes	Nurse, Physiotherapist, Occupational Therapist, Activity Worker
	Discuss longer term ways to support increased activity post discharge (assuming Mrs Jones will be discharged back home)	yes	Physiotherapist, Occupational Therapist, Social Worker, Nurse
Fear of falling	Identify what triggers the fear of falling, how long it has been present, how it has impacted on lifestyle	no	All staff
	Implement a balance and mobility exercise program, which can often help to improve confidence	yes	Physiotherapist, Occupational Therapist, Nurse, Activity Worker
	Psychology assessment (if the fear of falling is severe, and not responding to other measures)	yes	Psychologist

Risk factor	Suggested Actions to implement	Referral required	Which staff to be involved
Living at home alone	Check if has a personal alarm, if so, is it worn at all times and used appropriately (assuming Mrs Jones will be discharged back home)	yes	Nurse, Occupational Therapist, Social Worker
	In discharge planning, ensure adequate support services will be in place)	no	All Staff
Other			

TRAINING MODULE 6 – ANSWER SHEET: AUDITING ENVIRONMENTAL RISK FACTORS

Environmental falls risk factors

1. Give a short definition and at least four examples for each of the two types of environmental falls risk factors: individual and general.

Key points include:

Individual environmental falls risk factors are those environmental hazards within the patient/resident's immediate area of activity/function that create risk of falling. This usually relates to the area around the bed, and within the bedroom, and may include en-suite toilets and bathroom.

Examples: call bell left out of reach, slippery surface in the shower area, lack of night-light in bedroom

General environmental falls risk factors are those environmental hazards outside of the patient/resident's immediate area of activity/function (all areas other than the patient/resident's individual environment). This may include corridors, common dining room, therapy areas, and outdoor areas accessed by the patient/resident.

Examples: uneven floor surface in a corridor or therapy area, uneven paving outdoors,

Examples of individual and general environmental falls risk factors described in the Guidelines include:

- inappropriate bed or chair height
- inappropriate type of bed or chair
- brakes on bed/chair either not on, or broken
- call bell left out of reach
- walking aids out of reach
- walking aids not in good condition
- walking aids not used properly
- brakes on wheelie frame/wheelchair broken or not used properly

- IV drip stands, power cords etc. not positioned properly
- clutter
- slippery surfaces
- loose floor coverings eg rugs
- hoists/lifting machines left in rooms or corridors
- inadequate lighting (poor lighting, lack of night lights, or excessive sun glare)
- inadequate rails/supports where required (eg toilets/bathrooms)
- restraints/cotsides.

2. Define the term audit.

Key points include:

- a methodical examination and review of information
- a method of collecting information that:
- gathers objective data
- scores/assesses data or outcomes according to a standardised process
- benchmarks (measures against an ideal/desired standard).

3. How do you think an environmental audit could contribute to Quality Improvement in your organisation?

Key points include:

- an environmental audit can be used to identify and analyse deficiencies
- data from environmental audits can provide baseline information for planning improvements
- change can be measured by comparing data from historical and more recent audits.
- sequential audits can highlight trends over time to identify where practice change is required or improved outcomes have been achieved.

4. Describe how you would conduct an audit.

Key points include:

- determine an appropriate focus/area/location
- obtain approval/support from all parties involved (ie management, clinical and corporate services staff) (Possibly patient/residents)
- select/construct an appropriate tool (refer to the Guidelines Tools Supplement)
- plan and communicate the schedule and practicalities regarding the process and resources
- undertake the audit
- analyse the data and prepare a report
- evaluate the process and feedback to the organisation.

5. Describe how you would interpret and report the results of an audit.

Key points include:

- prepare/obtain a template or form for data analysis
- group and count/score the data under appropriate headings/categories
- analyse the data
- identify areas/issues that have improved and areas/issues that require further action or improvement
- prioritise the urgency/importance of each area/issue identified
- develop an Action List to address identified problems.
- share the information with relevant staff.

Case Study**Scenario 1****6. What environmental falls and fall-related injury minimisation activities do you think may be relevant to preparing your ward/unit for accreditation?**

Your response will depend upon the current environment and constraints within your setting. Consider the accreditation requirements relating to the environment, as well as the information obtained from individual and general environmental audits (see Tools Supplement).

Scenario 2**7. State general work practices that all staff should carry out to ensure a minimum standard of safety (in the case study organisation) for 'ambulatory frail and disabled patient/residents' who are in an environment that is less than ideal.**

Where it is not possible to modify major elements of the environment in the short term, key points include:

- assess what the patient/resident:
 - has the ability to do safely
 - cannot do or what creates an unacceptable level of risk, and
 - identify the personal risk factors for the patient/resident and develop a falls and fall-related injury risk minimisation Action List to address these (refer to Steps 1-3 of the Model and information for these steps in the Guidelines document).
- assess how best to:
 - support the independence and safety of patient/residents, and
 - support them/involve them in decision making/actions to diminish risk.

8. Identify general environment risk factors in your organisation that may need to be upgraded for ambulatory frail and disabled patient/residents. List the people in your organisation who may be able to provide information or assistance on these upgrades?

Aspects of the environment may include:

- additional lifts in buildings
- ensuring that floor surfaces are even
- eliminating differences between heights of floors in adjoining spaces/rooms
- changes needed to lighting
- new or additional furniture – wheelchairs, beds, chairs etc
- changes to paintwork colours.

Staff resources may include:

- executive or divisional management, nurse unit manager
- environmental Services Managers (Manager in charge of building works)
- occupational health and safety officers
- occupational therapist.

