

SESLHD GUIDELINE COVER SHEET



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SUMMARY	The purpose of this document is to outline the key roles and standards of a Care Champion for Falls Prevention. This will ensure clarity in the understanding the role of a Care Champion for Falls Prevention and consistency in practice across SESLHD.

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Care Champions for Falls Prevention: Key Roles and Standards

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Section 1 - Background

Patient safety aims to continually improve the care provided to patients and reduce the incidence of harm. Falls are the most commonly reported adverse event in hospitals and while the majority of inpatient falls are associated with minor injury, more serious events such as fractures, intracranial injury and death also occur.

There are many risk factors for falls. Medical conditions that increase the risk of falling include dementia/ cognitive impairment, stroke, incontinence, Parkinson's disease, diabetes and acute illness/ delirium. Psychosocial and demographic risk factors include advanced age, living alone, female gender, physical inactivity, limitations with activities of daily living and a history of falls. Sensory and neuromuscular factors also contribute to risk which may include muscle weakness, poor balance, reduced peripheral sensation, poor reaction time and impaired vision. Other factors such as polypharmacy, use of centrally acting medications, substance induced intoxication (especially from excessive alcohol or benzodiazepine use), inappropriate footwear and glasses, poor lighting and home hazards are also risk factors for falls. Preventing falls and harm from falls requires an individualised, multi-disciplinary and multifactorial approach and should be part of routine care for people at risk of falls and fall injury in acute, sub-acute, residential care and community settings.

One such strategy is the concept of a service/ unit based 'Care Champion for Falls Prevention'. A Care Champion for Falls Prevention is a clinician (nursing, allied health or medical), who in addition to their own clinical/administrative duties, has been nominated to act as a resource in their knowledge and skills of falls prevention and is able to provide ongoing profile raising, staff education and support for falls prevention. They are the service/ unit representatives at their site's Falls Committee meetings and act as an integral link between their service/ unit and the committee. The role can be shared between one to four nominated staff members representing their specific service/ unit. The Care Champion for Falls Prevention is not a substitute for an adequately resourced service/ unit level Falls Prevention Program.

The Clinical Excellence Commission identifies the use of a Care Champion for Falls Prevention on a service/unit level as playing a vital role in providing best practice comprehensive care to the older patient.

The literature identifies that implementing the use of an interdisciplinary fall prevention team to include a unit falls champion, was associated with positive outcomes and practice improvement². Bonner (2006) identified a safety champion as someone who is dynamic, motivated and willing to take on the new role³.

The IHI (2014) recommend that having a designated champion demonstrates the organisation's commitment to safety and may make other staff members more comfortable

about sharing information and asking questions. Identifying a champion will increase a health care team's motivation to own their nursing unit and work place ⁴.

SESLHD is committed to reducing the risk of falls and falls injury in patients who use our services. The guideline describes falls prevention screening and management in line with:

- National Safety and Quality Health Service (NSQHS) Standard 10 - Preventing Falls and Harm from Falls
- SESLHD Falls Injury Prevention Plan 2013-18.

Section 2 - Principles

The guideline should be used in conjunction with [SESLHDPR/380 Falls prevention and management for people admitted to acute and sub-acute care](#), and [SESLHDGL/044 Falls Prevention and management for non-admitted patients](#) which outlines best practice and details tools to facilitate clinical decision making in the prevention and management of falls and fall injuries in individuals identified at risk of falling.

The use of a Care Champion for Falls Prevention is recommended for, but not limited to, services/ units with a high number and rate of falls per 1000 occupied bed days, high trend of falls over time and high number of injurious falls. As in any clinical situation, there will be factors which cannot be addressed by a single guideline. The document is not a procedure and does not replace the need to use clinical judgement with regard to individual situations.

The guideline outlines considerations for the process of identifying a Care Champion for Falls Prevention and their key roles and responsibilities.

Section 3 - Definitions

Fall

For the purposes of the Guideline, a fall is defined as “an event which results in a person coming to rest inadvertently on the ground or floor or other lower level”⁵.

