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3 STEP GUIDE

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to successfully reduce falls in your facility NOW

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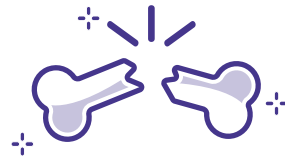
empower.

3 reasons your facility needs to follow our 3 step guide



1 in 2

people admitted to
residential aged care have a
fall within 12 months &
**UP TO 30% SUSTAIN A
PHYSICAL INJURY**



Physical injuries, such as hip
fractures, have an estimated
incidence rate of

up to 5%
ANNUALLY



1 in 3

people over 65 who fall and
break their hip
DIE WITHIN 12 MONTHS

This guide will get you prepared for April Falls Month and is a great opportunity to raise awareness as well as increase the knowledge and skills of your team to further build confidence in falls management.

Sources:

2017, Jacqueline Francis-Coad et al. The effect of complex falls prevention interventions on falls in residential aged care aged settings: A systematic review protocol. The University of Notre Dame Australia.

Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;65:993–998.
DOI: <http://dx.doi.org/10.15585/mmwr.mm6537a2>

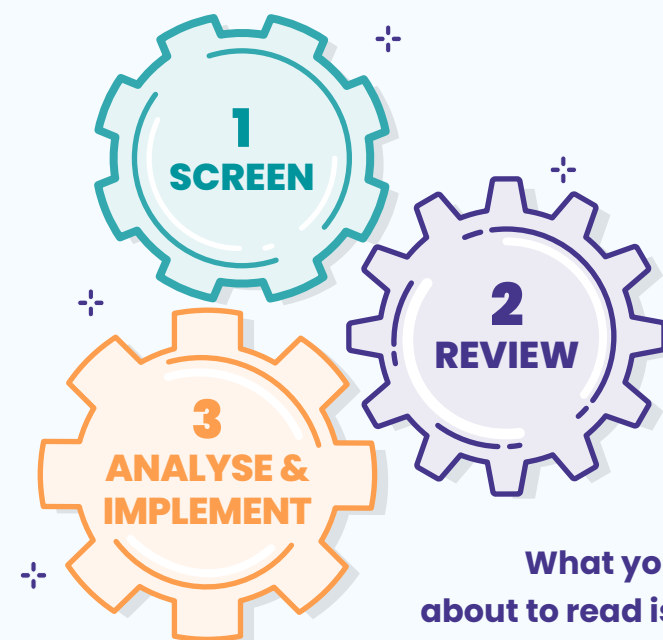
Introduction to Empower's Approach

Congratulations on taking the first step (pun intended) to drastically reduce falls in your facility.

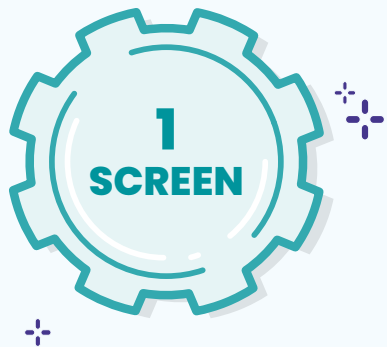
This 3-step guide is a low cost, high yield and fool proof approach that many of our clients can now no longer live without.

With the introduction of the new Aged Care Quality Standards and today's ever evolving consumer directed market now, more than ever, residential aged care operators need to be on top of their game. That's why when it comes to Falls Prevention and Management, we've got you covered.

So, what's our secret? It's all about the Empower approach. We utilise a 3-pronged approach to support facilities with their Falls Prevention and Management and when all the cogs turn seamlessly the results are astounding!



What you're about to read is an overview of the way our team works and if you take nothing else away from this document at the very least, we hope it serves as a prompt to review your current practices. Keep reading to find out more about the Empower approach and how you and your team can easily introduce this system into your facility TODAY.



Step 1: **Screen & Implement**

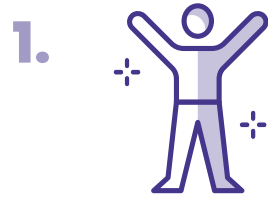
They say prevention is better than cure and the first phase of our approach is just that! Whilst it sounds pretty straightforward, the devil is in the detail.

Screening should occur as soon as possible, even before the resident steps foot into the facility.

The admissions and intake team should be armed with a series of questions that flag someone's risk factors and status to ensure strategies and interventions are in place as soon as, if not before, the resident arrives.



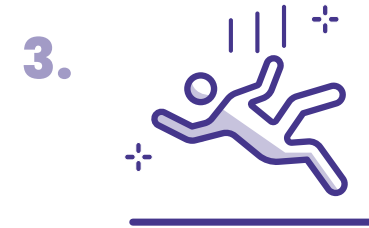
Once in the facility, or as soon as possible, a Multidisciplinary Assessment that includes specific falls analysis and management from each discipline's perspective should be completed. Falls risk screening tools are a great way to get this process started and should be completed upon or prior to admission. The screening process will help you identify three main things:



**Intrinsic
Risk Factors**



**Extrinsic
Risk Factors**



**Falls
Risk Status**

Intrinsic vs Extrinsic Factors

Categorically falls risk factors are generally defined as being either intrinsic or extrinsic.

Intrinsic factors relate to the Individual and include, but are not limited to; age, medication, psychological state/mental status, vision, medical conditions such as: Stroke, Diabetes, Incontinence, Dementia Parkinson's, Postural Hypotension, etc., previous history of falls or fear of falling and physical in/ability.

Extrinsic factors relate to the environment of the individual and include things like: uneven or differing surfaces, adequate lighting and signage, room orientation, cluttered environment, trip hazards, suitability and accessibility of items and equipment, etc.

There are many screening tools out there and it is important you select the right tool to suit your facility. Some of the commonly used Assessment Tools include:

The image displays four different fall risk assessment tools. The first is the 'FALLS RISK SCREENING TOOL (Ontario Modified Stratify Falls Risk Screen)' which includes sections for 'All Residents - Standard Falls Precautions' and 'High Falls Risk Residents'. The second is the 'Falls Prevention Plan (empower.)' which is a comprehensive plan for individual residents. The third is the 'FALLS RISK ASSESSMENT TOOL (FRAT Part 3 - Score)' which provides a scoring matrix for various risk factors. The fourth is the 'FALLS RISK ASSESSMENT TOOL (FRAT Part 2 - Interventions)' which lists specific interventions for different risk factors.

- Ontario Modified Stratify Falls Risk Screen
- Falls Risk Assessment Tool (FRAT)
- Berg Balance Scale
- Care Homes (Residential Aged Care Facilities) Falls Risk Screen (CaHFRiS)
- TINETTI Assessment Tool: Balance and/or TINETTI Assessment Tool: Gait

Once the Risk Assessment Tool is completed, you'll be armed with the intrinsic and extrinsic falls risk factors and resident's falls risk status.

They say, 'knowledge is power' and with this knowledge you and your team now have the power to implement tailored falls prevention strategies addressing the relevant risk factors.

