

A stylized illustration of a person falling. The person is depicted in a red-to-pink gradient, falling backwards with arms and legs outstretched. A large red splash is at the bottom, and smaller red splashes are near the head and feet. The entire scene is framed by a light blue rounded rectangle.

Falls Risk Management: What do I need to know?

**Fall Risk Management Program
Senior's Health Calgary Zone**

**Karen LaValley Clinical Educator
Jodie Breadner Coordinator**

Calgary Fall Risk Management Program



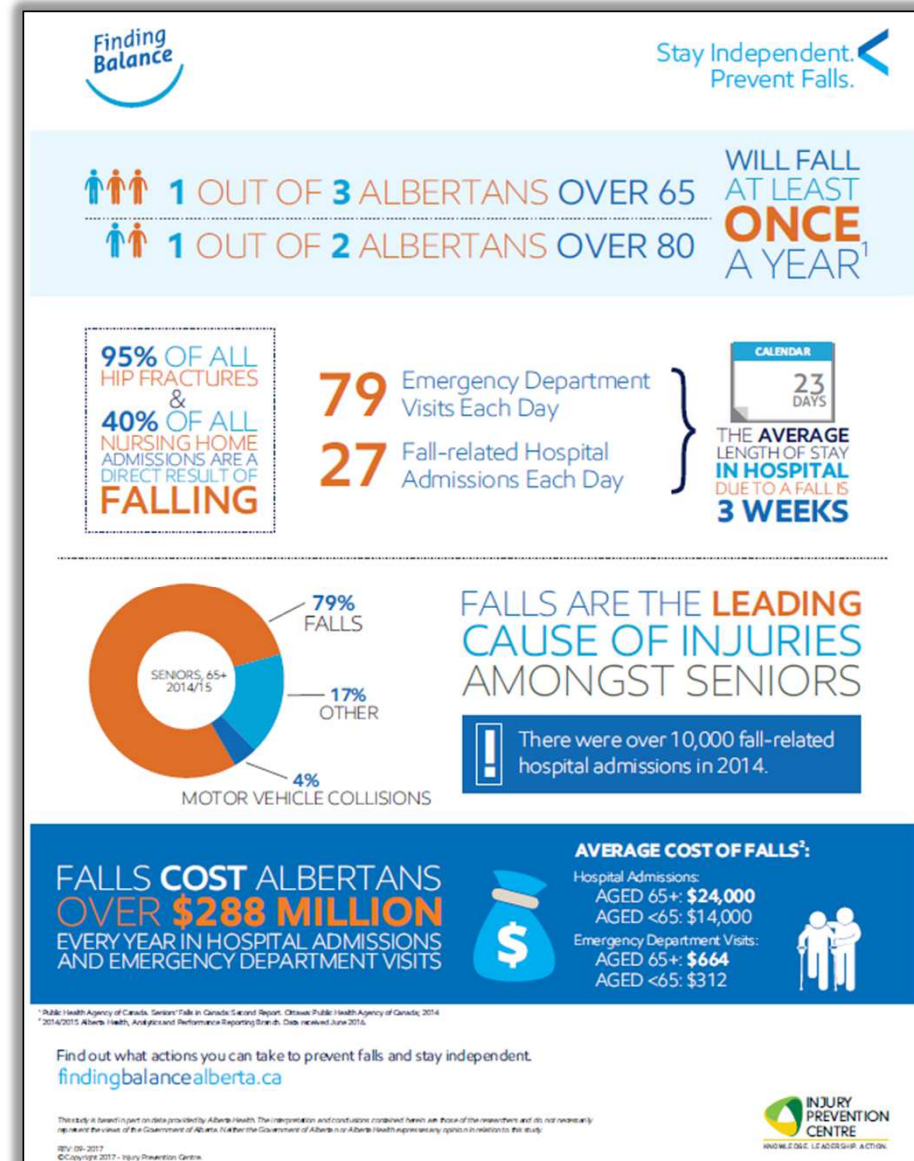


Discussion points

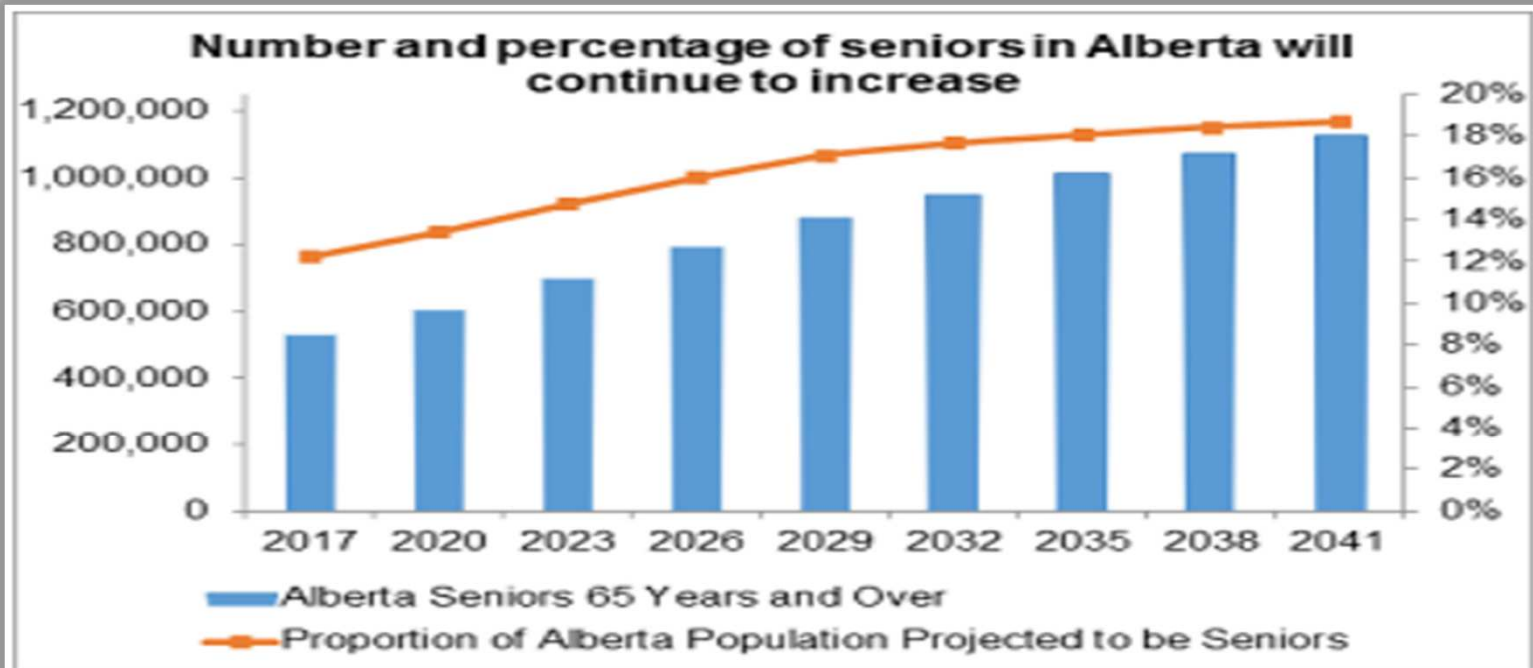
- Understanding the impact of falls
- Alignment with AHS Level 1 Falls Policy
- Collaborative approach to care
- Best practices in Falls Risk Management
- Factors that increase fall risk or risk of harm from a fall
- Tools and Resources

