

# Falls Prevention in an Acute Care Environment

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# Introduction

- Falls in the older person occur commonly, and are a major factor threatening their independence and quality of life (Kiel, D. 2007 Falls in the elderly: Risk factors and patient evaluation)
- A number of physical conditions and environmental situations that predispose a person to falls can be modifiable.
- There are multiple reasons why individuals fall these include:

# GNS Falls Prevention Working Party

- Greater Newcastle Sector (GNS) Falls Prevention Working Party commenced in 2002
- Purpose - To develop and guide strategies for falls prevention across the GNS acute sector

# GNS Falls Prevention Working Party

- The Falls Working Party was to
  - Review data relating to falls incidents
  - Develop and promote education packages for falls prevention
  - Establish a process of identifying patients at risk of falling on presentation to hospital
  - Review findings and recommendations of RCA's relating to fall injuries in the GNS
  - Evaluate strategies implemented

# Achievements

- A Patient needs assessment attended within 24hrs of admission- audited quarterly
- Bed rail management guidelines and education implemented – audited half yearly
- Development of a high risk falls care plan
- Falls prevention incorporated into compulsory in-service

# Achievements

- Closed head injury education in compulsory in-service days (result of RCA and HCCC recommendations)
- Development of a falls education folder
- Improved documentation & reduced usage of physical restraint
- Developed a patient resource titled ‘a guide to keeping yourself active during hospital stay’

# Setting the Scene

- J3 is a 32 Bed Acute Care Unit in JHH
- Comprises of: 4 Medical Teams, Nursing - RN's, EEN, EN, & AIN's, Allied Health – SW, PT, OT, SP, Dietician, Pharmacist, Case Manager.
- Access to Dementia CNC, Drug & Alcohol CNC, Diabetic Educators & Placement Co-ordinator.

# The challenge

- The first challenge for J3 is caring for patients who have been admitted with falls and preventing further falls while in hospital.
- The second challenge is preventing falls for other patients during admission as a significant number of patients are identified as high falls risk due to intrinsic risk factors and extrinsic risk factors.
- The third challenge is to have a plan that is patient focused to the individual.



# Diagnosis - Falls

- Patients admitted to J3 have an acute episode often related to their chronic conditions/co-morbidities
- Falls is a common admission diagnosis for J3
- Falls can cause many physical injuries from minor soft tissue damage such as bruises, abrasions & skin tears to large haematomas, lacerations, head injury, fractures, & even death.
- Another impact of falls is the loss of independence, mobility, function & confidence as a patient can develop a fear of re-falling - post fall anxiety.

# Assessment - Patient

- On admission a Head to Toe assessment is attended.
- All medical, physical and psychological needs are attended and reassessed throughout admission
- Medical History – A previous falls history
  - Chronic Diseases
  - Cognitive Impairment
  - Medication Use
  - Alcohol Use
- Social History – living arrangements & family support
- Environmental Factors

# Specific Clinical Focus

- Environment – good lighting, uncluttered, bed rails down, nursing alert close & accessible. High/low bed
- Assessments - Patient Risk Assessment  
- Patient Needs Assessment
- Supervision & Monitoring of observations, cognition, ability to attend own personal care & safe mobility
- Referral made to PT, SW, OT etc.
- Commencement of High Risk and Falls Injury Prevention Care Plan.

# Falls injury prevention care plan

Version 4 High Risk & Falls Injury Prevention Care Plan



## HIGH RISK AND FALLS INJURY PREVENTION CARE PLAN

Surname \_\_\_\_\_ MRN \_\_\_\_\_  
 Given Name \_\_\_\_\_ DOB / / \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Ward /Unit \_\_\_\_\_

