

RNAO Best Practices: Evidence Booster

Implementation of Evidence-Based Falls Prevention Strategies

Preventing Falls and Reducing Injury from Falls, Fourth Edition (2017) &

Prevention of Falls and Fall Injuries in the Older Adult (2011)



The purpose of this best practice guideline (BPG) *Preventing Falls and Reducing Injury From Falls, Fourth Edition* (2017) is to outline evidence-based approaches for preventing falls and reducing fall injuries for adults. This BPG replaces the RNAO BPG *Prevention of Falls and Fall Injuries in the Older Adult* (2011).



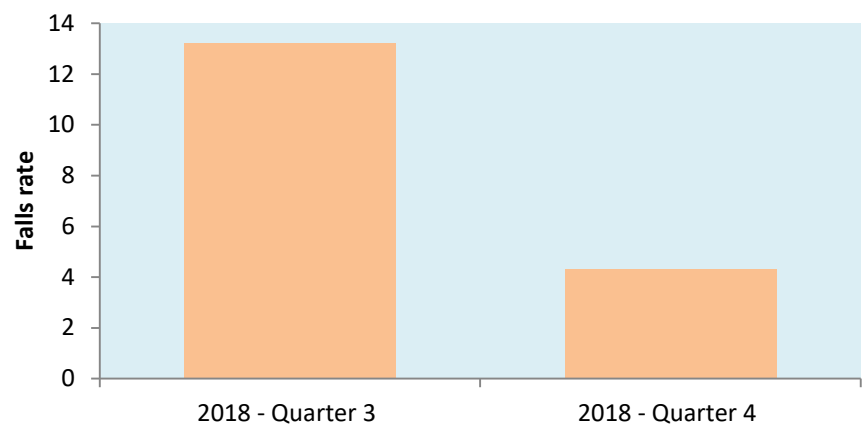
It is estimated that falls cost the Canadian health system \$8.7 billion per year⁴. Older adults are hospitalized on average 22 days for falls, which exceeds other causes for admission in this population⁵. Nurses and other health providers have a central role to play in reducing these expenditures by leading and evaluating evidence-based falls prevention initiatives.

Aim: To examine changes in clinical outcomes in two Ontario hospital Best Practice Spotlight Organizations® (BPSO®) through the implementation of evidence-based falls prevention strategies such as conducting a falls risk assessment and purposeful rounding as outlined in the BPG *Preventing Falls and Reducing Injury from Falls, Fourth Edition* (2017).

Measures: The following three indicators from the Nursing Quality Indicators for Reporting and Evaluation® (NQIRE®) data system are used: (1) rate of falls per 1000 adult care-days/care-visits, percentage of adults at risk for falls who received an assessment, and percentage of adults who fell in the past 30 days.

Clinical improvement: Noted as a decrease in falls rate, an increase in the conduct of falls risk assessment and a decrease in percentage of adults who fell in the past 30 days.

Figure 1: Falls rate for one medical unit of an Ontario hospital BPSO



Impact: In 2018, there was a 8.9 reduction in falls rate per 1000 adult care-days (13.2 to 4.3) between data collected prior to implementation of the BPG and data collected during BPG implementation in one medical unit of an Ontario hospital BPSO.

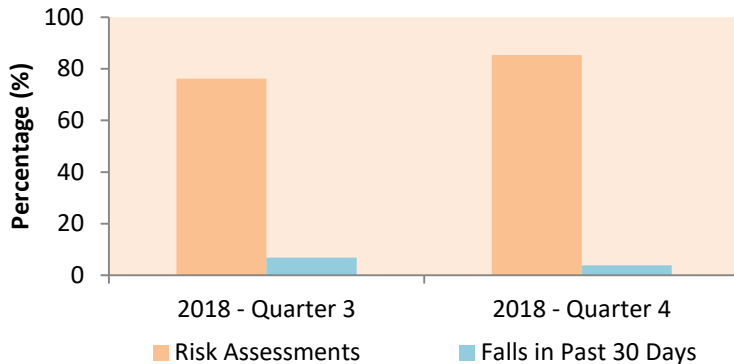
Practice changes:

In 2018, this Ontario hospital BPSO completed a gap analysis to identify priority recommendations to implement based on the BPG *Preventing Falls and Reducing Injury from Falls, Fourth Edition* (2017). Purposeful rounding was identified as a priority recommendation to implement for this organization.

Implementation activities included conducting call bell and chart audits, and organizing huddles to discuss call bell and falls rates with staff. Electronic documentation forms were changed to record falls risk assessments and purposeful rounding activities. Various educational resources for purposeful rounding were created and disseminated including staff pocket cards, huddle tools, patient education pamphlets, and patient and staff posters.

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Figure 2: Effect of conducting falls risk assessment on percentage of falls in the past 30 days in one medical unit of an Ontario hospital BPSO



Impact: In 2018, there was a 9.2 per cent (76.2 per cent to 85.4 per cent) increase in the conduct of falls risk assessments and a 2.9 per cent reduction in falls in the last thirty days (6.8 per cent to 3.9 per cent) between data collected prior to implementation of the BPG and data collected during BPG implementation in one medical unit of an Ontario hospital BPSO.

Practice changes:

This hospital BPSO initially implemented the BPG in a single unit and eventually rolled out implementation across the entire organization.

Implementation activities included:

- introduction of purposeful rounding
- staff education on falls risk and falls prevention strategies
- establishing an organizational falls prevention policy
- updating documentation practices to indicate when falls risk assessments were completed in alignment with BPG recommendations; and
- patient and family education on falls risk and falls prevention strategies.

Conclusion: These analyses demonstrate improvements in falls in the past 30 days and falls rate by adopting evidence-based falls prevention strategies such as falls risk assessments and purposeful rounding as outlined in the BPG *Preventing Falls and Reducing Injury from Falls, Fourth Edition* (2017), in two Ontario hospital BPSOs.



RNAO launched the BPG Program in 1999¹ with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide². 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 clients and the organization. Currently, there are over 800 organizations across Canada and around the world formally engaged in the BPSO social movement.

NQI/RE³, a unique nursing data system housed in the International Affairs & Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQI/RE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators.

References

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