Falling Can Lead to:

- Injuries
- Fear of falling
- Loss of independence
- \$\$\$\$ cost to system



The “Grey Tsunami”



*Alberta Population Projections, 2017-2041 (Medium Scenario).
 Source: Treasury Board and Finance, Office of Statistics and
 Information - Demography and Social Statistics, 2017*

A photograph of a modern, multi-story apartment building with a central courtyard. The building features a mix of white and dark brown siding, large windows, and balconies. The courtyard in the foreground has a paved walkway with a red cross-like pattern, green grass, and some young trees. The overall scene is bright and well-lit.

Continuing Care

- Home Living
- Supportive Facility Living
- Long Term Care
- Blended Care Models

Resources and working together

- Provincial Framework and Fall Risk Management Model
 - Province wide as of 2014
- Fall Risk Management Level 1 Policy – 2015
- Zone based initiatives, Provincial Falls Collaborative

Provincial Fall Risk Management

[About Us](#) | [Employee Tools](#) | [Our Teams / Departments](#) | [Our AHS](#) | [News](#) | [Contact Centre](#)

[Home](#) > [Our Teams / Departments](#) > [Falls Risk Management](#)

- [North Zone](#)
- [Calgary Zone](#)
- [Education](#)
- [Quality Improvement](#)
- [Back to Our Teams / Departments](#)

 [Print](#)  [Large text size](#)

Diversity & Inclusion Network
Help create safe spaces.



[Join Us](#) ▶

Finance for Managers
We've simplified finance to help save you time.



[Check It Out](#) ▶

Your Voice Matters
New topic and questions each month.



[Comment Now](#) ▶

Connect Care
Better health powered by information.



Falls Risk Management

This page provides overarching information, tools and templates to support any clinical unit, program, or site to develop and implement a Falls Risk Management (FRM) program. These resources can be used for any setting and age group for which AHS provides service. Falls Prevention is defined as a critical component of a comprehensive Falls Risk Management Program. Customized zone resources can be accessed to the left.

- [Falls Risk Management Policy](#)

General Information

- [Framework](#)
 - [Framework Background](#)
- [Model](#)
- [Strategy Development Resource Guide](#)
- [Health Promotion/Primary Prevention](#)
- [Screening & Assessment Tools](#)
- [Interventions for Adults & Older Adults](#)
- [Interventions for Pediatrics](#)
- Environmental Factors
 - [Community Environmental Falls Checklist](#)
 - [Universal Falls Precautions](#)
- [Post-Falls Review](#)
- [Quality Improvement](#)
- [Evaluation & Measurement](#)
- [Tools & Resources](#)
- [Additional Resources](#)

Quick Reference Links

- [Falls Prevention Webinar](#)
- [Falls Risk Strategy ROP](#)
- [NICE Guideline CG161](#)
- [AGS/BGS Guidelines](#)
- [Take Action: Prevent a Fall Before it Happens](#)

Reduce Falls & Injurious Falls *safer healthcare now!*
Tools & resources for practitioners.

[Learn More](#) ▶

Preventing Seniors' Falls *Finding Balance*
Access tools & resources to use in your community.

[Learn More](#) ▶



Falls Risk Management



- Folder icons
- Sort dropdown: A-Z
- PEOPLE
- Falls Risk Management Policy
- Falls Risk Management Resources



Falls Risk Management



Description

This page provides overarching information, tools and templates for any clinical unit, program, or site to develop and implement a Falls Risk Management (FRM) program. These resources can be used for any age group for which AHS provides service. Falls Prevention is a critical component of a comprehensive Falls Risk Management Program.

Key Items

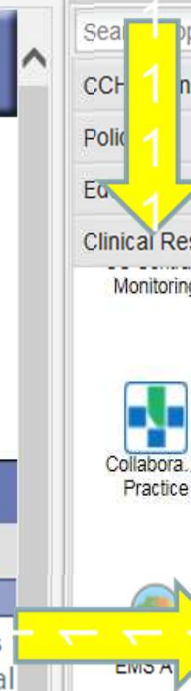
[Level 1 Falls Risk Management Policy.](#)

Folder: 1038252, link: <http://qwci.qwogo.com/clint/hirex.asp?FNOTIFY=1038252@con>

