Chapter 36
Prairie North Regional Health Authority—Preventing Resident Falls within Long-Term Care Facilities

1.0 MAIN POINTS

Preventing falls of long-term residents must be managed well to keep long-term care residents safe.

This chapter reports that, for the 12-month period ended August 31, 2015, Prairie North had effective processes to prevent resident falls within its long-term care facilities with the following exceptions. It needs to:

〉 Make improvements to ensure a safe environment for residents is maintained (e.g., maintaining functionality of bed alarms, performing regular environmental audits)

〉 Complete regular resident fall risk assessments

〉 Establish a process to investigate significant resident falls in accordance with policy

〉 Consistently link individual care plans to identified fall risk factors

〉 Collect, assess, and report additional information on fall-related injuries to monitor performance related to fall prevention

As at August 2015, Prairie North was reviewing its fall prevention program to better align it with best practice.

We encourage other regional health authorities to assess the effectiveness of their processes to prevent resident falls in their own long-term care facilities using the criteria described in this chapter.

2.0 INTRODUCTION

Regional health authorities, under *The Regional Health Services Act*, are responsible for planning, organizing, delivering and evaluating health services within their specified health region including long-term care. To help meet these responsibilities, Prairie North Regional Health Authority (Prairie North, the region) must establish processes to prevent resident falls[1] within its long-term care facilities. Prairie North is one of Saskatchewan's 12 regional health authorities. The region oversees the provision of healthcare services for an area of north-west Saskatchewan serving a population of 102,702.[2]

Long-term care facilities (also called special-care or nursing homes) provide healthcare services for individuals whose needs cannot be met appropriately through home or community-based services (i.e., require 24-hour nursing care and/or supervision in a

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[1] *Safer Healthcare Now!* Reducing Falls and Injuries From Falls; A fall is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level, with or without injury.
[2] Based on information provided by Prairie North management. As per management, the region provides services to approximately 83,000 Saskatchewan residents and nearly 20,000 Alberta residents.

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secure setting). Individuals are admitted into such facilities on the basis of assessed need.

The Government funds long-term care facilities through regional health authorities. Regional health authorities may operate a long-term care facility directly or through an affiliation contract.[3]

2.1 Preventing Resident Falls in Long-Term Care Facilities

In recent years, across Canada, much time and effort has been devoted by healthcare providers to understanding what puts seniors at risk of falling and what kind of fall preventions work, for whom, and in what setting. Agencies such as the Public Health Agency of Canada recognize that the personal and economic costs associated with falls can be avoided through fall and injury prevention activities.

In response to these concerns, the Canadian Patient Safety Institute developed the "Reducing Falls and Injury from Falls Getting Started Kit" (kit) through the *Safer Healthcare Now!*[4] initiative. Its purpose was to support Canadian healthcare organizations to improve safety through the use of quality improvement methods and the integration of evidence into practice. As shown in **Figure 1**, the kit gives health care providers a fall prevention/injury reduction model based on best practice. The model provides information on key components needed to reduce falls.

**Figure 1—Fall Prevention/Injury Reduction Intervention Model**
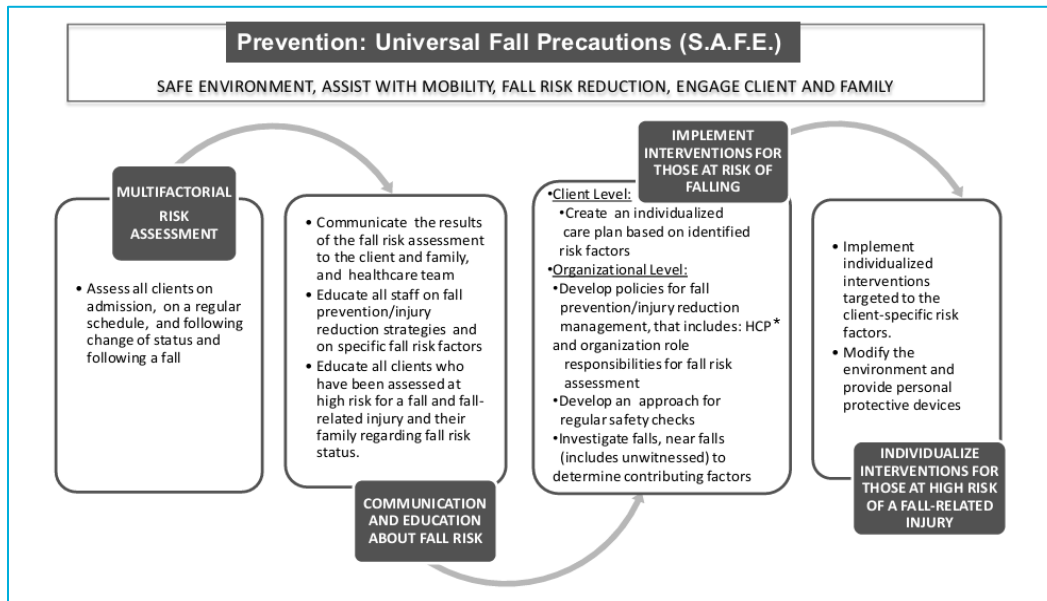
Source: *Safer Healthcare Now!* Reducing Falls and Injuries From Falls. Getting Started Kit.
* Healthcare provider.

