



Falls Prevention Strategy

Agenda

1. Objectives
2. Definition of Falls and their impact
3. The Fall Cycle
4. Falls Risk Factor Model
5. SPLC's Falls Prevention Strategy
6. Examining Best Practice
 - a) Prevention
 - b) Multifactorial Risk Assessment (BBSE Model)
 - c) Interventions (BEEEEACH Model)
7. References

Objectives

1. Staff will be familiar with causes of falls among a senior population and best practice for falls prevention.
2. Staff will be aware of their role in preventing falls and minimizing risk for clients/residents of SPLC.
3. Staff will be familiar with interventions/recommendations to prevent falls.
4. Staff will be aware of the Falls Prevention Strategy at SPLC and where to find it.
5. Staff will be aware of the resources available on falls prevention and where to obtain further information if needed.

Definition

“A **fall** is a sudden & unintentional change in position, resulting in an individual landing at a lower level such as on an object, the floor or the ground, with or without injury.” (WHO, 2015)



Facts



- **Every 10 minutes** in Ontario at least one senior visits an emergency department due to a fall
- Falls account for **80% of all hospitalizations** in older adults
- Falls account for **40% of all early admissions to nursing homes**

2015 Injury Statistics of Toronto

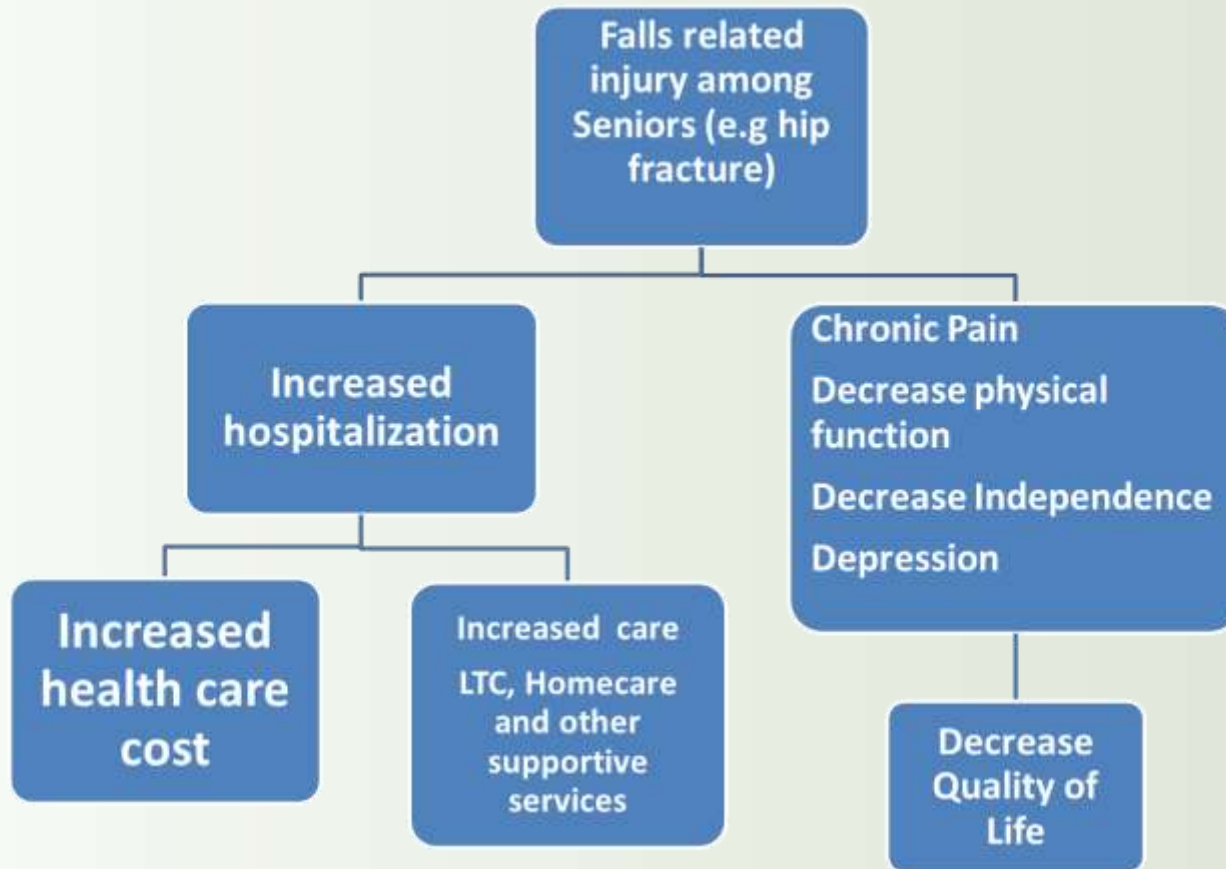
Most common injuries among seniors leading to Emergency Room visits:

1. Falls (23,925)
2. Struck by or against an object (2,046)
3. Motor vehicle, pedestrian and cycling collisions (1,953)
4. Cut or pierce (1,354)
5. Overexertion (1,159)

Most common injuries among seniors leading to Hospitalization:

1. Falls (5,581)
2. Motor vehicle, pedestrian and cycling collisions (281)
3. Choking on food or other object (201)
4. Unintentional poisoning (89)
5. Struck by or against an object (87)

Impact of Falls



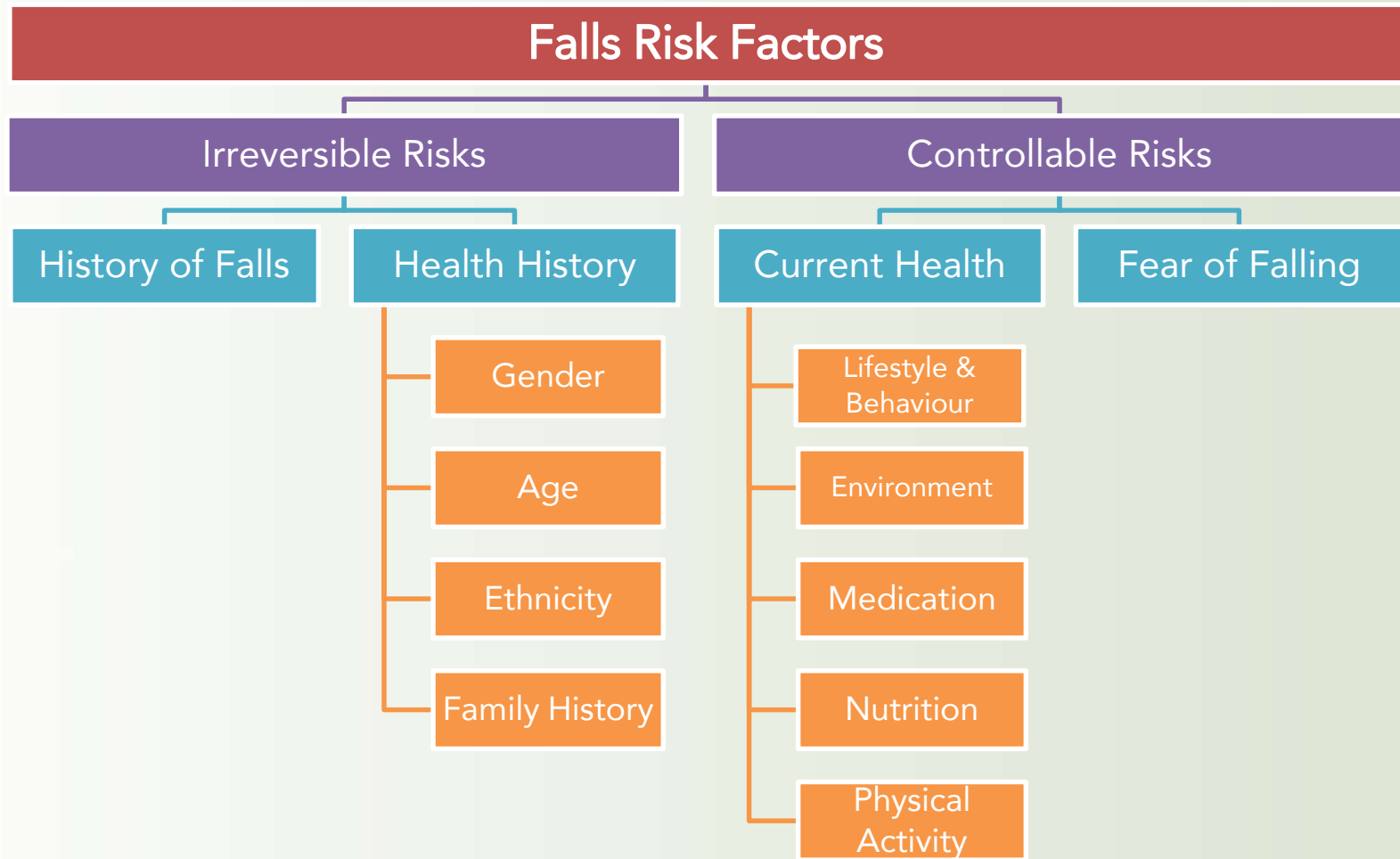
Goals for Falls Prevention

1. Reduce the number of falls
2. Reduce injuries from falls
3. Reduce hospitalization
4. Improve independence and quality of life for seniors

The Fall Cycle



Falls Risk Factor Model





SPLC's Falls Prevention Strategy

To bring a standardized, systemic, and multifactorial approach to falls prevention.

