



ADMINISTRATION

Policy & Procedure

Title	FALL RISK MANAGEMENT	Date Effective	August 15, 2014
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Scope	ALL EMPLOYEES	Date Revised	May 5, 2023
Approved By	CLINICAL ADVISORY COMMITTEE	Signature	<i>Original signed by S. Guerreiro</i>
Managed By	DIRECTOR, QUALITY & RISK		

Table of Contents

PURPOSE	1
DEFINITIONS	1
POLICY STATEMENT(S)	2
PROCEDURE / RESPONSIBILITIES	2
RELATED DOCUMENTS	6
REFERENCES	7
REVISION & REVIEW DATE(S)	8

1.0 PURPOSE

Experiencing a fall can have a devastating physical and psychological impact resulting in disability, chronic pain, loss of independence, reduced quality of life, and even death (Public Health Agency of Canada, 2014).ⁱ

- 1.1 To adopt and implement an appropriate Fall Risk Management strategy within the Northern Health Region (NHR) aimed at reducing the frequency of falls and fall related injuries.
- 1.2 To promote safe quality care and a safe environment for clients by identifying and addressing fall risk factors that align with current provincial and national quality standards. (i.e., Accreditation Canada, Manitoba PCH Standards).
- 1.3 To provide employees in the Northern Health Region with the tools necessary to identify and assess those clients at risk for falls.

2.0 DEFINITIONS

- 2.1 **Client:** refers to any individual who accesses or receives healthcare related services from a NHR facility or program. Clients may be patients in an acute care setting, residents in a personal care home, or clients in a community program or facility.
- 2.2 **Fall:** “a fall is 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.”ⁱⁱ
- 2.3 **Healthcare Provider:** any person who provides care or services to a client, includes Health Care Professionals, employees, students, volunteers and other persons acting on behalf or in conjunction with the NHR.

- 2.4 **Intervention:** A task(s) completed by the health care provider to reduce risk factors related to falls.
- 2.5 **Healthcare Practitioner:** a person who provides initial and continuing care across the care continuum (i.e., physician, nurse practitioner, physician assistant). This practitioner may coordinate referrals to specialists as necessary.
- 2.6 **SAFE:** an acronym used to describe a universal set of interventions focusing on Safe Environment, Assistance, Falls Reduction, and Engage client and families.
- 2.7 **Universal Falls Risk Factors:** Biological, behavioural, socioeconomic, and environmental factors that contribute alone or in combination with other risk factors to create falls risk.
- 2.8 **Community:** refers to programs in which clients predominantly receive care in their home (Home Care, Palliative Care, Supportive Housing).
- 2.9 **Community Care Coordinator:** refers to Restorative Care, Nursing Care, and Palliative Care Coordinators.

3.0 POLICY STATEMENT(S)

- 3.1 Using a collaborative, interdisciplinary approach, the NHR implements and evaluates a fall risk management strategy to reduce falls and injuries from falls for clients.
- 3.2 The fall risk management strategy includes
- Prevention
 - The use of Universal Fall Interventions for all clients;
 - Risk Assessment
 - A multifactorial assessment of the client's individual risk for falls;
 - Intervention
 - Implementation and documentation of targeted individualized interventions for clients deemed to be at a higher risk for falls;
 - Communication
 - Communication of the client's fall risk factors and plan of care to the client, family or designate, and all employees providing care to client;
 - Education to Client
 - Education is provided to the client and family or designate about the client's fall risk factors and interventions in place to reduce the risk of falls;
 - Education to Employees
 - Education is provided to employees regarding falls risks and reduction strategies;
 - Monitoring and Evaluation
 - The effectiveness of the fall risk management strategy and trends of client falls is monitored and evaluated.

4.0 PROCEDURE / RESPONSIBILITIES

4.1 [Appendix D Acute Care In-Patient Fall Risk Management Strategy](#)

- 4.1.1 [Appendix B Universal Falls Interventions](#) is implemented for all clients by all healthcare providers within their scope of practice.