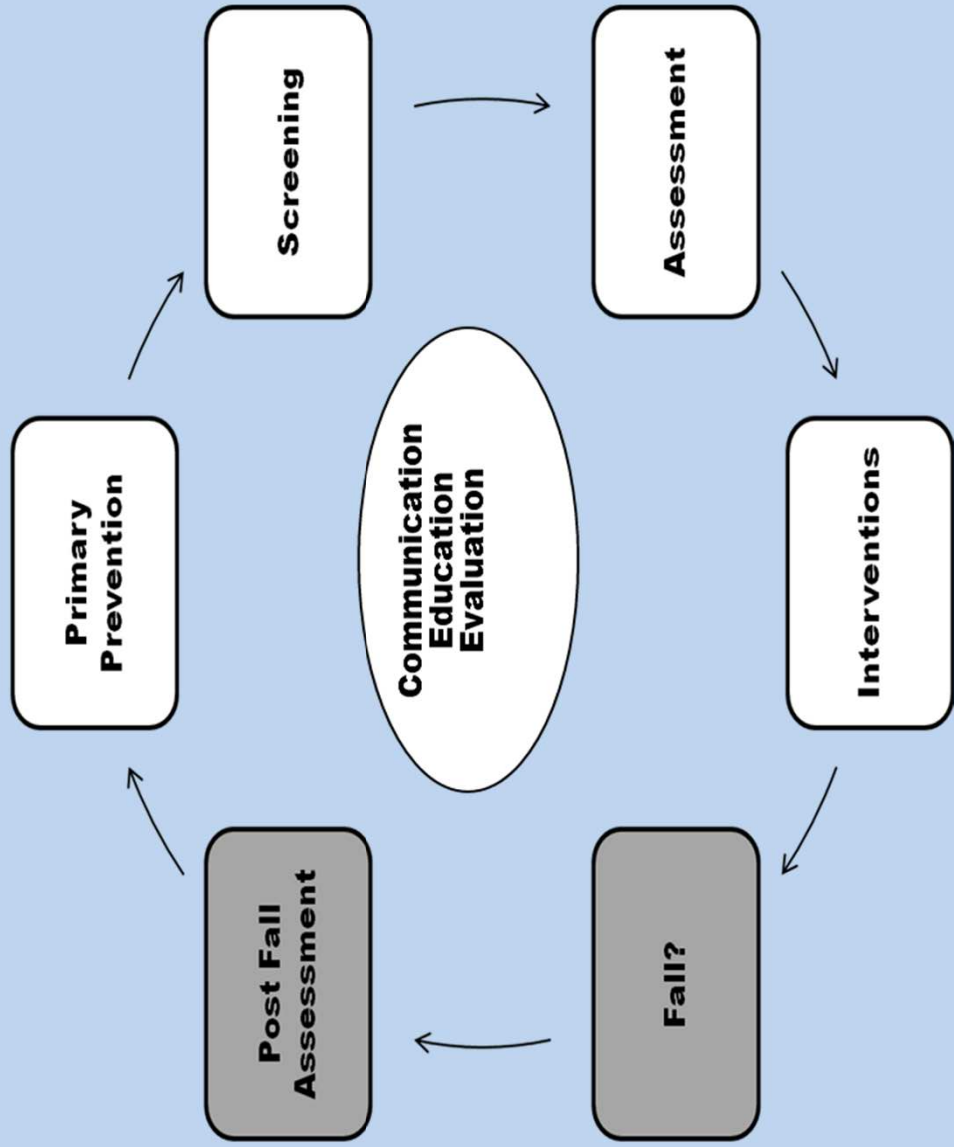
- Home
- Search
- Quick Info
- Help
- Manage

Search Applications

- CCH and Education
- Policy
- Education and Links
- Clinical Resources
 - Monitoring
 - Mgmt Framework
 - Practice Development
 - Collabora... Practice
 - Coordinated Access
 - Daily Oral Care
 - EWS A
 - Falls Risk Management
 - Family Caregivers
 - Hospice and PEOLC
 - Infection Prevention and Control
 - Nutrition
- For HCAs
- Resident Assessment Instrument (RAI)
- North Zone
- Edmonton Zone
- Central Zone
- Calgary Zone
- South Zone
- Admin



Fall Risk Management Model



What is a fall?

“Any unintentional change in position where the resident ends up on the floor, ground or other lower level, with or without injury” (Canadian Fall Prevention Curriculum 2007)

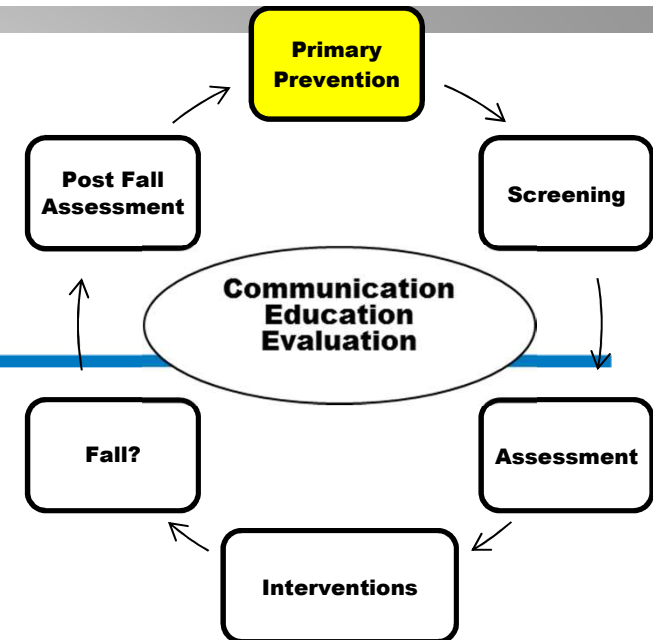




-
- Falls are NOT a normal part of aging
 - Most falls can be prevented
 - Take action to prevent falls

Primary Prevention

- Universal Fall Precautions
- Exercise / Recreation Programs
- Education
- Increasing awareness



