An Interprofessional Approach to Fall Prevention at North York General Hospital

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BACKGROUND

DRIVERS for FALL PREVENTION:
- Accreditation Canada ROP
- NYGH Key Safety Initiative (2011)
- Corporate Fall Prevention Program (2012)

FALL PREVENTION COMMITTEE:
- Est. 2011 – Nursing, Allied Health & Patient Experience
- Evolved x 3yrs; develop, implement & evaluate processes, incorporate EBP, educate, monitor patient outcomes.

INTERPROFESSIONAL TEAM

KEY ROLES: Nurses, Occupational Therapists, Physiotherapists, Dietitians, Pharmacists

SUPPORTING ROLES: additional Allied Health Professions, Physicians, Housekeeping, Porters, Management, Patient & Family

ASSESSMENT

- ***MORSE*** Falls Risk Assessment
- ***SPPICES*** Tool
- ***Humpty Dumpty*** Tool (paediatrics)
  (All tools generate electronic OT/PT consult)
- **2 Screening Questions** (ambulatory clients)
- Profession specific **OT/PT Assessment**
- **Post-Fall Nursing Assessment**

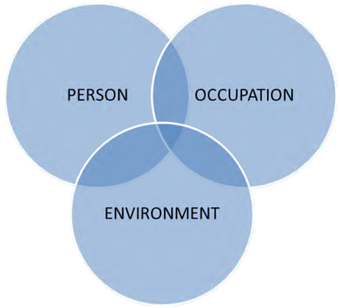
COMMUNICATION

EDUCATION:
- Initial "roll-out" in-services
- LMS- 3 education modules
- Unit based champions
- Unit audit updates
- Pamphlets for patients & families

COMMUNICATION PROCESS:
- E-documentation- safety alerts, PAL
- White board (bedside & nursing station)
- Visual identifiers: wrist bands, stickers, magnets, yellow notice
- Daily Goal Rounds

INTERVENTIONS

HIGH RISK:



Person
- Avoid changes & make changes gradually
- Remove excess stimulation
- Provide orientation cues
- Patient to dangle before standing or walking
- ROM exercises & ankle pumping
- Encourage family participation

Occupation
- Provide meaningful activity
- Encourage toileting routine
- Provide supervision with toileting
- Administer diuretics in the morning
- Reduce fluid intake after dinner
- Pain management
- Decrease use of benzodiazepines & sedatives

Environment
- Move bed against wall
- Keep bottom bedrails down
- Place falls mat by bedside
- Use of bed alarms
- Gait aids placed at bedside within reach
- Place high risk patients in bed by bathroom
- Use bedside commodes
- Hourly monitoring (intentional rounding)
- Minimize room to room transfers

EXIT plan
E – Equipment within easy reach of patient
X – eXtreme needs met
I – Interventions for pain management as needed
T – Take note of environmental hazards

ALL patients - *Universal Interventions* are implemented.
Patients at **LOW risk** for falls – placed on *Universal Interventions*.
Patients at **HIGH risk** for falls – placed on *Universal & High Risk Interventions*.

OUTCOMES

AUDITS: (chart audit & visual audit)
- Weekly- by unit staff
- Monthly- by committee chair, shared with unit
- Quarterly- by committee chair, shared with leadership

STATISTICS: (Inpatient Data)
2011-2012 Prior to initiation of Corporate Fall Prevention Program
2012-2013 Target-16 falls, Actual- 13 falls
2013-2014 Target- 13 falls, Actual- 10 falls
2014-2015* April – Aug data – 3 falls

Overall improvement 69%

Fall Classification:
MODERATE- Temporary reduction in bodily functioning (includes fracture)
SERIOUS- Permanent loss of function
CRITICAL- Results in death or significant disability