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Hospital Policies on Falls in Relation to Patients with Communication Disability: A Scoping Review and Content Analysis

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Data availability

The data that support this study cannot be publicly shared due to ethical or privacy reasons and may be shared upon reasonable request to the corresponding author if appropriate.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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Abstract

Background: Falls in hospital are a significant public health issue and patients with communication disability have unique risk factors that have the potential to contribute to falls.

Aim: To determine how the content of hospital falls policies relate to patients with communication disability and to identify gaps in policy that need to be addressed.

Design: A scoping review and content analysis of (a) policies and related documents, from a target health service in Victoria, Australia, and all relevant Australian state and territory health departments; and (b) national guidelines.

Methods: Data were analysed for content relating to inclusion of patients with communication disability.

Results: Communication disability is not captured as a risk factor for a fall in assessment tools. When included, aspects of communication disability were often conflated with cognitive impairments. There was little guidance for staff on adapting falls prevention education to suit the needs of patients with communication disability and limited identified role for speech pathologists.

Conclusion: This study suggests that a patient's communication disability is not visible in hospital falls policies and guidelines.

Introduction

Falls in hospital are a significant public health issue and by 2051, it is projected that the economic burden of falls related injuries in Australia will increase almost threefold to nearly \$1.375 billion per annum.^(1,2) Through the Australian Council on Health Care Standards and the Australian Commission on Safety and Quality in Health Care, there is a national framework for health services to manage the risk of harm to patients during their hospital journey.

Falls prevention is an important element of the national health policy agenda and there is extensive literature on falls risk, screening tools and falls prevention programs that inform hospital policy and guidelines.⁽³⁻⁵⁾ And yet, there remain gaps in the literature examining hospital falls prevention policies on the care of patients with communication disability. Given the high prevalence of communication disability across hospital populations (e.g., stroke, dementia, hearing impairment) and a significantly increased risk for safety incidents for patients with communication disability in hospital,⁽⁶⁾ it is reasonable to expect that hospital policy documents would provide guidance for clinicians to decrease the risk of falls for this population, in particular those with stroke. Adults with communication disability following stroke may be at increased risk of falls as they have unique factors that contribute to their falls in hospital, including difficulty accessing the call bell, and communicating their basic needs (e.g., for using the toilet).⁽⁷⁻¹²⁾ Further, patients with communication disability may also have difficulty in accessing the information provided in falls prevention education, an intervention known to be effective in reducing injurious falls in hospital.⁽¹³⁾

A review of hospital and health service policy and guidance on falls in hospital provides an insight into current practices within health services. The aims of this review are: (a) identify and synthesise content relating to patients with communication disability, (b)

identify gaps in policy and guidelines, and (c) consider ways that patients with communication disability may be included in both screening and prevention programs.

Methods

Search Methods

The search was focused on policies at the local, state and territory, and national levels of the Australian health care system. This system has a complex governance structure in which each local health care service operates under several standards and guidelines to reduce risk for patient safety incidents and guide clinical care.^(1,14,15) Health care service falls policies are based on scientific evidence, views of experts, state and national government policies; as well as the Australian Commission on Safety and Quality in Health Care standards. To reflect this complex framework, a metropolitan health service in Victoria, Australia, was selected as an example health service for sampling of policy documents at the health service level. The documents obtained from this health service were considered an example of how falls policies and guidelines appear at the health services level. A geographic search strategy was then applied to locate falls policies at the state and territory and national levels of the Australian health care system.

Search Strategy

In July 2022, 10 internet sites were searched for publicly available information relating to falls in hospital using the search terms ‘falls’, ‘falls policy’, and ‘falls assessment tools’ to create a database of documents that are publicly available relating to falls. Relevant links located within those websites were followed to apply the inclusion/exclusion criteria (see Table 1). Where documents covered falls in all settings, only data relating to the hospital setting were extracted and included in the analysis.

Table 1
Inclusion and Exclusion Criteria

Inclusion	Exclusion
The document is in place at: <ul style="list-style-type: none"> • the target health service • Australian state or territory level • National level policy or documents encompassing all accredited Australian hospitals 	Documents related to falls in other settings
One of the following types of documents: <ul style="list-style-type: none"> • policies and guidelines relating to preventing falls and harm from falls in hospital • falls risk assessment tools used in hospital • falls prevention strategies • staff education on falls risk or prevention • consumer information on falls prevention • accreditation standards for Australian hospitals regarding preventing falls and harm from falls 	

Data Analysis

To facilitate a detailed content analysis, documents were analysed according to its intended audience: (i) documents aimed at hospital, health services, or hospital staff; and (ii) documents aimed at patients, consumers, or people at risk of falling. All authors reviewed the documents and discussed the resulting content themes to arrive at consensus that the analysis reflected the content of the documents.

Documents aimed at hospitals, and hospital staff.

As data were collected, an iterative process of data extraction and analysis was conducted in a constant comparison manner and data were analysed both inductively and deductively in NVivo.⁽¹⁶⁾ The Generic Reference Model of patient safety⁽¹⁷⁾ guided the deductive data extraction. This model is a descriptive patient safety framework and encapsulates; (a) risk factors, (b) incident details, and (c) factors that describe the consequences of the incident for the patient and the organisation. Data that did not fit into the model were analysed inductively to develop a framework of content themes.

Documents aimed at patients and consumers.

An Excel database was created to analyse and code the consumer information and education documents according to their content. Each document was assessed by the authors for its information accessibility for people with communication disability, see Table 2 for details.⁽¹⁸⁾ A binary judgement of ‘yes’ or ‘no’ was applied for each feature of each document.

Table 2
Information accessibility features for people with communication disability

Feature
Use of simple words and short sentences
Large and standard font
White space
Use of relevant pictures
Use of headings and sectioned information
Highlighting key information

Results

The search yielded 45 documents meeting the inclusion criteria (see table 3).^(1,19–26) There were six major content themes relating to people with communication disability, organised according to either the assessment or screening of falls risk, and the prevention of falls (see figure 1). The theme relating to guidance for staff to facilitate inclusion of people with communication disability in falls screening, assessment or prevention is reported within the results relating to the first five themes.