The strategy will involve the following:

1. Falls will be part of the assessment process
2. Fall Risk Assessment Tool
3. Documentation of level of Falls Risk in Procura
4. Standardized Care Plan
5. Partnerships and participation with other organizations
6. Tracking of falls prevention key performance indicators
7. Education and training with staff, students, volunteers, consultants, patients/clients, tenants, and residents

Where can we find the strategy?
[L:/Client Safety/Falls Prevention Strategy](#)

Examining Best Practice: Prevention



fallsafezone Prevent Falls!
Reduce Injuries!

Safe environment

- Bottom bed rails down unless assessed otherwise
- Pathways clear of clutter and tripping hazards
- Bed and chair brakes are "on"
- Lights are working and "on" as required

Assist with mobility

- Mobilize at least twice/day
- Safe and regular toileting
- Transfer / mobility assist documented
- Glasses, hearing and mobility aides within patient reach

Fall risk reduction

- Call bell in patient's reach
- Bed lowered to patient's knee height
- Personal items reachable
- Proper footwear available and in use

Engage patient and family

- Discuss risk factors with patient and family
- Mutual Falls/Injury Prevention plan developed

Prevention (S.A.F.E)

- **S**afe Environment
- **A**ssist with Mobility
- **F**all Risk Reduction
- **E**ngage client/family

Examining Best Practice: Multifactorial Risk Assessment

The BBSE Model

BIOLOGICAL

- Impaired mobility
- Balance/gait deficit
- Muscle weakness
- Advanced age
- Chronic illness

BEHAVIOURAL

- History of falls
- Fear of falling
- Multiple medications
- Excessive alcohol use
- Lack of exercise
- Poor nutrition or hydration
- Inappropriate footwear
- Inappropriate use of assistive devices

