



REDUCING FALLS AND INJURY FROM FALLS

safer healthcare
now!

Goal

TO REDUCE FALLS AND INJURY FROM FALLS BY 40% IN PARTICIPATING ORGANIZATIONS.

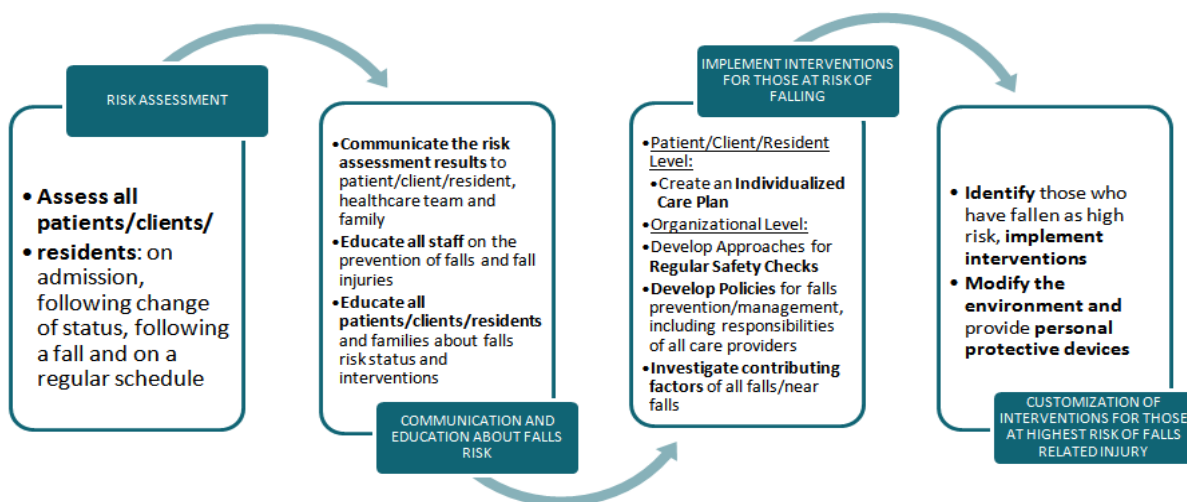
Background

- About 40% of older adults who are hospitalized after a fall have suffered hip fractures, and approximately 7% of these result in death¹. According to the Canadian Institute for Health Information, falls are the primary cause of injury admissions, accounting for 54.4% of all injury hospitalizations and 75.7% of all in-hospital deaths for clients admitted for injuries². In total, there were 197,002 hospital injury admissions in Canada with 54.4% caused by falls.
- Among Canadians age 65 or older, most injury hospitalizations followed a fall (77% for males, and 88% for females). Those who fall are at higher risk for future falls and injury³.
- Identifying patients at risk and implementing falls prevention programs can prevent falls. A 20% reduction in falls would translate to an estimated 7,500 fewer hospitalizations and 1,800 permanently disabled elderly over the age of 65. The overall national savings could amount to \$138 million annually⁴.

Intervention

There are four main approaches to falls intervention strategies where staff in long-term care, acute care and home health care can make a difference towards reducing falls and injury from falls. These include:

- Risk Assessment
- Communication and education about Falls risk
- Implementation of interventions for those at risk of falling
- Customization of interventions for those at highest risk of falls related injury



¹ Smartrisk. (2004a). Facts on falls. SMARTRISK. Available: <http://www.smartrisk.ca/ContentDirector.aspx?tp=671>

² Canadian Institute for Health Information. (2000). Falls leading cause of injury admissions to Canada's acute care hospitals. CIHI Report. Available: http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_27feb2002_e

³ Canadian Institute for Health Information (2009), Health Indicators, [Online]. http://www.cihi.ca/cihiweb/products/HealthIndicators2009_en.pdf

⁴ Smartrisk. (2004b). The cost of falls. SMARTRISK. Available: <http://www.smartrisk.ca/ContentDirector.aspx?tp=675>

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Intervention Measures

Acute and Long Term Care Measures

There are six measures for Acute Care and Long Term Care:

1. Falls Rate per 1000 Patient/Resident Days (Outcome Measure)
2. Percentage of Falls Causing Injury (Outcome Measure)
3. Percentage of Patients/Residents with Completed Falls Risk Assessment on Admission (Process Measure)
4. Percentage of Patients/Residents with Completed Falls Risk Assessment Following a Fall or Significant Change in Medical Status (Process Measure)
5. Percentage of “At Risk” Patients/Residents with a Documented Falls Prevention/Injury Reduction Plan (Process Measure)
6. Restraint Use (Balancing Measure)

Home Healthcare

There are five measures for Home Health Care:

1. Falls Rate per 1000 Clients (Outcome Measure)
2. Percentage of Falls Causing Injury (Outcome Measure)
3. Completed Fall Risk Assessment on Admission (Process Measure)
4. Fall Risk Reassessment Completed Following a Fall or Significant Change in Medical Status (Process Measure)
5. Percentage with Documented Falls Protection or Injury Reduction Plan (Process Measure)

Success Stories

Safer Healthcare Now! in partnership with the Registered Nurses’ Association of Ontario hosted the National Collaborative on the Prevention of Falls in Long-Term Care. The initiative aims were to decrease the number of falls and reduce fall injuries in residents living in long-term care settings across Canada, by 40 per cent.

Innovative ideas, the involvement and input of all employees and the education of family members have led to a significant decrease in the number of falls at the Kristus Darzs Latvian Home in Woodbridge, Ontario. In April 2008, before the Falls Collaborative began, the home reported 29 falls. Eight months into the project, the number of falls had been reduced to ten.

Jewish Eldercare Centre in Montreal (Quebec) participated in the National Falls Collaborative to support the development and implementation of a fall prevention program, which includes: a restraint-free environment; using restraint alternatives; taking vitamin D and calcium; environmental measures such as transfer poles, low beds with four bedrails; educational sessions for all staff; and ongoing follow-up. Since the closing of the *Safer Healthcare Now!* National Falls Collaborative, the rehabilitation team continues to coordinate falls prevention initiatives and work on new opportunities as they arise.

Additional Resources

1. Registered Nurses’ Association of Ontario (revised 2005). Prevention of falls and fall injuries in the older adult. Toronto, Canada, Registered Nurses’ Association of Ontario, [Online] www.rnao.org/bestpractices
2. Public Health Agency of Canada (2006). Seniors and Aging: Preventing Falls in and Around Your Home. [Online]. <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/life-vie/fp-pc-eng.php>
3. Canadian Falls Prevention Curriculum (2010). [Online]. <http://www.injuryresearch.bc.ca>
4. Gray-Micelli, D. (2008). Preventing falls in acute care. In: Capezuti, E., Zwicker, D., Mezey, M. & Fulmer, T. editors. Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company, Inc. p 161-198.