

Hospital Fall Prevention Procedure

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Purpose

This procedure describes the standardised, patient centred approach to hospital fall prevention and management 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.

Prerequisites

Education and training: All staff involved in patient contact, including self-employed health professionals, must complete the appropriate education and training: fall prevention; and safe handling.

Clinical Governance: All teams have clinical governance processes which include education and training, patient safety, harm reduction and systems improvement.

1. Assessment and Care Planning

- 1.1 **Assess** all newly presenting and transferring patients, or those who experience a change in condition, for risk of falling as soon as possible (max 6 hours).

- 1.2 **Plan** and **identify** individualised falls prevention interventions **with** the patient and family/whānau, as per *Care planning for fall risk factors staff resource*.
Record in the care plan.
 - 1.3 **Apply** the relevant CDHB visual cues and **keep up to date**:
 - Mobility bracelets
 - Mobility equipment tags
 - Bedside boards – safe mobility plan components
 - Fall risk magnet/symbol for Ward Information boards/floView
 - Post Fall magnet/symbol for Ward Information boards/floView.
 - 1.4 **Pay** particular **attention** to those patients with a past history of falling, incontinence, communication or cognitive difficulties and be **proactive** anticipating these patients' needs.
 - 1.5 **Work with** the patient to implement the prevention interventions throughout their care.
 - 1.6 Regularly **discuss** with the patient and family/whanau their fall risk and **remind** them of the interventions in place.
 - 1.7 **Provide** the appropriate educational and written material to the patient and their family/whanau.
 - 1.8 **Review** and **record** falls risk factors and prevention interventions each shift in the care plan.
 - 1.9 **Prior to mobilising, fit** appropriate footwear to assist with safe mobilising, as per '[Hospital guidelines for the use of appropriate footwear to promote safe mobility and functional recovery](#)',
 - 1.9.1 Patients without appropriate footwear must have a request made to family/whānau/carer as soon as possible for this to be brought in.
 - 1.9.10 Include any falls history and key risks in each shift hand over.
- 2. Transfer between DHB facilities**
- 2.1 **Add** the patient's 'falls risk factors/behaviours' and associated falls prevention care in any transfer records including e-Handovers.
 - 2.2 **Check** the relevant CDHB visual cues are being used.
 - 2.3 **On arrival complete** the Bedside board and Safe Mobility Plan.

3. After a Fall, as per Post Fall Clinical Pathway

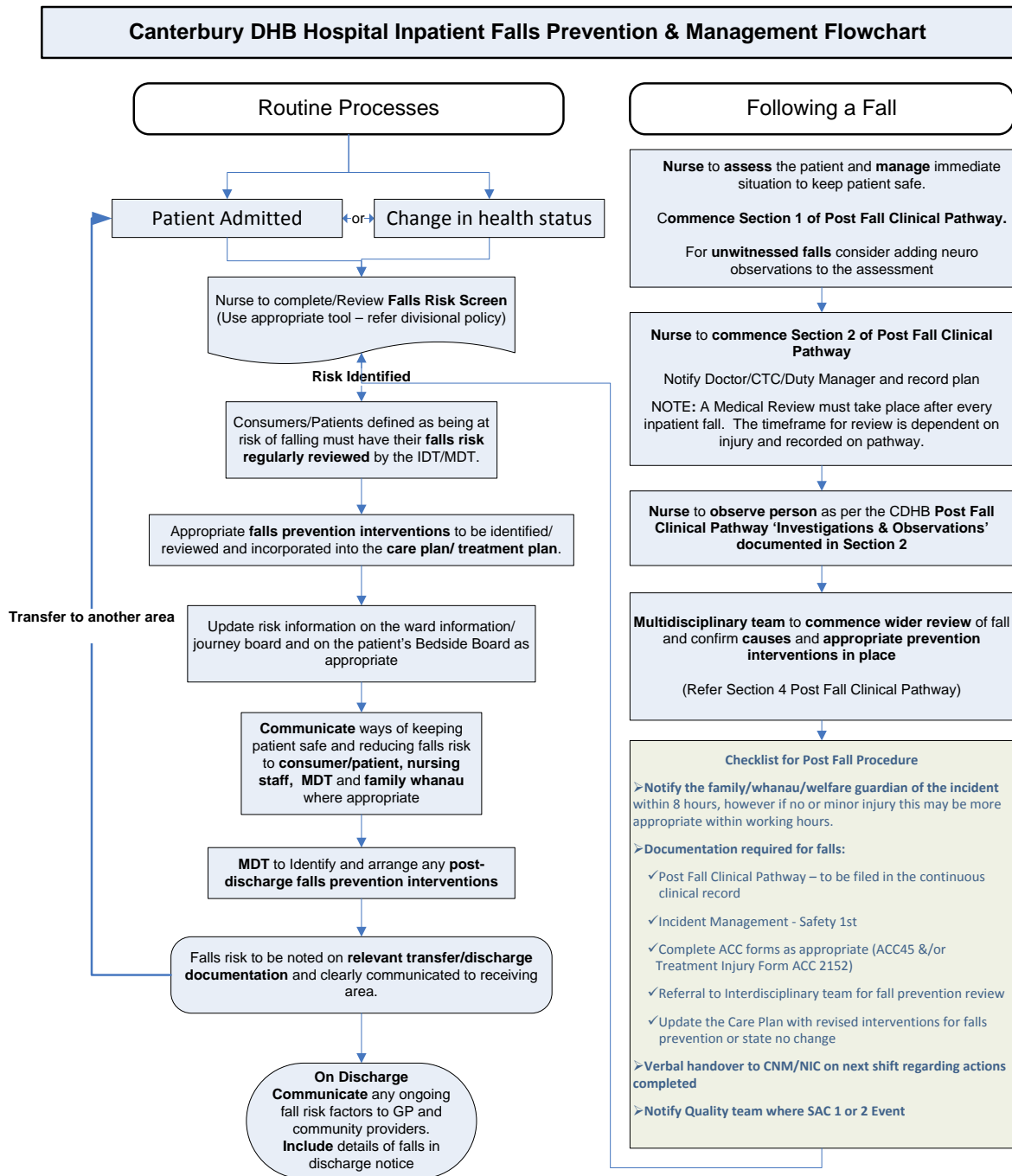
- 3.1 Assess for injuries and safety before moving patient
- 3.2 Complete a full set of observations to inform the EWS, include neurological observations if there is any suggestion of hitting their head
- 3.3 Talk to the patient to get their perspective.
- 3.4 Support patient and manage injuries
- 3.5 Notify doctor/CTC or Duty Manager within 15 minutes of a fall to determine appropriate timeframe (dependent on injury severity) for medical review.
- 3.6 Notify family/whanau
- 3.7 Review incident – why did this person fall now? Mitigate the reasons (e.g. clothing, slippery floor).
- 3.8 Review previous falls history and the person's current fall risks and behaviours, identify ways to mitigate their risk and ensure the appropriate care is put in place.
- 3.9 **Instigate** the multi-disciplinary post fall review by placing the post fall alert on the Ward Information Board/floView.
- 3.10 **Complete all of** the Post Fall Clinical Pathway and file in the continuous clinical record.
- 3.11 Use the information collected to complete an incident report in Safety1st.
- 3.12 Complete ACC documentation ACC Forms (ACC 45 & ACC 2152) if there is a significant injury.
- 3.13 All Post Fall Pathways are to be reviewed by the Clinical Nurse Manager for adequacy and remedial education provided to ensure the review is comprehensively completed.

4. Discharge

- 4.1 **Include** a record of any falls while in hospital in the patient's discharge notice.
- 4.2 **Communicate** any ongoing fall risk factors identified as continuing post discharge to the patient's GP and community providers.
- 4.3 **Make appropriate referrals** for community-based falls prevention in accordance with current Discharge and Follow-up guidelines in the Fall Assessment section in Hospital HealthPathways as necessary.