- 4.1.2 A [Fall Risk Assessment Form #: NHR_0065](#) is completed by the nurse for every adult client on:
- admission (within 24 hours);
 - change in client status or condition; and
 - transfer.
- 4.1.3 In consultation with the client, family, or designate and healthcare team the nurse develops and implements a [Standard Care Plan Form #: NHR_0066](#) based on the client's individualized fall risk. ([Appendix A Universal Fall Risk Factors](#) and [Appendix B Universal Falls Interventions](#) provide examples of risk factors and evidence based interventions for consideration).
- 4.1.4 The client's fall risk and standard care plan are documented in the health record.
- 4.1.5 The healthcare provider or practitioner communicates the client's fall risk and interventions implemented to the client, family, and healthcare team via care plans, and verbal or written report.
- 4.1.6 A healthcare provider provides the client and family with education on preventing falls.
- 4.1.7 Evaluate the effectiveness of the interventions and provide ongoing documentation within the health record weekly at minimum.
- 4.2 **Long Term Care (LTC) Fall Risk Management Strategy** ([Appendix D1](#))
- 4.2.1 [Appendix B Universal Falls Interventions](#) are implemented for all residents.
- 4.2.2 A [Fall Risk Assessment Form #: NHR_0065](#) is completed by the nurse for every resident:
- at the pre-admission conference;
 - with any change in status or condition;
 - post any fall; and
 - quarterly as per the LTC home's schedule.
- 4.2.3 Additional interventions to mitigate risk, specific to the resident are implemented through individualized care planning following consultation with the multidisciplinary team.
- 4.2.4 The resident's Fall Management Plan is documented in their Integrated Care Plan.
- 4.2.5 Evaluate the effectiveness of the interventions using the [Fall Log Audit Form #: NHR_0690](#), and provide ongoing documentation within the health record as per charting policy.
- 4.2.6 Responsibilities

Best Practice Educators

- provide education to employees as needed; and
- ensures Universal Fall Interventions signage is posted within the homes.

Charge Nurse, Clinical Resource Nurse, or Responsible Nurse

- ensure fall events are documented on the Fall Log Census ([Form #: CPS-02-154](#));
- if required, implement and record client-specific interventions in the Integrated Care Plan and monitor the outcomes;
- keep fall logs for one (1) year in binder to use for further analysis if required.
- ensure completion of [Fall Log Audit Form #: NHR_0690](#), to quantify results showing success or failure of the interventions applied;
- ensure all fall events and permanent fall management plans are recorded on the Integrated Progress Notes and Care Plan;

- Discuss opportunities for improvements in falls prevention at staff meetings as required; and
- discuss fall precautions with residents and families during admission process and care conferences.

Front Line Employees

- first employee at the event of a fall is to complete [AD-01-135 Appendix A FORM: Occurrence Reporting and Management: Occurrence Report](#) and document on the Fall Log Census form.
- Completes, tracks, and follows up with audits [Environmental and Equipment Audit Form #: NHR_0691](#), as assigned.
- Ensure Responsible Nurse is aware of the fall.

4.3 Ambulatory Care Fall Risk Management Strategy ([Appendix D2](#))

- 4.3.1 Universal Fall Interventions are implemented for all clients by all healthcare providers within their scope of practice.
- 4.3.2 A fall risk screening is completed upon initial rooming or assessment of the client by the healthcare provider (Nurse, Clinic Assistant or Allied Health Professional as designated by the program).
- 4.3.3 If client screens positive for increased fall risk, implement individualized interventions within scope of practice. Communicate the increased risk to the client and family or designate if applicable.
- 4.3.4 Document fall risk screen results as applicable for area, (EMR history band, health record) and make a clinic or progress note identifying any individualized interventions provided or implemented.
- 4.3.5 The effectiveness of the Ambulatory care fall risk management strategy is monitored through occurrence report statistics.

4.4 Community Fall Risk Management Strategy

- 4.4.1 Universal Falls Interventions are implemented for all community clients by all healthcare providers within their scope of practice using [Appendix B2 Universal Fall Precautions Interventions SAFE for Home Care](#).
- 4.4.2 Community Care Coordinator completes [SAFE Checklist Form #: CPS-01-020](#) on initial assessment, reassessment, and as required on Accuro. If required, at the discretion of the Community Care Coordinator implement additional interventions based on [Appendix C Client Specific Fall Interventions](#).
- 4.4.3 If additional interventions are implemented during initial assessment, or reassessment, document in Home Care SAFE Checklist.
- 4.4.4 Community Care Coordinators provide and review the Staying on Your Feet Take Action to Prevent Falls booklet to all clients.
- 4.4.5 [Post Fall Follow Up Form #: CPS-01-030](#) is only expected to be completed by Community Care Coordinator, nursing, or Home Care Occupational Therapist in Accuro.

