Integrated Home Living
Fall Risk Management Strategy
Implementation Phase

Evaluation Summary Report

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Acknowledgements


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Executive Summary

Falls has emerged as a significant health issue. The personal impact, health impact and, costs of falls to individuals, families, and our health care systems are enormous. In January, 2007, Accreditation Canada (2008) identified Patient Safety: Falls Prevention as a new Required Organizational Practice (ROP). This ROP has mandated healthcare organizations it surveys to implement and evaluate a fall prevention strategy to minimize the impact of client falls.

Integrated Home Living supported this new ROP by identifying fall risk management as a quality care and client safety priority for 2008 – 2010 and, further supported the development of a Fall Risk Management Strategy. An action plan, developed as part of the strategy, was implemented from January 1 – June 30, 2010. The action plan identified client-centered, fall risk management activities targeted to staff that focused on identifying and minimizing the risk of injuries resulting from client falls. A process evaluation was planned and implemented in conjunction with the implementation phase of the action plan.

The focus of the evaluation was to determine if implementing the key activities of the action plan resulted in staff using standardized, evidence – informed, client-centered fall risk management strategies as part of their daily practice. The evaluation identified what was being done well and identified areas of improvement to move forward to having a fully operational and sustainable Fall Risk Management program in Integrated Home Living.

The first phase of implementation of the Fall Risk Management Strategy is completed. The findings of the evaluation demonstrated that a result of the implementation of the activities of the action plan an increased awareness and knowledge of fall prevention/fall risk management at the organization and staff level of Integrated Home Living occurred. The findings also identified the number and frequency of clients who are falling in Integrated Home Living. A specific area, based on the results of the evaluation, where there is opportunity for improvement is in the direct impact to those clients who have been identified as falling and/or identified risks for falls. Initial strategies are in place but further work needs to be done to have a fully operational Fall Risk Management Program in Integrated Home Living. It is recommended that a more direct approach is needed to impact this at risk, vulnerable population.

Recommendations, based on the results of the evaluation, have been identified and include; the establishment of a Implementation and Evaluation Committee whose roles and responsibilities will be to formalize and implement directional policies, operational processes, and clinical best
practices for fall risk management in Integrated Home Living; the implementation of a Fall Risk Management Team that will take a more direct role in providing fall risk management strategies to high risk clients and; enhancements of Therapy Assistants and Health Care Aides that will take a more direct role in providing fall prevention interventions to low risk clients.

Most importantly, the Fall Risk Management Strategy must continue to focus on increasing a culture of patient safety regarding client falls. It must focus on decreasing at risk, vulnerable clients who are falling from visiting the Emergency Department and/or being admitted to Acute Care Hospitals. The strategy must support Integrated Home Living clients to remain safe, independent and healthy living in their homes for as long as possible.

**Summary of Findings**

The purpose of this process evaluation was to provide feedback on the immediate outcomes to be achieved within the first 6 months of implementation of the strategy. The assumption, based on a systems approach used in the evaluation, was determine:

**If implementing the key activities of the action plan resulted in an increase of staff using a standardized population health approach of providing evidence-informed, client centered fall risk management strategies as part of daily practice to identify and help minimize the risk and injuries to clients who are falling.**

The evaluation strived to answer the following questions based on this assumption:

1. How many IHL staff/contractors received education on fall risk management?
2. Are staff/contractors increasing reporting of client fall related events in Integrated Home Living?
3. Is CCA/ IHL staff identifying clients with falls history or risks for falls on client health records (CSR, Assessments, Reassessments, and Clients Charts)?
4. Is there evidence of staff providing evidence-informed, client centered fall risk management strategies as part of their daily practices?
5. Is the Integrated Home Living Fall Risk Management Strategy meeting Accreditation Canada’s ROP requirements and tests of compliance for Patient Safety: Fall Prevention?
Evaluation Questions and Summary of Results:

1. How many IHL staff and Contractors to IHL received fall risk management education by March 30, 2010?

   **Success Indicators:**
   - Target of 60% of new and of existing staff received education.
   - Target of 60% of staff, who received education, identify increased knowledge, understanding and, competency of FRM concepts to be used in daily practice.

   By March 30, 2010:
   - 13 new staff completed the online fall education modules, **69% (n=396)** of Adult Home Care Staff completed the in-person or online fall education, **73% (n=44)** of Children’s Home Care staff completed the in-person or online education and, **81 contracted staff completed the train the trainer fall education sessions.** (Source: CCLD, Sept 17, 2010 & AHS, Division of Quality & Health Improvement, May 2010)

   Of the 13 who were registered in CCLD, there were no identifiers to determine which were new employees. As a result, it was not known if this indictor to was achieved. Children and Adult Home Care exceeded the intended target of 60% of current staff to receive falls education.