As shown in **Figure 2**, when Saskatchewan's number of fall-related hospitalizations is compared with other provinces and territories, Saskatchewan remains below the national average but is in the top one-half.

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[3] Pursuant to *The Regional Health Services Act*, affiliate facilities are not owned or operated by regional health authorities, but receive funding from them to provide health services.
[4] Developed by the Canadian Patient Safety Institute in 2013.

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Figure 2—Fall-Related Hospitalization Rates in Canadian Provinces and Territories 2012-13
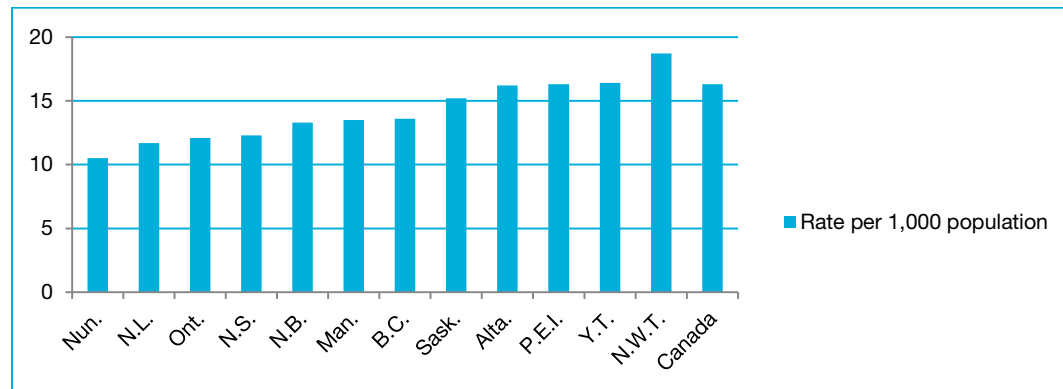
Source: Canadian Institute of Health Information. Preventing Falls: Evidence to Improvement in Canadian Healthcare.

Statistics Canada reports that, by 2031, seniors will make up nearly one-quarter of Canada's entire population.[5] Based on 2011 census data, Saskatchewan had the third highest percentage of seniors at 14.87%.[6] As with most other provinces, the number of seniors in Saskatchewan is expected to increase into the future.

Fall-related incidents are the leading cause of injury for seniors across all Canadian provinces and territories and account for over 85% of all injury-related hospitalizations (based on 2008-09 data[7]). In Canada, direct healthcare costs for falls are estimated at $2 billion annually.[8] The Canadian Patient Safety Institute reports that falls in residential institutions (i.e., long-term care) in Canada represent approximately 17% of fall-related hospitalizations.[9]

The availability of acute care beds is also impacted by fall-related injuries. The average length of stay for a fall-related injury was 80% longer (16 days) across Canada compared to the average length of stay (8.9 days) for all other causes of hospitalization excluding falls (based on 2008-09 data).[10]

Due to a variety of factors (e.g., age, number of medications, underlying health conditions), residents within long-term care facilities face a significant risk of falling if not properly supervised by healthcare providers. CIHI reported that in 2013-14 approximately 10% of Saskatchewan's long-term care residents were considered at a high risk of falling and 7% considered at a medium risk for falling.[11]

Prevention of falls of long-term residents needs to be managed well to keep long-term care patients safe. Falls can result in pain and suffering for individuals and their families. Falls can have a devastating physical and psychological impact resulting in disability, chronic pain, loss of independence, reduced quality of life, and even death.[12]

Also, fall-related injuries contribute a significant burden on the healthcare system because of the resulting healthcare needs including physician visits, hospital stays, and rehabilitation services.

