![RNAO logo] **RNAO** Registered Nurses' Association of Ontario L'Association des infirmières et infirmiers autorisés de l'Ontario

ia BPG INTERNATIONAL AFFAIRS & BEST PRACTICE GUIDELINES

BPSO RNAO BEST PRACTICE SPOTLIGHT ORGANIZATION

RNAO Best Practices: Evidence Booster

Best Practice Guideline Implementation to Reduce Falls in Older Adults

Prevention of Falls and Fall Injuries in the Older Adult (2011) & Preventing Falls and Reducing Injury from Falls (2017)

The purpose of this guideline is to increase all nurses' confidence, knowledge, skills, and abilities in the identification of older adults within health-care facilities at risk for falling and to define interventions for the prevention of falling.

Falls is a major health concern in older adults. In Canada, 95% of hip fractures and 85% of injury-related hospitalizations in older adults are due to falls[1]. The annual direct health-care costs are estimated to be $2 billion CAD due to falls, and older adults account for nearly half of these costs[2].

Aim: To examine changes in health outcomes associated with the implementation of the RNAO best practice guidelines (BPG) *Prevention of Falls and Fall Injuries in the Older Adult (2011)* and *Preventing Falls and Reducing Injury from Falls (2017)* in two hospital Best Practice Spotlight Organizations (BPSO)®.

Measure: Rate of falls per 1000 patient days from 2012 to 2018 using the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE)® data system.

Clinical improvement: A decrease in the number of falls in hospital BPSOs, as a rate of the number of patient days.

Figure 1: Average Rate of Falls in an Ontario Hospital BPSO
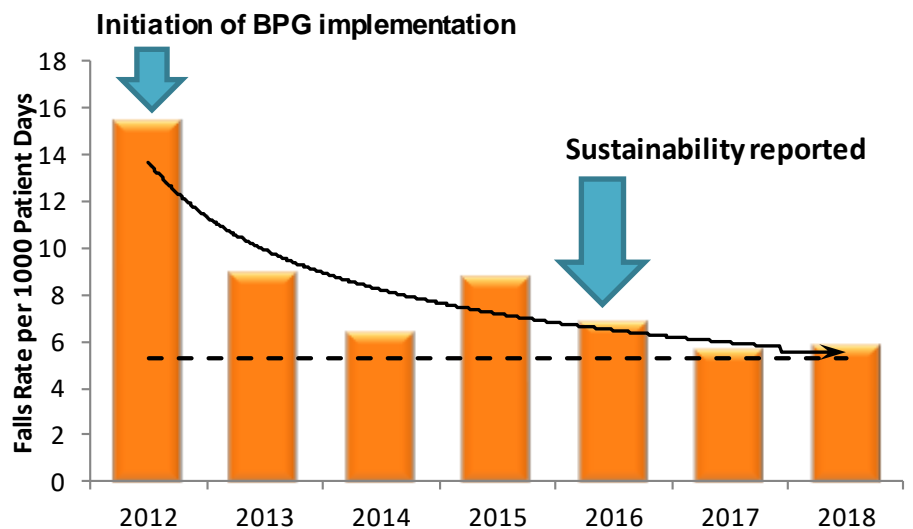
Impact: From 2012 to 2018, falls rate is dramatically decreased by 65% (15.4 to 5.8) in an Ontario hospital BPSO (see Figure 1).
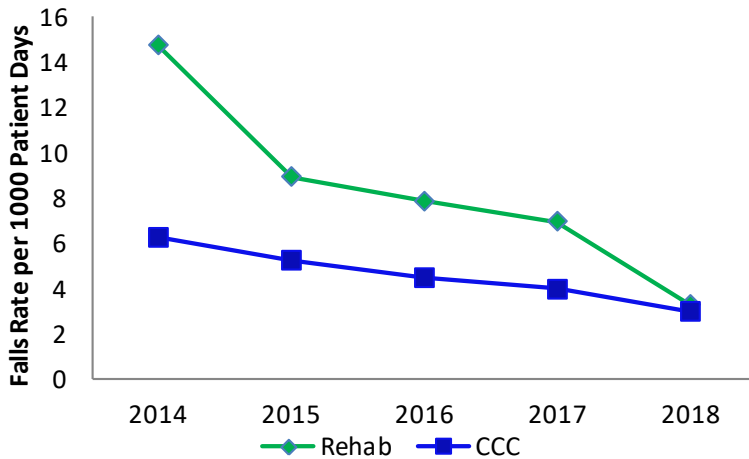
Practice Changes