Primary Prevention Resources

- Finding Balance AB

<http://findingbalancealberta.ca/>

- MyHealth.Alberta.ca – Preventing Slips, Trips, and Falls

<https://myhealth.alberta.ca/Alberta/Pages/resources-fall-prevention.aspx>

- Fall Prevention Month

<http://fallpreventionmonth.ca/>

- Health Promotion/Primary Prevention on Insite or CCD

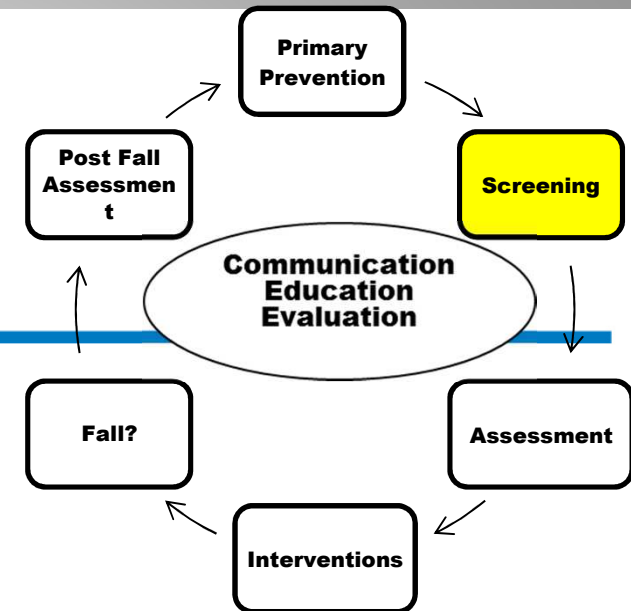
Screening

Screen all adults to identify those at risk for falls

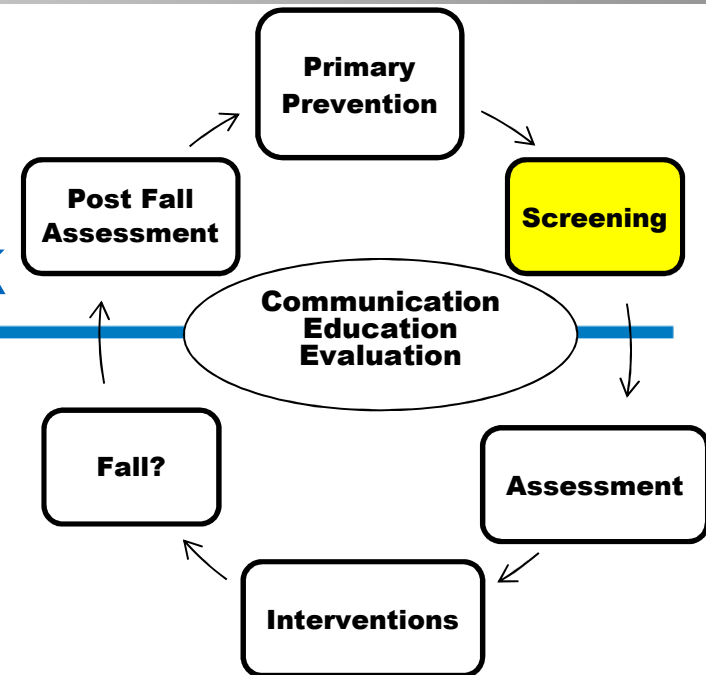
- Validated tools available depending on program of care

Screening should include:

- Identifying a history of falls (AGS/BGS, RNAO)
- Evaluation of gait and balance/mobility (AGS/BGS, RNAO)
- Clinical judgement (RNAO)



Communicating Fall Risk



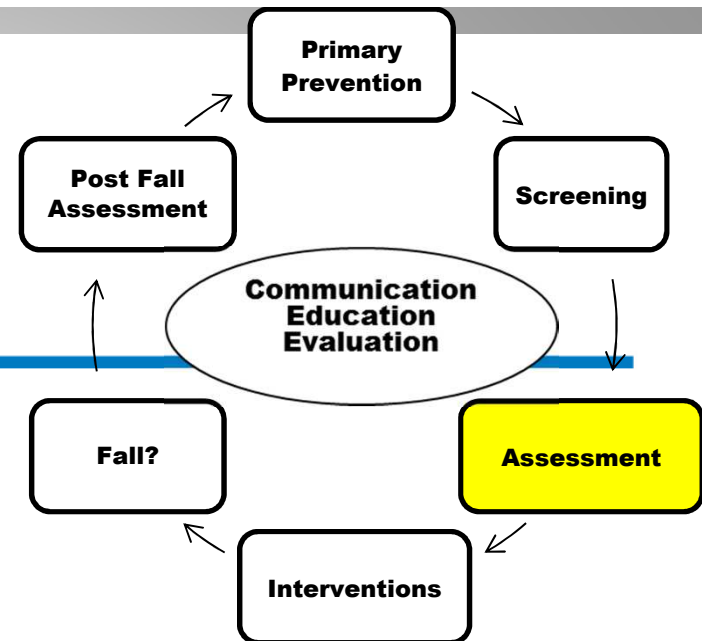
Share results

How is fall risk communicated?

