FALLS AUDIT TOOL INTRODUCTION
Acute and Long-Term Care
February 4, 2015

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AHS Project Manager, Falls ROP Project

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Safer Healthcare Now! Manager, Central Measurement Team
Welcome to the *Safer Healthcare Now!*

Introduction to the
Falls Prevention and Management Audit Tool
National Call
## Our Guest Speakers

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Responsibilities</th>
<th>Email</th>
</tr>
</thead>
</table>
| Virginia Flintoft     | Manager               | • SHN Central Measurement Team  
• Patient Safety Metrics | Virginia.Flintoft@utoronto.ca                      |
| Rosalie Freund-Heritage | Project Manager      | • AHS Falls Risk Management Strategy  
• Co-Chair, Falls Risk Management Collaborative, Process Improvement | Rosalie.Friend@albertahealthservices.ca    |
Rosalie Freund-Heritage

- “Why should we care?”
- Introduction to the Falls Prevention Audit Tool
Falls and Older Adults in Canada…

**Figure A3: Fall-Related Hospitalization Rates in Canadian Provinces and Territories, 2012–2013**

- **Source:** Hospital Morbidity Database, 2006–2007 to 2012–2013, Canadian Institute for Health Information.
Falls and Older Adults in Canada…

- Falls - most common cause of injury
- Incidence:
  - community - 30-35%
  - institutions - 40-50%
- >95% of hip fractures are caused by falls
  - 20% will die within the first year from complications
- 50% who fall will do so repeatedly
Human Impact

- Emotional responses
- Injury
- Fear of falling

Loss of independence
- Loss of confidence
- Loss of mobility
- Loss of strength
Current Need

- Development of new audit tool
- Accreditation Canada Required Organizational Practice (ROP)
  - evaluate strategy on ongoing basis
  - use evaluation information to make improvements
Falls Audit Tool

- Retrospective review of selected charts
- Focus on processes
- Measures for continuous improvement
Use of the Tool

- Ideally an auditor(s) should:
  - be someone familiar with the falls prevention process(es), forms used and overall chart layout
  - not audit their own work
  - have some training or guidance provided (to ensure consistency in application of org-specific criteria)
What is a fall?

“Unintentionally coming to rest on the ground, floor or other lower level with or without injury”

Canadian Falls Prevention Curriculum, 2007

A frequent faller: someone who falls 2 or more times
The Falls Audit Tool
The Falls Audit Tool

Each horizontal line will be for one patient/resident
The Falls Audit Tool

Each vertical line shows one element of the audit tool.
Type of Assessment - Column A

- 2 types: screen or full assessment
- Mark the one that provides the most detail

<table>
<thead>
<tr>
<th>Pt #</th>
<th>1 Void</th>
<th>SCREEN</th>
<th>FULL</th>
<th>NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>N</td>
<td></td>
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</tbody>
</table>
Differences in Type of Assessment

- **Screen:** Short, 2-3 minutes, identifies who is at risk of falling (not predictive)

- **Full Assessment:** Long, structured, multifactorial; identifies the individual’s risk factors for falling

- **None:** if no risk assessment done
Communication - Column B

- Need to find evidence that both the designation **and** the communication of risk occurred.

- If the patient/resident is not at risk, mark “No risk”.

<table>
<thead>
<tr>
<th>Pt #</th>
<th>A. Type of Fall Risk Assessment Performed on Admission (Select the Most Detailed)</th>
<th>B. Was Patient Designated &quot;At Risk&quot; for Fall and was risk status communicated?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VOID</td>
<td>0 Y</td>
</tr>
<tr>
<td></td>
<td>SCREEN</td>
<td>0 N</td>
</tr>
<tr>
<td></td>
<td>FULL</td>
<td>0 NO RISK</td>
</tr>
</tbody>
</table>
Medication Review - Column C

- Comprehensive review of medication profile for meds that could contribute to fall events
- Not the same as Med Reconciliation
- Conducted on all patients regardless of risk for falls
Interventions – Column D

- Targeted to risk factors identified on assessment
  - e.g. Instruct on supportive footwear only if identified as a risk factor

- Injury Prevention/Reduction
  - Hip protectors, floor mats, helmets, low floor beds

- Universal falls precautions

- If nothing documented, select “N”
What interventions exist if in care <24 hours?