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[5] Statistics Canada. 2011.
[6] www.stats.gov.sk.ca/stats/pop/2011AgeSex.pdf (9 July 2015).
[7] Public Health Agency of Canada. Seniors' Falls in Canada – Second Report.
[8] *Safer Healthcare Now!* Reducing Falls and Injuries From Falls.
[9] Canadian Institute for Health Information. Preventing Falls – From Evidence to Improvement in Canadian Health Care.
[10] *Safer Healthcare Now!* Reducing Falls and Injuries From Falls.
[11] Canadian Institute for Health Information. Preventing Falls – From Evidence to Improvement in Canadian Health Care.
[12] Ibid.

Prairie North's Fall Prevention Program

Prairie North established its falls prevention program in 2010. Similar to other regional health authorities, Prairie North uses the *Safer Healthcare Now!* guidance and model as the basis to deliver its fall prevention program.

Prairie North participates in Accreditation Canada's accreditation program, an ongoing process of quality improvement.[13] Accreditation Canada's May 2013 on-site survey of Prairie North found that the overall required organizational practices related to the fall prevention patient safety goal for long-term care services were unsatisfactory.

At August 2015, Prairie North is reviewing its fall prevention program to better align it with best practice. **Figure 3** provides an overview of the key components of the region's fall prevention program under review.

Figure 3—Prairie North Fall Prevention Program Overview (at August 2015)
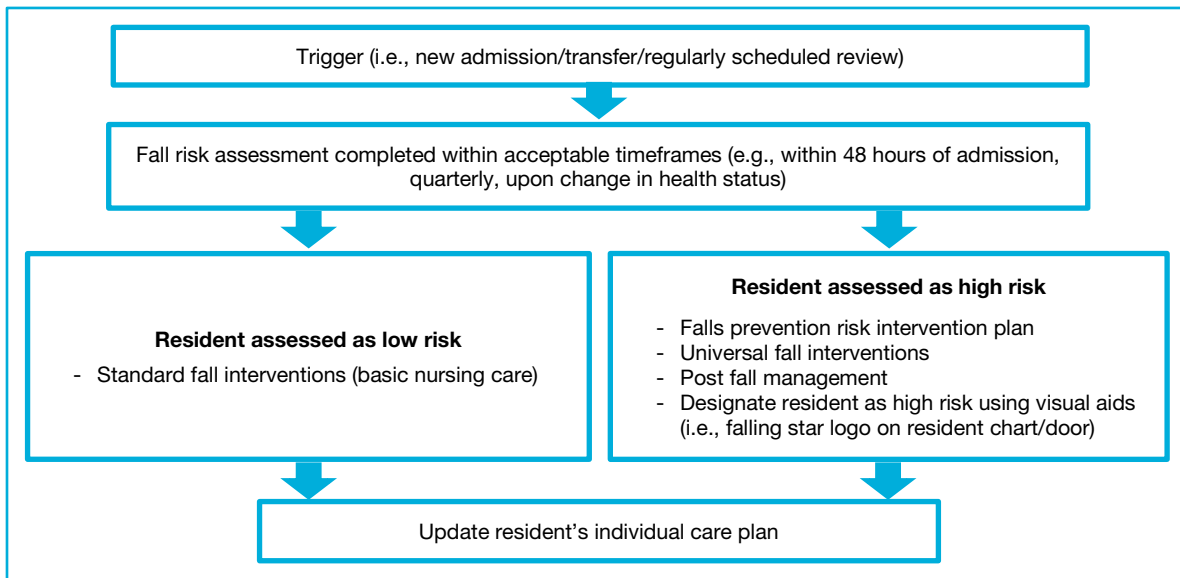
Source: Developed by Provincial Auditor's Office based on information provided by Prairie North's management.

Prairie North has 14 facilities providing long-term care services with 711 beds available along with a long-term bed ratio of 124 per 1,000 population aged 75 years or older. As set out in **Figure 4**, the region has 7 stand-alone special care homes, 5 health centres with attached special care home, and 2 community hospitals with attached special care home.

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[13] As per Accreditation Canada, the Qmentum accreditation program is designed to focus on quality and safety throughout all aspects of an organization's services – from governance and leadership to direct care and infrastructure – to the benefit of patients, clients, residents, staff and volunteers.

Figure 4—Long-Term Care Facilities

Special Care Homes	
Facility Name/Location	**Number of Beds**
Battlefords District Care Centre, Battleford	117
Dr. Cooke Extended Care Centre, Lloydminster	105
Jubilee Home, Lloydminster	50
Northlands Pioneer Lodge, Meadow Lake	55
River Heights Lodge, North Battleford	98
Ville Pascal, North Battleford (Affiliate)	38
Lloydminster Continuing Care Centre (Opened June 2015)	60
Total	523

Health Centre with Attached Special Care Home	
Facility Name/Location	**Number of Beds**
Cut Knife Health Complex, Cut Knife	30
Lady Minto Health Centre, Edam	20
L. Gervais Memorial Health Centre, Goodsoil	18
Loon Lake Health Centre & Special Care Home, Loon Lake	20
St. Walburg Health Complex, St. Walburg	32
Total	120

Community Hospitals with attached Special Care Home	
Facility Name/Location	**Number of Beds**
Maidstone Health Complex, Maidstone	37
Riverside Health Complex, Turtleford	31
Total	68

3.0 AUDIT OBJECTIVE, SCOPE, CRITERIA, AND CONCLUSION

The objective of this audit was to assess the effectiveness of Prairie North Regional Health Authority's processes to prevent resident falls within its long-term care facilities for the period from September 1, 2014 to August 31, 2015.

We examined Prairie North's policies and procedures that relate to fall prevention including its fall prevention policy, fall prevention model, client occurrence/safety reporting policy, and other relevant documents. We evaluated standard fall precautions in place within a sample of Prairie North long-term care facilities (e.g. maintaining safe work environment, assisting with mobility, reducing fall risk). We also visited seven long-term care facilities in Prairie North to observe practices and test a sample of resident files at each facility.

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate Prairie North's processes, we used criteria based on our related work, reviews of literature including reports of other

auditors, and consultations with management. Prairie North's management agreed with the criteria (see **Figure 5**).

Figure 5—Audit Criteria

1. **Implement standard fall precautions**
   1.1   Maintain a safe work environment
   1.2   Assist with mobility (e.g., transfers, mobilization, toileting, mobility aides within reach)
   1.3   Reduce fall risk (e.g., needed items/equipment available, equipment properly set)
   1.4   Communicate and educate staff/residents about fall risk

2. **Complete regular risk assessments**
   2.1   Establish standard assessment process (e.g., timelines, assessment tools) for evaluation of residents at risk of falling
   2.2   Assess all residents on admission
   2.3   Re-assess residents on a regular schedule
   2.4   Re-assess residents following change of health condition

3. **Implement interventions for those at risk of falling**
   3.1   Set organizational policies for fall prevention
   3.2   Develop individualized care plan based on identified risk factors
   3.3   Individualize interventions for those at high risk of a fall-related injury

4. **Monitor performance related to fall prevention**
   4.1   Collect key fall prevention related information
   4.2   Assess results against fall prevention performance benchmarks
   4.3   Report key fall prevention performance indicators to senior management and the Board

We concluded that, for the 12-month period ended August 31, 2015, Prairie North Regional Health Authority had effective processes to prevent resident falls within its long-term care facilities, except it needs to:

〉   **Make improvements to ensure a safe environment for residents is maintained (e.g., maintaining functionality of bed alarms, performing regular environmental audits, regularly updating key fall prevention policies)**

〉   **Complete regular resident fall risk assessments**

〉   **Establish a process to investigate significant resident falls in accordance with policy**

〉   **Consistently link individual care plans to identified fall risk factors**

〉   **Collect, assess, and report additional information on fall-related injuries to monitor performance related to fall prevention**

As of August 2015, Prairie North Regional Health Authority was reviewing its fall prevention program to better align it with best practice. Changes made to the program as a result of this review may address issues noted in this chapter.

4.0   KEY FINDINGS AND RECOMMENDATIONS

In this section, we set out the criteria *(expectations)* and our key findings along with related recommendations.

4.1 Majority of Standard Fall Precautions in Place but Room for Improvement Exists

4.1.1 Improvements Needed to Ensure Safe Environment for Residents Maintained

We expected Prairie North to maintain a safe environment and provide needed supports to reduce fall risks for residents within its long term care facilities.

For the Prairie North long-term care facilities visited, we observed that each facility generally maintained a safe environment. For example, we found that equipment was kept to one side of the hallway, pathways from a resident's bed to the bathroom were clear from clutter, and handrails were placed on both sides of hallways. We also found that they each kept in place glare-free floors and well-lit resident bedrooms/bathrooms.

