



# SQUIRE

Every Clinician · Every Patient · Every Time

# SQUIRE Guide

## Falls Prevention

as at January 2009

## Falls Prevention

### GOAL: TO PREVENT FALLS AND INJURIES FROM FALLS IN HOSPITALS

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#### *Fall Definition*

- An incident that results in a person coming to rest inadvertently on the ground or floor or other lower level.

#### *Patients Eligible for Inclusion*

- All hospital patients are included in the scope of this program. Patients are at risk of falling in hospitals for a wide variety of reasons, and this risk is not limited to inpatients or the elderly.
- For the purpose of reporting current spread, the proportion of each hospital's inpatients that are currently in a clinical area where falls reduction is being actively pursued within this program should be estimated, e.g. falls risk assessment and prevention processes are being actively improved and monitored on the 2 high risk wards of the 10 at a hospital, including 15% of inpatient beds.

### *Resources*

Some of these resources may be protected by copyright, please ensure all copyright requirements are met prior to their use.

- The WA Falls Network provides technical support and facilitation for teams participating in this CPI target and can be contacted directly by CPI teams.

See: <http://www.clinicalnetworks.health.wa.gov.au/fallsprevention/>

The chairperson of the WA Falls Network is Dr Hannah Seymour:  
[Hannah.Seymour@health.wa.gov.au](mailto:Hannah.Seymour@health.wa.gov.au)

- *The Green Box* is a falls resource toolkit originally produced by the Australian Council for Safety and Quality in Health Care in 2005, and can be accessed online at: [http://www.powmri.edu.au/fallsnetwork/fallsguide\\_sec1\\_sec4.10.pdf](http://www.powmri.edu.au/fallsnetwork/fallsguide_sec1_sec4.10.pdf) . The Green Box is currently being reviewed by the Australian Commission on Safety and Quality in Health Care.
- The Falls Policy for Older Western Australians:  
[http://www.stayonyourfeet.com.au/documentation/falls\\_policy\\_for\\_older\\_wa.pdf](http://www.stayonyourfeet.com.au/documentation/falls_policy_for_older_wa.pdf)
- The National Falls Prevention for Older People Plan:  
<http://www.dhs.vic.gov.au/nphp/publications/sipp/fallplan.pdf>

### **MEASURE 1 - FALLS RISK ASSESSMENT**

- Guidelines in Section 3 of *The Green Box* should be used in selecting risk assessment strategies and tools which can be adapted and operationalised as appropriate for individual wards and hospitals.

#### *Definition*

- The percentage of eligible patients with falls risk documented using an accepted risk assessment tool.

#### *Risk Assessment*

- The use of a specific risk assessment tool is not mandated, however the WA Falls Network has developed a standardised tool for use in WA hospitals, and they can be contacted for further information.
- Some patient populations are uniformly at high risk (e.g. rehabilitation wards), and individual sites may choose to adapt risk assessment tools and strategies to reflect this, rather than require individual assessment.

- While re-assessment is often appropriate during an inpatient stay, teams should start this process with a focus on assessment within 24 hours of admission (ideally it should commence in the emergency department then notifying the admitting ward so they can plan ahead). Hospitals with a large proportion of long stay patients might wish to add an additional measure for their own purposes to record re-assessment according to their guidelines.

**Measurement Methods and Tools**

- Monthly auditing of the implementation process should use a process to generate a random sample of patients from the relevant patient population. Sample size will vary according to the stage of the program, size of facility and resources available. The following sample sizes are recommended based on the number of inpatient beds currently actively included in the program:

Number of inpatient beds in current implementation area/areas	Sample size
150 or more	20% of patients
30-149	30 patients
Less than 30	Number of beds

- Patient files with a documented completed falls risk assessment or accepted exemption (e.g. hospital policy that rehabilitation patient automatically regarded as at risk) should be regarded as compliant with this measure.

**Measure 1 calculation:**

$\frac{\text{Number of patients who received a falls risk assessment during the monitoring period}}{\text{Total number of eligible patients reviewed}} \times 100 = \text{\% of patients assessed using a falls risk assessment tool}$
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- For each patient who has been assessed as being at a high risk of falling, a Falls-prevention Plan must be prepared and individually tailored to the patient’s specific set of risk factors. The plan should use a combination of as many of the interventions listed in *The Green Box* as possible to maximise the prevention benefit. The use of specific strategies is not mandated by OSQH, but teams should focus on how to standardise approaches as much as possible to support reliable implementation by frontline clinical staff. A guide to selecting prevention strategies is available from Section 4 of *The Green Box*.

**MEASURE 2 - ALL FALLS INTERVENTIONS**

- Section 4 of *The Green Box* should be used in selecting falls prevention interventions.

***Definition***

- The percentage of patients assessed as being at risk of falling observed having all appropriate falls prevention strategies in place.

***Intervention Strategies***

- The intervention strategies for each patient should be outlined in an individually tailored Falls-prevention Plan.
- Section 4 of *The Green Box* lists 12 standard fall-prevention strategies as the minimum acceptable and expected standards. Using the Model for Improvement to plan and monitor progress, hospital teams should translate these standards into tools and operational definitions that support both observational audit and improved clinical practice. A sample tool for auditing falls-prevention strategies is included in this document.