- Everyone should have universal falls precautions (UFP) in place

- This would be part of the documented intervention or injury reduction plan

- If the person is not at risk, there should still be UFP
Re-Assessment - Column E

- Completed risk assessment after significant change in medical status
- A significant change requires change to treatment or care plan
- Change can be an improvement or worsening
Restraints are defined as chemical, physical and environmental.

Select either “Y” or “N” to indicate if restraints were used.
How many times did the patient/resident fall?
Select “0” if not falls were documented and stop the audit.
Select “1” for 1 fall, “2” for 2 falls and “>2” for 3 or more falls
Post-fall Management – Column H

- Columns H-L: only apply to most recent fall
- Assess patient/resident for immediate care needs
Harm from Fall? – Column I

- None
- **Minor:** Injury results in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication, bruise or abrasion
- **Moderate:** Injury results in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain.
- **Major:** Injury results in surgery, casting, and/or traction; consultation for neurological or internal injury; patients who receive blood products as a result of the fall.
- Death
- Huddle to identify what contributed to the fall
- Review falls risk assessment or complete falls risk assessment
- Select “Not able to perform” if the patient/resident was transferred to another facility less than 24 hours after the fall

<table>
<thead>
<tr>
<th>Pt #</th>
<th>1 VOID</th>
<th>Y</th>
<th>N</th>
<th>NO HARM</th>
<th>MINOR</th>
<th>MODERATE</th>
<th>MAJOR</th>
<th>DEATH</th>
<th>Y</th>
<th>N</th>
<th>NOT ABLE TO PERFORM</th>
<th>Y</th>
<th>N</th>
<th>NOT ABLE TO PERFORM</th>
</tr>
</thead>
</table>

**APPLY TO THE MOST RECENT FALL IN THE REPORTING PERIOD**

- **H. Was Patient Assessed for Harm on Discovery of Fall?**
  - Y: Yes
  - N: No
- **I. Harm from Fall? (If "Death" End Audit Here)**
  - Y: Yes
  - N: No
- **J. Completed Fall Risk Assessment Following Fall?**
  - Y: Yes
  - N: No
- **K. Monitored for 24-48 hours after Fall?**
  - Y: Yes
  - N: No
- **L. Falls Prevention / Injury Reduction Plan Reviewed Revised after Fall?**
  - Y: Yes
  - N: No
Monitor After the Fall – Column K

- **Monitor**
  - Contingent on notification of fall within 48 hours of the event
  - Vitals on everyone (for 24 hours)
  - Neurovitals if unwitnessed or suspected head injury (for 48 hours)
    - If discontinued prior to 48 hours, there should be a doctor’s order
  - Frequency within 24-48 hours is according to site policy
Monitor After the Fall – Column K

- Select “Not notified” if no notification of the fall until >48 hours post fall
- Select “Not able to perform” if patient/resident transferred to another facility <24 hours post fall

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<tr>
<th>Pt #</th>
<th>H. Was Patient Assessed for Harm on Discovery of Fall?</th>
<th>I. Harm from Fall? (If “Death” End Audit Here)</th>
<th>J. Completed Fall Risk Assessment Following Fall?</th>
<th>K. Monitored for 24-48 hours after Fall?</th>
<th>L. Falls Prevention / Injury Reduction Plan Reviewed Revised after Fall?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Y</td>
<td>NO HARM</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>VOID</td>
<td>Y</td>
<td>MINOR</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>NO HARM</td>
<td>NO HARM</td>
<td>NOT ABLE TO PERFORM</td>
<td>NOT NOTIFIED</td>
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<td>NOT NOTIFIED</td>
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</table>
Select “Y” if there is evidence that a previously created falls prevention/injury reduction plan (refer to Column D) was reviewed or revised.