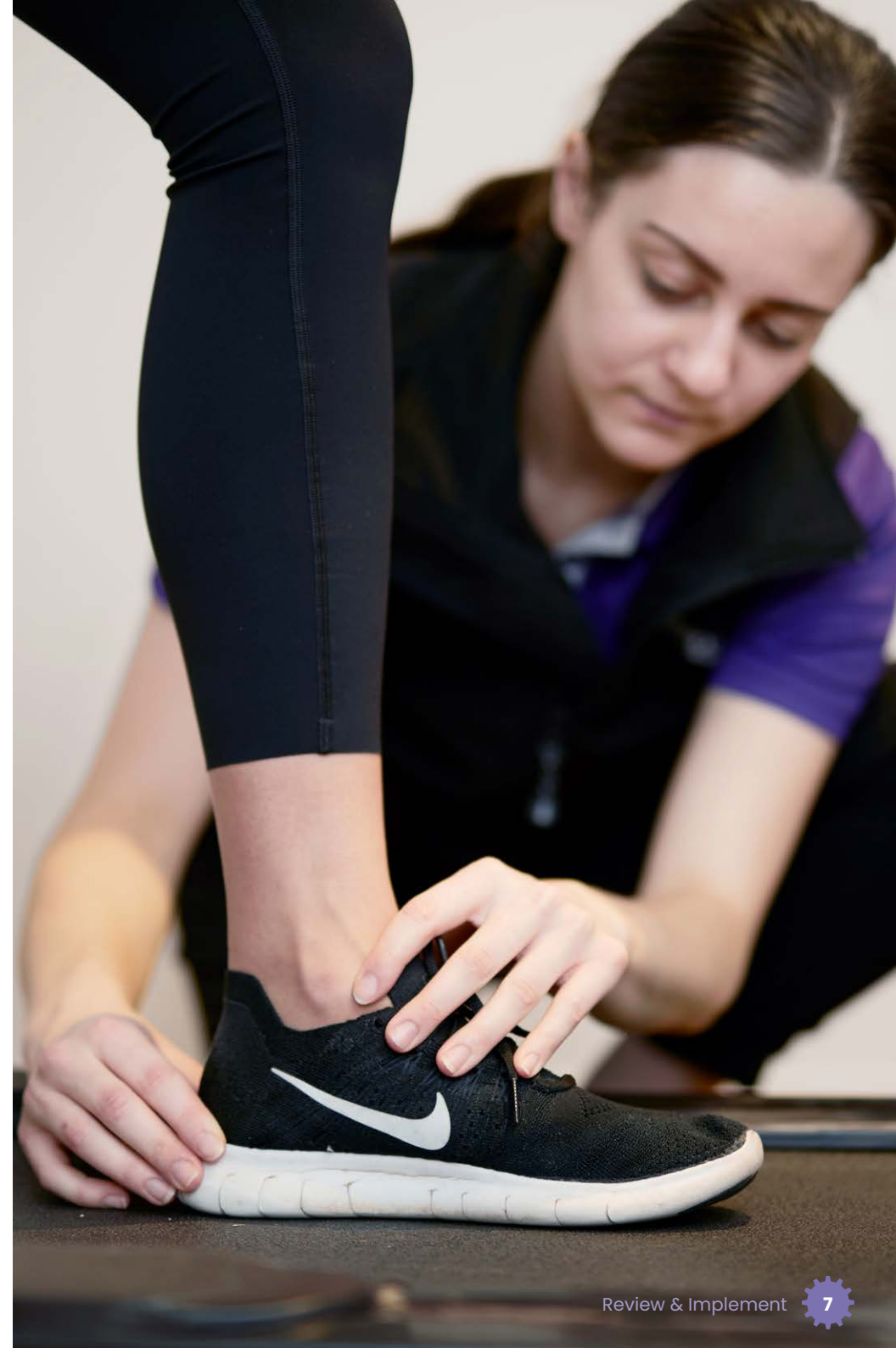
These can be as simple as 'ensure the TV Remote is within reach at all times as Mrs Smith forgets she can't walk by herself anymore' or as complex as 'may require a medication review by the geriatrician'. either way you know what the likely causes of the resident's fall will be and their likelihood of falling (low, medium, high) putting you in the driver's seat to prevention.





Step 2: **Review & Implement**

Review and Implement is about ensuring that both the resident and fall are comprehensively assessed. Once completed interventions should be implemented or amended to prevent falls of the same nature occurring again in future.



You might be thinking “well this isn’t ground-breaking our Physio’s review everyone after a fall already,” and you would be right. Except the important thing isn’t that it is happening but more so the intricate details of the *who, what, when, where, how* and *why*.

I’ll let that sink in for a minute.

Ask yourself this, has there been a resident in my care who has had multiple falls, perhaps off the same nature, that occurred at the same place or even at the same time? I’m guessing you answered yes (and if you didn’t, kudos to you you’re either lucky or doing something right).

I’ll get to the point, Phase 2 is all about review. You’ve read the paragraph above and hopefully a resident has come to mind, but did you notice the misuse of the word *off* instead of *of*? If you did pick this up, then WELL DONE, because 72% of people didn’t.

My point is this, we all review the incident report and review the resident following an incident but how much attention do we spend on the details?

In Phase 1 we identified the intrinsic and extrinsic risk factors so naturally our post fall review should ascertain which of these factors (if any), and details that, contributed to the fall.



“Historically post fall analysis has focused on the intrinsic and extrinsic risk factors as being the primary contributors to falls, however recent years have seen an increased focus on identifying the events and physical activities before and during a fall forming the foundation of best clinical intervention and management.”



With Phase 2 of our model placing a key emphasis on analysing and collating detailed information during a post fall review, it is important to consider all intrinsic, extrinsic and preceding events for example:

Time

- ▶ At what time of day did the resident fall?

Location of Fall

- ▶ Where did the fall occur?
- ▶ What does the environment look like?
- ▶ Are there any hazards, changes in surfaces, narrow pathways or inadequate lighting?

Resident

- ▶ What was the resident doing before, during and after the fall?
- ▶ Have there been any acute medical or functional changes?
- ▶ Has there been a change in the residents medication?
- ▶ Did the resident have access to their aids, equipment and call bell?
- ▶ Were the falls prevention strategies recommended implemented and in situ?

Residents Mobility Status

- ▶ What is the residents usual mobility status?
- ▶ Did the resident have their mobility aid or recommended level of assistance during the incident?

Accommodation and Environment type

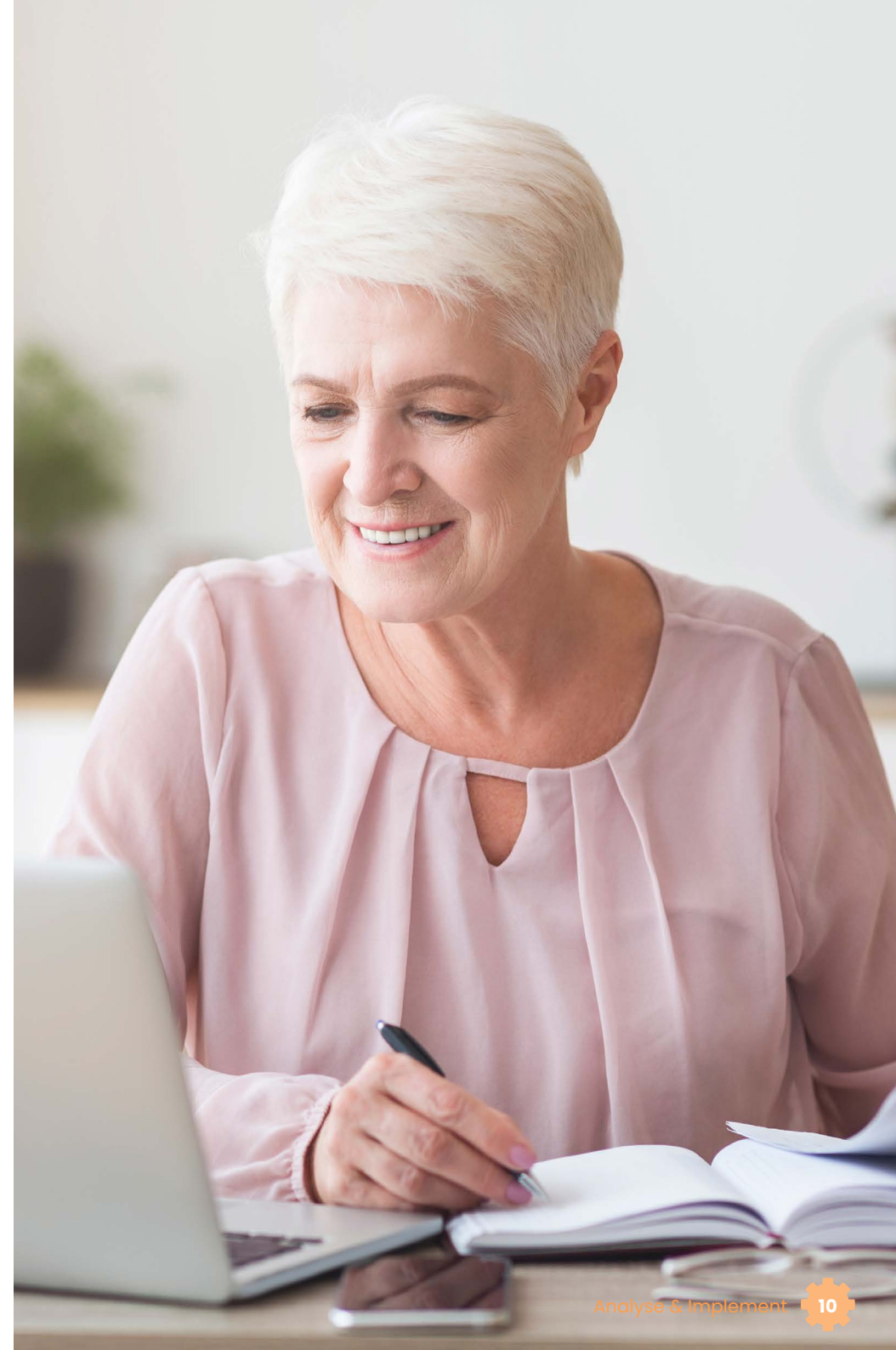
- ▶ Is the resident; respite or permanent?
- ▶ Are they familiar with their environment or new to the facility?
- ▶ Has there been a change in the layout of the environment?

Once all the vital information has been analysed (and collated to form the analysis of falls on a macro level explained in Phase 3) a review of the falls prevention interventions implemented in Phase 1 should be reviewed and amended to ensure their suitability. Thus connecting the Phase 2 puzzle piece to that of Phase 1.