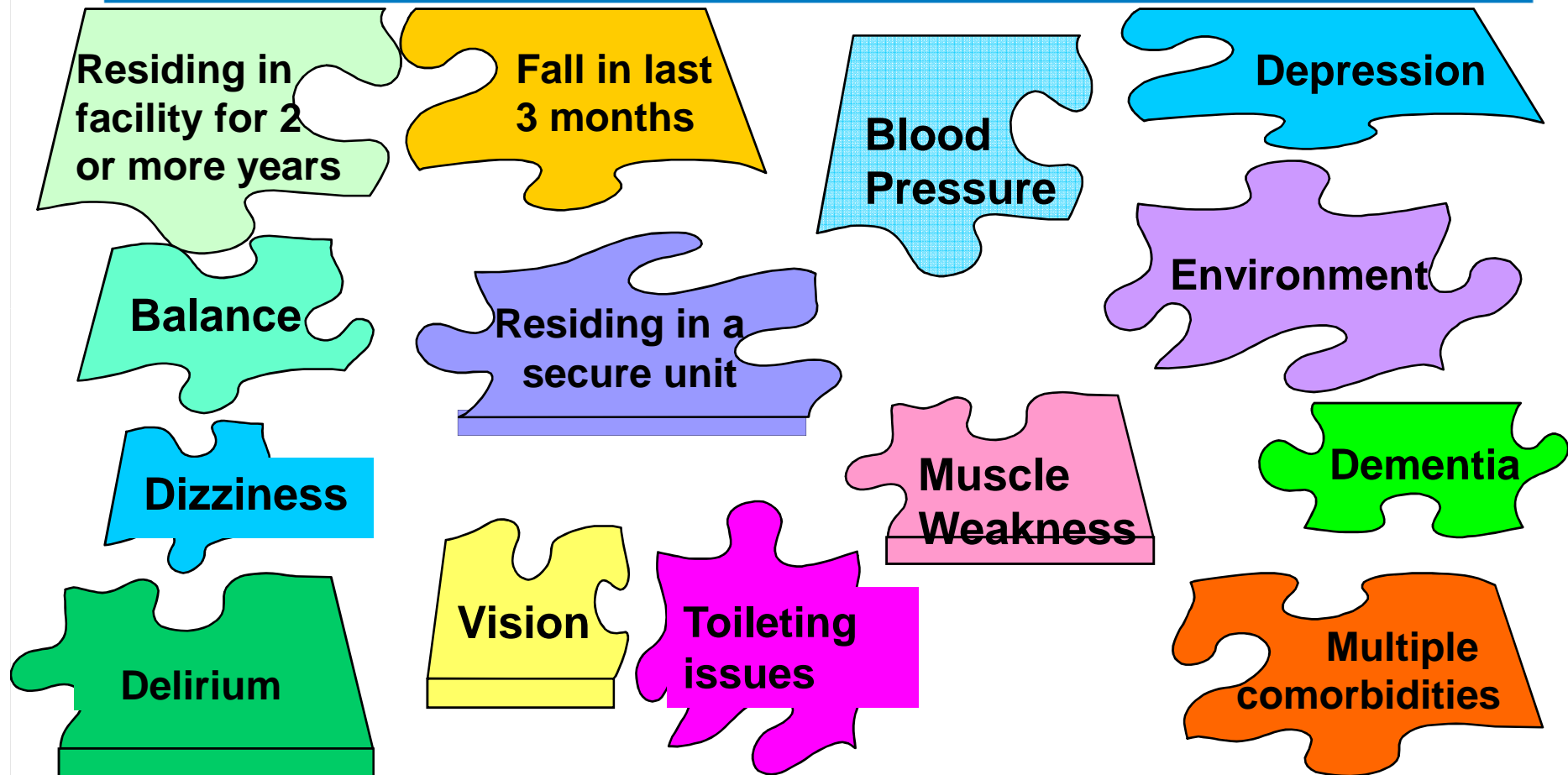
- To client and family
- To other staff

Assessment

- Detailed and systematic
- Multifactorial and Interdisciplinary approach is best practice
- Refer clients to appropriate clinicians or ID team who are:
 - complex
 - multiple co-morbidities or risk factors
 - frequent fallers



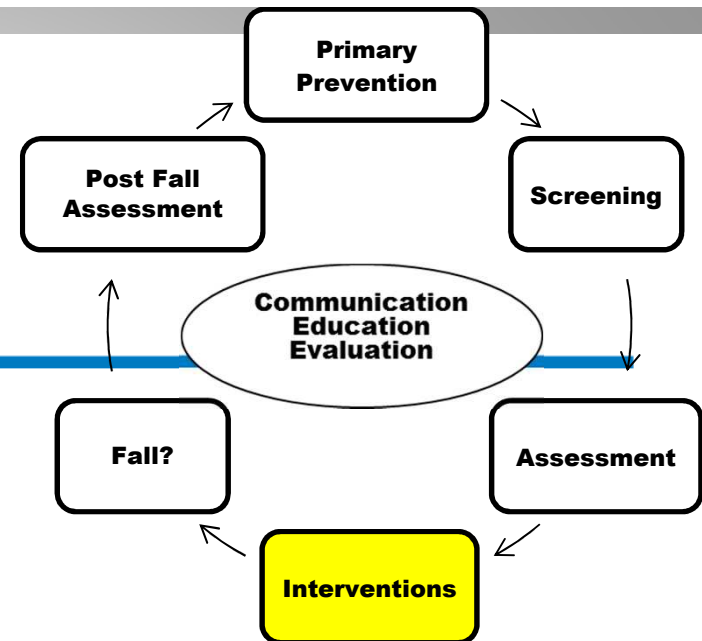
Risk Factors



Interventions

Includes:

- Universal Fall Precautions in place for everyone
- Targeted, client-specific interventions to address identified fall risks



Universal Fall Precautions

Insite

Falls Risk Management

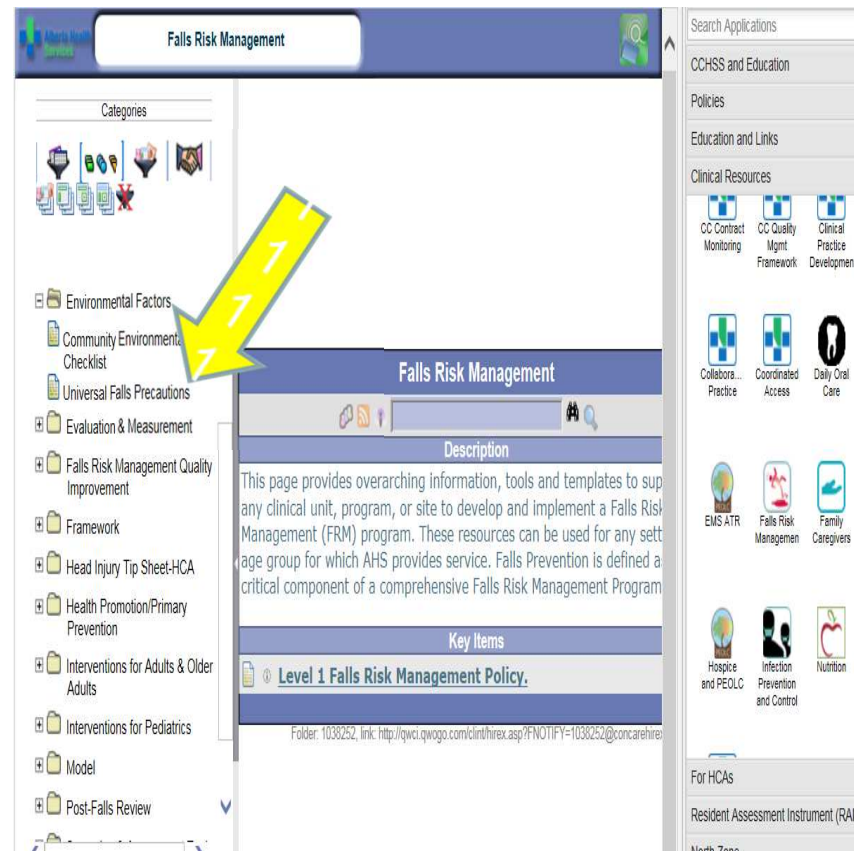
This page provides overarching information, tools and templates to support any clinical unit, program, or site to develop and implement a Falls Risk Management (FRM) program. These resources can be used for any setting and age group for which AHS provides service. Falls Prevention is defined as a critical component of a comprehensive Falls Risk Management Program. Customized zone resources can be accessed to the left.