***Measurement Methods and Tools***

- Each month a random sample of at-risk patients from each active clinical area should be assessed as to whether they are receiving the agreed elements of the falls prevention plan. Sample size will depend on facility size, spread of the intervention and resources. Suggested sample size is listed below:

Number of inpatient beds in current implementation area/areas	Sample size
150 or more	20% of patients
30-149	30 patients
Less than 30	Number of beds

- This sample should include patients identified from measure 1 as being at risk of falls, however if an insufficient number of at-risk patients are identified from measure 1, further patients should be selected randomly from the audited areas.
- An audit involves confirmation that all appropriate falls-prevention interventions at documented as being in place for a particular patient (as identified in the Falls-prevention Plan).

Measure 2 calculation:

$\frac{\text{Number of at risk patients observed having all appropriate falls prevention strategies in place}}{\text{Number of at risk patients reviewed during monitoring period}} \times 100 = \text{\% of at-risk patients observed having all appropriate falls prevention strategies in place}$
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- The definition of the ‘total number of appropriate falls prevention strategies in place’ ought to be defined by each operational definitions developed by each hospital. Compliance with this measure can then be determined by:
  1. Auditing level of compliance against the patients’ Falls-prevention Plan; or
  2. Assessment by a suitably trained and experienced health professional.
- A further process measure to determine the proportion of appropriate falls prevention interventions each at-risk patients receives, or other relevant stratification could be collected by the hospital if it supports communication of important improvement goals. Such customised measures do not have to be reported to the OSQH.

**MEASURE 3 - FALLS INCIDENCE**

- This is a key outcome measure and relates to Standard 7 in the WA Falls Standards. Organisations should set ambitious goals for the reduction of falls incidence, which is equivalent to Measure 1 of Standard 7.
- The WA Falls Network can provide support for teams in measuring falls incidence.

*Definition*

- The incidence of falls occurring in the health care institution within the wards/areas being audited, i.e. do not count patients coming into the hospital as a result of a fall at home.

*Measurement Method and Tools*

- The incidence of falls ideally be measured continuously on **the specific units where the process Measures 1 and 2 are being implemented.**
- Hospitals can develop data collection methods that best suit their circumstances, but diaries, registers and extracts of incident reports prior to submission have all been used.

Measure 3 incidence calculation:

$\frac{\text{Number of falls that occur in hospital in a defined patient population during a specified time period}}{\text{Number of total occupied bed days the same defined patient population during the specified time period}}$	$\times 1000$	$=$	Incidence of falls that occur in hospital (per 1000 bed days)
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*Sample Tool for Auditing Falls Prevention Interventions*

Strategy Implementation				
Criteria	Audit Activity	Yes	No	N/A
• Patient is wearing blue wristband.	Examine patient's wrist for presence of blue band.			
• Call bell is within reach.	Examine bed-space and determine if call-bell can be accessed safely and independently by this patient.			
• Bed is at appropriate height.	Examine bed-space. Bed should be at a level so that the patient can sit and touch the floor with their feet, with legs at 90 degrees.			
• Bed rails are being used appropriately.	Determine if bed rails should be up or down for this patient and observe if they are positioned accordingly.			
• Bed area is free of clutter.	Examine bed-space. There should be adequate access for the patient with required mobility aids.			
• Patient has been reviewed by a physiotherapist.	Determine whether physiotherapy assessment is required for this patient and review integrated notes for evidence of this assessment.			
• Mobility aid is within reach.	Determine whether a mobility aid is required for this patient and observe whether this aid is within reach of the patient.			
• Patient's table and belongings are within reach.	Observe bed-space to determine whether the patient can safely and independently access their table and belongings (May include phone, lunch, water jug, magazines, glasses etc.)			
• Appropriate footwear is available.	Determine if footwear is required for that patient, observe what footwear is available and determine if it is appropriate (eg. non-slip surface, low heel, secure fit).			
• Appropriate continence aids have been provided.	Determine what continence aids are appropriate for this patient and observe patient, bed-space and bathroom for presence of these aids (may include pad or IDC in-situ, urinal or commode at bedside, over-toilet frame in bathroom).			
• Appropriate sensory aids are available.	Determine what sensory aids are required and observe patient and bed-space for availability of these aids (may include hearing aids, glasses).			
• Lying/Standing BP has been assessed.	Determine if the patient requires regular lying/standing BP to be monitored and review observation chart for evidence of this assessment.			
• Other appropriate falls prevention strategies. List: _____ _____ _____	Determine any other appropriate falls prevention strategies that should be in place at the time of audit and observe for the implementation of these strategies, (eg. Assist with mobility if walking at time of audit, use of shower chair if in shower at time of audit.).			
▪ Are all appropriate falls prevention strategies in place?	If one or more questions regarding strategy implementation have been answered <b>NO</b> appropriate strategies are deemed not to be in place.			

Acknowledgements: Falls Risk Assessment Tool kindly provided by Royal Perth Hospital.