Step 3: **Analyse & Implement**

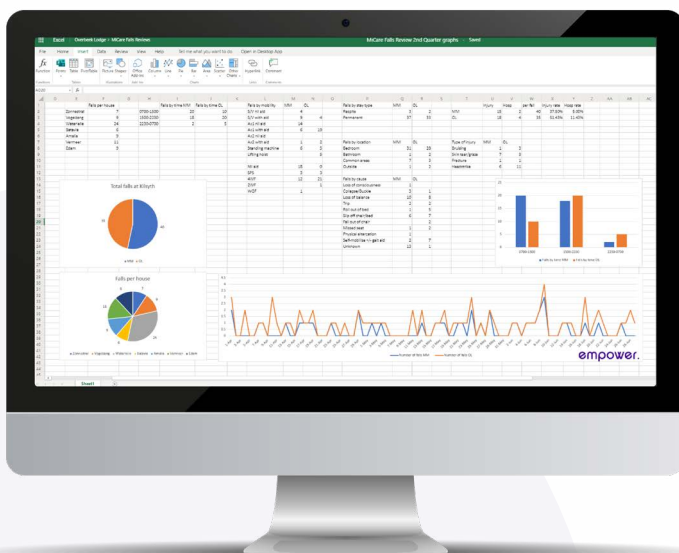
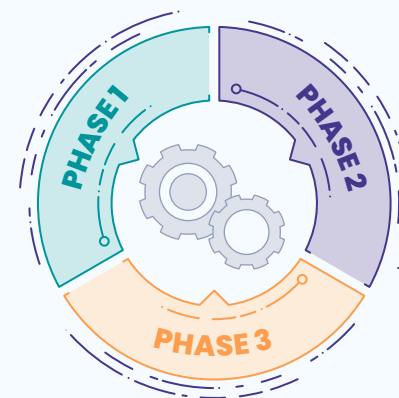
Residents have now been screened before and/or upon their attendance; they've been comprehensively reviewed following a fall and had vital data collated from the incident. Now it's time to Analyse & Implement.



Phase 3 'Analyse and Implement' is the most crucial and perhaps the differentiating factor in our approach. Most providers only focus on the basic functions of Phase 1 and 2 but a puzzle that is only two thirds completed doesn't show you the full picture now does it?

At the start of each calendar month the Falls Committee, generally comprised of the Facility Manager, Clinical Care Coordinator, Allied Health Professional (Physiotherapist or Occupational Therapist) and Falls Champion (designated member of the care team) get together and review each fall or near-miss incident report. During this meeting it is

a great opportunity to highlight and discuss any other relevant information from a multidisciplinary perspective and collate valuable data such as: fall by – cause, location, mobility status, time, injury, stay type and room location to form the foundation of the macro and trend analysis.



"We implemented this process for a new client in April of 2019 and after analysing the data collated, this simple 3 step process resulted in a 34% ROI in the form of reduction in number of falls from the previous quarter."



If you don't have a falls committee and regular monthly falls meetings, this might be a great new initiative to introduce.

Aside from forming part of your continuous improvement plan (PCI) (supporting Standard 8 – Organizational Governance), demonstrating how you intend to “assess, monitor and improve the quality of care and services, measured against quality standards,” there are some other inadvertent benefits.

Our experience has shown that by incorporating staff working on the floor into these committees our clients reported marked improvements on culture, team morale and clinical care as well!

Whilst it may seem like having another meeting, these collaborative meetings are integral in addressing Falls Prevention and Management at both individual and facility levels and enable the implementation and review of macro interventions.

Our approach is all about efficiency. In essence, these meetings help reduce falls, improve staff productivity, form part of your PCI and enable a platform for discussion on consumers dignity and choice, an increasingly important component of the New Aged Care Standards, and once ingrained in your process it becomes a habit.



Implementation Workshops

Hopefully this document has given you some insight into the intricacies of preventing falls. We'd love for you to share this approach with your team and book in a time to review your current strategy and processes. The sooner you do, the sooner you'll be successfully reducing falls in your facility.

As an organisation committed and dedicated to delivering life changing allied health services, we will be running **FREE** 'Falls Prevention Workshops' to Residential Aged Care Facilities.

Ideal for your management and clinical teams.

We will work with you, step by step, to establish your bespoke Falls Prevention and Management Plan based on your organisational structure, admission processes, clinical teams and documentation processes.

Talk to us about an on-site, customised workshop.

**CLICK HERE
TO REGISTER YOUR INTEREST**

or go to
<http://bit.ly/zerofalls>





**We have your residents covered
with our 3 step guide**

empower.