- [Falls Risk Management Policy](#)

General Information

- [Framework](#)
 - [Framework Background](#)
- [Model](#)
- [Strategy Development Resource Guide](#)
- [Health Promotion/Primary Prevention](#)
- [Screening & Assessment Tools](#)
- [Interventions for Adults & Older Adults](#)
- [Interventions for Pediatrics](#)
- Environmental Factors
 - [Community Environmental Falls Checklist](#)
 - [Universal Falls Precautions](#)
- [Post-Falls Review](#)
- [Quality Improvement](#)
- [Evaluation & Measurement](#)

CCD



Falls Risk Management

Categories

- Environmental Factors
- Community Environment Checklist
- Universal Falls Precautions
- Evaluation & Measurement
- Falls Risk Management Quality Improvement
- Framework
- Head Injury Tip Sheet-HCA
- Health Promotion/Primary Prevention
- Interventions for Adults & Older Adults
- Interventions for Pediatrics
- Model
- Post-Falls Review

Falls Risk Management

Description

This page provides overarching information, tools and templates to support any clinical unit, program, or site to develop and implement a Falls Risk Management (FRM) program. These resources can be used for any setting and age group for which AHS provides service. Falls Prevention is defined as a critical component of a comprehensive Falls Risk Management Program.

Key Items

- Level 1 Falls Risk Management Policy.

Folder: 1038252, link: http://qwc1.qwgo.com/clin/hrex.asp?FNOTIFY=1038252@concarehire

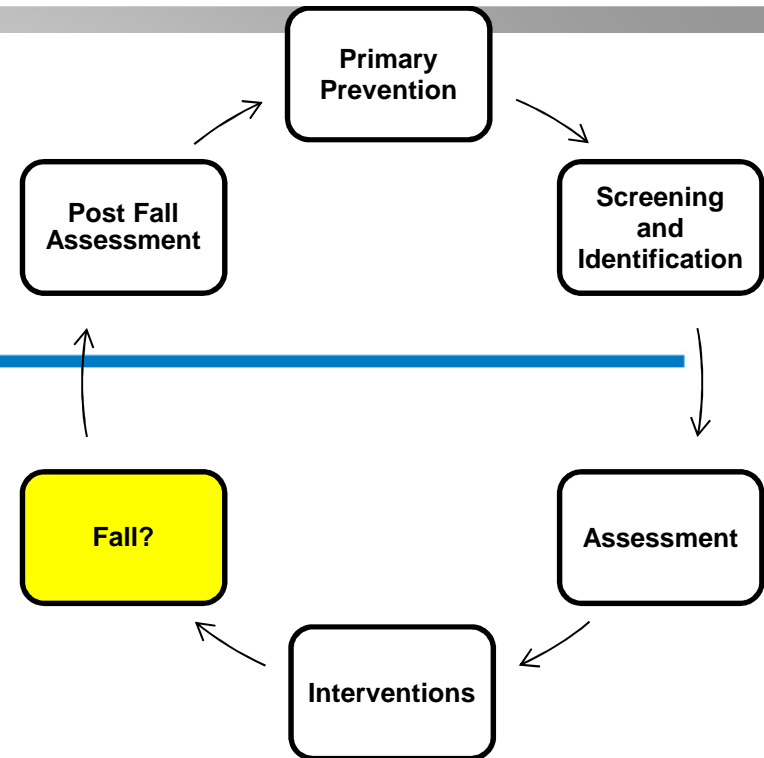
Search Applications

- CCHSS and Education
- Policies
- Education and Links
- Clinical Resources
 - CC Contract Monitoring
 - CC Quality Mgmt Framework
 - Clinical Practice Development
 - Collaborative Practice
 - Coordinated Access
 - Daily Oral Care
 - EMS ATR
 - Falls Risk Management
 - Family Caregivers
 - Hospice and PEOLC
 - Infection Prevention and Control
 - Nutrition
- For HCAs
 - Resident Assessment Instrument (RAI)

Fall Risk Management Suggested Interventions

Risk Factor	Interventions to Consider	Suggested Referrals	
Mental Status			
Cognition	<ul style="list-style-type: none"> Use “NOD” (Name, Occupation, Duty). Give clear simple instructions and give the resident time to process the instructions. Consider verbal and written reminders, use pictures, involve family. Assess for signs of delirium (i.e. CAM). Review personal directive. Consider enhancements to care or environment to decrease risk (i.e. recruit family or suggest private companion to sit with high risk resident, provide diversional activities and increased observation at high risk times). Consider focused mental status assessment. Reinforce safe transfer technique/use of aids. 	<ul style="list-style-type: none"> Provide anticipatory nursing care (i.e. Comfort Rounds – scheduled toileting, ensure assistive devices are within resident’s reach, encourage hydration/nutrition as appropriate, ensure pain is managed). Harm reduction strategies (may include hip protectors, padded flooring, head protection, bed alarms). Consider motivation for unsafe behaviors that the resident cannot express (i.e. hunger, toileting, fear, pain). 	PT OT Rec Therapy NP
Behavior	<ul style="list-style-type: none"> Consider behavior change strategies to address resident readiness for safety recommendations. Address anxiety, fear of falling. Consider Negotiated Risk Agreement. Consider behavior mapping. 	<ul style="list-style-type: none"> Address financial hardship or constraint issues. Address sleep hygiene, promote sleep routine. Be aware of harm reduction strategies for managing alcohol and/or other substances. 	SW/Psychologist Physician/Geriatrics Psychiatrist NP
Medication			
Medications (include prescribed, non-prescribed, and over the counter medications)	<ul style="list-style-type: none"> Review medications (Best Possible Medication History – BPMH). Refer to physician or pharmacist for medication review – provide written context for concerns. Assess and note side effects of medications which may result in drop in blood pressure, behavioral change, decreased level of consciousness, dizziness. Refer to physician for review. 	<ul style="list-style-type: none"> Vitamin D and dietary Calcium intake for fracture prevention (increased risk of fracture related to osteoporosis/osteopenia) Develop care plan to deal with behavioral issues to help decrease use of medications (i.e. antipsychotics). Anti-coagulation or anti-platelet therapy – watch for increased risk of bleeding. 	Physician Pharmacist Dietitian NP
Physical Status			
Dizziness/ Postural Hypotension	<ul style="list-style-type: none"> Check for postural hypotension. Monitor lying and standing/sitting BP. Notify physician of postural drop > 20 mm systolic or > 10 mm diastolic. Check pulse – investigate irregularities. Note history of dizziness, fainting or “blacking out”. 	<ul style="list-style-type: none"> Review medications. Educate resident and staff to change position slowly. Ensure adequate hydration and nutrition. Assess for infection. Consider referral for vestibular/balance evaluation. 	NP Pharmacist PT Physician Dietitian