However, we found that facilities did not place chairs with arms at regular intervals in the hallways. As residents often have mobility limitations, it is important to place chairs with arms in hallways so residents can rest if needed.[14] Lack of chairs with arms in hallways throughout a facility increases the risk that residents who are mobile, but unable walk the full length of the hallway will experience a fall.

> 1. **We recommend that Prairie North Regional Health Authority place chairs in hallways at regular intervals within its long-term care facilities.**

Also, we found that the majority of facilities did not do regular fall prevention safety checks. In **Section 4.3.1**, we recommend these checks regularly take place. Without regularly scheduled checks, the region may not identify on a timely basis environmental hazards that arise.

Prairie North gave its long-term residents the majority of needed supports. For example, call bells[15] were within patient reach, bed alarms[16] were used, and grab bars were secured and reachable.

Prairie North performs semi-annual system checks on its call bell systems to help ensure they are functioning properly. In addition, the region's information technology staff monitor nurse call servers; they have an escalation procedure to access 24-hour service if problems related to the call bell system arise.

However, discussions with management indicated the call bell systems in a number of long-term care facilities were outdated presenting limitations in their effectiveness. Using information from management, we found updates such as the ability to interface with other alarm systems (e.g., bed and wheelchair alarm systems) were needed to maintain resident safety. Prairie North has a plan to replace the call bells in its long-term care facilities as finances allow. Management indicated call bell systems in two facilities are scheduled to be updated during 2015-16.

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[14] *Safer Healthcare Now!* Reducing Falls and Injuries From Falls.
[15] Call bell systems allow a resident to alert nursing or other health care staff remotely of their need for help.
[16] Bed alarms provide an alert to nursing or other health care staff when patients leave or attempt to leave their beds.

Adequate guidance was provided to staff on setting bed alarms. However, facility management indicated the bed alarm systems do not always function properly. In addition, we found nursing notes in a post-fall review indicating that a bed alarm did not function properly leading to a fall.

Bed alarm systems that do not function properly may limit nursing staff's ability to respond to situations that arise in a timely manner. As these systems are primarily used for high risk residents, this increases the importance that these systems work properly. A malfunctioning system can present a significant fall risk to residents and may result in a serious fall-related injury.

> 2. **We recommend that Prairie North Regional Health Authority develop processes to maintain functionality of its bed alarms systems used in its long-term care facilities.**

4.1.2 Mobility Assistance Supports Provided to Residents

We expected Prairie North staff to reduce resident fall risk by providing mobility assistance to residents (e.g., mobility aids within reach, toileting programs in place when needed).

In the Prairie North long-term care facilities visited, we observed staff provided mobility aids to residents as needed. Management indicated that residents may be placed on a scheduled toileting program where necessary to reduce fall risks. Based on resident files tested, we found evidence of the program being provided to residents with high fall risk.

4.1.3 Residents and their Families Provided with Information on Fall Risks

We expected Prairie North staff to:

❭ *Communicate with residents and their families regarding the results of fall risk assessments*

❭ *Provide education to those residents having a high fall risk and their families*

❭ *Educate staff on fall prevention strategies and specific fall risk factors*

Proactive, consistent and routine communication to residents and their family members is an essential strategy for preventing falls. Residents and family members should be included as active team members to help improve fall prevention initiatives and communication in long-term care settings.

The region's Fall Prevention Policy and Procedures expects nursing staff to communicate fall risks to residents and their families. The policy requires nursing staff to share information and collaborate with residents and their families regarding risk factors, treatments, medications, and significant changes pertaining to fall risk.

Upon admission into a long-term care facility, residents and their families are to receive a falls prevention brochure. Nursing staff are to go through the brochure with residents and their families to provide information on the region's approach to managing fall risk, key reminders (e.g., use call bell for assistance), fall risk factors to consider, and ways residents can reduce fall risk.

During the 12-month period ended August 31, 2015, Prairie North provided limited new training to staff on falls prevention. Management indicated all staff had been trained on the original program implemented in 2010. Management was waiting for the new fall prevention program to be fully developed before providing any additional training to staff across the region. The region expects to roll out the new program to facilities prior to the end of fiscal 2015-16.

For changes in practice to take place effectively, ongoing staff education is required. This education provides staff with needed information necessary for them to carry out their duties.

> **3. We recommend that Prairie North Regional Health Authority provide training to staff on the new fall prevention program once implemented.**

4.2 Regular Fall Risk Assessments Needed

We expected Prairie North to have standard processes in place (e.g., timelines for assessments, assessment tools) to evaluate residents at risk of falling. We expected these processes to align with current fall prevention best practices. We expected these processes to be followed.

