



**Title**: Fall Prevention And Management Policy

Applied To: All HMC Staff

**Policy Number**: HMC-IPSG-PPGs-5(3)

**Replaces Number** :2

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**Issue Date**: 11/05/2016

**Review Date**: 11/05/2019

### 1. Purpose:

- 1.1 To identify patients at home for fall risk and to systematically assess fall risk factors.
- 1.2 Reduce patient harm resulting from falls using intervention guidelines and how to manage a fall if it occurs.
- 1.3 To outline the necessary documentation procedures.
- 1.4 To organizations assessment and management, and reporting of falls

### 2. Definition:

2.1 Fall is an unintentional change in position resulting in coming to rest on the ground or at a lower level. Falls are the second leading cause of accidental or unintentional injury deaths worldwide according to the world health organization. Globally, falls are a major public health problem and known to be the second leading cause of unintentional injury death after road traffic injuries. Falls are major threat to health and independence of elderly adults above 65 years of age, nearly one third of older person fall each year and half of them fall more than once. Fall prevention should be a top priority for all medical care organizations.

#### Policy:

- 2.1 All HMC patients should be assessed for fall risk using brief fall risk assessment and should be reassessed accordingly.
- 2.2 All HMC multidisciplinary teams shall ensure that a falls interdisciplinary prevention and management protocol will be developed and maintained to reduce the incidence of falls and the risk of injury to the patients at home and promote safety at all times.
- 2.3 Care giver / guardians will be responsible to protect their own patients from fall; therefore patients/care giver should be educated regarding fall prevention and whom to call in case of fall.
- 2.4 All falls should be reported by writing an incident report. (Fall Report Form).
- 2.5 Should a fall occur, it must be managed timely and appropriately.
- 2.6 Patients at risk should be identified by placing a sticker age appropriate on the patient's medical record on the inside front cover of the hard file, as well as placing a signage at the head area of the patients bed.





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2.7 Staff must attend an orientation and training on the falls prevention and management program (policy, procedures and tools) including the importance of the program and the risk to patient's health due to falls.

### 3. **procedure:**

- 4.1 All patients must be assessed for fall risk through fall risk assessment in initial assessment needs form (see Appendices 1&2) . Fall risk assessment must be conducted as follows:
  - 3.1.1 Initial visit
  - 3.1.2 The following visits
  - 3.1.3 A change of location (at home or other house)
  - 3.1.4 Significant change in patients' health status
  - 3.1.5 Post fall
  - 3.1.6 Falls resulting to injury
- 3.2 Nursing teams are responsible for implementation , individualized patient fall prevention and management care plan as following :
  - 3.2.1 Assessment and documentation upon admission through fall assessment tool form and multi-disciplinary progress form.
  - 3.2.2 Determining risk for fall and implementing the appropriate level of care.
  - 3.2.3 Reassessing patient for change in fall risk every home visit, and post fall.
  - 3.2.4 Ensuring the implementation of fall prevention interventions.
  - 3.2.5 Evaluating the patient's family / caregiver's ability to participate in the care plan.
  - 3.2.6 Supervising family and / or caregivers in delivering safe and personalized care with a proactive fall risk reeducation
  - 3.2.7 Collaborating with the other multi-disciplinary team in the prevention of falls.
  - 3.2.8 Appropriately managing patients who experience a fall.
  - 3.2.9 Creating a safe environment of care.
  - 3.2.10 If the patients is at risk an appropriate sticker should placed in the patient's medical record on the inside front cover of the hard file, as well as placing a signage at the head area of the patients bed.
- 3.3 Patients identified at risk for fall should fill up fall assessment tool to further recognize the Risk of fall to implement specific interventions.
  - 3.3.1 Patients who are risk for fall will be assessed through Missouri Fall Assessment tool scale (See Appendix 1 Form) will be completed upon patient admission to HMC and then a baseline done at every visit and post fall.
  - 3.3.2 Assessment will include history taking Co-morbidities (e.g. neurological problems such as stroke, Multiple sclerosis, epilepsy or parkinsonism or Musculoskeletal problems such as Arthritis, joint replacement or deformity), **Use of ambulatory**



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aids , Medication (more than 4 drugs and /or with anticoagulants ), Gait / transferring problem and patient's mental state.