Fall?



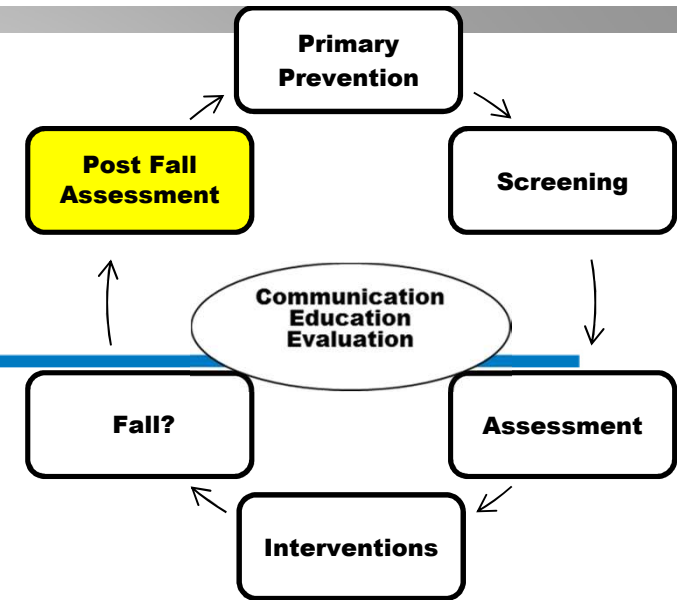
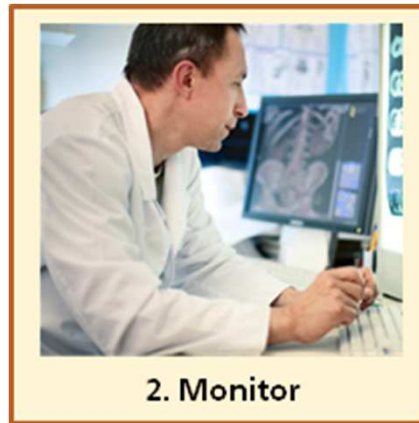
Post-Falls Review

Falls Risk Management

Calgary Zone

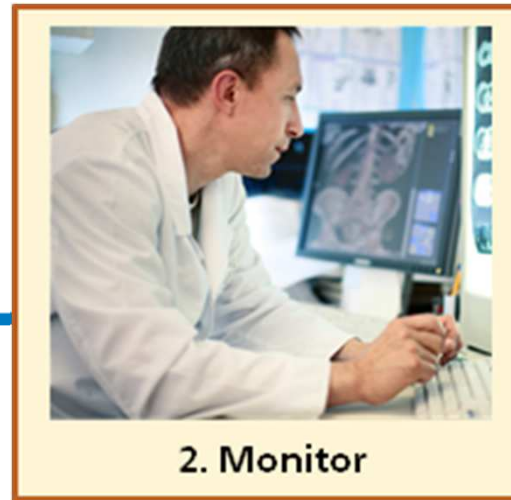


Post Fall





- Site professional nurse to complete post falls Head to Toe
- Notify physician and family as per protocol
- Notify RN / Supervisor of all falls



- Vital signs and pain for all falls
- Neural Vital Signs (GCS) for all unwitnessed falls AND witnessed falls with suspected head injury
- Monitor for 24-48 hours.

Concussion and Traumatic Brain Injury

**37% of seniors
with fall-related
traumatic brain
injury are
admitted to
hospital.....**


Injury Prevention Centre 2017



Part A: Complete for any client that experiences a fall. Abnormal findings must be documented in narrative charting. Refer to Blood Glucose monitoring if client is diabetic.

Vital Signs	1 st Check	Q 30 mins x 1 hour	Q 1 hour x 3 hours	Q 8 hours x 48 hours
Date:				
Time:				
BP				
Pulse				
Resp. rate				
Temp				
O ₂ sat.				
Staff Initials				

Part B: Complete if fall was unwitnessed, if the client is anticoagulated, or if the client hit their head.
Document abnormal findings in narrative charting.

Neuro Vital Signs	1 st Check	Q 30 mins x 1 hour		Q 1 hour x 3 hours			Q 8 hours x 48 hours								
Date:															
Time:															
Pupils															
Size: Left															
Right															
		1 mm 2 mm 3 mm 4 mm 5 mm 6 mm 													
Reaction: Left															
Right															
		N – Normal S – Sluggish F – Fixed													
Glasgow Coma Scale															



- Share and problem solve
- Identifies contributing risk factors
- Document and communicate with rest of team

Example of Huddle:

– 5 Why's

5 Whys? Why did Mary fall?

1 She forgot to use her walker



2 Why did the Mary forget to use her walker?
She has trouble remembering



3 Why does the resident have trouble remembering?
She did not sleep well last night? Is her memory worse?



4 Why did the resident not sleep well last night?
Too much coffee during the day? Up 5 times to the bathroom?



5 Why did the resident drink too much coffee?
Coffee was too accessible. She forgot how much she'd already had and staff offered her more.