Standard processes to evaluate residents at risk of falling are necessary to ensure that staff perform risk assessments consistently and follow best practice. Failure to use risk assessment processes that aligns with best practice (i.e., Safer Healthcare Now! initiative) can result in improper evaluation of residents' fall risk. An improper evaluation may result in residents not receiving needed interventions.

Prairie North's policy requires that fall risk assessments be completed upon admission to a long-term care facility, and revised quarterly, upon transfer, or following any change in a resident's health status. Mitigations needed to address risks identified are to be documented in a fall risk intervention form, and included in the resident's care plan. We found that Prairie North management had established guidance for staff to use when evaluating residents at risk of falling. The guidance requires staff to use a standard falls risk assessment tool, sets expectations related to timeliness of fall risk assessments, and outlines requirements for updating fall risk assessments.

At August 2015, Prairie North used a risk assessment tool adapted from the "Hendrich II Fall Risk Model".[17] The tool was developed when the region's fall prevention program

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[17] The region uses an adapted Hendrich II Fall Risk Model to assess a resident's risk of falling by focusing on eleven independent indicators (history of a fall, confusion/disorientation, neurological or other disorders, decreased vision/hearing, medications that cause unsteadiness, change in ability to ambulate, bowel or bladder incontinence, compromised mobility, arthritis/osteoporosis/pain, general health, and residents insight into physical limitations).

was created in 2010. The tool is a modified version of an approach supported by the *Safer Healthcare Now*! initiative.

To promote consistency with other health regions, management is in the process of changing to the "Scott Fall Risk Screen for Residential-Care".[18] It expects to implement a new risk assessment tool prior to the end of fiscal 2015-16.

Management indicated that Prairie North expects fall risk assessments be completed within 48 hours of admission to a long-term care facility. For the resident files we tested, this expectation was met, and residents were consistently assessed for fall risk factors on admission within an acceptable timeframe.

For the resident files we tested, 49% of residents were not re-assessed for fall risk on a quarterly basis as required by policy. Furthermore, 13% of residents did not receive fall risk re-assessments for periods extending greater than one year. Also, for the resident files we tested, 31% of residents who had experienced a fall did not have a fall risk re-assessment performed following the fall.

We noted the region does not set out what its policy means by requiring a risk assessment following any change in resident's health status. Further clarifying what a change in health status means with respect to falls would help staff apply the policy consistently and plan appropriate interventions.

As resident fall risks are not static and change over time, it is important to regularly re-assess resident fall risk to enable the use of interventions to address any changes that arise. Failure to perform risk re-assessments on a regular basis, or subsequent to a change in health status (e.g., a fall), increases the risk of a future fall resulting in injuries to residents.

4. **We recommend that Prairie North Regional Health Authority follow its policy to perform fall risk re-assessments.**

5. **We recommend Prairie North Regional Health Authority give staff additional guidance to help them determine when they need to perform a fall risk-reassessment following a change in health status.**

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[18] The Scott Fall Risk Screen for Resident Care is a validated tool in predicting fall risk based on identified risk factors. The tool includes prevention strategies and links specific prevention strategies to the person's identified risk factors such as poor mobility, agitation, incontinence or urgency, poor vision, poor cognition, weakness, dizziness, and inappropriate use of medications (taken from *Safer Healthcare Now! Reducing Falls and Injuries from Falls Getting Started Kit*).

4.3 Implementing Interventions for Those at Risk of Falling Requires Improvement

4.3.1 Updates to Fall Prevention Policies Needed

We expected Prairie North to establish regularly updated organizational policies for fall prevention that set out:

〉 *Roles and responsibilities for fall prevention within the region*

〉 *Restraint usage guidelines*

〉 *Regular documented fall prevention safety checks (i.e., environmental audits)*

〉 *Post-fall review reporting guidelines*

〉 *Critical incident reporting guidelines*

Setting comprehensive policies helps ensure staff are aware of the region's expectations related to fall prevention and supports staff in carrying out their duties related to fall prevention. Without strong policies, Prairie North may be placing resident safety at risk.

As noted in **Section 2.1**, the region is updating its falls prevention program. We found that while updates were needed to reflect best practices outlined in the *Safer Healthcare Now!* initiative, the existing program contained the majority of core elements of a fall prevention program. For example, the region's policies outlined restraint usage guidelines, set out procedures for addressing a fall after it occurred, and procedures for investigating and reporting critical incidents. However, some of these policies were not updated on a regular basis. The region's Safety Reporting Policy has not been updated since 2008. The region's Standards for Use of Restraints has not been updated since 2007.

