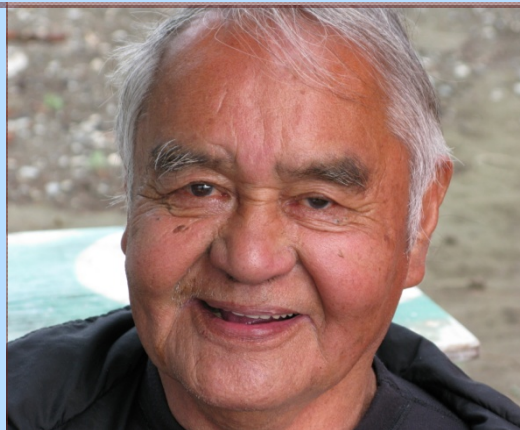


Residential Care Fall and Fall-Related Injury Prevention Toolkit

Introduction



BC INJURY research and prevention unit

CEMIA CENTRE OF EXCELLENCE
on Mobility, Fall Prevention
and Injury in Aging

British Columbia Falls & Injury Prevention Coalition
BCFIPC

Residential Care Fall and Fall-Related Injury Prevention Toolkit

Executive Summary

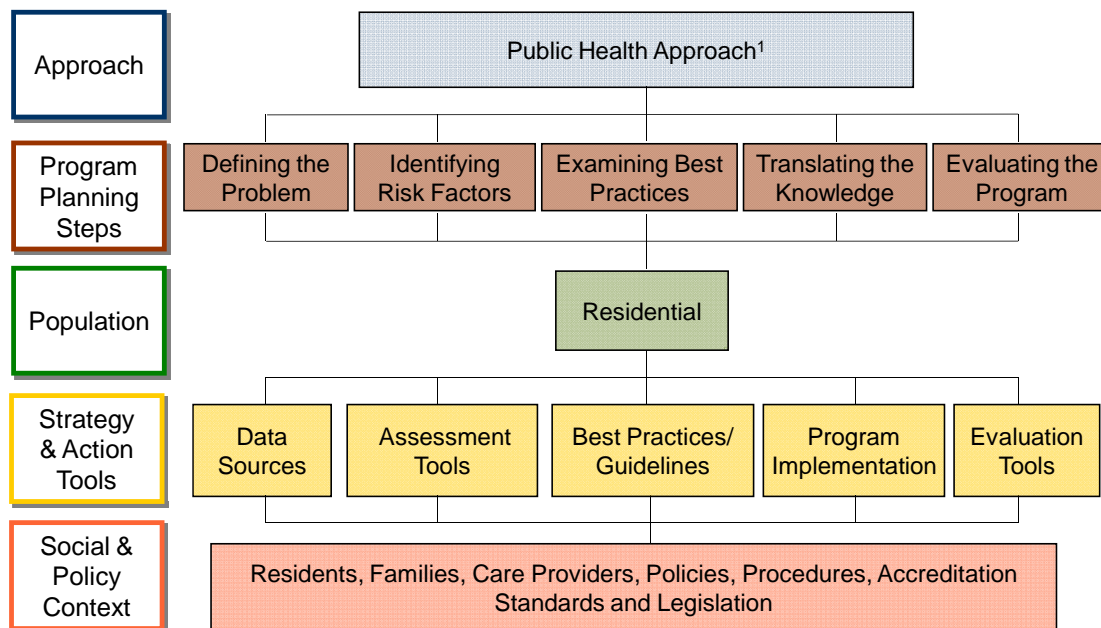
Residents of long-term care (LTC) facilities are not only more susceptible to falls, but they are also more susceptible to injury. Studies show that the average rate of falls among residents of long-term care facilities is 1.7 fall per person-year (Rubinstein, 2006). Compared to older adults who live in the community, residents of LTC facilities fall two to four times more often, and are twice as likely to injure themselves (Lord et al., 2003). Hip fractures occur almost four times more often in residential settings compared to the private home environment (Norton et al., 1998), and less than 15% of facility residents who sustain a hip fracture regain pre-injury ambulation status (Folman, Gepstein, Assaraf, & Liberty, 1994). In addition, approximately 20% of all fall-related deaths among older adults occur among the less than 8% of older adults living in residential care settings (Public Health Agency of Canada, 2005; Rubenstein, 1997). In addition to these worrisome statistics, studies have shown that elderly individuals now enter residential care facilities with a more complex clinical profile marked by the presence of multiple coexisting fall risk factors (Evans et al., 1995) that predispose them to even higher rates of falls and related injuries.