**Note: High risk injury as identified by PNA form with one or more of the following risk factors:**

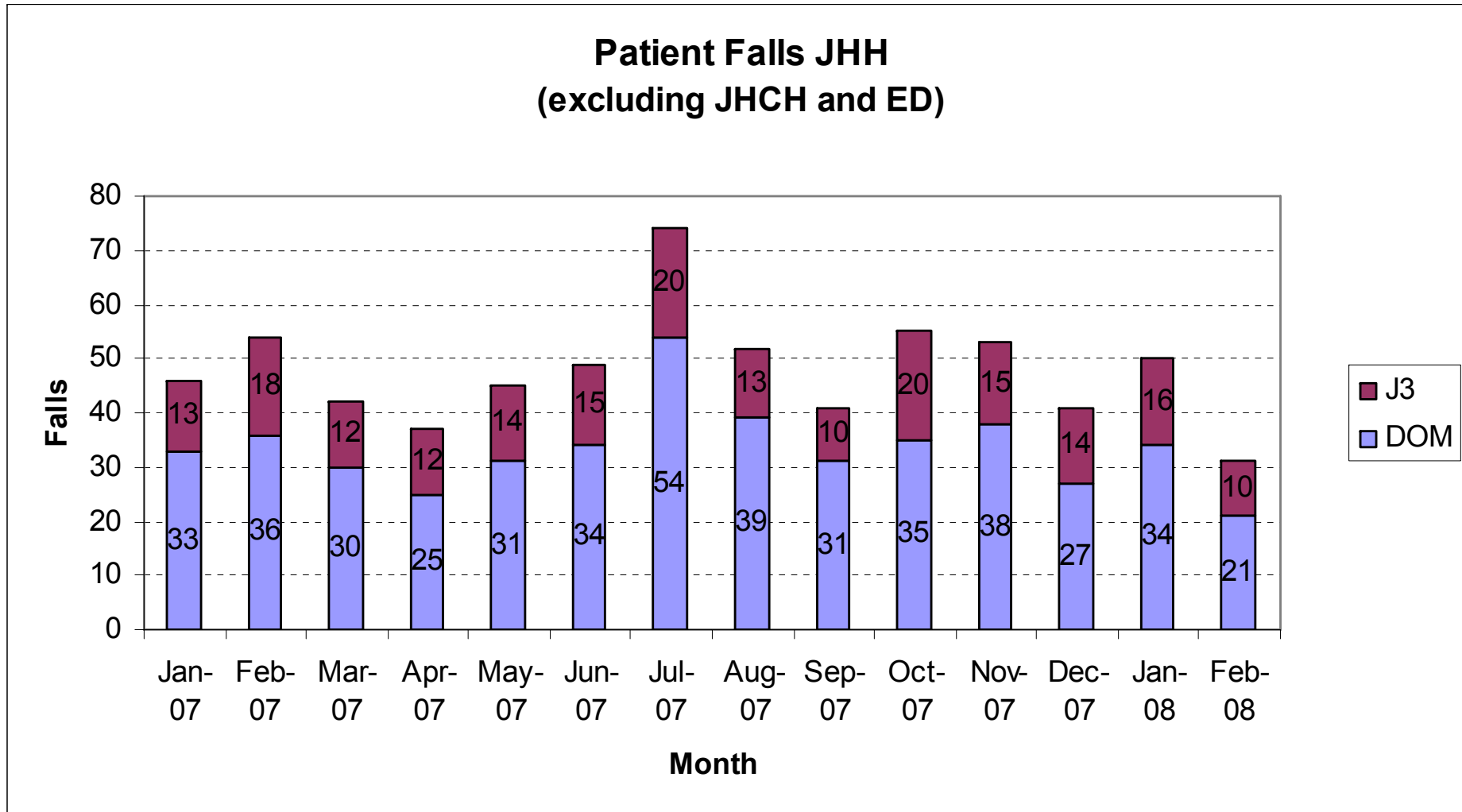
- Any Condition that decreases bone strength including osteoporosis, Paget's disease and long-term steroid use
- Two or more falls in the past six months
- Anticoagulant medication, sedatives, antidepressants, anti-anginal, anti-Parkinsons, anti-hypertensives, narcotics, anti-histamines. Phenothiazine
- History of fracture in the last five years