Regularly updating policies helps to ensure that continuous improvement of processes is taking place and policies reflect changes in current best practice. This will support consistent reporting of fall-related incidents across the region.

Prairie North identified roles and responsibilities for fall prevention for members of the care team such as nursing, continuing care assistant, and environmental services staff. While roles and responsibilities of some key staff are documented in policy, additional guidance would be beneficial. As part of required fall prevention updates, the region should consider roles and responsibilities for other members of the multi-disciplinary team such as physicians, pharmacists, dieticians, physical therapists, occupational therapists, and social workers. Providing additional guidance in this area helps staff understand each other's roles and reinforces that fall prevention is a multi-disciplinary approach.

> **6. We recommend Prairie North Regional Health Authority regularly update key fall prevention policies.**

While the region's fall prevention policies contained the majority of key components we expected, we found some areas needed improvement. For example, the region's policies include procedures for addressing a fall after it occurred (i.e., requiring a post-fall review). Prairie North used quarterly residents' minimum data set (MDS)[19] assessments to collect information on the health status of its residents. The results of these assessments are used by the care team to tailor care plans to each resident's needs and note significant events such as falls. However, we found that 25% of resident files with a fall noted on the quarterly assessment did not have a post-fall review completed.

Management indicated this may be the result of an incorrect entry in the MDS quarterly assessment (i.e., no fall actually took place), or a fall occurred and no post-fall review was completed. Management also indicated the region does not have a process to reconcile falls recorded in quarterly MDS assessments with completed post-fall reviews.

Without such a reconciliation, Prairie North cannot determine whether resident falls are appropriately investigated and subsequent corrective action taken. Uninvestigated falls increase the risk that the resident may experience a future fall leading to injury. In addition, management may make poor decisions on fall-related matters if fall reporting information collected is inaccurate.

7. **We recommend Prairie North Regional Health Authority establish a process to investigate significant resident falls in accordance with policy.**

We noted the region's policies do not require facility management to perform fall prevention safety checks (i.e., environmental audits)[20] within its long-term care facilities. We found that 5 of 7 facilities visited during the audit did not perform regular documented fall prevention safety checks. Management indicated long-term care nursing staff do these checks as part of their rounds, but are not asked to formally document them. Nursing staff are expected to bring forward identified issues and address them during nursing team meetings.

While nursing staff are an important part of addressing environmental concerns that arise on day-to-day basis, regularly scheduled fall prevention safety checks ensure issues are systematically identified and addressed. Lack of regular documented safety checks increases the risk that facility management may not know of environmental hazards in their facilities. Unaddressed environmental hazards increase the risk of resident falls occurring.

8. **We recommend Prairie North Regional Health Authority require each long-term care facility to complete and document regular fall prevention safety checks.**

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[19] MDS is an instrument implemented to improve the care of frail, elderly, and disabled adults in chronic and institutional long-term care homes by standardizing the assessment and care planning process (taken from http://www.hqontario.ca/Public-Reporting/Long-Term-Care/Information-About-Quality-Indicators) (6 October 2015).
[20] Environmental audits examine, at regular intervals, the effectiveness of standard fall risk interventions within long-term care facilities.

4.3.2 Individual Care Plans Not Always Linked to Identified Risk Factors

We expected nursing staff to develop individual care plans containing individualized interventions to manage identified fall risk factors.

The region's falls prevention program requires nursing staff to document fall risk interventions and record these interventions in the resident's individual care plan. The region has also developed a standard risk interventions form for nursing staff to document interventions used to minimize identified fall risks.

However, for the resident files we tested, 31% did not clearly link care plans to fall risk interventions identified in the fall risk intervention form. As a result, it was not clear whether care plans addressed all risk factors identified. For example, interventions to address fall risks identified, such as compromised mobility and medications causing unsteadiness, are recorded in a fall risk intervention form but were not always outlined in the care plan. Management indicated Prairie North is developing a standardized care plan that will help align care plans with fall risk assessments.

In addition, as noted in **Section 4.2**, we found staff did not always complete risk assessments on a regular basis or following a fall. Not performing these assessments may impact the quality of care plans as necessary interventions to address resident fall risk factors may not be provided.

Linking individual care plans to fall risk assessments helps ensure that individualized interventions are in place to minimize resident fall risks. Failure to develop care plans linked to fall risk assessments could result in serious fall-related injuries to residents.