Care Champion for Falls Prevention

A clinician, who in addition to their own clinical/administrative duties, has been nominated to act as a resource in their knowledge and skills of falls prevention and is able to provide ongoing profile raising, staff education and support for falls prevention. They are usually the service/unit representatives at their site’s Falls Committee meetings. The role can be shared between one to four people representing their specific service/ unit.

Comprehensive Care

Falls should not be viewed as their own entity. They need to be identified and managed within a comprehensive care framework which includes a range of clinical care domains such as delirium, mobility, continence, medication, nutrition and pressure care and any co-existing chronic conditions, such as osteoporosis ^{6,7}.

Section 4 - Responsibilities

Service/ Unit managers are responsible for:

- Promoting awareness of the guideline and ensuring relevant staff have read and acknowledged it
- Supporting identified Care Champion for Falls Prevention to attend relevant falls prevention professional development events, if available
- In liaison with the CNC/CNE/ senior leadership staff, identify a nursing/allied health/ medical clinician who is committed to providing best practice falls prevention and willing to become the Falls Champion/s - as per the recommendations outlined in Section 5
- Ensuring that all staff in service/unit are aware of their identified Care Champion/s for Falls Prevention
- Reviewing monthly falls and falls injury data in consultation with Care Champion/s for Falls Prevention and team members
- Ongoing liaison with the Care Champion/s for Falls Prevention in matters related to falls on a unit/service level
- Facilitate attendance of the Care Champion/s for Falls Prevention at the site Falls Prevention and Management Committee meetings.

Nurses are responsible for:

- Completing mandatory and other relevant training in falls risk screening, assessment and management
- Identifying themselves or colleagues as a potential service/ unit Care Champion for Falls Prevention in consultation with the service/ unit manager
- Liaising with the Care Champion/s for Falls Prevention regarding falls related initiatives, issues or concerns.

Allied Health clinicians are responsible for:

- Completing mandatory and other relevant training in falls risk screening, assessment and management
- Identifying themselves or colleagues as a potential service/ unit Care Champion for Falls Prevention, in consultation with the service/unit manager
- Liaising with the Care Champion/s for Falls Prevention regarding falls related initiatives, issues or concerns.

Medical Officers are responsible for:

- Completing mandatory and other relevant training in falls risk screening, assessment and management
- Identifying themselves or colleagues as a potential service/ unit Care Champion for Falls Prevention, in consultation with the service/ unit manager
- Liaising with the Care Champion/s for Falls Prevention regarding falls related initiatives, issues or concerns.

Section 5 – Care Champion for Falls Prevention: Key Roles and Standards

5.1 Overview: Purpose of Role

- To raise and maintain the profile of falls prevention at a service/ unit level, by facilitating the promotion and awareness of falls prevention initiatives
- To motivate staff through assertive influence and example
- To provide a proactive resource at service/ unit level on matters relating to falls prevention, including involvement in service/ unit audits and quality improvement projects/ initiatives
- To attend and actively participate in their site's Falls Prevention and Management Committee meetings
- To provide a link between the Falls Prevention and Management Committee and their service/ unit.

5.2 Description of roles and standards

Function	Key Roles	Standards/Achievements	Frequency
Education/ training, Meetings, and Supervision	To be a role model in the area of falls prevention to staff in their clinical area.	<ul style="list-style-type: none"> • Demonstrates and maintains a high standard of falls assessment, prevention and management practices • Acts as a change agent by providing support for staff implementing best practice in falls prevention and management. 	Ongoing
	Support new staff with orientation to falls prevention practices used on their ward.	<ul style="list-style-type: none"> • Educate staff on practices specifically related to falls assessment, prevention and management on the ward, i.e. use of screening tools (ADRAT, OMS, FROP-COM), confusion/ cognition screening (AMTS, CAM, 4AT), management of patients at risk of falls (orange falls risk alert sticker, FRAMP), management of patients post fall (CEC Guide/ Post Fall Management Sticker), use of falls alarms/ devices, role of daily and post fall safety huddles, use of designated high risk observation rooms and correct use of mobility terminology. • Education for staff on other ward specific quality improvement projects related to falls. 	As required - when new staff commence
		<ul style="list-style-type: none"> • Assist unit manager/ CNC/ CNE to ensure staff have read and are familiar with the SESLHD falls prevention related procedures and guidelines. 	As required

Education/ training, Meetings, and Supervision (cont'd)	Support ongoing falls prevention education/ in services to service/unit staff in collaboration with the Nurse Educator	<ul style="list-style-type: none"> • Discuss with unit manager and CNE regarding scheduling ward in-services to support ongoing falls prevention education for staff • Work with unit manager/ CNC/ CNE to identify any staff training issues related to falls assessment, prevention or management. 	As required
	To maintain and further own professional development and education in falls prevention	<ul style="list-style-type: none"> • Attendance at relevant education/ training sessions internal and external to the organisation, for example, workshops run by: NSW Falls Prevention Network, CEC, NeuRA etc • Member of NSW Falls Prevention Network mailing list • The Care Champion for Falls Prevention will receive clinical supervision and support from nominated clinical supervisor. 	As available
	Be familiar with SESLHD falls related guidelines and procedures	<ul style="list-style-type: none"> • Ensure staff are able to access resources on the intranet • Informs staff via service/ unit meetings or other communication process of new or revised falls prevention guidelines and procedures • Facilitate the implementation of falls prevention guidelines and procedures at a local level • Relevant falls related guidelines and procedures can be found here. 	Ongoing
	To be a link between their site's Falls Prevention and Management Committee and ward/staff meetings as the falls representative	<ul style="list-style-type: none"> • Ensure 'falls' is a standing item on the service/unit meeting agenda • Provide updates, feedback and action plans related to falls from the Falls Prevention and Management Committee Meeting at service/unit meetings. 	Ongoing

Education/ training, Meetings, and Supervision (cont'd)	To be a link between their site's Falls Prevention and Management Committee and ward/staff meetings as the falls representative (cont'd)	<ul style="list-style-type: none"> Attend site specific Falls Prevention and Management Committee Meetings and be able to give an update on their unit/service's progress with falls prevention projects, including trial of new initiatives and potential reasons for fluctuations in monthly falls rates. 	Ongoing
		<ul style="list-style-type: none"> To present their service/ unit's falls prevention quality improvement initiatives/ projects and falls audit results at the Falls Prevention and Management Committee meetings (as per the site's schedule/ roster). 	As per site Falls Prevention and Management Committee roster (if applicable)
		<ul style="list-style-type: none"> To liaise with other service/ unit Care Champions for Falls Prevention within facility/ district to identify effective falls prevention quality improvement projects and contribute to discussions about these initiatives at their site's Falls Prevention and Management Committee meetings. 	As required
Resources	To ensure provision and maintenance of falls related resources on the ward for staff, patient and family use	<ul style="list-style-type: none"> Ensure staff are aware of the location of falls related resources on the intranet. 	As required
		<ul style="list-style-type: none"> Collect, update and maintain ample levels of relevant falls- related resources on the ward Consult with service/unit manager/CSO re: ordering of resources through CEC/ NSW Falls Prevention Network as appropriate for the clinical area CEC Resources can be found here. 	Ongoing

Assessment and management of falls on the ward	Promote best practice in relation to falls prevention and harm from falls minimisation	<ul style="list-style-type: none"> Encourage staff to complete the relevant falls risk assessment and management plan (refer to SESLHDPR/380 'Falls prevention and management for people admitted to acute and sub-acute care', and SESLHDGL/044 'Falls Prevention and management for non-admitted patients') For paperless sites, the falls risk screen and alert should be completed on eMR2 and then complete a paper based FRAMP Falls risk screens and management plans should be reviewed upon admission, transfer from another ward, post operatively, post fall and if a patient's medical/cognitive status changes. 	Ongoing
		<ul style="list-style-type: none"> Assist the unit manager and ward staff to facilitate a multidisciplinary post fall 'huddle' to review fall incidents and facilitate/implement appropriate falls management strategies. 	Ongoing
		<ul style="list-style-type: none"> Assist process of safety huddles at handover to review management strategies for patients at high risk of falls. 	Ongoing