The purpose of this toolkit is to describe an approach to prevention planning needed to enact effective fall and injury prevention programs and to provide examples of tools and resources to aid in the development of fall prevention plans.

The Toolkit Approach

The Toolkit Approach is modeled on a Public Health Framework that is evidence-based, relying on a careful analysis of the problem and its causes in order to develop practical and effective solutions that are integrated into routine care. This approach is described in detail in the Canadian Falls Prevention Curriculum (Scott et al., 2009; Scott et al., 2007) – a course that is recommended for all those responsible for the design and implementation of long term care fall prevention planning. As shown in Figure 1, the Toolkit consists of the five program planning steps that build upon each other in a dynamic process.

Figure 1: Fall and Fall-related Injury Prevention Toolkit Framework for Residential Care



¹ Adapted from Scott, V. et al (2007). Canadian Falls Prevention Curriculum, October 2009

Through the application of all five program planning steps of the Public Health Approach, long term care facilities will be able to address the following Residential Care Regulation requirements for licensees of long term care residences (BC Ministry of Healthy Living and Sport, 2009):

1. Fall prevention care plans for persons who receive long term care or who may be prone to falling that must address:
 - an assessment of the nature of the risk of falling presented by the person in care,
 - a plan for preventing the person in care from falling, and
 - a plan for following up on any fall suffered by a person in care⁹ (p. 31-32).

2. Written policies and procedures must include:
 - an assessment of the nature of risks that may result in persons in care falling in the community care facility,
 - a plan for preventing persons in care from falling, and
 - a plan for responding to a fall suffered by a person in care, including steps to be taken to ensure the health and safety of the person in care who has fallen and to prevent subsequent falls by the person in care⁹ (p. 34).

3. Licensee must keep a record of:
 - minor accidents, illnesses and medication errors involving persons in care that do not require medical attention and are not reportable incidents;

- unexpected events involving a person in care;
- reportable incidents involving a person in care (BC Ministry of Healthy Living and Sport, 2009).

A fall is defined in the Residential Care Regulations as: “a fall of such seriousness, experienced by a person in care, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital (BC Ministry of Healthy Living and Sport, 2009).

Program Planning Steps

1. Defining the Problem

There must be evidence of an assessment of the scope and nature of falls and fall-related injuries for the individual residents and the setting in general. The scope gives you information about the size of the issue. The nature tells you who are affected, where the problem occurs and what the problem looks like.

2. Identifying Risk Factors

There must be evidence of an assessment of individual resident and facility-wide fall risk factors. Individual assessment should occur on resident admission and following a resident fall, and following a significant change in health status.

3. Examining Best Practices

There must be evidence of best practice interventions that are client centered and address the risk factors found for individual residents and for the facility in general.

4. Implementing the Program

There must be evidence of interventions being applied in the form of resident care plans and facility-wide strategies. Care planning should include participation from multidisciplinary staff, residents and families for development, implementation, and evaluation.

5. Evaluating the Program

There must be evidence of ongoing evaluation of resident and facility-wide care plans, with monitoring and reporting of falls and fall-related injuries for the facility. Changes in the program planning steps should reflect the evaluation findings.

Target Population

The Fall Prevention Toolkit for Residential Care is designed for Long Term Care facilities, defined as, “residential care for persons with chronic or progressive conditions, primarily due to the aging process” (BC Ministry of Healthy Living and Sport, 2009).

The Social and Policy Context

For effective implementation of fall prevention programs, consideration must be given to the social and policy context. This is best led by a staff member with a dedicated fall prevention leadership role and includes an examination of the meaning of a fall for the resident and their family, the setting's perception of the problem, characteristics of the setting that enable or inhibit program planning, and the available resources. A fall prevention plan should also reflect relevant sections of legislation, regulation and accreditation standards the facility must adhere to, as each of these elements has the potential to influence the timing and success of intervention strategies.