   For Contractors, It was felt that a representation of 81 staff was a good response for the “train the trainer” education sessions and it was anticipated that a number of the contracted staff went back to their agencies, operated sites, Adult Day Programs and CHOICE to provide the education to their staff.

   From the analysis of the data, it would appear that staff overall responded positively to the fall education and exceeded the target indicators of 60%.
   - A range between **87% - 98%** of total responses from Adult and Children’s Home Care staff indicates they either strongly agreed/agreed to experiencing an increased knowledge and understanding of fall risk management, and feeling adequately prepared to practice the fall risk management concepts.
   - A range between **91% - 95%** of total responses from Contractors indicates they agreed that the material/handouts were helpful and the information provided during the education session was useful and, they plan to use the information when caring for their clients. (Source: AHS, Division of Quality & Health Improvement, May 2010)
2. Are staff and Contractors to IHL increasing reporting of client fall related events in Integrated Home Living?
   - Success Indicator:
     - Increase of staff reporting client fall events.

   Overall this success indicator was met.
   - Overall increase in reporting in of netSAFE™ events and Contractor Client Incident reporting for fall events from 2008 - 2010.

Graph 1: netSAFE™ Reporting of Falls Per Month

![Graph 1: netSAFE™ Reporting of Falls Per Month](image)

Source: Regional netSAFE Reporting 2008 -2010

Graph 2: Monthly Contractor Client Incident Reporting (Jan – Aug 2010)

![Graph 2: Monthly Contractor Client Incident Reporting (Jan – Aug 2010)](image)

Source: AHS, Edm.Zone, IHL, May, 2011

- Client falls continues to be the second most frequent client event reported in netSAFE™ and fall events represent 24% of all reported events.
Graph 4: netSAFE™ Event Reporting by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>51%</td>
</tr>
<tr>
<td>Infection Prevention &amp; Control</td>
<td>24%</td>
</tr>
<tr>
<td>Injury/Non-Fall</td>
<td>6%</td>
</tr>
<tr>
<td>Medication/Parenteral</td>
<td>4%</td>
</tr>
<tr>
<td>Equipment</td>
<td>1%</td>
</tr>
<tr>
<td>Behavior</td>
<td>1%</td>
</tr>
</tbody>
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Source: Regional netSAFE™ Reporting 2008-2010

- 21% increase in reporting of the Falls Point Prevalence from 2008 to 2009. *(Source: 2008/09 FPP Data)*

3. Is Community Care Access/Integrated Home Living staff identifying clients with fall history and/or risk for falls on client health records?

- **Success Indicator:**
  - Evidence of staff identifying clients with a history of falls and/or risk for falls in client records.

The immediate outcomes for this success indicator were to establish a baseline of data to compare with in the future. The long term goal is to provide a standardized population health approach to fall risk management in Integrated Home Living and it was felt that the results of the data and chart audit analysis provided a baseline.

**Adult Home Care Clients:** *(Source: CCLD, Sept 17, 2010)*

- Cumulative data collected over the 9 month reporting period (January 1 – September 16, 2010) saw a fairly large number of Adult Home Care clients had falls data entered on their CSR in CCLD and **by September 16, 2010 that number was 9,821**. However, as of the same date, September 16, 2010, with a total of 11,382 current active clients on the Adult Home Care Caseload only 3,655 or **32%** of Adult Home Care current active client’s had falls data entered on their CSR.

| Table 4: Current Active* Home Care Caseload: September 16, 2010 – Adult Home Care Clients |
|---------------------------------|-----------------|
| Total Number of Clients:        | 11,382          |
| Total Number with a Falls Tracking record in CCLD: | 3,655 |
| Percentage:                     | 32%             |

Source: CCLD, September 17, 2010. *Active clients are defined as clients who have an open Home Care episode in CCLD and were either currently admitted or at a pre-admission stage of admission to IHL.
Staff consistently identified that **31% - 37% of clients** (who had been screened for falls) reported they had experienced a fall in the past 90 days.