4.4.6 Community Care Post Fall (witnessed)

- Assess the client for injury within scope of practice.
- Activate EMS or facility Emergency Response Plan as required and applicable for program area.
- Assist client to get up if safe to do so and restore client's dignity.
- Inform Community Care Coordinator if not informed.
- Community Care Coordinator to inform the family or designate, and if appropriate, discuss possible causative factors with the client and family or designate.
- Complete an [AD-01-135 Appendix A FORM: Occurrence Reporting and Management: Occurrence Report](#) and follow up as per policy.
- Complete [Fall Log Form #: CPS-01-010](#) in client's Home Care binder to ensure all health care providers are aware of the fall.
- Direct Service Worker to collect [Fall Log Form #: CPS-01-010](#) at the end of every month, if there is data on the form, to submit to Community Care Coordinators. If there is no data on the form, leave in the home care binder.
- Community Care Coordinator reviews the forms to ensure that Occurrence Reports were completed for each fall.
- If Occurrence Reports not completed for falls, the Community Care Coordinator informs the Home Care Supervisor to initiate follow up with the Direct Service Worker.

4.4.7 Community Care Post fall (unwitnessed)

- Community Care Coordinator to inform the family or designate, and if appropriate, discuss possible causative factors with the client and family or designate.
- Inform Community Care Coordinator if not informed.
- Complete an [AD-01-135 Appendix A FORM: Occurrence Reporting and Management: Occurrence Report](#) and follow up as per policy.
- Complete [Fall Log Form #: CPS-01-010](#) in client's Home Care binder to ensure all HCA's are aware of the fall.
- Direct Service Worker collects [Fall Log Form #: CPS-01-010](#) at the end of every month, if there is data on the form, to submit to Community Care Coordinators. If there is no data on the form, leave in the home care binder.
- Community Care Coordinator reviews the forms to ensure that Occurrence Reports were completed for each fall.
- If Occurrence Reports not completed for falls, the Community Care Coordinator to inform the Home Care Supervisor initiates follow up with the Direct Service Worker.

4.4.8 Once a Client has identified that they have fallen, the Community Care Coordinator

- develops and implements a plan of care if required, based on the client's needs utilizing the [Post Fall Follow Up Form #: CPS-01-030](#) and the information;
- Case Conference or discuss with the multidisciplinary team to assess client's risk for falls ie: Pharmacy, NP, physician, and nurses;
- complete the [Post Fall Follow Up Form #: CPS-01-030](#) in Accuro;
- flag client in Accuro when fall interventions are implemented;
- flag client in Procura when individual fall interventions are implemented; and
- make referrals as necessary.

4.4.9 Audit

- fall audits are completed at random every three (3) months – 5% of clients;
- fall audits are completed by Home Care Supervisors using the [SAFE Audit Form #: CPS-01-015](#); and
- for a continuous quality improvement process to be effective, fall audits are summarized by supervisors, the deficiencies are shared with employees, recommendations are made regarding the necessary changes, and these recommendations are implemented, and followed-up with to ensure consistency of application.

4.5 [Appendix E Post Fall Process Map](#)

Note: Excludes Home Care see Section 4.4

- 4.5.1 Assess the client for injury within scope of practice.
- 4.5.2 Activate EMS or facility Emergency Response Plan as required and applicable for program area.
- 4.5.3 Assess vital signs and neurological status as required within scope of practice.
- 4.5.4 Assist the client to get up if safe to do so and restore client's dignity.
- 4.5.5 Complete the [Time of Fall Client Form #: NHR_0064](#) evaluation form.
- 4.5.6 Communicate the fall to appropriate healthcare provider if applicable.
- 4.5.7 Complete a post fall debrief with the healthcare team.
- 4.5.8 Inform the family or designate, and if appropriate, discuss possible causative factors with the client, family, or designate.
- 4.5.9 Document in the health record the objective facts regarding the fall such as
 - location and time of the fall;
 - related activities;
 - medications that may have contributed to the fall;
 - discussion with client and family;
 - notification of the client's healthcare provider;
 - client's condition after the fall; and
 - other relevant information.
- 4.5.10 Complete an [AD-01-135 Appendix A FORM: Occurrence Reporting and Management: Occurrence Report](#) and follow up per policy.
- 4.5.11 Complete [Fall Log Census Form #: CPS-02-154](#) (applicable to LTC only).

