

For Information

DATE: October 22, 2009

REPORT TITLE: **NATIONAL COLLABORATIVE ON THE PREVENTION OF FALLS IN LONG TERM CARE**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

This report will provide an overview of the National Falls Collaborative that the Davis Centre, one of the Region's five long-term care centres, participated in to increase awareness of best practices in falls prevention and injury reduction.

REPORT HIGHLIGHTS

- Falls are the primary cause of injury admissions to acute care hospitals.
- 50 per cent of residents in long-term care homes fall every year.
- Identifying possible risk factors and implementing falls prevention programmes can prevent the majority of falls.
- Preventing falls in the elderly will reduce pain and suffering and the use of paramedic and hospital resources.

DISCUSSION**1. Background**

Statistics indicate that 50 per cent of residents in long-term homes fall every year. According to the Canadian Institute for Health Information (CIHI, 2000), falls are the primary cause of injury admissions to Canada's acute care hospitals, accounting for 54.4 per cent of all injury hospitalizations.

For seniors 65 years and older, falls are the cause of 84.8 per cent of all injury admissions. One in three of those who fall develop serious injuries such as hip fractures and head trauma. Those who fall are likely to fall again. Approximately 7 per cent of these result in death. In addition to pain and suffering for individuals and their families, fall-related injuries result in a substantial burden to society. Identifying possible risk factors and reasons, and implementing falls prevention programmes can prevent the majority of falls.

In order to develop a better understanding of best practices in terms of falls prevention and injury reduction, the Davis Centre joined the National Collaborative on the Prevention of Falls in Long-Term Care. This initiative was sponsored by Safer Healthcare Now! and the Registered Nurses Association of Ontario (RNAO).

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The goal of the collaborative as a whole was to reduce the number of falls by 40 per cent and the severity of injury from falls by 40 per cent within a 12 month period.

2. Methodology

Using the Plan-Do-Study-Act model the multidisciplinary team tested a number of fall prevention interventions. This involved planning how to change a practice, doing the change, studying the results and then making the changes to support our new practice. Some strategies tested include medication reviews, environmental hazards, pre and post falls assessment tool, use of an identification tool for residents who are at risk of falling, and Vitamin D treatment.

Tests of these changes were trialed and submitted on a monthly basis. These tests were shared through on-line communications, a Community of Practice, monthly conference calls and four congress meetings. Teams were encouraged to "share generously and steal shamelessly" any strategies that resulted in a positive change of practice. Data spreadsheets were developed and tests of change were submitted on a monthly basis. At the congresses, ideas were shared through presentations, educational sessions and networking in order to exchange challenges and successes.

3. Findings

While the Davis Centre's actual numbers of falls did not decrease significantly (average 9 per month), the severity of injuries related to resident falls did decrease. The majority of falls resulted in no injury or minor injuries such as bruises or skin tears which were treated in house.

The following practices were implemented:

- Visual identification of residents at high risk for falls;
- Staff awareness of falls prevention strategies;
- Reduced restraint use by 50 per cent;
- Post falls assessment in place;
- Increased resident participation in balance and strength programmes; and
- Use of Plan-Do-Study-Act cycles to test changes.

The incidence of falls continues to be tracked on a monthly basis through the Continuous Quality Improvement program of the Long Term Care Division, and is reported quarterly to the Commissioner of Health Services. It is compared to performance standards within the industry, both provincially and nationally. The knowledge gained from the collaborative will be applied to the revision of the LTC Division's Falls Management Program.

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CONCLUSION

Eliminating all falls is not possible in the long-term care setting; however, reducing the number of falls and more importantly, the severity of injury related to falls is an achievable goal. Identifying risk factors that contribute to falls and putting measures in place to mitigate these risks will improve the quality of life for residents, reducing their pain and suffering and the need both emergency and acute care services.



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Commissioner of Health Services

Approved for Submission:



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