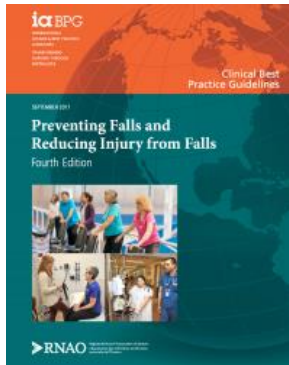## RNAO Best Practices: Evidence Booster

Implementation impact: Screening for falls risk and reducing incidence of falls

Preventing Falls and Reducing Injury from Falls **(2017)**

The purpose of RNAO's best practice guideline (BPG), *Preventing Falls and Reducing Injury From Falls* (2017), is to increase identification of adults at risk of falls across the health-care continuum, including those living in the community and reduce the frequency and severity on adults who fall.

Primacare™ is a privately owned Canadian long-term care provider committed to resident care excellence. Operating as a family-run business, it extends a home-like atmosphere to residents, prioritizing dignity, independence, and respect. The executive team, with substantial long-term care experience, is dedicated to creating a people-focused organization with high integrity and sustainable best practices. The staff, described as enthusiastic, highly trained, and compassionate, is unwaveringly dedicated to serving residents with the utmost dignity and respect. Primacare's mission emphasizes a safe, supportive environment for both residents and staff, reflecting a commitment to quality care and people-centric values.

Aim: To examine the clinical outcomes associated with the implementation of RNAO's *Preventing Falls and Reducing Injury from Falls* (2017) BPG in Burton Manor, an LTC home operated by Primacare™ located in Brampton, Ontario.

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine (a) number of restraints used on residents, (b) percentage of residents screened for falls risk and (c) percentage of residents who fell in the past 30 days.

Clinical improvement: There was a decrease in the number of restraints used on residents (Figure 1), an increase in the percentage of residents screened for falls risk and a decrease in the rate of falls per 1,000 resident care-days/care-visits (Figure 2).

Figure 1: Number of restraints used on residents
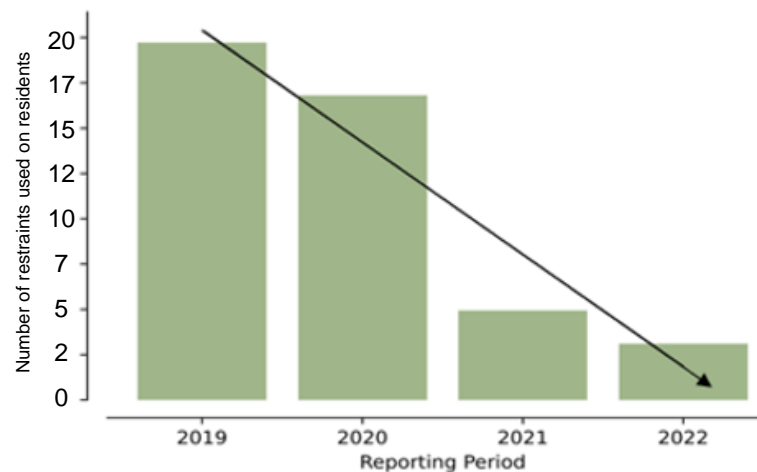
Impact: From 2019 to 2022, there was an average of 16.6 (from 19.7 to 3.1) reduction on restraints use.

Practice changes

Burton Manor underwent a significant transformation to reduce falls and mitigate fall-related injuries, thus establishing Burton Manor as a "Least Restraint Home". At the heart of this transformation were dedicated BPSO champions, comprised of registered staff, physical therapists, personal support workers, and life enrichment staff, who played a multifaceted role in achieving Burton Manor's overarching goals.

The BPG champions were integral participants in the monthly falls and restraint committee meetings, contributing invaluable insights and strategic interventions to curtail falls and minimize injuries. Their involvement extended to active contributions within the fall committee's review process, suggesting interventions and strategies geared toward preventing future falls and reducing injury risks.