> 9. **We recommend Prairie North Regional Health Authority consistently link residents' individual care plans to identified fall risk factors.**

4.4 Monitoring Performance Related to Fall Prevention Needs Improvement

We expected Prairie North to:

〉 *Collect key performance information related to falls*

〉 *Assess results against fall prevention performance benchmarks*

〉 *Take timely action to address areas that fall short of established performance benchmarks*

〉 *Report key fall prevention performance indicators to senior management and the Board*

Collecting key falls performance information and assessing against performance benchmarks enables management to monitor the progress of initiatives, track

performance over time, and compare performance with that of other long-term care facilities and jurisdictions using the same indicators. Reporting key information collected to senior management and the Board helps to ensure issues are identified and actively addressed.

Prairie North collects and reports quarterly to senior management some performance information related to falls, such as:

〉   Number of resident falls

〉   Number of fallers

〉   Number of residents who had a fall risk assessment performed at time of admission

〉   Number of new hip fractures

〉   Percentage of falls compared to total incidents[21]

〉   Critical incidents[22]

〉   Percentage of residents who have fallen in the last 30 days

〉   Percentage of resident days that result in fall occurrences (i.e., fall frequency)

〉   Progress towards achieving fall-related targets (i.e., residents experiencing a fall in last 30 days) as part of visual wall walks[23]

We also found progress updates were provided to the Board through various reports.

While this provides some information on the number of falls occurring in the region, more falls-related injury information must be collected to better monitor and prevent falls. For example, additional information such as the percentage of falls causing injury and severity of fall injuries could be captured and reported.

Staff reported critical incidents to a Continuous Safety and Quality Improvement Committee consisting of Prairie North staff and four Board members including the Board Chair and Vice-Chair. The Committee meets on a monthly basis to discuss critical incidents in the region, and develops recommendations to address issues identified related to these events. We note that Prairie North does not report falls as critical incidents unless it results in a resident death. That is, it did not report adverse health events leading to serious disability such as a hip fracture from a fall as a critical incident.

In addition, the region's fall prevention coordinator performed audits of resident files to assess compliance with the region's fall prevention program in each long-term care facility. The audits found that improvements were needed to comply with the region's fall prevention program. The region was using their results as an input into developing a

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[21] Total incidents refer to the total number of occurrences (e.g., medication errors, falls) recorded in Prairie North's safety reporting system.
[22] Ministry of Health's *Saskatchewan Critical Incident Reporting Guideline, 2004*. The guideline requires reporting of any patient death associated with a fall (section V d) and adverse health events leading to death or serious disability from a variety of causes (sections V e, f, and i) as a critical incident.
[23] A "visual wall walk" is a short, stand-up meeting which brings an area manager and staff together at the same time each day or week. The manager reviews the team's progress towards achieving regional or unit targets displayed on the area's visibility wall.

new fall prevention program. Recommendations were provided by the region's fall prevention coordinator to each facility to address issues identified in the audits.

While the number of falls in the region provides some of the information needed to effectively monitor fall prevention performance across the region, additional fall injury information is needed for a comprehensive analysis of performance. Without this information, senior management's and the Board's ability to address trends and take timely action to address issues identified is limited.

> **10. We recommend Prairie North Regional Health Authority collect information on fall-related injuries (e.g., percentage of falls causing injury, number of falls causing injury, severity of fall injuries).**

> **11. We recommend Prairie North Regional Health Authority give senior management and the Board regular reports on fall-related injuries.**

Prairie North uses the Ministry of Health's provincial quality indicator benchmark to assess its performance related to fall prevention. In 2015-16, the Ministry of Health revised its target of residents experiencing a fall within the last 30 days to 10%. The region compares the Ministry's target to its actual fall results on a quarterly basis. From April 2015 to June 2015, eight facilities were over the target ranging from just over 10% up to 22%.

For facilities not meeting this target, they must develop a formal action plan. We found that facilities not meeting targeted performance had developed action plans including a root cause analysis, proposed actions, and expected implementation dates.

While setting and monitoring this target provides one valuable benchmark to monitor performance and take timely action, further measures are needed to effectively monitor falls across the region. Targets for fall-related injuries are also needed to allow the region to monitor injury trends. Without this information, trends for fall-related injuries may not be identified by the region. This could increase the risk that Prairie North may not take timely action to address common fall-related injuries across the region.

> **12. We recommend Prairie North Regional Health Authority establish fall-related injury benchmarks, and once developed, take timely action to address issues identified.**

5.0 SELECTED REFERENCES

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