

Fall Prevention at Extendicare Elginwood Long-Term Care

- Organization: Elginwood Long-Term Care (<http://www.extendicareelginwood.com/>)
- Author: Gilda Dehdezi, Executive Director (gilda.dehdezi@extendicare.com)

Overview

Extendicare Elginwood implemented a home-wide fall-prevention initiative to reduce resident harm and improve safety. In 2023 the home recorded 267 falls. By 2024, with standardized rapid post-fall reviews, biweekly data huddles, targeted care plan audits, environmental checks, and stronger interdisciplinary communication, total falls declined to 189. The approach emphasizes real-time root-cause analysis, timely care plan updates, identification of high-risk residents and peak-risk times, and resident engagement during known risk periods. Progress is tracked through biweekly and quarterly reviews, audit compliance, and year-over-year comparisons.

Key Elements of Initiative

Change Ideas Tested or Implemented

- Immediate post-fall huddles to identify root causes and provide on-the-spot staff education.
- 24-hour post-fall reviews led by nursing and fall leads for prompt intervention.
- Biweekly fall data reviews and open discussions to revise and personalize care plans.
- Quarterly analytics to identify high-risk periods and optimize staff deployment.
- Twice-weekly care plan audits to ensure fall-prevention strategies are implemented.
- Regular environmental assessments of resident spaces to identify and mitigate risks.
- Resident-centered activity bins during afternoon shift changes for high-risk residents.

Team Members Involved

- Primary team: On-floor nurse, recreation staff, housekeeping, dietary aid, PSW.
- Secondary team: Physiotherapist, clinical lead.
- Interdisciplinary team: Director of Care, Assistant DOC, Behavioral Support Nurse Lead, Executive Director, in-home doctor and nurse practitioner, external partners (Ontario Shores for behavioral support).

Target Population

- Residents with high fall and injury risk, including those with cognitive impairment or behavioral expressions.

Objective of Change Ideas

- To reduce fall incidents by identifying root causes, updating care plans in real time, and engaging a multidisciplinary team for tailored prevention strategies.

Measurement of Progress

- Biweekly and quarterly fall trend reports.
- Audit compliance rates for care plan updates and device functionality (twice weekly).
- Year-over-year fall count comparisons (267 in 2023 vs. 189 in 2024).

Implementation Experience: Successes & Challenges

Successes and Early Wins

- Achieved a 29% reduction in overall falls from 2023 to 2024.
- Enhanced real-time staff responsiveness through regular biweekly huddles.
- Proactive identification of high-risk time periods led to a 15–20% reduction in falls during those windows.
- Consistent monitoring and updating of high-risk resident lists after each shift.
- Visible communication tools (high-risk lists) improved staff awareness, especially during shift changes.
- Strengthened accountability measures and recognition for successful prevention efforts.
- Resident engagement through personalized activity boxes reduced boredom and restlessness.

Enablers of Success

- Strong interdisciplinary collaboration.
- Regular care plan audits and strategy discussions.
- Staff engagement through open forums with physiotherapist and clinical lead.

Challenges & Solutions

- Shifting the culture and introducing new practices to frontline staff required ongoing education, clear communication, and leadership support.
- Initial resistance to change was overcome by building trust and demonstrating early successes.
- Some preventable falls still occurred; addressed by introducing real-time audits and functionality checks for prevention tools.
- Behavioral-related falls were difficult to prevent; engaged external behavioral supports for expert intervention.

Advice for Other Teams

- Be consistent with post-fall reviews, data huddles, and care plan updates.
- Analyze fall data frequently with the physiotherapist and clinical lead to find patterns.
- Hold regular care plan meetings to confirm prevention strategies are active and effective.
- Encourage frontline staff to surface root causes and share lessons.

Future Steps & Sustainability

Next Steps

- Expand real-time audits to other high-risk interventions beyond falls.
- Continue using quarterly fall trends to proactively adjust staff supervision schedules.
- Track fall-related metrics in real time and discuss them in Fall Prevention meetings.

Embedding into Policy or Workflow

- 24-hour report discussions, biweekly fall huddles, reviews, and twice-weekly care plan meetings are now standard workflow.
- Care plan audits are scheduled weekly and included in the RAI Coordinator's routine.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca
Document disponible en français en contactant info@OntarioHealth.ca