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**Figure 2: Percentage of residents screened for falls risk and who fell in the past 30 days**
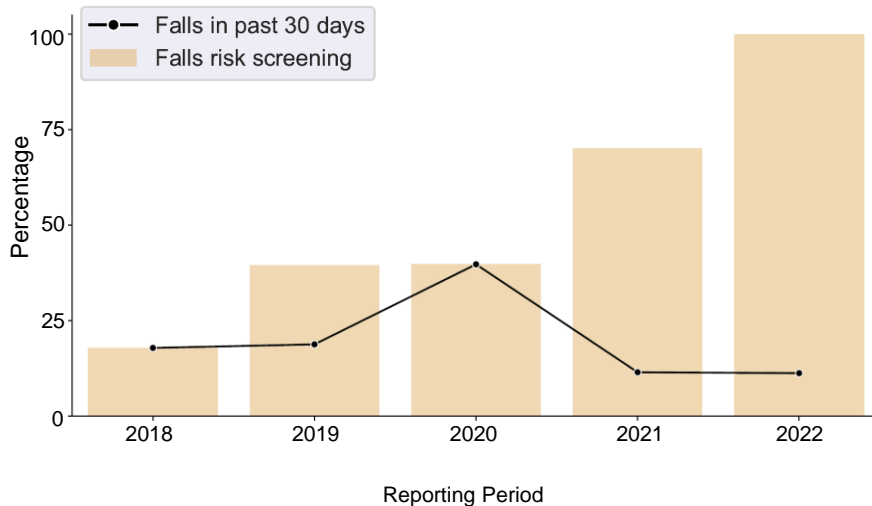
From 2018 to 2022, there was an 82.1 per cent (from 17.9 to 100) increase in the percentage of adults screened for falls risk and from 2018 to 2022, there was a 6.6 per cent (from 17.9 to 11.3) decrease in the percentage of adults who fell in the past 30 days.

Practice changes

Practice changes integral to Burton Manor's BPG implementation included:

- Conducting an in-depth analysis of fall incidents to identify and address contributing factors, thus mitigating the impact on residents and significantly reducing the occurrence of falls.

- Facilitating education and dialogue among staff, residents, and families on falls prevention and zero restraint policy to ensure effective implementation of BPG recommendations.

- Enhancing organizational policies and procedures on falls and restraints to integrate BPG recommendations in practice.

- Implementation of the falling star logos in home areas to ensure consistency and effectiveness in preventing falls and reducing injury.

- Ongoing audits and vigilant monitoring of the BPG champions led to a significant reduction of fall incidents and restraints use.

Conclusion: Primacare™ demonstrated that the implementation of RNAO's BPG, *Preventing Falls and Reducing Injury from Falls* (2017) led to a decrease in the number of restraints used on residents, an increase in the percentage of residents screened for falls risk and a decrease in the rate of falls per 1,000 patient care-days/care-visits in Burton Manor.
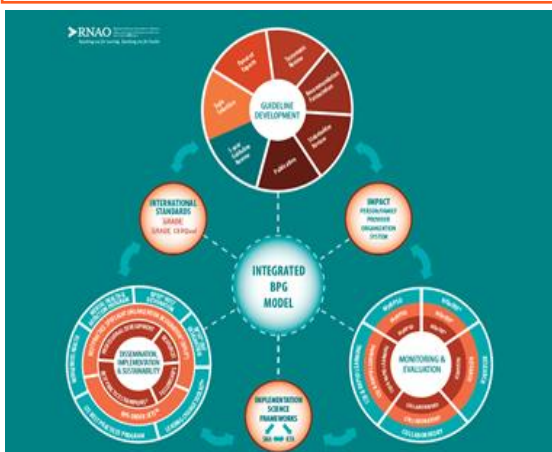
RNAO launched the BPG Program in 1999[1] with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes[2].

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.

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