

Resident-related – Triggered

Home Name:

 Inspection Number: *(hard copy use only)*

Date:

Inspector ID:

Definition / Description

Fall: An event that results in a person coming to rest inadvertently on the ground or floor or other lower level.
(RNAO 2005, Nursing Best Practice Guideline – Prevention of and fall injuries in the older adult)

**RAI-MDS 2.0
 Definition**

A fall is considered:

- When a resident lost balance and would have fallen if staff did not intervene;
- If the fall resulted in an injury;
- If a resident is found on the floor, and staff cannot definitively rule out a fall, it should be considered a fall;
- When the distance to the next lower surface is not a factor. If a resident rolls onto floor from a mattress placed on the floor, it is still a fall.

Use

This is a resident-related triggered IP, used to review falls prevention and management during the annual inspection of the LTC home for a sampled resident who has issues related to falls.

The inspector may also select and complete this IP when a concern(s) related to falls prevention and management is raised while conducting any type of inspection.

The inspection focuses on the licensee's obligations to provide a falls prevention and management program that must at a minimum provided for the following:

- Strategies to reduce or mitigate falls
- Monitoring of residents
- Review of residents' drug regimes
- The implementation of restorative care approaches, and
- The use of equipment, supplies, devices and assistive aids.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk and Care Outcomes
- Part B: Contributing Factors

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable questions in Part A must be completed unless not applicable to the specific resident's condition.
3. If non-compliance is identified in Part A, the inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to falls prevention have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

PART A: Resident Risk and Care Outcomes
Initial Record Review
Relevant documents for review include:

MDS assessment:

- Section G (physical functioning and structural problems) G3 = test for balance G6 = modes of transfer
- Section I1 (diseases) e.g. musculoskeletal; neurological etc.
- Section J1 (problem conditions) J1a-p e.g. J1f (dizziness/vertigo); J1l (shortness of breath); J1m (syncope - fainting); J1n (unsteady gait)
- Section J2 (pain symptoms) and J3 (pain site)
- Section J4 (accidents) J4a-e e.g. J4a (fell in past 30 days); J4b (fell in past 31 to 180 days); J4c (hip fracture in last 180 days); J4d (other fracture in last 180 days)
- Section O (medications) e.g. O2 (new medications); O4a (antipsychotic); O4b (antianxiety); O4c (antidepressant)
- P3 Nursing rehabilitation/restorative care
- P4 (devices and restraints)
- P9 (abnormal lab values).

The history, physical assessment, physician orders, plan of care, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records, MAR and TAR.

			Information Gathering	
			Initial Record Review	
Notes				

Resident/Substitute Decision-Maker Interview

Interview the resident, family or SDM to determine:

- Whether the falls interventions and resident transfers are provided in accordance to plan of care

- Concerns related to falls
- Whether timely and appropriate assistance is provided for care requests and toileting needs, and
- Whether staff have appropriate equipment, supplies and transfer devices.

Information Gathering
Resident / SDM Interview

Notes

Staff Interviews

Interview staff on various shifts when concerns about falls have been identified to determine:

- Whether staff are aware of the resident's specific falls history and transfer care interventions
- The types of interventions that have been attempted related to falls prevention
- Access to equipment, supplies and transfer devices.

Information Gathering
Staff Interviews

Notes

Assessment

Determine whether the falls assessment included, as appropriate:

- Potential and contributing factors
- Patterns of episodes, daily patterns or prior routines
- Type and frequency of physical assistance
- Environmental /risk factors or conditions that may contribute to falls
- Medication use and effect, potential adverse drug reactions and impact.

Information Gathering
Assessment

Notes

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the resident has fallen, has the resident been assessed and, if required, a post-fall assessment been conducted using a clinically appropriate assessment instrument that is specifically designed for falls?	r. 49 (2)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others involved in the different aspects of care of the resident collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other?	s. 6 (4) (a)
Notes					

Plan of Care					
Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care addresses: <ul style="list-style-type: none"> • Resident-specific conditions, fall history, risks, needs, behaviours, medication and preferences • Quantifiable, measurable objectives with reassessment timeframes • Interventions with clear direction to guide the provision of care, and treatment If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.					
Information Gathering					
Plan of Care					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs?	r. 26 (3) 10
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment with respect to the resident's activity patterns and pursuits?	r. 26 (3) 16
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions to staff and others who provide direct care to the resident?	s. 6 (1) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident, the SDM, if any, and any other persons designated by the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	s. 6 (5)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident kept aware of the contents of the plan of care and have convenient and immediate access to it?	s. 6 (8)
Notes					

Observations / Provision of Care					
Observe the resident to determine whether staff: <ul style="list-style-type: none"> Recognize and address risks or contributing factors Implement interventions consistent with resident needs, and condition Have access to equipment, supplies and transfer devices Seek alternatives to assist the resident when interventions are not effective. 					
Information Gathering					
Observations / Provision of Care					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff use safe transferring and positioning devices or techniques when assisting residents?	r. 36
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that mobility devices, including wheelchairs, walkers and canes, are available at all times to residents who require them on a short-term basis?	r. 39
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care provided to the resident as specified in the plan?	s. 6 (7)
Notes					

Monitoring/ Evaluation/ Revision					
Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the plan of care based on the resident's response, outcomes, and needs. Both the RAI outcome scale and the quality indicators are evidence of the care intervention effectiveness.					
			Information Gathering		
			Monitoring / Evaluation/ Revision		
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least <u>every six months</u> and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	s. 6 (10) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the resident is being reassessed and the plan of care is being reviewed and revised because care set out in the plan has not been effective, have different approaches been considered in the revision of the plan of care?	s. 6 (11) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented?	r. 30 (2)
Notes					

PART B: Contributing Factors
(Complete applicable questions if non-compliance is identified in Part A)
Falls Prevention and Management Program

No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for strategies to reduce or mitigate falls, including the monitoring of residents, the review of residents' drug regimes, the implementation of restorative care approaches and the use of equipment, supplies, devices and assistive aids?	r. 49 (1)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are equipment, supplies, devices and assistive aids for the falls prevention and management program readily available at the home?	r. 49 (3)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that there is an interdisciplinary falls prevention and management program developed and implemented in the home, with the aim to reduce the incidence of falls and the risk of injury?	r. 48 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for assessment and reassessment instruments?	r. 48 (2) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are direct care staff provided training in falls prevention and management?	r. 221 (1) 1
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with?	r. 8 (1) (a) (b)
Notes					

General Requirements for Programs

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its: <ul style="list-style-type: none"> • goals and objectives • relevant policies, procedures, protocols • methods to reduce risk • methods to monitor outcomes, and • protocols for referral of resident to specialized resources where required? 	r. 30 (1) 1
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Falls Prevention, for example:

- Admission Process
- Critical Incident Response
- Continence Care and Bowel Management
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Pain
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Quality Improvement

Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

- Reporting and Complaints
- Responsive Behaviours
- Skin and Wound Care
- Safe and Secure Home
- Training and Orientation