Between 2012 to 2018, this Ontario hospital BPSO fully implemented the Falls BPGs across the organization. Implementation activities included: training for staff, patient education, falls screening, a post-fall documentation tool, purposeful rounding, and posters at the bedside with patient transfer requirements. This BPSO purchased low beds as recommended and used falls stickers to indicate patients at risk of falls. An organization-wide policy was developed to guide prevention of falls and fall injury.

Since 2016, this BPSO has sustained the implementation activities and outcomes have remained consistent.

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Figure 2: Rate of Falls in an Ontario Hospital BPSO, 2014-2018

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Impact: The falls rate relatively decreased by 77.5% (14.78 to 3.32) from 2014 to 2018 on a rehabilitation unit and by 52% (6.28 to 3.01) on a complex continuing care unit (see Figure 2).

Practice Changes

This Ontario hospital BPSO implemented the Falls BPGs within their rehabilitation and complex continuing care units. Implementation activities included: daily fall risk assessments, armbands to alert patients to ask for help, referrals to interprofessional team members, post-fall nursing assessment, and changes to electronic documentation to reflect practice changes.

Education materials were developed for staff and patients. An algorithm related to falls and fall injury prevention was developed for nurses and other health-care professionals.

This BPSO established a *Falls Working Group* to further implement best practices and monitor impact.

Conclusion: These analyses demonstrate a dramatic decrease in falls rates for two Canadian BPSOs that implemented RNAO's BPGs: *Prevention of Falls and Fall Injuries in the Older Adult (2011) and Preventing Falls and Reducing Injury from Falls (2017)*.
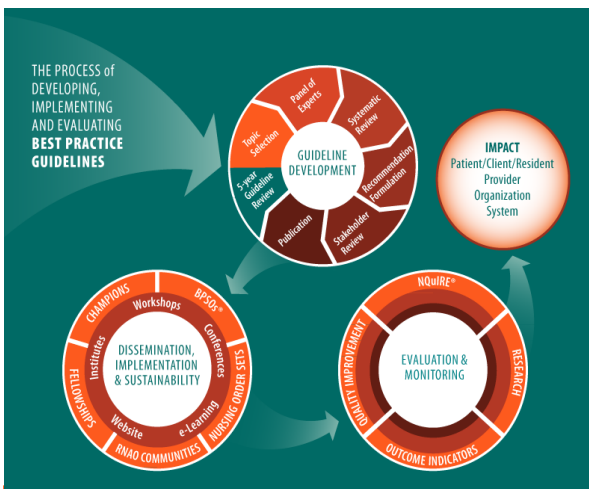
RNAO launched the BPG Program in 1999[3] with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 54 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide[4]. BPSOs are health service 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.

NQuIRE[5], 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 NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators.

References

[1]Public Health Agency of Canada (2016). The Facts: Seniors and Injury in Canada. Retrieved from http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/safelive-securite/chap2-eng.php

[2]SMARTRISK. The Economic Burden of Injury in Canada. Toronto, ON: SMARTRISK; 2009. Available from: http://www.parachutecanada.org/research/item/economic-burden-of-injury-reports

[3]Grinspun, D., Virani, T., & Bajnok, I. (2002). Nursing best practice guidelines: The RNAO (Registered Nurses' Association of Ontario) project. Hospital Quarterly, 5(2), 56-60.

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[5]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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