Assessment and management of falls on the ward (cont'd)	Promote best practice in relation to falls prevention and harm from falls minimisation (cont'd)	<ul style="list-style-type: none"> Work with the unit manager/CNC/ CNE and staff to review service/unit falls incident data and report this back at service/unit meetings. 	As required
		<ul style="list-style-type: none"> Work with the unit manager to implement evidence based falls prevention and management strategies and recommendations from fall incidents at a service/unit level. 	As required
		<ul style="list-style-type: none"> Work with staff to engage patient, family and carer in falls prevention initiatives, including the use of an interpreter when appropriate, provision of falls information and engaging with patient and family post fall. 	Ongoing
		<ul style="list-style-type: none"> Participate in the annual 'April Falls Month' activities (liaise with site specific Falls Prevention and Management Committee) NSW Falls Prevention Network resources can be located here . 	As required

Assessment and management of falls on the ward (cont'd)	Promote best practice in relation to falls prevention and harm from falls minimisation (cont'd)	<ul style="list-style-type: none"> Assist unit manager/ CNC/ CNE in the appropriate implementation and monitoring of Designated High Risk Observation rooms as per the SESLHDGL/042 Guideline. 	Ongoing
		<ul style="list-style-type: none"> Work with unit manager/ CNC/ CNE and team to ensure staff are competent in the use of falls prevention devices/ alarms on the ward as recommended in SESLHDGL/054 Guideline. 	As required
		<ul style="list-style-type: none"> Support staff to complete all My Health Learning (HETI) Falls related modules/online courses: <ol style="list-style-type: none"> Falls Prevention and Falls Risk Management Strategies for Clinical Staff (Course Code: 40063943) Falls Risk Screening Assessment and Management for Adults (Course Code: 40823720) Post Falls Management for Clinical Staff (Course Code: 40101665). 	As required
		<ul style="list-style-type: none"> Support staff with process of screening and documenting patients at risk of falls in eMR2 (at relevant sites). 	As required

Assessment and management of falls on the ward (cont'd)	Documentation	<ul style="list-style-type: none"> The Care Champion for Falls Prevention can document in a patient's file about specific issues/ recommendations in consultation with the patient's primary clinician (nursing and/or allied health) however it remains the staff members' responsibility to provide an accurate written description of each patient/client's episode of care and when they have needed to consult with the Care Champion for Falls Prevention. 	As required
Quality Improvement	To monitor compliance with SESLHD Falls Prevention Guidelines and Procedures, ACSQHC Standard 10 and local Clinical Business Rules	<ul style="list-style-type: none"> Assist in conducting falls-related audits as directed by unit manager/ CNC/ CNE Monitor trends of audit results In collaboration with unit manager/ CNC/ CNE, is able to generate and/ or review Quality Informatics falls related audit reports on eMR2: (Quick Reference Guides: Configuring and Viewing Quality Informatics) In consultation with unit manager/ CNC/ CNE, participate in fall incident clinical investigations (SAC 2 and SACACKNOW 3) and present incident as a case study, (outlining feedback on implications of results), at staff/ ward meetings and at Falls Prevention and Management Committee Meetings as required. 	As required
	Support and facilitate quality improvement projects	<ul style="list-style-type: none"> Assist with identification of opportunities to initiate falls prevention practices as quality improvement projects To present their service/ unit's falls prevention quality improvement projects at their site's Falls Prevention and Management Committee meetings (as per site's schedule/ roster). 	

Section 6

Documentation

The Care Champion for Falls Prevention can document in a patient's file about specific issues/ recommendations in consultation with the patient's primary clinician (nursing/ allied health/ medical). However, it remains the staff members' responsibility to provide an accurate written description of each patient's episode of care (as per [SESLHDPR/336](#)).