Select “Y” if there is evidence that a plan was created.

Select “N” if there is no evidence of review, revision or creation of a plan.
Post-fall Communication

- Sites may have different protocols for post-fall communication
- Follow site protocols even though they are not audited on the “Reducing Falls and Injury from Falls” Audit form
- “Getting Started Kit” p. 35
Use of the Tool

- End-users will decide:
  - sample size,
  - sampling strategy,
  - selection of the area to audit,
  - frequency of the audits

- SHN! recommends 20 charts monthly. For LTC settings where new admissions can be <5/month, consider: new admissions, annual reassessments, those with altered medical status, falls

- Completion of the tool is strongly dependant on chart documentation
FALLS DATA COLLECTION FORM
and
PATIENT SAFETY METRICS DEMO

Virginia Flintoft, MSc, BN and Alexandru Titeu, BA (Hons)

February 4, 2015
Objectives

- Brief introduction to PS Metrics
- Falls Data Collection Methods and tools
Features:

- Free, cloud-based data collection and reporting tool
- Available in **English** and **French**
- User friendly and simple to navigate
- Accessible from website with login details
- Tracks >100 **process** and **outcome** measures over 14 interventions
- Provides real time **reporting** and **export** of data to CSV/Excel
- Reduces burden of data collection, entry and analysis
- Roll Up or Drill Down Reports (i.e. Unit → Organization → Health Region → Province → National) with automated Run Charts
- Capacity to customize measures and reports
- Provides real time **reporting** and **export** of data to CSV/Excel
Data Collection (Audit) Forms - DCF
- Optical Mark Recognition – bubble form – e.g. ‘Lotto 6/49’
- Patient-level data (de-identified) – daily, weekly etc.
- Multiple data elements – e.g. 12 elements in Falls
- Automatic roll-up to Falls indicator Measurement Worksheets
- Data exportable to Excel

Measurement Worksheets (Falls Indicators)
- Aggregate data - monthly
- Numerator and Denominator
- Result automatically calculated
- Run chart created automatically
- Data exportable to Excel
# SHN Falls Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Falls Rate per 1000 Patient Days</td>
</tr>
<tr>
<td>2.0</td>
<td>Percentage of Falls Causing Injury</td>
</tr>
<tr>
<td>3.0</td>
<td>Percentage of Patients with Completed Fall Risk Assessment on Admission</td>
</tr>
<tr>
<td>4.0</td>
<td>Percentage of Patients with Completed Fall Risk Assessment following a Fall or Change in Medical Status</td>
</tr>
<tr>
<td>5.0</td>
<td>Percentage of &quot;At Risk&quot; Patients with a Documented Falls Prevention or Injury Reduction Plan</td>
</tr>
<tr>
<td>6.0</td>
<td>Percentage of Patients with Restraints</td>
</tr>
<tr>
<td>7.0</td>
<td>Fall Related INJURY Rate per 1000 Patient/Resident Days</td>
</tr>
</tbody>
</table>

7.0 (LTC only) Percentage of residents restrained daily on the RAI assessment. (7.0 above = 8.0 in LTC)

