Falls Injury Prevention

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Learning Objectives

• Identify where to find the current falls prevention and management policy
• Discuss the complexity of falls management especially for the older person
• Identify risk factors that contribute to patients having a fall
• Outline the Falls Assessment and Management Plan (FAMP) tool used within CISS
• Outline the post falls pathway tool
Purpose and Intent

To reduce the incidence of falls and harm from falls, through the implementation across the Hospital and Health Service of:

- falls prevention and harm minimisation plan
- screening and assessment of falls risk factors
- management of identified falls risk factors
- management of identified risk factors using tailored, evidence-based interventions
- review of falls risk as appropriate at a clinical directorate level
- patient, family and carer engagement in planning and decision making associated with falls prevention
- education of patients, families and carers on the prevention of falls
- education of staff on the prevention of falls and minimisation of harm from falls
- regular monitoring, investigation and reporting of falls incidents
So where is it?

PROC170  Preventing falls and harm from falls  Procedure  15/02/2017  1/01/2020  Clinical  Published
Where else can I find information on falls?

Below is a list of resources and courses you can do to update your knowledge and skills in Falls Prevention.

Statewide Falls Tool and education presentation below.

Preventing Falls and Harm from Falls contained within i-Learn (https://iLearn.health.qld.gov.au/login/index.php) provides staff both in hospitals and aged care facilities with the knowledge and skills required to prevent or minimise falls and fall-related injuries.
The **World Health Organisation** defines a fall as "inadvertently coming to rest on the ground, floor or lower level, excluding intentional change in position to rest in furniture, wall or other objects"
Falls in older people cover a wide range of events, including:

- trips on raised obstacles (e.g. loose rugs, cords, mats) or uneven surfaces (e.g. footpaths, roads)
- slipping on wet or highly polished surfaces
- tumbles and stumbles down steps or stairs
- falling off a ladder or stepladder
- falling over in a shopping centre or while using public transport.
Falls are the single biggest reason for admission to hospital for people > 65yrs

CONTRIBUTING FACTORS:

- Visual impairment
- Depression
- Incontinence
- Neurological conditions (Parkinson's disease)
- Acute infections (UTI)
- History of falls
- Medications
- Clutter

2 or more increase risks
Top 5 fall related injuries: 65+ years

- Fracture femur = $16,485 and approximately 12.8 days in hospital
- Fracture of lumbar spine & pelvis
- Fracture of shoulder & upper arm
- Intracranial injury
- Fracture of lower leg including ankle

Costs of falls are measured financially however, we should not forget the emotional strains on family, friends and carers.
Falls can be reduced

A literature review in “2008” into falls prevention strategies identified that to minimise patients risk of falling their falls management plan needs to be individualised to the individual patients (Todd, 2008).

There is strong evidence to suggest that a multifactorial Allied Health interventions reduce falls and risk of falling in hospitals (Cameron etal 2010).
Falls prevention is everyone’s business
What strategies can we put in place to minimise the risk of falls?

- Falls risk assessment on admission
- Review routinely or if patients condition changes
- Monitor patient for changes
- Update and document changes – continuity of care
- Educate patient and family on falls prevention and vigilance
- Team approach to risk management and prevention
The Falls Assessment and Management Plan (FAMP) is a state wide clinical form that has been designed to document initial and ongoing falls prevention strategies.

Focusing on 3 components;
1. Risk Factors
2. Actions
3. Management Strategies
# In-patient Falls Assessment and Management Plan

**Facility:**

- Complete assessment within eight (8) hours of admission
- Reassess at a minimum of weekly, when there is a change in condition, medication, after a fall and on discharge
- Care plans never replace clinical judgement. Care outlined must be altered if it is not clinically appropriate for the individual patient
- Every person documenting on the form must supply a sample of their initials in the signature log (page 2)

## Falls Risk Assessment

<table>
<thead>
<tr>
<th>Identify risk factors</th>
<th>If YES to any</th>
<th>Initiate actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Factors</strong></td>
<td></td>
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### Screen:
- The patient has had a fall in the last 6 months
- The patient is observed to be unsteady
- The patient requires supervision or assistance with transfer
- The patient is visually impaired
- The patient has new onset incontinence
- The patient has existing incontinence, frequency or requires assisted toileting
- The patient reports postural symptoms
- The patient has a recent history of syncope
- The patient is on one of the following medications: (antihypertensive, antidepressant, sedative, antipsychotic, benzodiazepine)
- The patient is on more than 4 medications
- The patient has a minimal trauma fracture and/or history of osteoporosis
- The patient has new onset or increased confusion / delirium
- The patient is usually confused

### Actions

- Refer patient to physiotherapist for gait and balance assessment
- Conduct pre-activity screening prior to off bed transfer
- Ensure glasses / visual aid is within reach
- Consider referral (e.g. ophthalmologist, optometrist)
- Initiate ward urinalysis
- Notify MO and facilitate tests as ordered (e.g. MSU)
- Initiate toileting routine
- Consider use of continence aids
- Refer for continence assessment (as appropriate)
- Measure lying and standing BP
- Notify MO and facilitate tests as ordered (e.g. ECG, CT, ECHO, EEG, holter monitor)
- Refer to MO / Pharmacist for medication review / simplification
- Facilitate tests ordered by MO (e.g. TFT, calcium, vitamin D assay, PTH, 25(OH)D)
- Refer to Dietitian (as appropriate)
- Notify MO and facilitate tests as ordered (e.g. MSU, folate, CT, ELF, FBE, TFF)
- Conduct / refer for cognitive assessment (if appropriate)
- Conduct or refer for cognitive assessment (if appropriate)

Following assessment, proceed to management plan (page 2)
Post fall management

The Post Fall Clinical Pathway assists in the implementation of a consistent and thorough response to a fall.
Falls Notification - Riskman

• Follow up by reporting to your NUM or Team Leader.

• Referral for full Multi-disciplinary approach.

• Ensure that Fall is included in Clinical Handover

• Ensure family have been informed of patient fall
Always think –
• Risk assessment
• Refer
• Review
• Monitor
• Update

THINK PREVENTION & MINIMISE RISK