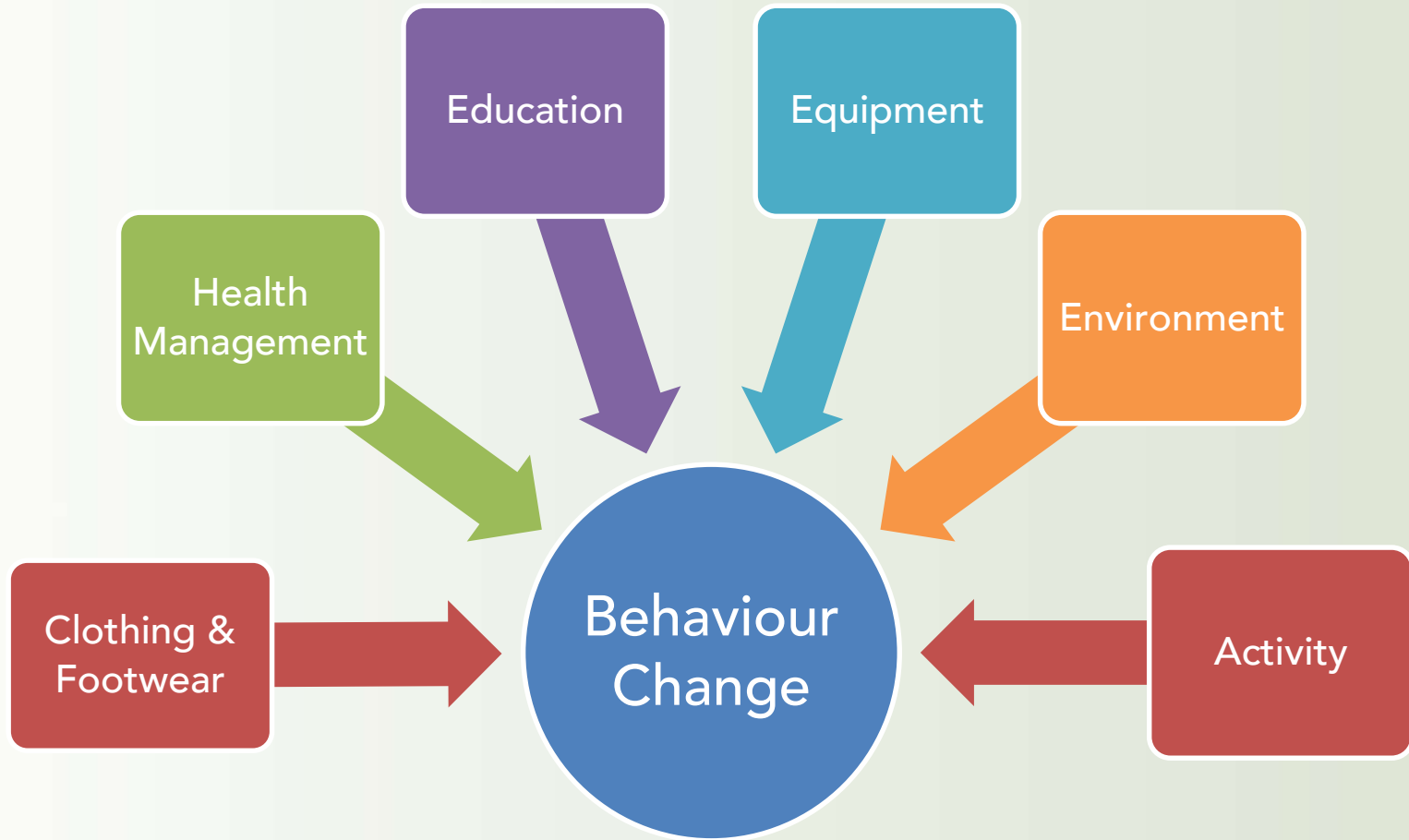
SOCIAL/ECONOMIC

- Low income
- Lower level of education
- Living alone
- Lack of support/social interaction
- Lack of appropriate transportation
- Culture/ethnicity

ENVIRONMENTAL

- Stairs
- Obstacles and tripping hazards
- Lack of handrails/grab bars
- Poor lighting
- Slippery or uneven surfaces
- Weather

Examining Best Practice: Intervention

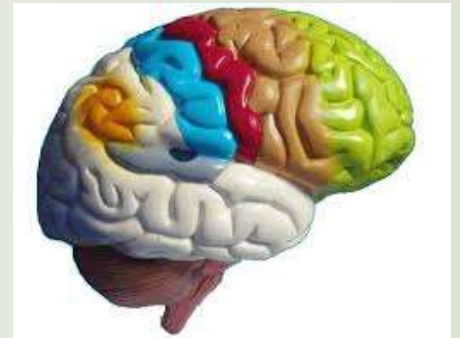


BEEEACH Model

(CFPC Model, 2013)

Behaviour Change

- **Helping patients/clients/residents & tenants to engage in positive behaviour change is integral to the success to all fall prevention interventions**
- Collaboration for mutual understanding
- Facilitates self-identification of their own agenda and goals



(CFPC Model, 2013)

Education & Training

- **Education for those at risk of falling**
 - Provide educational materials specific to patients/clients, tenants & residents at risk
 - One-on-one counselling
- **Staff education**
 - In-service to staff, students, volunteers & consultants bi-annually
 - Components should include use of valid & reliable tools for assessing fall risk
 - Application of proven strategies to address identified risks
 - Use of post-fall assessment tools and methods for follow up to reduce risk of future falls
 - Provide strategies for working with program participants, families & multidisciplinary team members to identify and reduce fall risk

Education

- **Community Education**
 - Outreach talk to seniors about falls prevention
 - Target: 4 per year
 - Post Falls Prevention information, resources and external links on SPLC's website and on bulletin boards

Equipment & Assessment

- Home Safety Checklist & Environmental Scan
- Referral to Home & Community Care for an equipment & home safety assessment by an occupational therapist or physiotherapist
- Increase knowledge on new products and resources available (e.g. attend home equipment show etc.)



Environment

- Conduct home assessment by allied health professionals to identify home hazards that may contribute to falls
- Some common hazards include:



Activity

- Physical
 - Lower extremity strengthening
 - Weight bearing activities
 - Balance exercises
 - These exercises can be in a form of Tai Chi, group exercises or individually prescribed exercises



Activity

- Social Activity
 - Poor health outcomes that are associated with social isolation are also associated with falls risk
 - Promote and facilitate increase social activities for seniors helps maintain good health and reduce risk of falls



Clothing & Footwear

- Loose fitting and easily wearable clothes like large buttons or Velcro closures help reduce loss of balance while dressing
- Proper footwear (large contact surface, closed heels, Velcro strap/elastic shoelaces, non-slip outer sole)



Health Management

- Recommended strategies to promote effective health management to decrease fall risk include:
 - Regular medical examination
 - Referral to appropriate specialists or other health care professionals
 - Annual medication review and modification
 - Good sleep habits
 - Annual vision test
 - Bone health and fracture risk reduction
 - Healthy nutrition and hydration
 - Chronic Disease Self-management



What can YOU do?

- Be familiar with SPLC's Falls Prevention Strategy
- Complete Falls Risk Assessment Tools
- Intervene, if required
- Know your resources!

[L:/Client Safety/Falls Prevention Strategy](#)

References

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