Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that organizations must have in place to enhance patient/client/resident safety and reduce risk.

**ROP Definition:**
The team implements and evaluates a falls prevention strategy to minimize the impact of patient falls.

**Tests for Compliance:**
1. The team implements a falls prevention strategy.
2. The strategy identifies the populations at risk for falls.
3. The strategy addresses the specific needs of the populations at risk for falls.
4. The team evaluates the falls prevention strategy on an ongoing basis to identify trends, causes, and degree of injury.
5. The team uses the evaluation information to make improvements to its falls prevention strategy.

Patients with SCI are at particular risk during manual handling or transfer. An important component of falls prevention is to educate any staff and/or caregiver/family member who will be involved in manual handling or physical transfer of the patient on how to do so safely.

**Meeting this ROP: what compliance looks like:**

1. **We have implemented an organization-wide falls prevention strategy.**
   - We have access to evidence-based falls prevention resources such as assessment tools, clinical practice guidelines, care plans, patient/family education materials, and data on occurrences of falls

2. **We identify the populations at risk.**
   - All patients are being assessed for Falls Risk as part of the initial nursing assessment.
   - Our assessment is structured, multi-factorial, and appropriate for the needs of our patient populations, including the specific risks of SCI patients
   - The assessment is documented as part of the medical record

3. **We address the specific needs of the populations at risk for Falls.**
   - We have access to suggested evidence-based guidelines and interventions
   - We develop individualized care plans in partnership with patients and families
   - We train staff on safe handling and physical transfer of SCI patients
   - We educate patients and families about their role in preventing falls, including safely transferring, managing their mobility equipment, and carrying out activities of daily living
   - We reassess regularly and when clinical situation changes or at transitions
   - We have a clear, consistent process for responding to, documenting and following up on patient falls
4. **We measure to evaluate the falls prevention strategy on an ongoing basis.**
   - We consistently report patient falls as part of our safety event reporting system, without fear of repercussion.
   - We use a standard, universally understood definition of falls, i.e. *Safer Healthcare Now!* defines a fall as an event that results in a person coming to rest inadvertently on the ground or floor or other lower level, with or without injury.
   - We have access to useful data about the fall occurrences on our unit that help us pinpoint trends, common causes, and severity.
   - We have access to process measures on how consistently we apply the falls prevention strategy, i.e. compliance with assessment at admission, reassessment, or documented care plan for identified risks.

5. **We use the evaluation information to make improvements to the falls prevention strategy.**
   - We discuss our falls data as a team to identify opportunities for improvement.
   - We can provide specific examples of changes made on our unit to reduce the number of falls, minimize severity of harm, or increase consistency of practice.

**What You May Be Working On:**
- **Improving consistency of practice** – assessment, reassessment, care planning. Reassessment of falls risk and review of fall risk care plans should happen:
  - after a fall;
  - after a change in medical status, medications, mobility equipment or transfer techniques;
  - at transfer/discharge; and
  - at regular intervals.
- **Communicating fall risk and care plan at handoffs of care**, particularly at discharge or transfer.
- **Information to patients/families** on their role in keeping safe from falls – developing easy to understand patient education materials, teaching of practical skills, supporting patients to safely regain independence.

**Surveyors could ask:**
- Tell me about what you do in your role to prevent falls on your unit.
- How do you identify your patient’s specific risks for falls?
- What are some specific risk factors that you commonly see in your patients?
- How do you work with the patient and family to develop a care plan that addresses all the risks identified?
- How do you share the falls care plan with others caring for your patient, including family/visitors?
- How do you evaluate whether the interventions that you put in place are working?
- Do you talk as a team about the # of falls, degree of injury etc... in your area?
- Can you give examples of changes made as a result of discussing the falls in your area?

**We want to hear from you!**
Share your quality improvement gems with the SCI community at accreditation@rickhanseninstitute.org