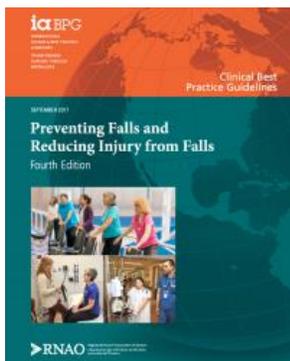


RNAO Best Practices: Evidence Booster

Impact of implementing best practice guideline to reduce falls-related injuries in older adults

Preventing Falls and Reducing Injury from Falls (fourth edition, 2017)



The purpose of RNAO's best practice guideline (BPG), *Preventing Falls and Reducing Injury from Falls* (2017), is to increase all health providers' confidence, knowledge, skills and abilities in the identification of all patients within health-care facilities at risk of falling.



Humber River Health (HRH) is North America's first fully digital acute care hospital in Toronto, Ontario, Canada. HRH is dedicated to delivering innovative, safe and compassionate health care in the community to attain the highest possible quality of care. HRH is a Best Practice Spotlight Organization® (BPSO®) with the goal of providing a seamless and coordinated system of care focused on patient needs and outcomes. This includes improving access to care, reducing wait times, and making sure patients receive the right care at the right time and place. HRH is also part of the North Western Toronto Ontario Health Team.

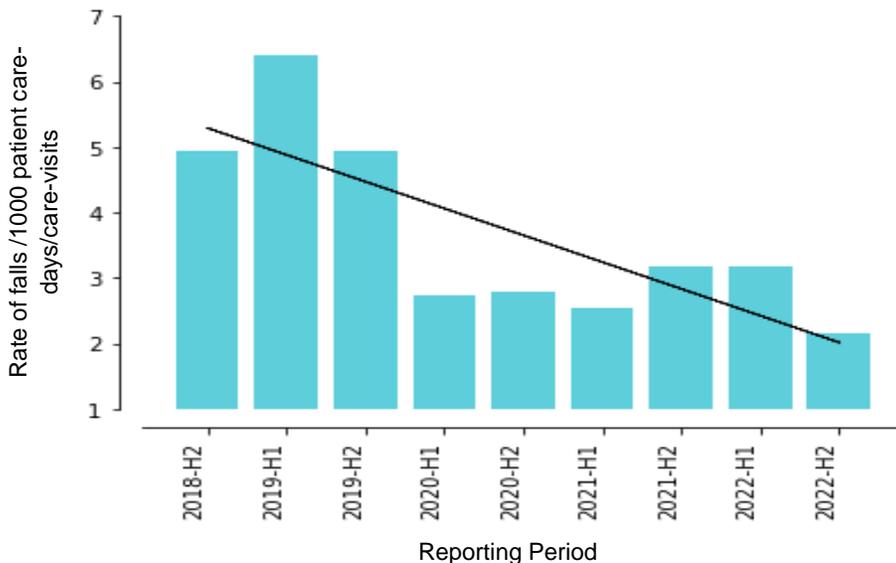
Aim: To examine the clinical outcomes associated with the implementation of RNAO's *Preventing Falls and Reducing Injury from Falls* (2017) BPG in a surgery unit at Humber River Health in Toronto, Ontario.

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine (a) rate of falls per 1,000 patient care-days/care-visits, and (b) percentage of patients screened for falls risk in a surgical unit at Humber River Health.

Clinical improvement: There was an increase in the percentage of patients screened for falls risk and a decrease in the rate of falls per 1,000 patient care-days/care-visits in HRH's surgical unit.

Note on reporting periods in the figures below: "H1" denotes data from Jan. – June and "H2" denotes data from July–Dec.

Rate of falls per 1,000 patient care-days/care-visits for HRH Surgery Unit



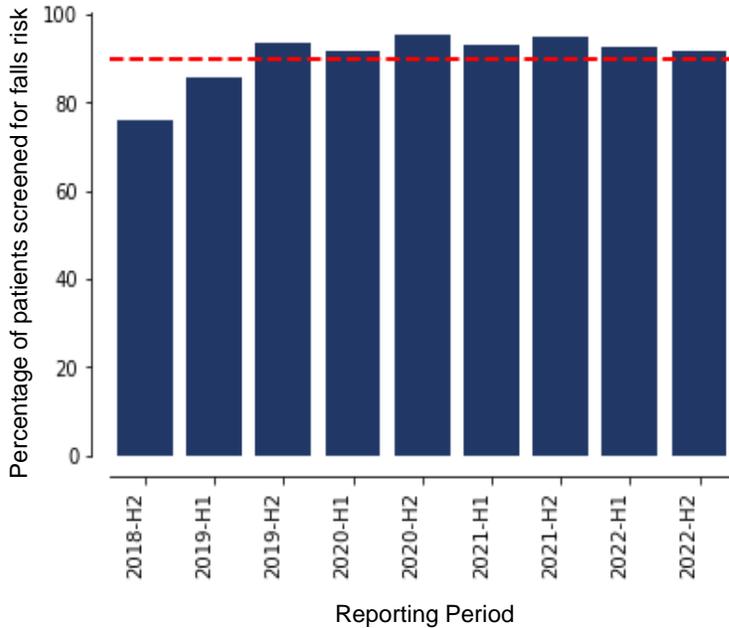
Impact: From 2018 to 2022, there was a relative decrease in the rate of falls per 1,000 patient care-days/care-visits, by 56.6 per cent (from 4.95 to 2.15).