From Audit tool
New Measures

Safer healthcare Now! Falls Measures

9. Percent of patients designated “at risk”

10. Percent of patients designated “at risk” and risk status communicated

11. Percent of Patients with a Medication Review Completed on Admission

12. Percentage of Patients with Completed Fall Risk Assessment following a Change in Medical Status

13. Percentage of Patients with 2 or more falls.

14. Percentage of Patients Assessed for harm on discovery of fall

15. Percentage of Patients with Completed Fall Risk Assessment following a Fall

16. Percentage of 'Fallers' with monitoring in place for 24-48 hrs after fall

17. Percentage of 'Fallers' with review or revision of Falls Prevention / Injury Reduction Plan after fall

From Audit tool
# New Fall Scores

## New Scores

### Safer healthcare Now! Fall Score

<table>
<thead>
<tr>
<th>18. Fall Prevention Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls Prevention Audit Form</td>
</tr>
<tr>
<td>- Type of Falls Risk Assessment performed on Admission</td>
</tr>
<tr>
<td>- Was patient designated &quot;at risk&quot; for Fall?</td>
</tr>
<tr>
<td>- Medication review completed</td>
</tr>
<tr>
<td>- Pt. has documented Falls Prevention / Injury Reduction Plan</td>
</tr>
<tr>
<td>- Completed Falls Risk Assessment following a significant change in Medical Status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Fall Management Score after Fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Was Pt. assessed for harm on discovery of fall?</td>
</tr>
<tr>
<td>- Completed Falls Risk Assessment following fall?</td>
</tr>
<tr>
<td>- Appropriate monitoring in place for 24-48 hrs after fall?</td>
</tr>
<tr>
<td>- Falls Prevention / Injury Reduction Plan Reviewed/Revised After fall?</td>
</tr>
</tbody>
</table>

From Audit tool

[logos of Registered Nurses' Association of Ontario, Alberta Health Services, Canadian Patient Safety Institute, and Safer Healthcare Now! Coalition]
### Intervention Measure Preview

**Intervention:** Falls-Acute - Reducing Falls and Injury from Falls in Acute Care

**Measure:** Falls-Acute 18 - Fall Prevention Score

The overall average Fall Prevention Score, expressed as a percentage. This measure is automatically populated from questions A, B, C, D, and E in the Fall Prevention Data Collection (Audit) Form.

#### Denominator

1. **What is the total number of patients for whom a Fall Prevention Score was recorded for this reporting period?**

#### Numerator

2. **What is the total number of patients for whom all 5 Fall Prevention quality elements were met on admission for this reporting period?**

**Numerator for Compliance with basic tenets (bundle elements) of the Fall Prevention process**

3. Enter the total number of patients that were in compliance with **(A) Type of Falls Risk Assessment performed on Admission (Select the Most Detailed)** this reporting period.

4. Enter the total number of patients that were in compliance with **(B) Was patient designated "at risk" for Fall?** this reporting period.

5. Enter the total number of patients that were in compliance with **(C) Medication review completed** this reporting period.

6. Enter the total number of patients that were in compliance with **(D) Patient has documented Falls Prevention / Injury Reduction Plan** this reporting period.

7. Enter the total number of patients that were in compliance with **(E) Completed Falls Risk Assessment following a significant change in Medical Status** this reporting period.

#### Your Result

8. **Numerator/Denominator x 100 = %**

Your Result

**Goal** 100%
Computer generated barcode identifies your audit area/unit
Need this entered on every page
So we may contact you if there is an error

10’s is required on every form

units
**Falls Prevention Score**

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<th>B. Was Patient Designated &quot;At Risk&quot; for Fall and was risk status communicated?</th>
<th>C. Medication Review Completed</th>
<th>D. Patient has Documented Falls Prevention / Injury Reduction Plan</th>
<th>E. Completed Falls Risk Assessment Following a Significant Change in Medical Status</th>
<th>F. Patient Is Restrained at any time in the Reporting Period</th>
<th>G. How Many Times did Patient Fall in Reporting Period (if 0 End Audit Here)</th>
<th>H. Was Patient Assessed for Harm on Discovery of Fall?</th>
<th>I. Harm from Fall? (If &quot;Death&quot; End Audit Here)</th>
<th>J. Completed Fall Risk Assessment Following Fall?</th>
<th>K. Monitored for 24-48 hours after Fall?</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>VOID</td>
<td>SCREEN FULL NO RISK NO RISK NOT RECORDED NO RISK N/A</td>
<td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td>
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<td></td>
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</tr>
<tr>
<td>2</td>
<td>VOID</td>
<td>SCREEN FULL NO RISK NO RISK NOT RECORDED NO RISK N/A</td>
<td>Y Y Y Y Y Y Y Y Y Y Y Y Y Y</td>
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</tbody>
</table>
DO ...

- Colour **inside the line** - fill in bubble completely (Sharpie is best)
- Avoid **stacking forms** when filling in bubbles to avoid bleed through
- Use the **void** bubble for entry errors – avoid scratch out
- Print new form each time - avoid **photocopying**
- Avoid using **3-hole punch** on forms
- Keep form free from **extra markings**
- Fax without a **cover sheet**
- Fax form in **FINE RESOLUTION** - check setting on fax machine
Falls Prevention Audit Tool for Acute, Long-Term, and Home Care, Supportive Living and Rehab

Instructions and Legend for Completing the Falls Prevention Audit Form

Purpose of the Audit Tool
The tool is designed for use in Acute, Long-Term, and Home Care, Supportive Living and Rehab and was developed to allow organizations to assess the quality of their falls prevention and injury reduction practices and determine the areas requiring quality improvement(s).

How to complete the form
From your login to PS Metrics you will be able to print the appropriate audit form.
- Print a new form for each audit – be sure the printed image is clear i.e. avoid grayed or faded output and streaks or the faxed form will not be processed correctly.
- Confirm the parameters of the audit (upper right corner): Organization, Unit, Patient Sample, Age Group, and Patient Type are correct.
- Use a Sharpie marker (recommended) to fill in the bubbles. A pencil or pen may also be used.
- Stay within the bubbles edges and avoid marks coming in contact with the barcodes or other bubbles.
- First, fill in the header of the form by providing your name, phone number with area code and email in the space provided. Fill in the appropriate bubbles for audit Year, Month (and Day) for which the data is collected.

Data Collection Methodology
- Retrospective chart review to collect data for the previous month e.g. Audit conducted in April will collect March data.
- Collect information monthly or quarterly on all patients/residents/clients or a subset as recommended by your organization.

Column by column explanation
1. **Column 1 - Pt./Res./Clk #** - Each row represents an individual patient/resident/client that is included in the audit.

2. **Column 2 - A. Type of Falls Risk Assessment performed on Admission (select the most detailed):**
   - **Screen:** Also known as a “quick screening.” A brief screening to identify and sort individuals into high or low fall-risk categories. The categories may be numerical with a cut-off score, or rank as low, medium, and high risk. The result of the screen is to determine which individuals require a thorough falls risk assessment.
   - **Full (Assessment):** Also known as a Comprehensive assessment used to identify specific risk profiles of individuals in order to create individualized targeted fall prevention/injury reduction plans of care based on identified risks. It is a more detailed and systematic process than screening. It is used to identify modifiable and non-modifiable factors that contribute to a person’s increased risk of falling and to develop an individualized plan where interventions are targeted at the identified risk factors.
   - **None:** No Fall Risk Screening or Assessment was performed or documented on admission.
   - **Note:** Timing of assessment should be performed according to organizational policy.
   - **Note:** SHN Falls Getting Started Kit recommends using a multifactorial e.g. comprehensive Falls Risk Assessment Tool.
Questions?
Save the Dates/ Réservez la Date!

- National Call: Call to Action for the 2015 Canadian Falls Prevention Audit **February 26th, 2015**
- 2015 Canadian Falls Prevention Audit **April, 2015**
- There is no cost to register so Register now!
- To learn more about the Canadian Falls Prevention Audit visit: [http://www.saferhealthcarenow.ca/EN/events/other/FallsPreventionAudit/Pages/default.aspx](http://www.saferhealthcarenow.ca/EN/events/other/FallsPreventionAudit/Pages/default.aspx)

- Appel national : Appel à l’action pour la Vérification nationale de la prévention des chutes Le **26 février 2015**
- Vérification nationale de la prévention des chutes **Avril 2015**
- Il n’y a pas de frais d’inscription, alors inscrivez-vous dès maintenant!
- Pour plus de renseignements sur l’outil national de vérification de la prévention des chutes, cliquez: [http://www.saferhealthcarenow.ca/fr/events/other/fallspreventionaudit/pages/default.aspx](http://www.saferhealthcarenow.ca/fr/events/other/fallspreventionaudit/pages/default.aspx)
Thank You / Merci

Evaluation Poll

Sondage d’évaluation
We are here to help!

For Audit forms and Data Questions
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