Strategies

Examples of strategies for enacting the five steps of the Public Health Approach are provided in the following sections of the toolkit:

- Defining the Problem
- Identifying Risk Factors
- Examining Best Practices
- Implementing the Program
- Evaluating the Program
- Social and Policy Context
- Clinical Practice Guidelines for Fall Prevention

Many of these examples are taken from existing guidelines and tools already in place in LTC residences in B.C., as well as others approved for use by the BC Fall and Injury Prevention Coalition – a collaborative of regional health representatives, policy makers, researchers, physicians, geriatric care coordinators, physiotherapists, occupational therapists, nursing consultants and organizations representing older persons and Aboriginal elders in B.C. These examples are given to support the development of individually tailored guidelines and plans for LTC facilities.

Intended Audience for the Toolkit

The intended audience for the toolkit are those who operate or manage Residential Care facilities, those who design policies that guide the operation of Residential Care facilities, and for the staff, family and residents of Residential Care. The tools included in this toolkit are examples of strategies that have been developed for clinical relevance and can be adapted to each setting in order to facilitate integration.

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Listing of Tools

Data Sources

1. BC Fall Report
2. Fraser Health Authority - Reportable Incident Form
3. Interior Health Authority - Incident Report
4. Northern Health Authority - Serious Incident Report
5. Vancouver Coastal Health Authority - Incident Report
6. Vancouver Island Health Authority - Incident Report
7. Resident Assessment Protocols: Falls
8. Falls Clinical Assessment Protocol
9. Patient Safety Learning System Report Form

Assessment Tools

1. Scott Fall Risk Screening Tool for Residential Care
2. Morse Fall Scale
3. Timed Up and Go
4. Sit to Stand Test
5. Berg Balance Test
6. Walkie-Talkie Test
7. Short Physical Performance Battery
8. Information from the Ontario MOHLTC Falls Prevention and Management and Care Planning

Best Practices/Guidelines

Education

1. Kiss of Life Multimedia and BUPA Healthcare Training for Staff in Care Homes
2. Canadian Falls Prevention Curriculum
3. Fraser Health Authority - Universal Fall Precautions
4. Interior Health Authority - Intervention Strategies for Residential Care
5. Interior Health Authority - Recognize the Risk
6. Vancouver Coastal Health Authority - What to do if you fall

Equipment

1. SATECH Cushioned Floors
2. Canadian Red Cross Equipment Sheets
3. Interior Health Authority – Wanted a Protected Hip

Environment

1. Minimizing Physical Restraints in Aged Care
2. Best Practice – Physical Restraint
3. Northern Health Authority – Best Practices Least Restraint
4. Restraint Prevalence Tools
5. Fraser Health Authority – Code Plus
6. Fraser Health Authority – Building Requirements

Activity

1. Fraser Health Authority – Presentation on Increasing Strength and Balance in Seniors
2. Activity and Aging Community of Practice - Recommended Practice Guidelines

Clothing and Footwear

1. Interior Health Authority – Feet/Footwear Review

Health Maintenance – Medication

1. College of Pharmacists of BC – Standards of Practice
2. Drugs and the Risk of Falling
3. Fraser Health Authority – Presentation on Medications and Falls
4. Interior Health Authority – Medication Review

Health Maintenance – Continence

1. Northern Health Authority – Best Practices Continence
2. Interior Health Authority – Continence Precautions
3. Fraser Health Authority – Presentation on Falls and Continence

Health Maintenance – Bone Health

1. Fraser Health Authority – Presentation on Bone Health in Seniors
2. 2010 Clinical Practice Guidelines for Diagnosis and Management of Osteoporosis in Canada: Summary
3. Dieticians of Canada: Food Sources of Vitamin D
4. Dieticians of Canada: Eating Guidelines for Osteoporosis

Program Examples

1. Vancouver Coastal Health Authority – Initial Assessment for Care Planning
2. Vancouver Coastal Health Authority – Falls Prevention Care Plan
3. Vancouver Coastal Health Authority – Residential Care Post Fall Evaluation
4. Fraser Health Authority – Presentation on PDSA Planning
5. Fraser Health Authority – Joint Venture on Falls and Injury Reduction
6. RNAO National Collaborative on Falls in Long –Term Care
7. Canadian Falls Prevention Curriculum Program Implementation Worksheet

Clinical Practice Guidelines for Fall Prevention

8. Fraser Health Authority
9. Northern Health Authority
10. Registered Nurses’ Association of Ontario
11. Vancouver Coastal Health Authority

Evaluation Tools

1. BCIRPU Injury Prevention Program Evaluation Manual
2. Program Evaluation Presentation by Sharon Storschuk