



Success study: Reducing falls in long-term care

Situation:

The City of Toronto's Long-Term Care Homes and Services Division serves more than 6,000 residents/clients in 10 long-term care (LTC) homes and various community programs. The division is firmly committed to safety and risk management, including falls prevention. Data from Toronto Public Health (TPH) shows that one in three older adults falls every year, 75% of those who fall will fall again within six months, 90% of all hip fractures among older adults are caused by falls and 20% of those who experience hip fractures die within one year.

Aim:

Reduce the number of falls resulting in hip fracture injury per 100 residents across all 10 of the division's LTC homes in 2009.

Measures:

- Percentage of residents who had a fall within the last 30 days since last assessment
- Rate of falls resulting in an emergency department visit or in-patient hospitalization per 100 residents
- Rate of falls resulting in a hip fracture per 100 residents

Changes:

The division implemented the following strategies:

- Developed an interdisciplinary approach to falls prevention and management
- Enhanced information technology to track, analyze and benchmark data on falls
- Performed a comprehensive falls risk assessment on each resident within 24 hours of admission
- Established an enhanced care plan and interdisciplinary assessment for residents assessed to be at high risk of falling
- Ran education campaigns on falls prevention, including brochures (Just for Families), the "Twelve Tips to Prevent Falls" program for Residents' Councils, and a falls prevention conference for residents at high risk and their families
- Developed a range of muscle-strengthening, balance, exercise and relaxation programs — rather than solely focusing on mobility
- Implemented equipment solutions, including high-low beds, floor mats beside beds to reduce the severity of falls from beds, hand rails and grab bars, raised toilet seats, hip protectors, etc.
- Improved lighting and efforts to reduce trip hazards and remove obstacles or unintended barriers
- Performed more frequent monitoring of residents during acute illness and following surgery to provide assistance navigating to and from toilets

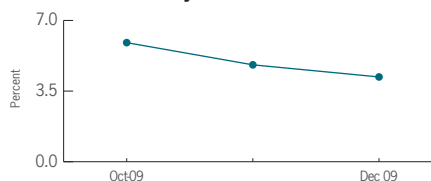
- Instituted regular interdisciplinary nutritional reviews and medication reviews

In addition, two homes have tested and implemented a "falling leaf" logo for residents at high risk for falling. The logo is placed on residents' room doors, mobility devices and healthcare records as a visual cue.

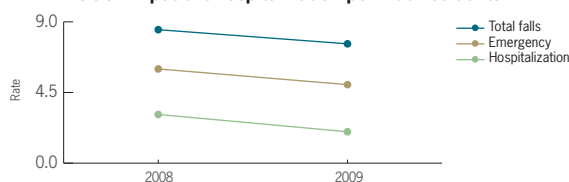
Results:

Compared to the 2008 baseline, the division was able to reduce hip fractures by 33% in 2009.

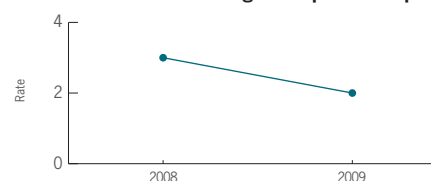
Percentage of residents who had a fall within the last 30 days of their most recent assessment



Rate of falls resulting in an emergency department visit or in-patient hospitalization per 100 residents



Rate of falls resulting in a hip fracture per 100 residents



Next steps:

The division will continue to improve its falls reduction strategies using evidence-informed best practices. It will monitor, analyze and assess each fall, implement individualized strategies for residents and share successes at the home and divisional level.