**Children’s Home Care Clients:** *(Source: CCLD, Sept 17, 2010)*

- Cumulative data resulted in 73 falls records being entered for clients in their CSRs by September 16, 2010. However, as of the same date, **September 16, 2010, with a total of 400 current active clients on the Children’s Home Care Caseload only 38 or 10% of Children’s Home Care client records identified falling as an issue.**

| Table 2: Current Active* Home Care Caseload: September 16, 2010 – Children’s Home Care Clients |
| Total Number of Clients: 400 |
| Total Number with a Falls Tracking record in CCLD: 38 |
| Percentage: 10% |

Source: CCLD, September 17, 2010

- **Staff consistently identified that 25% - 26% of clients** who had been screened for falls reported (client or parent identifying) they had experienced a fall in the past 90 days.

**Reporting of Need Domain #18: Fall Status:** *(Source: CCLD, Sept 17, 2010)*

From data collected from CCLD from January 1, 2010 – September 17, 2010 there was an **upward trend of staff using Need Domain #18: Fall Status.**

**Graph 9: Staff Use of Need Domain # 18: Fall Status**

Falls Data on Client Charts: *(Source: AHS, Division of Quality & Health Improvement, May 2010)*

- The data collected from the chart audit found generally low participation from IHL staff in completing documentation for clients on their caseloads who had been identified has having a fall history or fear of falling.
Exception was **94% of reviewed charts** had documentation of falls history on the CSR (entered by CCA staff or IHL staff).

A range of **0% - 94% of reviewed charts** had client fall information (fall history, fear of falling) from initial assessments documented on CSR, Narrative/Consult sheets and/or Care Plans.

A range of **1% - 53% of reviewed charts** had care planning (client risks identified, plan of care, goals for clients) completed for client’s who are falling and/or have identified risks for falls on CSR, Narrative/Consult sheets and/or Care Plans.

A range of **1% - 47% of reviewed charts** had communication/referrals related to fall risk management completed on CSR, Narrative/Consult sheets and/or Care Plans.

- Adult Day Programs and CHOICE program demonstrated a *high degree of participation (87%) in implementing the falls questions into their intake process* and *100% of the programs* identified they had implemented processes in the event a client fell at the program or were made aware of the client falling at home.

This is an identified area for opportunity for improvement. According to the literature, the primary goal of Fall Risk Management is to identify individuals at risk for falls and implement appropriate interventions to minimize the identified risks (Scott, et. al, 2007, Chang, 2008). The “history of falls provides important predictive information about future falls” (Rubinstein, 2005) and if a history of falls exist (2 or more) then it is recommended that further screening be done in order to determine risk of further falls (Tinetti, 2006, Fletcher, 2002). The probability for further falls greatly increases with multiple risk factors and evidence shows that most falls among older persons are associated with identifiable and modifiable risk factors and that targeted fall prevention/risk management efforts are shown to be effective (WHO, 2007).

4. **Is there evidence of staff providing evidence-informed, client centered fall risk management strategies as part of their daily practice?**

   - **Success Indicator:**
     - Evidence of staff implementing fall risk management strategies in their daily practice.

   It was felt that this indicator was met with limited success.

   - **There was evidence of a number of individual disciplines within Integrated Home Living offering specific trials of interventions.**

   - **A number of contractors identified they are offering fall prevention and fall risk management strategies to their clients.**
An opportunity for improvement in this area would be to see an increase in multifactorial/multidisciplinary fall prevention and fall risk management initiatives vs individual discipline initiatives. Effective fall risk management programs have been cited in the literature to have a variety of medical, rehabilitative, and environmental strategies (Ruberinstein, 2003, Ganz, 2008, Scott, et. al, 2007). In addition, recent literature identifies the causes of client falls are often a result of a complex interaction of “biological, behavioral, environmental and socioeconomic factors” (WHO, 2007) and that “it takes a village of stakeholders working together to prevent falls and fall risk, tasks that no one stakeholder can accomplish alone.”(Ganz & Alkema, 2008)

5. Is the Integrated Home Living Fall Risk Management Strategy meeting Accreditation Canada’s ROP requirements and tests of compliance for Patient Safety: Fall Prevention?

- Success Indicator:
  - Fall Risk Management Strategy meets Accreditation Canada’s Patient Safety: Fall Prevention ROP and tests of compliance.

The Falls Working Group has implemented a Fall Risk Management Strategy and has focused its implementation to all clients served by Integrated Home Living. The strategy has begun to address the specific needs of the population at risk but there needs to be more work needed that directly impacts this group. As a result of the process evaluation, a number of recommendations will be put forth for consideration to Integrated Home Living Senior Management.