Practice changes

HRH has developed and sustained a unique falls prevention program to align with the BPG's recommendations for patients on admission to the surgical unit. **Goals:** addressing clinical gaps and improving clinical processes and outcome. **Process:** for the first 24 hours upon post-operative admission, patients receive "high falls risk" interventions. Then, falls risk is reassessed after 24 hours (or upon change in clinical health status). If they are **no longer at high risk for falls** after this period, "universal fall risk" interventions are followed. If they are at **moderate or high risk for a fall**, all "universal fall risk" and "moderate or high fall risk" interventions were followed.

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Percentage of patients screened for falls risk in a surgical unit at HRH



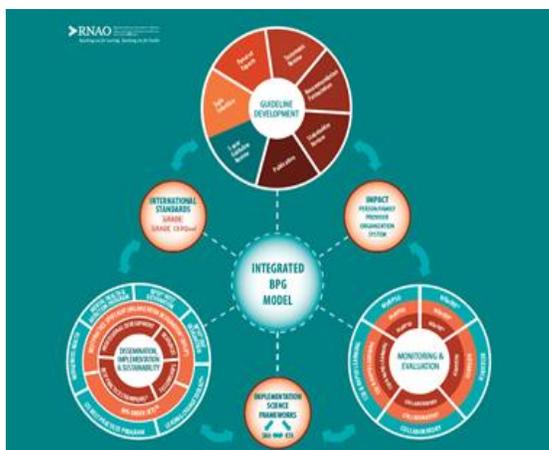
Impact: From 2018 to 2022, there was a relative increase in the percentage of patients screened for falls risk, by 20.8 per cent (from 75.9 per cent to 91.7 per cent).

Practice changes

The following practice changes contributed to the fidelity of the falls prevention program:

- **Interprofessional collaboration:** HRH's Falls Prevention Committee meets regularly with interprofessional team members regularly to discuss patients considered to be "high falls risk". They also discuss any units experiencing a significant incidence of falls – 10 or more.
- **Staff education:** Education about the BPG was provided as part of onboarding all new staff, and annually for current staff.
- **Champion engagement:** The Falls BPG Champions supported policy dissemination, patient/family education, HRH Falls Prevention Inpatient Unit policy, Falls Prevention Committee discussions, and fall risk assessment documentation audits.
- **Charting systems and auditing:** A "Post Fall Clinical Panel" was created in the electronic health system. This panel is responsible for evaluating the documentation compliance of various aspects of a patient care after a fall. This includes the "Post Fall Risk Assessment", "Falls Risk Score", "Falls Prevention Strategies", vital signs, neurological vital signs, and the pain assessment.

Conclusion: HRH demonstrated that the implementation of RNAO's *Preventing Falls and Reducing Injury from Falls* (2017) BPG led to an increase in the percentage of patients screened for falls risk and a decrease in the rate of falls per 1,000 patient care-days/care-visits. In the future, HRH will monitor the percentage of falls resulting in injury to further evaluate the impact of this BPG.



RNAO launched the BPG Program in 1999¹ with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes².

NQuIRE^{2,3}, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs worldwide the ability to measure the impact of BPG implementation. The NQuIRE data system collects, compares and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact us by email at NQUIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg. This work is funded by the Government of Ontario. All work produced by the RNAO is editorially independent from its funding source.

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- 1 Grinspun, D. (2018). Transforming nursing through knowledge: The conceptual and programmatic underpinnings of RNAO's BPG program. In D. Grinspun & I. Bajnok (eds.), *Transforming nursing through knowledge: Best practices for guideline development, implementation science and evaluation* (pp. 3-25). Sigma Theta Tau International.
- 2 Naik, S., Voong S., Bamford, M., Smith, K., Joyce, A., & Grinspun D. (2020). Assessment of the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) database using a data quality index. *Journal of the American Medical Informatics Association*, 27(5), pp. 776-782.
- 3 VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., & Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQuIRE. *Nursing Leadership*, 25(2): 26-37.