5. Monitoring

- 5.1 All patient falls risk status and safe mobility plan is to be reviewed for currency as part of bed side handover.
- 5.2 Falls strategies used in an area are to be reviewed for effectiveness every 10 months, with a report being provided to the Divisional Committee.
- 5.3 All clinical area managers monitor and ensure new staff and students complete pre-requisite education: fall prevention; and safe handling.
- 5.4 All clinical area managers are to monitor adherence to fall prevention care monthly (maximum). Any area with less than 85% achievement in meeting the standards of care must monitor adherence weekly, plan and action improvements so that acceptable results are achieved as soon as possible.
- 5.5 All teams clinical governance activities include regular review of falls data, prevention care and shared learnings at area and service level meetings.
- 5.6 Divisional Fall Prevention Committees or appropriate divisional delegated group are responsible for:
 - monitoring local fall prevention audit data and adequacy of improvement plans
 - providing direction for local population specific improvement initiatives
 - implementing and monitoring hospital-wide initiatives
 - providing regular updates to the Steering Group using the standard template.
- 5.7 The Hospital Fall Prevention Steering Group is responsible for providing the direction and oversight for the Hospital Fall Prevention Programme which includes hospital-wide improvement initiatives.



Definition of a 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.*

* 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?

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Measurement/Evaluation

Outcome Measures: The key outcome measures 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 by divisional fall prevention committees or equivalent and management teams on an ongoing basis.

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

Balancing Measure: Australasian Rehabilitation Outcomes Centre (AROC) Functional Independence Measure (FIM): average FIM on discharge in Older Persons Health wards (excluded AG & BG).

Process Measures: The monthly CDHB hospital-wide Falls Compliance audit tool is used to measure adherence to the Hospital Fall Prevention procedure.

The frequency and ongoing monitoring for the following audits is the responsibility of the Divisional Fall Prevention Committees or equivalent.

- Bedside Board in-depth audit tool – used to monitor the Fall Prevention Visual Cues.
- Post Fall Care Audit tool - used to monitor the quality of the content in the Post Fall Care Clinical Pathway. Compliance data on the use of the Post Fall Clinical Pathway is available from the electronic incident management system - Safety 1st.
- Staff education of falls prevention.

HQSC Quality & Safety Markers: The HQSC set of quality and safety markers include a set of fall process and outcome measures that are reported on a quarterly basis. The data for the process markers comes from the monthly Falls Compliance audit.

Supporting documents

Falls Guidelines/ Pathways	<p>Post Fall Clinical Pathway C240341 Hospital Health Pathways Refer to Falls Prevention & Assessment under Older Persons Health on https://canterbury.hospitalhealthpathways.org.nz/index.htm</p> <p>Health Pathways Refer to Falls Prevention & Assessment under Older Persons Health on http://cdhb.healthpathways.org.nz/</p> <p>User Guide: Canterbury DHB Hospitals Visual Cues for Safe Mobility</p> <p>Hospital Guidelines for Use of Appropriate Footwear to Promote Safe Mobility and Functional Recovery</p>
Procedures	<p>Lippincott procedures (on line)</p> <p>Bedside Board procedure</p>

Falls Resources	<p>Care Planning for fall risk factors (staff resource)</p> <p>Bedside Patient Boards Informational video</p> <p>Hospital Falls Prevention Programme</p> <p>Fall Prevention Staff E-learning package (refer healthLearn)</p> <p>Medications and Falls – Managing the Risks (ref 2606)</p>
CDHB Policy	<p>Incident Management (under Workday Essentials on the Intranet)</p> <p>Clinical Governance Policy</p> <p>Safe and Appropriate use of bedrails</p> <p>Restraint Minimisation and Safe Practice</p>
Patient Falls Prevention Information	<p>Safe Mobility; Reducing Your Risk of Falls While in Hospital (ref 236866)</p> <p>Preventing Falls by Managing Medications (ref 2605)</p> <p>Healthinfo Refer to Falls under Older Persons</p> <p>Health Quality & Safety Commission Reducing Harm From Falls</p>

References

[Health Quality & Safety Commission Reducing Harm from Falls website](#)

[New Zealand Health & Disability Services Standards](#)

[National Institute for Health and Care Excellence \(NICE\) Clinical Guideline CG161 Falls in older people: assessing risk and prevention \(2013, reviewed 2016\).](#)