Communication

- Post Fall Report / Log Book
- Clients / Families - Disclosure
- Physicians / Physician Partnerships
- Inter-Facility Patient Transfer

Inter-Facility Patient Transfer

To request Inter-Facility Transfer, please use iRequest or call 1.877.661.6710 Provincially

Form faxed to receiving facility if requested/required? Yes No

Transfer Information		Green area to be completed by Sending Facility	
Physician order for IFT		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of transfer	Patient ID band on? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary language	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal status <input type="checkbox"/> N/A <input type="checkbox"/> Voluntary <input type="checkbox"/> Formal, Form #		<input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 10 Other _____	<input type="checkbox"/> Forensic
Notification of transfer		<input type="checkbox"/> Next of kin <input type="checkbox"/> Caregiver <input type="checkbox"/> Guardian <input type="checkbox"/> Substitute decision maker	
Patient aware	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Relationship
Family	<input type="checkbox"/> Yes <input type="checkbox"/> No		Phone
Family physician	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Receiving physician	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physician's Name	_____	Family Physician	Living arrangements
Personal Directive*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Phone	<input type="checkbox"/> Independently
Goals of Care order*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Residential facility
Goals of Care Designation	R _____ M _____ C _____		<input type="checkbox"/> In-home support
*Where these exist, an original must accompany the patient			
Sending Practitioner		Phone	Position
Facility		Unit	Phone
Principal diagnosis/problem		Reason for transfer	

Reporting

- Awareness
- Contributes to client safety
- Allows for benchmarking and goal setting

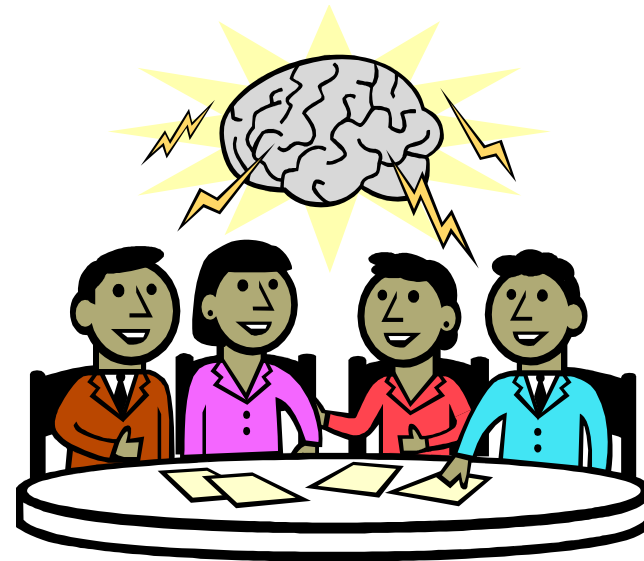


Evaluation & Measures

How do you know your fall risk management process is working?

Some resources:

- AHS Evaluation and Measures
- Quarterly trending report (QTR)
- Retrospective chart audit tool (AHSaudit.ca)



Quality Improvement

- Ensures a process to support client safety and promote continuous review
- Encourages improvements in practice





Staff:

- AHS Post Falls eLearning module (Insite MLL & CCD)
- Presentations / Webinars

Client / Family:

- Newsletters / Bulletin boards / Brochures
- Resident Council / Caregiver Support Groups

Are there other ways that your organization delivers info?

Resources

AHS Level 1 Falls Risk Management Policy and Strategy Information

- AHS Insite <http://insite.albertahealthservices.ca/10210.asp>
- Continuing Care Desktop <https://cc.qwogo.ca/#ENG>
- Calgary FRM Program <http://insite.albertahealthservices.ca/10214.asp> or cal.frmp@ahs.ca

AGS/BGS Clinical Practice Guideline: Prevention of Falls in Older Persons

https://www.americangeriatrics.org/files/documents/health_care_pros/Falls.Summary.Guide.pdf

RNAO BPG Preventing Falls and Reducing Injuries From Falls

<http://rnao.ca/bpg/guidelines/prevention-falls-and-fall-injuries>

Safer Healthcare Now Reducing Falls and Injuries From Falls – Getting Started Kit

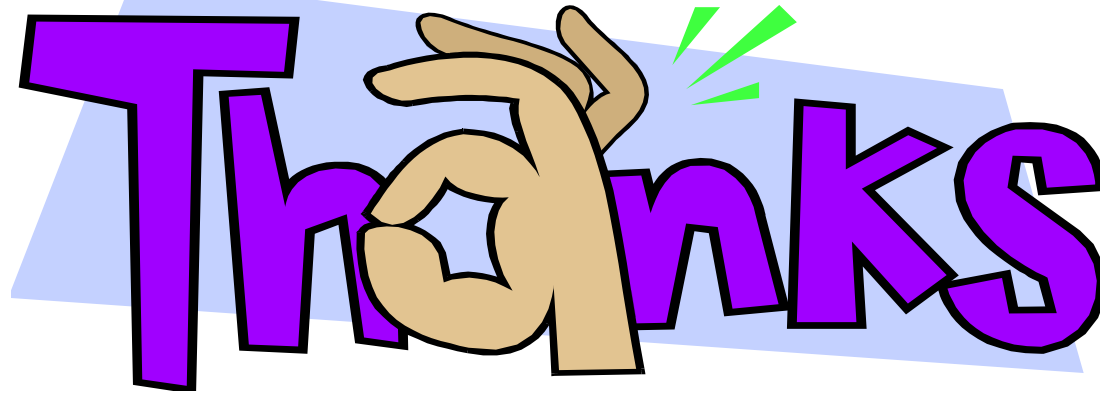
<http://www.patientsafetyinstitute.ca/en/toolsResources/Documents/Interventions/Reducing%20Falls%20and%20Injury%20from%20Falls/Falls%20Getting%20Started%20Kit.pdf>

Public Health Agency of Canada Senior's Falls in Canada: Second Report

<https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/publications/publications-general-public/seniors-falls-canada-second-report.html#s4-2-1>

Discussion and Next Steps





**Calgary Fall Risk
Management Program**
cal.frmp@ahs.ca