5.0 RELATED DOCUMENTS

- 5.1 [Appendix A Universal Falls Risk Factors](#)
- 5.2 [Appendix B Universal Fall Interventions – Acute Care](#)
- 5.3 [Appendix B1 Universal Fall Interventions – Ambulatory Care](#)
- 5.4 [Appendix B2 Universal Fall Interventions – Home Care](#)
- 5.5 [Appendix C Client Specific Falls Interventions](#)
- 5.6 [Appendix D Fall Risk Assessment Process Map – Acute Care In-Patient](#)
- 5.7 [Appendix D1 Fall Risk Assessment Process Map – Long Term Care](#)
- 5.8 [Appendix D2 Fall Risk Assessment Process Map – Ambulatory Care](#)

- 5.9 [Appendix E Post-Falls Management Process Map](#)
- 5.10 [Poster Universal Fall Interventions Acute Care Form #: R_FAL_003](#)
- 5.11 [Poster Universal Fall Interventions LTC Form #: CPS-02-230](#)
- 5.12 [Poster Universal Fall Interventions Ambulatory Care Form #: NHR_0067](#)
- 5.13 [Client Handout: Fall Prevention Form #: NHR_0068](#)
- 5.14 [Client Handout: Preventing Pediatric Falls in the Hospital Form #: NHR_0069](#)
- 5.15 [Fall Risk Assessment Tool – Acute Care \(Morse Fall Scale\) Form #: NHR_0065](#)
- 5.16 [Time of Fall Client Evaluation Form #: NHR_0064](#)
- 5.17 [Standard Care Plan, Falls/Potential for Injury – Acute Care Form #: NHR_0066](#)
- 5.18 [Fall Log Census Form #: CPS-02-154](#)
- 5.19 [Fall Log Audit Form #: NHR_0690](#)
- 5.20 [Environmental and Equipment Audit Form #: NHR_0691](#)
- 5.21 [Fall Log Form #: CPS-01-010](#)
- 5.22 [SAFE Audit Form #: CPS-01-015](#)
- 5.23 [SAFE Checklist Form #: CPS-01-020](#)
- 5.24 [Audit Summary Form #: CPS-01-025](#)
- 5.25 [Post Fall Form #: CPS-01-030](#)
- 5.26 [AD-01-135 Appendix A FORM: Occurrence Reporting and Management: Occurrence Report](#)

6.0 REFERENCES

- 6.1 Accreditation Canada. (2017). *Required Organizational Practices Handbook*
- 6.2 Agency for Health Care Research and Quality. (2013). *Preventing Falls in Hospitals, A Toolkit for Improving Quality of Care.*
- 6.3 Burntwood Regional Health Authority. (2006). Fall Prevention CL-05-08
- 6.4 HIROC. (2012). Risk Reference Sheet, Patient Falls
- 6.4 IWK Health Centre. (2015). *Fall Prevention Policy/Procedure 1012*
- 6.5 Northern Health Region. (2014). Falls Prevention and Management AD-12-20

FALL RISK MANAGEMENT	Date Revised May 5, 2023	Document No. AD-12-20	Page 8 of 8
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- 6.6 Prairie Mountain Health. (2016). *Falls Prevention and Management* PPG-00557
- 6.7 Safer Healthcare Now (2013) Reducing falls and injuries from falls. *Getting Started Kit*
- 6.8 Winnipeg Regional Health Authority. Staying on your feet. <http://preventfalls.ca/>

7.0 REVISION AND REVIEW DATE(S)

- Revised (R): May 5, 2023
May 24, 2018
December 28, 2017
October 13, 2017
- Reviewed (r): January 18, 2022
October 13, 2017

ⁱ ACC, CIHI & CPSI (2014). *Preventing Falls: From Evidence to Improvement in Canadian Health Care*. Pg. 8.
ⁱⁱ HIROC (2012) *Risk Reference Sheet- Falls – Falls/Patient Falls*. Pg.1.