**Recommendations**

The results of the process evaluation indicate that Integrated Home Living met or exceeded a number of the immediate outcomes the Falls Working Group set out to measure. As well, there are a number of immediate outcomes that the indicators were not met and where there is opportunity for improvement.

Based on the findings of the evaluation, the following recommendations have been identified. The recommendations also take into consideration the directions set out by AHS, Seniors Health and more specifically AHS, Seniors Health Edmonton Zone.

The recommendations are separated into 3 sections:

1. Short Term Recommendations (1 – 3 months)
2. Medium Term Recommendations (3 – 12 months)
3. Long Term Recommendations (1 – 3 years)
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implementation Plan</th>
<th>Time frame</th>
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</table>
| **1. Participate in the development of the Provincial Fall Strategy** | • Pan Provincial Discussion  
  • Provincial strategy will link with  
    - Accreditation ROP for Patient Safety: Falls Prevention  
    - Seniors Health TIP #3: Choice & Quality Care for Seniors: Improving Safety by implementing fall prevention strategies  
    - New Continuing Care Health Service Standards | January 2011  
2012  
2010 – 2013  
Tentative January 2011 |
| **2. Formalize an Integrated Home Living Fall Risk Management Implementation and Evaluation Committee.** | • Responsibilities of committee to include:  
  - Develop and operationalize directional policy and processes for Fall Risk Management in Integrated Home Living based on AHS Provincial Fall Strategy and other related strategies (Accreditation ROP, AHS TIP #3 and CCHSS)  
  - Development of a Fall Risk Management Implementation Policy that includes the roles of Director, CCA, Area Managers, Managers, Best Practice Leads, CNEs, NPs, CCM, Clinicians, Therapy Assistants and HCA.  
  - Develop and implement best practices at the organizational, team and individual staff levels that will lead to sustainable practice changes based on the findings of the process evaluation that will directly impact clients who are at risk.  
    - Best practice guidelines which include client and system indicators along with measurable outcomes  
    - Strengthen the culture of safety in regards to client falls and fall risks.  
    - Focusing on identifying low, medium and high risks of clients and developing specific interventions based on risk.  
    - Focusing on health prevention, health promotion  
    - Link with RAI/Meditech Fall Risk Management Processes  
  - Continue to track, trend and analyze client fall incidents in RLS and Contractor Client Incident Reporting to better understand where service improvements are needed for clients who are falling. | January 2011 |
<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implementation Plan</th>
<th>Time frame</th>
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<tbody>
<tr>
<td>1. Develop and Implement an Integrated Home Living Fall Risk Management Team</td>
<td><strong>Based on Calgary Model (Minimal Risk, High Risk)</strong>&lt;br&gt;<strong>Focus will be on high risk clients.</strong>&lt;br&gt;<strong>Explore linkages with PCN</strong>&lt;br&gt;<strong>Explore possibility of Fall Prevention Clinics</strong></td>
<td>April 2011 – April 2012</td>
</tr>
<tr>
<td>2. Develop and implement a fall risk management model of care for Therapy Assistants and HCA</td>
<td><strong>Develop a enhanced model of care for fall risk management for Therapy Assistants and HCA</strong>&lt;br&gt;○ <strong>Focus will be to provide interventions to low risk client’s who are falling under the direction of a clinician and based on care plan</strong>&lt;br&gt;○ <strong>Examples of interventions would include delivery of Home Support Exercise Program to clients, Fall Proof exercises, Fall Prevention strategies.</strong></td>
<td>April 2011 – April 2012</td>
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### Long Term Recommendations (1 – 3 years)

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<th>Time frame</th>
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<td>1. Continue to focus on Long Term Outcomes identified in the IHL Fall Risk Management Strategy</td>
<td><strong>Standardized population health approach and process as best practice for Fall Risk Management in Integrated Home Living.</strong>&lt;br&gt;<strong>Increase reporting of client falls in Fall Point Prevalence, RLS and Client Incident Reporting.</strong>&lt;br&gt;<strong>Increased identification of clients who have a history of falls and/or risks for falls.</strong>&lt;br&gt;<strong>Increased use of client centered, evidence based strategies to help minimize the risk for falls and, decrease client’s injuries from falls.</strong>&lt;br&gt;<strong>Contribute to decreasing the visits to ER and admissions to acute care as a result of client falls.</strong></td>
<td>2010 - 2013</td>
</tr>
</tbody>
</table>
References


Alberta Health Services - Seniors Health, Edmonton Zone, Integrated Home Living. (2008 - 2010). *Community Care Local Database (CCLD)*. Edmonton, AB:


