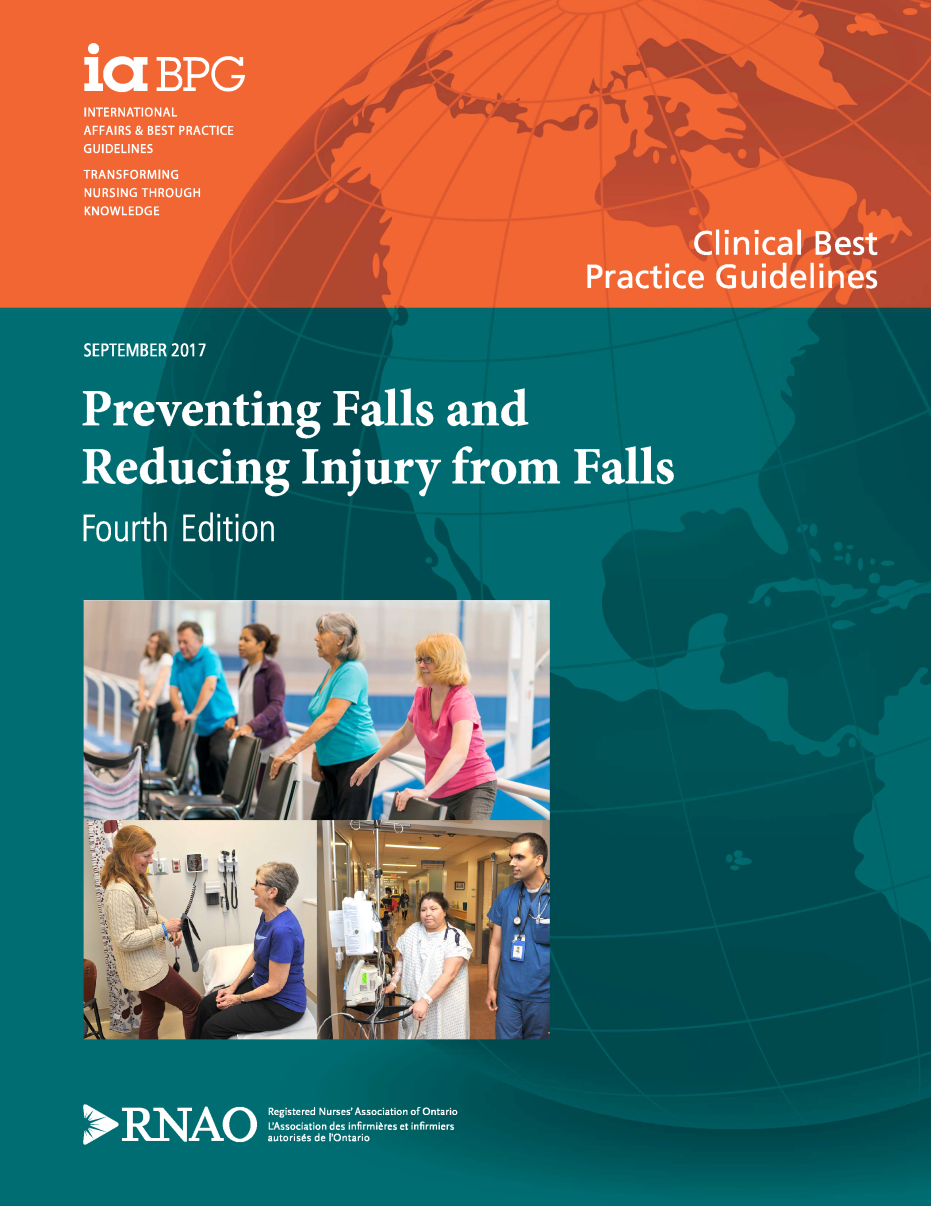
**RNAO_Logo_H_CMYK.tif**

**Gap Analysis:**

***Preventing Falls and Reducing Injury from Falls, Fourth* Edition 2017**

**Work Sheet**



This guideline can be downloaded for free at:

<http://rnao.ca/bpg/guidelines/prevention-falls-and-fall-injuries>

The RNAO Leading Change Toolkit 3rd Edition

<https://rnao.ca/leading-change-toolkit>

LTC Best Practices Toolkit section for falls prevention is available at:

<http://ltctoolkit.rnao.ca/clinical-topics/falls-prevention>

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| --- | --- | --- | --- | --- |
| Date Completed: | |  | | |
|  | | | | |
| Team Members participating in the Gap Analysis: | | | | |
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**Completion of this gap analysis allows for the annual comparison of your current practice to evidence-based practices as regulated by the MOHLTC per Fixing Long-Term Care Act, 2021 at** [**https://www.ontario.ca/laws/statute/21f39**](https://www.ontario.ca/laws/statute/21f39) & [**O. Reg. 246/22: GENERAL (ontario.ca)**](https://www.ontario.ca/laws/regulation/r22246)

