Policy Applies to
All Staff and students.

Related Standards
- Code of Health & Disability Services Consumers Rights 2009, Right 4: Right to services of an appropriate standard.
- EQuIP Standard 1.5: The organisation provides safe care and services.
- EQuIP Criterion 1.5.4: The incidence of falls and fall injuries is minimised through a falls management programme.
- EQuIP Standard 3.2: The organisation maintains a safe environment.
- EQuIP Criterion 3.2.1: Safety management systems ensure safety and wellbeing for consumers/patients, staff, visitors and contractors.

Rationale:
The purpose of this policy is to prevent falls by standardising a patient centred approach to hospital falls prevention and management guidelines, using falls prevention strategies that align nationally.

Definitions:
Fall: An unexpected event in which the participant comes to rest on the ground, floor, or lower level (Lamb et al cited in HQSC, Reducing Harm from Falls, Topic 2)

Falls Risk Screening: A process to identify those patients with an increased falls risk who need either increased supervision or a detailed falls risk assessment (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2009).

Falls Risk assessment and care planning: Processes fundamental to ensuring that individual patients receive the interventions and support which address their particular risks. (HQSC 2017)

Objectives:
- To provide framework and tools for nurses to identify and communicate about / to the patients at risk of falling
- Minimise (eliminate) falls and/or harm in Mercy Hospital
- Provide relevant education to staff and patients/whanau about fall prevention
- Create strong governance and process to ensure falls are monitored and results are communicated at service level
- To ensure a process is followed for managing a patient who has fallen
Implementation:
- All patients are screened using the Mercy Hospital Falls risk (adapted from HQSC). If risk is identified, an individual falls care pathway is completed (online or written). This would be communicated at every point of transitions of care, i.e. between departments and at inpatient bedside handovers.
- A red bracelet to visually indicate patient is at risk of falling should be applied at the point of assessment (but can be added if condition changes) and the high risk assessment alert put on patients clinical file.
- A management Plan is reviewed and signed each shift (inpatients).
- If the patient’s condition changes or they have a fall, they must be reassessed.
- In the event of a fall, a patient should be assessed for injury prior to moving, then when safe, moved to a bed for further assessment. Credentialed specialist will be notified and an incident and ACC form generated as required.
- Falls Prevention strategies such as non-stick socks, appropriate footwear, and educational material is used and clearly documented in partnership with patient/Whānau.

Documentation:
- Following a fall, an online incident form must be completed.
- Any patient fall must be documented in the patients clinical notes including actions taken, any injury sustained, and notification of patients relatives & credentialed specialist.
- A repeat falls assessment to be completed post fall and appropriate strategies implemented.
- Appropriate elevation of frequency of clinical assessment period post fall.
- ACC (45) completed if required.

Discharge:
- Where appropriate information relating to an inpatient fall shall be included in the patients discharge summary.
- Appropriate referrals made to community allied health for any follow up concerns (including patients concerns).

Education (staff and family):
- The patient & whānau/family are included in falls screening/assessment and are provided with information and education material regarding falls prevention.
- Staff having patient contact are provided with education on falls, falls screening and assessment, and prevention and management strategies during their orientation to the organisation and at regular intervals.
- Falls Prevention Staff E-Learning Package (refer to HealthLearn).
- Identify current New Zealand Programmes available to staff and patients on the ACC & HQSC websites in relation to the falls risk and prevention education and community support programmes.
Evaluation:

- Number of falls with injury; Any SAC 1 & 2 falls are included in reports to the Quality and Risk Committee and the Health Quality & Safety Commission (HQSC)
- Audit appropriate documents to ensure that the tools are being used correctly
- Audit the incidence of falls
- Feedback from patient/family/staff included in the incident process
- Incidents reviewed and communicated with Clinical Staff

Associated Documents:

- Code of Health & Disability Services Consumers Right 2014
- ACC falls prevention – Staying safe from trips and falls
- HQSC – Reducing Harm from falls

Internal Documents:

- Clinical Records Management
- Consumer Engagement
- Cultural Policy
- Discharge of Patients
- Nursing Model of Care and Clinical Handover
- Patient Assessment
- Patient Restraint Minimisation Policy
- Environmental Cleaning
- Hazard Management
- Health and Safety
- Incidents
- Risk Management
- Safe Handling and Moving

In the Clinical Services Work Manual

- Bed Rails – How to use Safely

References / Acknowledgements

- Australian Commission on Safety and Quality in Health Care (ACSQHC), 2009: Preventing Falls and Harm from Falls in Older People; Best Practice Guidelines for Australian Hospitals. Retrieved from: http://www.safetyandquality.gov.au
- Canterbury District Health Board Falls Prevention and Management Policy February 2018
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