

## Falls Prevention and Management Policy

**Vision** “Zero harm” as a result of a fall.

**Policy** CDHB’s ‘whole of system’ approach to falls prevention addresses falls prevention in the community and hospital settings.

All CDHB staff and contractors will participate in fall prevention and involve the patient and their family to reduce the risk of falls and to minimise injuries resulting from falls.

**Purpose** To ensure a standardised, patient centred approach to hospital fall prevention and management is in place across all CDHB hospitals.

**Scope** All staff/ personnel and self-employed Lead Maternity Carers.

**Definitions** **Patient fall:** Any unintentional change in position where the person ends up on the floor, ground, or other lower level; includes falls that occur while being assisted by others.<sup>1</sup>

### Associated Documents

Bedrails Policy

Divisional Falls Prevention & Management policies/procedures

Restraint Minimisation and Safe Practice Policy

Post Fall Clinical Pathway C240341

ACC Forms (ACC 45 & ACC 2152)

CDHB Fall Prevention Visual Cues User Guide

Fall Prevention Staff E-learning package (refer healthLearn)

<sup>1</sup> The definition for a fall is taken from the operational definition used in the InterRAI Assessment Tools. This definition is also referenced by the Health Quality & Safety Commission in Topic 5: After a fall: What should happen?

**The latest version of this document is available on the CDHB intranet/website only.  
Printed copies may not reflect the most recent updates.**

Hospital Falls Prevention Programme

<http://cdhbintranet/corporate/Quality/SitePages/Falls.aspx>

Safe Handling (refer healthLearn)

Incident Management (under Workday Essentials on the Intranet)

<http://cdhbintranet/corporate/Quality/SitePages/Clinical%20Incident%20Management.aspx>

Health Pathways

Refer to Falls Prevention & Assessment under Older Persons Health on <http://cdhb.healthpathways.org.nz/>

Healthinfo

Refer to Falls under Older Persons <http://www.healthinfo.org.nz/>

Health Quality & Safety Commission

<http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/>

## Policy statement

All facilities must provide a safe environment in accordance with New Zealand health and safety standards.

All patients must be assessed for their risk of falling within 6 hours of presentation to each Canterbury DHB facility.

Patients in hospital who are 65 years of age and over are considered to be at risk of falling.

All patients identified as 'at risk' of falling must have appropriate falls prevention strategies that address their fall risk factors put in place.

Falls prevention strategies must be documented in the patient's clinical record.

A patient's falls risk factors and prevention strategies must be reviewed on a regular basis (as per local policy), and in particular:

- If the health status of a patient has changed,
- When the patient transfers to another environment i.e. ward, facility
- After any fall or near miss fall.

The patient and where appropriate the family/whanau/carer must be included in the falls risk assessment process and assist with planning

**The latest version of this document is available on the CDHB intranet/website only.  
Printed copies may not reflect the most recent updates.**

the individualised falls prevention strategies to be used. This includes being provided with appropriate educational material.

If a patient fall occurs the following three elements of post fall care must be completed as per the CDHB Post Fall Clinical Pathway:

- Appropriate review for injuries (and their associated treatment/care)
- Look for reasons why this person fell now
- Review the person's fall risk, identify ways to mitigate their risk and ensure the appropriate care is put in place.

An incident report must be completed for all patient fall events.

ACC documentation must be completed for all falls that result in a clinically significant injury.

All staff involved in patient contact, including self-employed Lead Maternity Carers, must ensure they have completed appropriate fall prevention training and have acquired the relevant skills. This includes safe handling knowledge and skills.

A patient's 'falls risk' and associated falls prevention strategies must be included in any transfer/discharge documentation.

Patients identified as 'at risk' of falling following discharge should be considered for referral to appropriate community-based falls prevention in accordance with current referral guidelines.

## **Measurement / Evaluation**

The key indicators for hospital falls (Total Falls, Falls resulting in injury and SAC 1 & 2 Falls) are monitored by the Hospital Fall Prevention Programme Steering Group and divisional fall prevention committees or equivalent and management teams on an ongoing basis. Appropriate balancing measures are also being developed to ensure there are no unintended consequences as a result of implementing new fall prevention initiatives.

All SAC 1 & 2 fall events are included in the monthly SAC 1 & 2 report to the Quality and Finance Audit Review Committee.

The monthly CDHB hospital-wide Fall Prevention Policy Compliance audit tool is used to measure adherence to the policy and associated

**The latest version of this document is available on the CDHB intranet/website only.  
Printed copies may not reflect the most recent updates.**

procedures. This includes a safe mobility plan being in place for all patients.

The HQSC set of quality and safety markers include a set of fall process and outcome measures that are reported on a quarterly basis.

<b>Policy Owner</b>	Project Facilitator, Corporate Quality and Patient Safety
<b>Policy Authoriser</b>	Executive Director of Nursing
<b>Date of Authorisation</b>	24 February 2015

**The latest version of this document is available on the CDHB intranet/website only.  
Printed copies may not reflect the most recent updates.**