

summary of recommendations

General Principles:

1. The client's perspective, individual desires and needs are central to the application of the guideline.
2. The over-arching principle that guides the intervention choices is the principle of maintaining the highest quality of life possible while striving for a safe environment and practices. Risk taking, autonomy, and self-determination are supported, respected, and considered in the plan of interventions.
3. Together individuals, their significant other(s) and the care team engage in assessment and interventions through a collaborative process.

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Recommendation 1

Reduce fall-related risk factors through a fall prevention program.

(Level of Evidence II)

Recommendation 2

Assess fall risk.

(Level of Evidence III)

Recommendation 3

Identify intrinsic and extrinsic risk factors associated with potential falls and fall injuries, as the basis for individual and environmental multi-factorial intervention strategies.

(Level of Evidence III)

Recommendation 4

Inform individuals and their family when the individual is at high risk of falling. Explain to the person/family what risk factors they have for falls, and possible fall prevention strategies. Collaborate with the person and his/her family to honor individual choices.

(Level of Evidence IV)

Recommendation 5

Implement multiple strategies targeted at risk factors to effectively reduce falls and fall injuries, as risk factors associated with falls are multi-factorial.

(Level of Evidence Ib)

Recommendation 6

Maximize the person’s abilities and capabilities guided by his/her response and activity tolerance.

(Level of Evidence IV)

Recommendation 7

Incorporate restorative care procedures while accessing therapy services to assess and implement an individualized functional therapy program.

(Level of Evidence IV)

Recommendation 8

Explore with individuals the psychological effects of falls and/or fear of falling, and the impact on their confidence to perform daily activities.

(Level of Evidence IV)

Recommendation 9

In collaboration with the person/family, alternatives to restraint use must be implemented and proven to be ineffective, prior to consideration of “least restraint” approach.

(Level of Evidence 1b)

Recommendation 10

Provide non-pharmacological approaches for individuals with impaired cognition and emotional/behavioural needs.

(Level of Evidence IV)

Recommendation 11

Collaborate with the person, their physicians and pharmacists to minimize the use of benzodiazepines, the number of medications required, and the use of drugs with high risk for adverse side effects.

(Level of Evidence II)

Recommendation 12

In combination with other fall prevention strategies, participate in individual and/or group exercise programs, which are based on the individual’s functional ability, to help improve the person’s performance, strength, and balance.

(Level of Evidence 1b)

Recommendation 13

Use individually recommended, well designed and safe assistive devices (such as mobility aids) to reduce potential fall hazards (e.g. wheelchairs, walkers, canes in good repair, and adapted to person’s needs).

(Level of Evidence IV)

Recommendation 14

Use a transfer plan based on individualized assessment and re-evaluate the plan as the client’s functional status changes.

(Level of Evidence IV)

Recommendation 15

Provide information on dietary, life style and treatment choices for the prevention and management of osteoporosis, in order to reduce the person's risk of fracture.

(Level of Evidence 1b)

Recommendation 16

Use hip protectors where appropriate to decrease the risk of injury.

(Level of Evidence 1b)

Recommendation 17

Modify the environment to reduce potential fall hazards.

(Level of Evidence III)

Recommendation 18

Implement a "post fall protocol" for all individuals who experience a fall, and include the appropriate steps of assessment, immediate treatment and medical management, monitoring, evaluation of effectiveness of fall prevention strategies, and education.

(Level of Evidence IV)

Recommendation 19

Include in all entry-level nursing programs:

- Assessment skills for identifying older adults at risk for falls.
- Fall prevention strategies.

(Level of Evidence IV)

Recommendation 20:

Enhance staff skill levels in assessment.

(Level of Evidence IV)

Recommendation 21

Develop staff awareness of fall risk factors and potential prevention strategies.

(Level of Evidence IV)

Recommendation 22

Educate nurses and student nurses on the role of health promotion in involving individuals and their significant others, in discussions around risk for falls and possible fall prevention strategies.

(Level of Evidence IV)

Recommendation 23

Examine ethical and quality of life issues in light of an individual's risk for falls.

(Level of Evidence IV)

Recommendation 24

Core educational content areas to be included in a falls prevention program are:

- Exercise/activity & restorative programs for the frail elderly.
- Transfer assessment.
- Gait and balance assessment.
- Standardization of the administration of selected assessment tools.
- Alternatives to restraint use.
- Current legislation on restraints.
- Selected interventions focused on the prevention of functional decline: (e.g. cognitive impairment, continence care, and ambulation).
- Appropriate use of mobility aids.
- Post fall assessment and follow-up care.

(Level of Evidence IV)

Recommendation 25

Organizational policy should clearly support the specific role of nurses, as members of the interdisciplinary team, in assessment, mobilizing individuals and the use of mobility devices.

(Level of Evidence IV)

Recommendation 26

Establish policy for “least restraint” environment as per the College of Nurses of Ontario standards and the current legislation.

(Level of Evidence IV)

Recommendation 27

Establish low cost, high yield environmental and equipment changes, such as adjustments to lighting, availability of appropriate transfer devices, access to bed/chair alarm devices, high/low beds, and effective seating.

(Level of Evidence IV)

Recommendation 28

Establish a supportive environment for the older person, that includes consideration of all physical, political, and social factors.

(Level of Evidence IV)

Recommendation 29

Provide opportunities for interdisciplinary collaboration on falls prevention and clinical management, through access to health professionals with specialized knowledge in psychogeriatrics and rehabilitation.

(Level of Evidence IV)

Recommendation 30

Policy for polypharmacy and the use of psychotropic medications should include: regular medication reviews, assessment for the need for benzodiazepines, and alternative strategies to support the behavioural needs of cognitively impaired persons.

(Level of Evidence IV)

Recommendation 31

Ensure organizational policy for family presence support for 24 hour access/visiting.

(Level of Evidence IV)

Recommendation 32

Ensure systems are in place to track meaningful and timely data on falls and related information, making this available to staff for review and evaluation for process improvement.

(Level of Evidence IV)

Recommendation 33

Establish a “post fall follow-up and monitoring protocol”.

(Level of Evidence IV)

Recommendation 34

Identify ongoing support for nurses to assist with clinical problem solving and the identification of fall preventative strategies.

(Level of Evidence IV)

Recommendation 35

Provide support for research in the area of caring for the cognitively impaired with respect to mobility and fall prevention.

(Level of Evidence IV)

Recommendation 36

Increase awareness of fall risk and fall prevention, among those persons working with older adults.

(Level of Evidence IV)

Recommendation 37

Provide resources that enable older persons to participate in exercise programs and to maximize their opportunities for mobility and physical activity.

(Level of Evidence IV)

Recommendation 38

Critical mass of professionals needs to be educated and supportive of nursing best practice guidelines in order to ensure sustainability of the guidelines. Develop resource champions for the guideline.

(Level of Evidence IV)

Recommendation 39

Nursing best practice guidelines can be successfully implemented only where there is adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation. In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed *The Toolkit* for Implementing Clinical Practice Guidelines, based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO nursing best practice guideline on “Prevention of Falls and Fall Injuries in the Older Adult”.

(Level of Evidence IV)