ON ADMISSION / ONGOING	DOA / Weekly Date / / Please circle one	Date / /	Date / /	Date / /	Date / /	Date / /	Date / /
<b>COMMUNICATION</b>	Frequency <input type="checkbox"/> Blue wrist band applied <input type="checkbox"/> Falls prevention poster by bedside <input type="checkbox"/> Falls score and prevention strategies included in ward handover and team meeting <input type="checkbox"/> Documented in progress notes <input type="checkbox"/> Patient and family educated on falls prevention strategies.	M   L   N					
<b>HIP PROTECTORS</b>	<input type="checkbox"/> Provide information about hip protectors to patient and family (follow hip protector flow chart available in falls						
<b>REFERRALS</b>	<input type="checkbox"/> Ensure referrals made to allied health as directed by PNA form						
<b>ASSESS USE OF RESTRAINTS</b>	<input type="checkbox"/> Bedrails down unless indicated – refer to GNS Clinical Guidelines Feb 2006		M   L   N	M   L   N	M   L   N	M   L   N	M   L   N



		M	L	N	M	L	N	M	L	N	M	L	N	M	L	N	M	L	N	
<b>ENVIRONMENT</b>	<input type="checkbox"/> Clear environment <input type="checkbox"/> Lighting adequate <input type="checkbox"/> All items within reach including call bell <input type="checkbox"/> Call bell answered promptly <input type="checkbox"/> Bed in lowest position (except during care) <input type="checkbox"/> Brakes on bed and chair																			
<b>MOBILISATION</b>	<input type="checkbox"/> Mobilisation encouraged <input type="checkbox"/> Mobilisation plan and patient risk assessment form referred to <input type="checkbox"/> Document mobilisation																			
<b>SUPERVISION</b>	<input type="checkbox"/> Plan to ensure checks occur Staff member or family member present for showering and toileting at all times. <input type="checkbox"/> Patient not to be left alone in toilet or shower																			
<b>CONTINENCE PROBLEMS</b>	<input type="checkbox"/> Place patient with urgency as close as possible to toilets. <input type="checkbox"/> Consider bedside commodes <input type="checkbox"/> Toileting plan time and volume chart 72 hours																			
<b>FOOTWEAR</b>	<input type="checkbox"/> Safe footwear on patient where applicable (no socks or stockings) <input type="checkbox"/> Liaise with family / carer to have footwear available																			
<b>VISION / HEARING</b>	<input type="checkbox"/> Ensure hearing aids / glasses clean, functional and in situ at all times when patient awake																			
<b>NURSE'S INITIALS</b>																				

# Patient falls DOM & J3



# Prevention & Management of Falls J3

- Identified Falls Room – Setting up four bed room close to nurses station.
- Falls Management
  - increase level of supervision
  - staffing level required
  - volunteers
- Medication Review
- Develop a Safe Mobilisation Plan
- Footwear

# Prevention & Management of Falls J3

- Communication
- Toileting & Continence Management
- Vision & Hearing
- Assessment of restraint
- Family involvement
- Education
- Documentation



# Discharge Planning

- Highest priority when discharge planning is assessing patient safety & functioning level.
- Involve the Family.
- Functional Assessment.
- Mobility Assessment.
- Home Assessment.
- Referrals to other agency – CAPS, COMPAC, CAPAC, COPS, EACH, or TACP can assist in supervising patient safety at home.

# Summary

- In conclusion, falls prevention needs to be a multi-disciplined approach to patient care.
- Referrals need to be timely and appropriate.
- Communication is essential
- Involvement were possible of LMO, family/carers & community agencies
- Good discharge planning can go along way to keeping an individual safe & preventing future falls
- **FALLS CAN BE PREVENTED**

# Acronyms

Acronym	Stands for	Provides	Funded by
CAPS			
COMPAC			
CAPAC			
COPS			
EACH			
TACP			