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| Policy Name: <p style="text-align: center;">FALL PREVENTION PROGRAM</p> | Policy Number: <p style="text-align: center;">0126</p> |
| Approved By: <p style="text-align: center;">Executive Team</p> | Effective Date: <p style="text-align: center;">FEBRUARY 19, 2013</p> |
| Reason for Revision: <i>Click on item below and select item from list.</i> <p style="text-align: center;">CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.</p> <p style="text-align: center;">New format being used.</p> | Date Revised: <p style="text-align: center;">January 29, 2021</p> Next Date for Review: <p style="text-align: center;">January 29, 2024</p> |
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Policy

OBJECTIVES

- To minimize resident falls and injuries sustained from falls.
- To provide individualized safe care that aligns with the resident's goals.
- To provide education to residents and families about fall prevention.
- To collect and analyze falls data to educate, improve, and address the needs of the palliative population we serve.

PRINCIPLES

- It is the responsibility of all Salvation Army staff, physicians, volunteers, students and any other persons acting on behalf of Agape Hospice; to adhere to the Fall Prevention Program policy to ensure Agape Hospice's commitment to improve patient safety. The Fall Prevention Program demonstrates Agape Hospice's commitment to improve patient safety.
- Residents have the right to choose options that may cause a degree of risk to them. While trying to maintain their independence, some residents may choose to ambulate by themselves when physically weak, confused or otherwise unsafe to do so.
- Given the nature of their conditions and due to the side-effects of many of the medications, all residents are considered to be at risk for falls.
- Agape Hospice follows the philosophy of "least restraint". In an effort to minimize fall risks, a Fall Prevention Program has been implemented.
- Agape will collect and analyze falls data to address the specific needs of populations identified as at risk by applying falls prevention strategies and implementing specific interventions to minimize the risk and injury related to falls.
- The Salvation Army Agape Hospice acknowledges that despite best efforts to provide safe, quality care, patient/resident/client may still fall resulting in injury.



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POLICY ELEMENTS

1. It's Your Move

1.1 The Fall Prevention Program uses the AHS fall prevention program "It's Your Move".

This program allows for every resident to be identified according to their mobility status.

1.1 Resident attendants will collaborate with the registered nurse to perform the Functional Transfer Assessment to identify the safest mobility status of each resident.

1.2 Once the mobility status has been determined, cards with their transfer status logo are placed on the white board in the resident's room and on the care plan in the workstation.

1.3 This provides a visual cue to caregivers when assisting the resident. Resident Attendants (RAs) in collaboration with the Registered Nurses (RNs) are responsible for completing an assessment every shift and for updating the mobility status as the resident's mobility status changes.

2. Fall Risk Assessment Tool

2.1 The Fall Risk Assessment tool will be completed by the registered nurse upon admission, weekly on Monday's, after a fall, and/or if the status of the resident changes.

2.2 As every resident is considered a fall risk, the first half of the fall prevention strategies will be implemented as appropriate for each resident.

2.3 As a resident becomes a higher risk of falling, as indicated by an increased trend of the Fall Risk Assessment Tool, the lower half of the strategies will be implemented as appropriate.

2.4 Agape Hospice will make every effort to minimize the risk of falls for the resident, while considering the individual goals of the resident. Preventive measures may include, but are not limited to:

- Encourage assistance of caregivers
- Provide walking aids such as walker or cane
- Decorative floor rugs are not permitted
- Declutter rooms
- Tack oxygen tubing up and out of residents way
- Provide commode at the bed side
- Use side rails for mobility assistance
- Use of bed alarm
- Electronic monitoring of the room in collaboration with residents and families
- Fall mats
- Family/volunteer support to be with the resident
- Privately hired personnel may assist the resident at the family's expense
- Room close to the work station when possible



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- Every 30 minutes checks for high risk residents

2.5 All fall prevention strategies will be listed in the care plan.

3. Evaluation and Practice Improvement

3.1 Fall risk management strategies will include the collection and measurement of data related to falls. This data will provide understanding of the common and unique contributors to fall risk, fall events, and the implemented falls risk management strategies.

3.2 Collection, reporting, and analysis of falls will be evaluated; and the evaluation information will be used to make improvements to falls risk management strategies. Evaluation and learning will be shared across the program.

3.3 Practice improvement strategies, including but not limited to education, may be developed to support practice changes.

DEFINITIONS

Fall: Unintentionally coming to rest on the ground, floor or other lower level with or without an injury.

REQUIRED FORMS AND EQUIPMENT REFERENCES

Fall Risk Assessment Tool
Functional Transfer Assessment
Shared Risk Agreement for Fall Risk
Electronic forms location – FORMS
Hardcopy forms location – Work area file cabinet.

REFERENCES

Alberta Health Services. (2015). PS-58 Falls Risk Management Policy. April 1, 2015.
It's Your Move (Functional Transfer Record) Alberta Health Services



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Procedure

1. A Falls Risk Assessment tool will be used:
 - a. Within 24 hours of admission
 - b. Weekly
 - c. After a fall
 - d. When there is a change in status
2. On admission and throughout each shift, each resident's mobility status will be assessed.
3. In collaboration between RNs and RAs, the appropriate mobility card will be placed on the white board in the residents' rooms, as well as on the care plan in the Workstation.
4. Fall Risk information will be noted on the resident's care plan and shared during report. This information will also be shared with the volunteers as appropriate.
5. Any concerns about the resident's mobility/ambulation will be discussed with the resident and/or health advocate. Possible consequences and solutions should be discussed.
6. A Shared Risk Agreement for Fall Risk will be completed when deemed appropriate.
7. Documentation of the conversation including identified concerns, possible consequences and solutions or alternatives, should be noted in the residents health record.
8. If required, a family meeting with the care team will be arranged to discuss fall risk concerns.
9. If a fall occurs and the resident is discovered by a resident attendant, the resident is not to be moved until assessed for injury by a registered nurse.
10. If a fall occurs, documentation in the residents' health record will describe what happened, any injury sustained, treatment offered, any possible contributing factors and remedial actions taken. An incident report will also be completed, as per Policy #0916.
11. Data related to falls will be collected and measured, with the goal of providing understanding of unique contributions to falls risk resulting in improved practices to minimize fall and/or injury.