Prevention of Falls and Fall Injuries in Residential Services

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Introduction/Background/Summary

The Skilled Nursing Facility endeavors to provide the highest level of care for adults outside of the hospital. Our residents include the elderly and younger adults with physical or mental disabilities. 90 % of the Skilled Nursing Facility population is dependent on nursing and allied staff to meet their activities of daily living. Many of our clients have unsteady gait and balance, weak muscles, poor vision, multiple medications, and cognitive impairment which predispose them to falls. Furthermore, medical conditions such as Stroke, Parkinson's disease, vertigo, epilepsy and brain disorders increase our residents risk for falls. Hence all residents in Skilled Nursing facility are considered at the risk for falls. According to the Centre for Disease Control and Prevention (CDC), falls are the leading cause of injury deaths and the most common cause of nonfatal injuries among older adults. Current evidence base for falls prevention focuses on identifying and resolving unsafe conditions in the environment of care and multi–factorial risk assessment and management. The facility has developed a fall prevention policy for Long Term Care. The Quality Improvement and Patient Safety team also conducted a proactive multidisciplinary analysis of the falls prevention process at the Residential Services to enable more effective implementation of the evidence base and falls prevention strategies.

Aim/Objective

The project was designed to assist health care workers to: Identify risk factors for falls;Decrease the incidence of falls and decrease the incidence of injurious falls.

Methods

A critique of systematic reviews and existing clinical practice guidelines was conducted and through a process of consensus, the policy was developed. The team also used Failure Mode and Effect Analysis (FMEA) to identify potential Failure Modes and Effects and to determine the Root Causes of these Failure Modes.

Results/Outcomes

The facility has recorded a significant decrease in the number of falls, number and nature of fall injuries, number of repeated falls. In 2012 only 4 falls have been reported with no falls in the facility ever since November 2012. There has also been an increase in the prevalence of use of assistive devices and percentage of risk assessments accurately completed on all new admissions and post-fall. Families have demonstrated an increased cooperation in compliance with the fall prevention strategies.
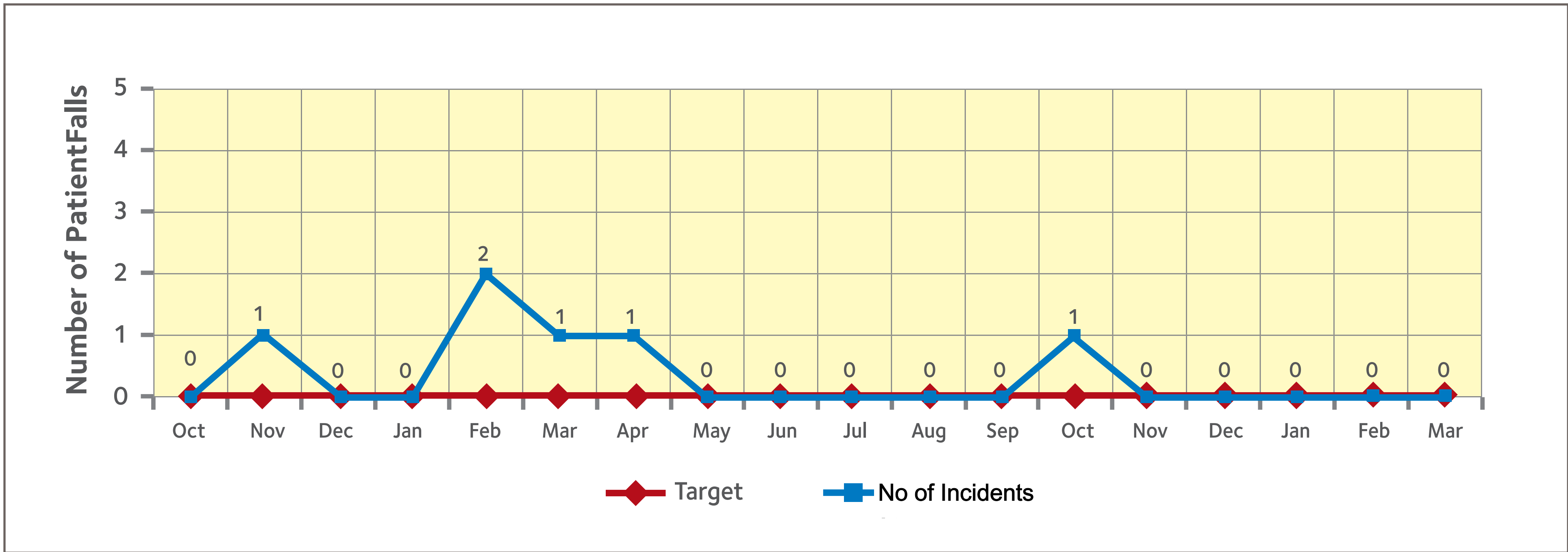
Discussion/Conclusion

A structured fall prevention program is effective to standardize practice. It also ensures all residents are assessed for the Risk for falls and managed as per the best available scientific guidelines.

Sustainability/Replication potential

The policy has created an environment that supports interventions for fall prevention that includes: Multidisciplinary review, pharmacy review of medications, resident and family education on fall prevention, and Alert signs posted above the bed, on the file and on the residents transfer equipment. The policy has relevance to areas of clinical practice including acute geriatrics and other long–term care services.

Lessons learned/Critical success factors

Staff education, multidisciplinary involvement, systematic evaluation of outcomes and dissemination of findings were key in the successful implementation of the policy. The achievement is commendable since the Center for Disease Control highlights each year, a typical nursing home with 100 beds reports 100 to 200 falls.

Fall Prevention

Chart: Number of PatientFalls by month — Target vs No of Incidents

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of Incidents	0	1	0	0	2	1	1	0	0	0	0	1	0	0	0	0	0	
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

■ Target   ■ No of Incidents

References

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