- 3.3.3 Interventions and / or management will be taken through patient's risk of fall (See Appendix 1)
  - If score is ≥4, patient is at risk for fall; therefore risk fall prevention should be implemented

#### 3.4 POST FALL PAITENT PROCEDURE

- 3.4.1 Nursing team will assess the patient's status using visual inspection for apparent injury or deformity, range of motion, neurological impairment and presence of pain.
- 3.4.2 Apply first aid measures to make patient comfortable.
- 3.4.3 Obtain vital signs.
- 3.4.4 If happened during visit, transfer patient to bed utilizing resources to ensure a safe transfer.
- 3.4.5 Attempt to ascertain circumstances of fall . (e.g. if you suspect hypoglycemia)
- 3.4.6 Notify nurse in charge of patient fall.
- 3.4.7 Notify technical supervisor and family.
- 3.4.8 About the fall
  - Circumstances of fall including when , where and how the patient was found and the preventions in place
  - And post fall assessment.
- 3.4.9 Initiate intervention for high risk patient , if not done. Otherwise , reinforce the interventions.
- 3.4.10 Family / caregiver will be advised to monitor every hour for the first 4 hours and then every 4 hours for 24 hours post fall for signs of neurological changes (e.g. facial droop, behavior changes, and weakness on one side).
- 3.4.11 Proper endorsement or communication must be followed if patient has fallen and share detail regarding the interventions initiated.
- 3.4.12 Document the circumstances of the witnessed fall on the Incident reporting form and have relevant care giver / family member awareness after discussion and documentation completed in the patient's file.
- 3.4.13 Document in the patient's file the notes and carry out orders for evaluation accordingly:
  - 3.4.13.1 Document in the progress notes: date and time of the incident, location of the incident, whether the fall was witnessed or un-witnessed, status of the resident (e.g. type and severity of injury, if any)
  - 3.4.13.2 If assessments was completed (i.e. Missouri Fall assessment tool) and outcome of the assessment.
  - 3.4.13.3 Who was notified of the falls (e.g. , physician , Nurse in charge , family) and probable cause of the fall





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- 3.4.13.4 Patient's outcomes and interventions taken to prevent further falls or related injury
- 3.4.13.5 If the patient was sent to the hospital.
- 3.4.13.6 Incident reporting form completed. (See appendix 2. form).
- 3.4.14 If the patient falls out with a patient's scheduled visiting time and the family notify the nursing team leader. The patient should be visited on the same day of the call . The nurse should investigated the circumstance and an incident report should be filled out as soon as possible.

### 3.5 POST FALL FOLLOW UP MANAGEMENT:

#### 4.5.1 REPORTING, ANALYSIS AND IMPROVEMENT MESSURES:

- 3.5.1.1 All Incidents of fall must be investigated to ensure that the patient's environment has taken all reasonable measures to safeguard the patient through incident reporting.
- 3.5.1.2 Multidisciplinary team will meet to review the patient who has had a fall and to make certain all reasonable measures are being done to prevent falls.
- **3.5.1.3** Trending of fall incidents will be reviewed as part of the quality improvement and to determine the effectiveness of fall risk reduction.

#### 3.6 PATIENT AND FAMILY / CAREGIVER EDUCATION

- 3.6.1 All patients and family /caregiver must be aware of safety issues at home concerning fall and will be given a concerning health education instructions where in safety issues are discussed.
- 3.6.2 All patients identified at risk for fall will:
  - 3.6.2.1 Be provided with fall prevention handout and should be taught to patient and family / caregiver.
  - 3.6.2.2 Consider physician for evaluation safety in medication aspect.
  - 3.6.2.3 Consider physical therapy evaluation for gait safety technique.
  - **3.6.2.4** Preventive Maintenance program from the Biomedical engineering should be updated regularly when dealing with patients using assistive devices / equipment





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## 4. Responsibilities:

All medical HMC staff.

### 5. Forms:

- 5.1 Missouri fall Risk Assessment Tool. (HMC IPSG-FORM 5.1)
- 5.2 Fall report from. (HMC IPSG-FORM -5.2)

#### 6. References:

- **7.1** Missouri Health / Hospice Hotline: 800-392-0210 E-mail info@health.mo.gov.
- **7.2** Policies and procedures guidelines of Home Medical Care Center, Home Medical Care Administration, Medina Munwara Region, 2016
- **7.3** Policies and procedures guidelines of Home Health Care Unit, Family and Community Medicine Department at Riyadh Military Hospitals, 2014
- 7.4 Joint Commission International Accreditation Standards for Home Care, 2012
- 7.5 MOH Home Medical Care Standard, 2015

Prepared by:  Dr. Hashem Sayed Al-Masrey Incharge, Technical Affairs Home Medical Care Administration Medina Munwara Region	Signature:	Date:
Reviewed By:  Dr . Aeshah I. Al-Saghier  Training And Development Advisor  Home Medical Care General Administration  Ministry Of Health , Riyadh	Signature:	Date:
Approved by:  Dr . Ali Magboul Alarabi Alghamdi Director General Of Home Medical Care MOH Headquarter , Riyadh	Signature:	Date: