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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

ACKNOWLEDGEMENT

South Eastern Sydney Local Health District respectfully acknowledges Aboriginal and Torres Strait Islander people as Traditional Custodians of their land, we also acknowledge both past and present Elders, and their continuing connection to country.

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

improvement[2]. Bonner (2006) identified a safety champion as someone who is dynamic, motivated and willing to take on the new role[3].

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 5 - Comprehensive Care.

Section 2 - Principles

The guideline should be used in conjunction with SESLHDPR/380 - Falls prevention and management for people to acute and sub-acute care ,SESLHDGL/044 - Falls prevention and management for non-admitted patients and SESLHDGL/099 - Falls prevention and management: A best practice guide for Allied Health Professionals 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.

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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.	• 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.	• Educate staff on practices specifically related to falls assessment, prevention and management on the ward, i.e. use of screening tools (DRAT, OMS, FROP-COM), confusion/ cognition screening (AMTS, CAM, 4AT), management of patients at risk of falls (FRAMP), management of patients post fall (CEC Guide/ Post Fall Management Form in eMR2), use of bed/ chair alarm devices, role of daily and post fall multidisciplinary 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
		• Assist unit manager/ CNC/ CNE to ensure staff have read and are familiar with the SESLHD falls prevention related procedures and guidelines.	As required

Function	Key Roles	Standards/Achievements	Frequency
Education/ training, Meetings, and Supervision (cont'd)	Support ongoing falls prevention education/ in services to service/unit staff in collaboration with the Nurse Educator	• 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 gaps in staff training related to falls assessment, prevention or management.	As required
	To maintain and further own professional development and education in falls prevention	• Attendance at relevant education/ training sessions internal and external to the organisation, for example, workshops run by: NSW Falls Prevention Network, CEC, NeuRA etc • Subscribe as a member of NSW Falls Prevention Network mailing list NSW Falls Prevention and Healthy Ageing Network • 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	• 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

Function	Key Roles	Standards/Achievements	Frequency
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	• 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
		• Attend site specific Falls Prevention and Management Committee Meetings and be able to give an update on their service/ unit's progress with falls prevention projects, including trial of new initiatives and potential reasons for fluctuations in monthly falls rates.	Ongoing
		• 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)
		• 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

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Function	Key Roles	Standards/Achievements	Frequency
Resources	To ensure provision and maintenance of falls related resources on the ward for staff, patient and family use	• Ensure staff are aware of the location of falls related resources on the intranet.	As required
		• 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	• Encourage staff to complete the relevant falls risk assessment and management plan in accordance with the below documents: SESLHDPR/380 - Falls prevention and management for people to acute and sub-acute care SESLHDGL/044 - Falls prevention and management for non-admitted patients SESLHDGL/ 099 - Falls prevention and management: A best practice guide for allied health professionals SESLHDPR/345 - Prevention, Assessment and Management of Delirium and in Older People • The falls risk screen and alert should be	Ongoing

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Function	Key Roles	Standards/Achievements	Frequency
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)	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.	
		• Assist the unit manager and ward staff to facilitate a multidisciplinary post fall safety huddle to review fall incidents and facilitate/ implement appropriate falls management strategies. SESLHDGL/072 - Post Incident Bedside Safety Huddles and effective use of the HUDDLE UP tool	Ongoing
		• Assist process of safety huddles at handover to review management strategies for patients identified at high risk of falls.	Ongoing
		• 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
		• 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

Function	Key Roles	Standards/Achievements	Frequency
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)	• 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
		• 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
		• Assist unit manager/ CNC/ CNE in the appropriate implementation and monitoring of Designated High Risk Observation rooms as per the SESLHDGL/042 guideline.	Ongoing
		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
		• Support staff to complete all relevant My Health Learning (HETI) modules:	As required

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Function	Key Roles	Standards/Achievements	Frequency
Assessment and management of falls on the ward (cont'd)		Falls related modules/online courses: 1. Falls Prevention and Falls Risk Management Strategies for Clinical Staff (Course Code 40053943) 2. Falls Risk: Screening, Assessment and Management Plans for Adults (Course Code 40823720) 3. Post Falls Management for Clinical Staff (Course Code 40101665) 4. CEC Falls Program (Course Code 89858402) 5. Post Incident Safety Huddles (Course Code 221824316) Delirium/Dementia related modules/ online courses 1. Delirium Care (Course Code 266621954) 2. Delirium (Stage 1 Course Code 233003664) 3. The Confused Patient: Dementia or Delirium? (Course code 39966589) 4. NSW Health Delirium Screen for Older Adults (Course Code 8985853) 5. A person centred approach: 331925925 6. Differentiating dementia: 372460168 7. Culturally inclusive care for Aboriginal people living with dementia :400643360 8. Younger onset dementia: 41590634 9. Responding to behaviours and care needs of the person with dementia: 42621217.	

Function	Key Roles	Standards/Achievements	Frequency
Assessment and management of falls on the ward (cont'd)		• Support staff with process of screening and documenting patients at risk of falls in eMR2 (at relevant sites).	As required
	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 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	• 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 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

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Function	Key Roles	Standards/Achievements	Frequency
Quality Improvement (cont'd)		Please see: SESLHDPR/727 - Safety Incident Report Management InjuriousFallIncidentInvestigationtemplate.docx	
	Support and facilitate quality improvement projects	• Assist with identification of opportunities to initiate falls prevention practices as quality improvement projects considering CEC Academy support for safety and quality essentials, Quality Improvement Tools and access to QIDS data dashboard. When completing quality improvement initiatives Staff to add projects on to Management and Planning System (MAPS) request access on the intranet here • Seek local site expertise in these areas to support QI initiatives CEC Quality Improvement Academy SESLHD QIDS Access Form • 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 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. SESLHDGL/054 - 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](#)

14. [SESLHDPR/345 - Prevention, Assessment and Management of Delirium and in Older People](#)

15. [SESLHDGL/099 - Falls prevention and management: A best practice guide for Allied Health Professionals](#)

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	Carmelle Moses-Falls prevention Program Coordinator and Olivia Paulik-Aged Care CNC SGH SESLHD Clinical and Quality Council endorsed for publishing
November 2022	1	Minor review. Updating hyperlinks and inclusion of references. Approved by Executive Sponsor.

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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 inablilty 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)](#)

- [SESLHDPR/345 - Prevention, Assessment and Management of Delirium and in Older People](#)

- [SESLHDGL/099 - Falls prevention and management: A best practice guide for Allied Health Professionals](#)

- [Falls Prevention information page on the SESLHD intranet](#)

- [Australian Commission on Safety and Quality in Health Care](#)

- [The Clinical Excellence Commission](#)

- [The NSW Falls Prevention Network](#)