| **RNAO Best Practice Guideline Recommendations** | Met | Partially Met | Unmet | Notes  (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners) |
| --- | --- | --- | --- | --- |
| **Practice Recommendations: 1.0** | | | | |
| 1.1 Screen all adults to identify those who are at risk for falls. Conduct screening as part of admission processes, after any significant change in health status, or at least annually. Screening should include the following approaches:   * identifying a history of previous falls; * identifying gait, balance, or mobility difficulties; and * using clinical judgment.   (Level of Evidence = Ia & V) |  |  |  |  |
| 1.2a For adults at risk for falls, conduct a comprehensive assessment to identify factors contributing to risk and determine appropriate interventions. Use an approach and/or validated tool appropriate for the person and health-care setting.  (Level of Evidence = III) |  |  |  |  |
| 1.2b Refer adults with recurrent falls, multiple risk factors or complex needs to the appropriate clinician(s) or interprofessional team for further assessment and to identify appropriate interventions.  (Level of Evidence = V) |  |  |  |  |
| **Practice Recommendations: 2.0** | | | | |
| 2.1 Engage adults at risk for falls and fall injuries using the following actions:   * explore their knowledge and perceptions of risk, and level of motivation to address risk; * communicate sensitively about risk and use positive messaging; * discuss options for interventions and support self-management; * develop an individualized plan of care in collaboration with the person; * engage family (as appropriate) and promote social support for interventions; and * evaluate the plan of care together with the person (and family) and revise as needed.   (Level of Evidence = Ia, III, & V) |  |  |  |  |
| 2.2 Provide education to the person at risk for falls and fall injuries and their family (as appropriate) in conjunction with other falls prevention interventions. This includes providing information about risk for falls, falls prevention, and interventions.  Ensure that the information is provided in a variety of formats and in the appropriate language.  (Level of Evidence = Ia & V) |  |  |  |  |
| 2.3 Communicate risk for falls and related plan of care/interventions with the next responsible health-care provider and/or interprofessional team at all care transitions to ensure continuity of care and to prevent falls or fall injuries.  (Level of Evidence = V) |  |  |  |  |
| 2.4 Implement a combination of interventions tailored to the person and health-care setting to prevent falls or fall injuries.  (Level of Evidence = Ia) |  |  |  |  |
| 2.5 Recommend exercise interventions and physical training for adults at risk for falls to improve strength and balance. Encourage an individualized, multicomponent program/activity that corresponds to the current abilities and functioning of the person.  (Level of Evidence = Ia) |  |  |  |  |
| 2.6 Collaborate with prescribers and the person at risk for falls to reduce, gradually withdraw, or discontinue medications that are associated with falling, when the person’s health condition or change in status allows.  This includes the following actions:   * Identify polypharmacy and medications that increase risk for falls; * Conduct medication review, or refer to appropriate health-care provider and/or prescriber; and * Monitor for side effects of medications known to contribute to risk for falls.   (Level of Evidence = Ia & V) |  |  |  |  |
| 2.7 Refer adults at risk for falls or fall injuries to the appropriate health-care provider for advice about vitamin D supplementation.  (Level of Evidence = V) |  |  |  |  |
| 2.8 Encourage dietary interventions and other strategies to optimize bone health in adults at risk for falls or fall injuries, particularly those at risk for fracture. Refer to the appropriate health-care provider for advice and individualized interventions.  (Level of Evidence = V) |  |  |  |  |
| 2.9 Consider hip protectors as a possible intervention to reduce the risk of hip fracture among adults at risk for falls and hip fracture. Review the evidence, potential benefits, harms, and barriers to use, to support individualized decisions.  (Level of Evidence = Ia) |  |  |  |  |
| **Practice Recommendations: 3.0** | | | | |
| 3.1 After a person falls, provide the following interventions:   * conduct a physical examination to assess for injury and determine severity of fall injury; * provide appropriate treatment and care for injury; * monitor for injuries that may not be immediately identified; * conduct a post fall assessment to determine factors contributing to the fall; * collaborate with the person and the interprofessional team to conduct further assessments and determine appropriate interventions; and * refer to appropriate health-care provider(s), (as needed), for physical rehabilitation or to support psychological well-being.   (Level of Evidence = III & V) |  |  |  |  |
| **Education Recommendations: 4.0** | | | | |
| 4.1 Educational institutions incorporate content on falls prevention and injury reduction into health-care education and training programs.  (Level of Evidence=V) |  |  |  |  |
| 4.2 Health-care organizations provide ongoing organization-wide education to all staff in conjunction with other activities to prevent falls and reduce injuries.  (Level of Evidence = Ia) |  |  |  |  |
| **Organization and Policy Recommendations: 5.0** | | | | |
| 5.1 To ensure a safe environment:   * implement universal falls precautions, and * identify and modify equipment and other factors in the physical/structural environment that contribute to risk for falls and fall injuries.   (Level of Evidence = Ia) |  |  |  |  |
| 5.2 Organizational leaders, in collaboration with teams apply implementation science strategies to enable successful implementation and sustainability of falls prevention/injury reduction initiatives. This includes identifying barriers and establishing formalized supports and structures within the organization.  (Level of Evidence = Ia) |  |  |  |  |
| 5.3 Implement rounding as a strategy to proactively meet the person’s needs and prevent falls.  (Level of Evidence = Ia) |  |  |  |  |