

Key Words: Fall, Screening, Assessment, Incident Reporting

Policy Applies to: All staff

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:

Falls are consistently the leading cause of serious injuries reported by hospitals to the Health Quality and Safety Commission (HQSC). Mercy Hospital recognises that we have a duty of care to prevent harm to our patients; a fall may incur physical and/or psychological harm as well as having a financial cost to patients and family/whānau and the health system if the fall results in injury. However, many falls can be prevented. Mercy Hospital supports an organisation-wide approach to falls management that includes the patient and their family / whānau and utilises both universal and specific strategies to minimise patient falls in hospital.

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 brief 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: A detailed and systematic process used to identify a person's underlying risk factors for falling (*Australian Commission on Safety and Quality in Health Care [ACSQHC], 2009*).

Falls Risk Assessment & Management Plan: Strategies to address an individual's risk factors for falls.

Objectives:

- To implement an organisation-wide, patient centred falls management programme.
- To minimise/decrease the number of patient falls
- To identify and communicate 'patients at risk of falling'.
- To minimise harm as a result of an inpatient fall.
- To ensure a process is followed for managing a patient who has fallen.
- To monitor patient falls, identify trends and implement strategies to reduce the number of inpatient falls.

Implementation:

- A strategic framework (Appendix 1) for the prevention and management of falls identifies outcomes, drivers, interventions and actions required.
- Universal falls prevention strategies (Appendix 2) are implemented throughout the organisation.
All patients are screened using the Mercy Hospital Falls Risk Screening Tool (Appendix 3) and if required a Falls Risk Assessment and Management Plan (Appendix 4) shall be initiated by nursing staff. This includes individualised strategies that address the patient's falls risk factors.
- The management plan is reviewed and signed each shift (inpatients).
- Manaaki: Due to the procedures undertaken at Manaaki, patients are screened and if determined to be at risk, then strategies are implemented to minimise risk of falling.
- If the patient's medical condition changes or they have a fall, then they must be reassessed.
- Visible indicators and handover/huddles should be used as adjuncts to documentation, to communicate the patient's fall risk
- In the event of a patient fall, staff shall follow the Process for Responding to a Fall (Appendix 5).

Documentation following a fall

- Following a fall, an incident form must be completed and include standardised information (Appendix 6) to aid the investigation and audit processes.
- Any fall must be documented in the patient's clinical notes including actions taken, patient's condition and notification of patient's relatives & surgeon.
- Any patient that has a fall and has not previously required a falls risk assessment must have this undertaken.
- Falls resulting in injury require an ACC Injury Claim Form (ACC 45) to be completed.

Discharge

- Information relating to an inpatient fall shall be included in the patient's discharge summary.
- Patients identified as being at risk of falling following discharge shall be referred to their GP/practice nurse.

Education

- The patient & family/whānau are included in falls screening /assessment and are provided with information and education material regarding falls prevention.
- Staff that have 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.

Evaluation:

- Number of patients that have falls risk screening completed (*target 90%*)
- Number of patients identified as requiring a falls risk assessment that have had an assessment completed (*target 90%*)
- Evidence of falls risk interventions being implemented each shift (*target 90% for each in-patient episode*).
- Number of falls
- 6 monthly ACHS reporting number of falls/occupied in-patient bed days and number of falls in patients over 65 / occupied in-patient bed days (ACHS).
- 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)
- Education training records
- Feedback from patients
- Feedback from staff

Associated Documents

External

- Code of Health & Disability Services Consumers Rights 2009

Internal

Mercy Policies:

- 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

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Canterbury District Health Board Falls Prevention and Management Policy February 2015

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