References

1. Australian Commission on Safety and Quality in Health Care. Preventing Falls and Harm from falls in Older People: Best Practice Guidelines for Australian Hospitals. Sydney: ACSQHC; 2009
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6. Beswick AD, Rees K, Dieppe P et al (2008) Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371:725–735
7. Close, J. & Lord, S. (2011) Fall assessments in older people. *BMJ*. Vol 343. 579-582
8. [SESLHDPR/380 Falls prevention and management for people admitted to acute and sub-acute care](#)
9. [SESLHDGL/044 Falls Prevention and management for non-admitted patients](#)
10. [SESLHDGL/042 Falls Prevention and Management: Guideline for Designated High Risk Observation Rooms \(Adult Inpatients\)](#)
11. [SESLHDGL054: Falls Prevention and Management: Guideline for use of bed/chair alarm units \(Adult Inpatients\)](#)

12. [SESLHDGL/047 Standardised mobility terminology for use across SESLHD](#)

13. [SESLHDPR/336 Documentation in the Health Care Record](#)

Revision and Approval History

Date	Revision no:	Author and approval
September 2017	Draft	Draft for Comment
October 2017	Draft	Formatting reviewed by Executive Services prior to submission to SESLHD Clinical and Quality Council
November 2017	0	SESLHD Clinical and Quality Council endorsed for publishing
March 2020	1	Update to Executive Sponsor. Published by Executive Services.

Appendix A: Suggested Audit tool

Care Champion for Falls Prevention: Roles and Standards	Yes	No	Action Required
Does the Care Champion for Falls Prevention support new staff in orientation to falls prevention in their service/ unit?			
Does the Care Champion for Falls Prevention provide/ support falls related education or training for staff?			
Does the Care Champion for Falls Prevention attend and/ or present at relevant service/ unit meetings in relation to falls?			
Does the Care Champion for Falls Prevention attend and contribute at site-specific Falls Prevention and Management Committee meetings?			
Does the Care Champion for Falls Prevention engage in professional development activities related to falls, i.e. workshops, reading journal articles etc?			
Does the Care Champion for Falls Prevention participate in falls related ward audits/ incident investigations/ eMR2 audit reports?			
Does the Care Champion for Falls Prevention organise events, resources or information to raise the profile of falls prevention in their service/ unit?			

Appendix B: Frequently asked questions (FAQs)

1. Why is this a Guideline and not a Procedure?

A SESLHD procedure is a document that contains a series of interrelated steps. It requires compliance and describes actions to be taken when there is non-compliance. [SESLHDPR 380 “Falls prevention and management for people admitted to acute and sub-acute care”](#) is a procedure.

A SESLHD guideline:

- Identifies, summarises and evaluates the best evidence and most current data about a particular issue, disease or disorder. It can describe clinical care or administrative functions.
- Outlines the most desirable course of action and guides decision making.
- Does not require mandatory compliance, but documented explanations are required for any deviation.

As this document does not contain a series of inter-related steps and serves to guide clinical practice, it is a guideline not a procedure.

2. Do all servicees/units need to have a Care Champion for Falls Prevention?

No. The need for a Care Champion for Falls Prevention will depend on:

- Number and rate of falls per 1000 occupied bed days
- Trend in rate of falls over time
- Number of injurious falls
- High risk patient demographic, for example, patients with an altered mental status, patients who are at risk of delirium, patients exhibiting behaviours increasing their risk of falls and other adverse events such as agitation, impulsivity or an inability to comply with requests from staff
- The acuity and case-mix of patients at any given time.

3. I am interested in implementing this guideline. Who can I contact for advice and/or further information?

- The chair of your local falls prevention and management committee
- The District falls prevention program coordinator

4. Where can I find resources about preventing falls and harm from falls?

[SESLHDPR 380 Falls prevention and management for people admitted to acute and sub-acute care](#)

[SESLHDGL/044 Falls Prevention and management for non-admitted patients](#)

[SESLHDGL/042 Falls Prevention and Management: Guideline for Designated High Risk Observation Room \(Adult Inpatients\)](#)

[SESLHDGL/ 054 Falls Prevention and Management: Guideline for use of bed/chair alarm units \(Adult Inpatients\)](#)

Falls Prevention information page on the SESLHD intranet

[http://www.seslhd.health.nsw.gov.au/Planning and Population Health/Falls Prevention/default.asp](http://www.seslhd.health.nsw.gov.au/Planning_and_Population_Health/Falls_Prevention/default.asp)

Australian Commission for Safety and Quality in Health Care

<https://www.safetyandquality.gov.au/our-work/falls-prevention/>

The Clinical Excellence Commission

<http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention>

The NSW Falls Prevention Network

<http://fallsnetwork.neura.edu.au/>