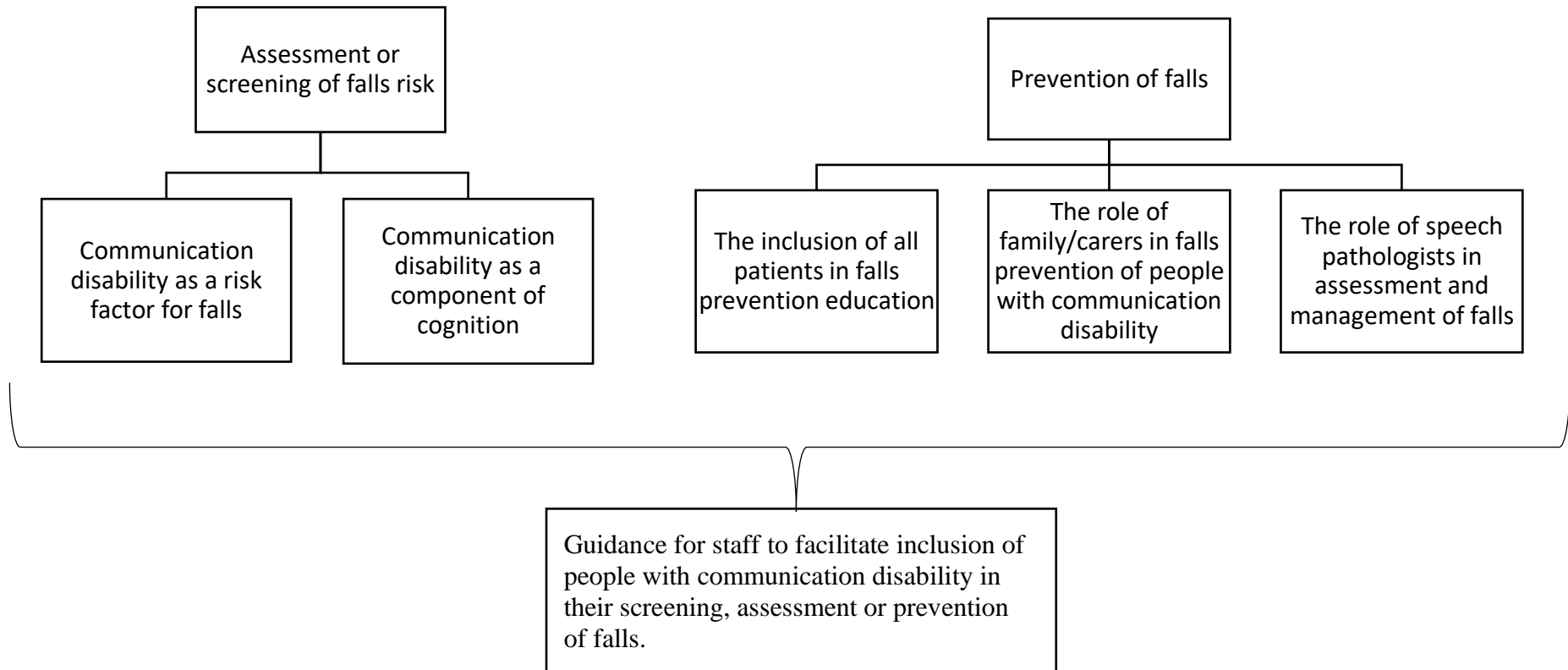
Table 3
Included documents

Category	Document	Organisation
National Standards	Action 5.24 Preventing falls and harm from falls	Australian Commission on Safety and Quality in Healthcare
	Action 5.25 Preventing falls and harm from falls	Australian Commission on Safety and Quality in Healthcare
	Action 5.26 Preventing falls and harm from falls	Australian Commission on Safety and Quality in Healthcare
	Preventing Falls and Harm from Falls in Older People	Australian Commission on Safety and Quality in Healthcare
Guidelines or Policy	Canberra Hospital and Health Services Procedure (Falls – Assessment, Management and Prevention)	Canberra Hospital and Health Services
	Assessing Risk of Falls and Preventing Harm from Falls Guideline	Health Service
	Minimising Patient Harm from Falls, Pressure Injury, Malnutrition, Dehydration, Delirium and Cognitive Impairment Standard	Health Service
	Falls Prevention Program	NSW Health
	Implementation Standard for Preventing Falls and Harm from Falls	QLD Health
	Preventing Falls and Harm From Falls Model Policy	QLD Health
	Fall and Fall injury prevention and management toolkit – When and how to do fall risk screening, assessment, care planning and discharge planning	SA Health
	Fall and Fall Injury Prevention and Management Policy Directive	SA Health
	Falls in hospital	VIC Health
	Falls prevention in hospital	VIC Health
	Identifying falls risk	VIC Health
Assessment Tool	Falls Risk Assessment Tool (FRAT)	Health Service
	Integrated Risk Assessment	Health Service
	Falls Risk Assessment and Management Plan (FRAMP)	NSW Health
	Ontario Modified Stratify (Sydney Scoring) Falls Risk Screen	NSW Health
	In-Patient Falls Assessment and Management Plan	QLD Health

	Falls and Fall Injury Risk Assessment	SA Health
	Falls and Fall Injury Risk Review	SA Health
	Falls Risk Screen	SA Health
	Falls Risk Assessment and Management Plan (FRAMP)	WA Health
Falls Prevention	Fall Prevention Pathway – Staying Independent for Longer	Health Service
	Suggested strategies and equipment to address falls risk factors in hospital and residential care settings	Health Service
	Hospital Fall Prevention Strategies	NSW Health
	Falls and Fall Injury Risk Factor Assessment – Recommended Actions for Consideration	SA Health
Staff Information	Falls facts for allied health professionals	Australian Commission on Safety and Quality in Healthcare
	Falls facts for doctors	Australian Commission on Safety and Quality in Healthcare
	Falls facts for health managers	Australian Commission on Safety and Quality in Healthcare
	Falls facts for support staff (cleaners, food services, and transport staff)	Australian Commission on Safety and Quality in Healthcare
	Give it a Go! Guide – Help your patients to mobilise safely	NSW Health
	Pointers for safe mobilisation – Give it a Go! – Information for clinicians & Health professionals	NSW Health
Consumer Information	Falls Prevention – In Hospital	NSW Health
	Moving around safely in hospital – Information for patients, families and carers	NSW Health
	Patients who are confused could fall when in hospital – information for families and carers	NSW Health
	Falls in hospitals	Northern Territory Health
	Stay on Your Feet in hospital and prevent falls - Be Safe	QLD Health
	Call, don't fall!	QLD Health
	Don't fall for it. Falls can be prevented!	SA Health
	Keeping Safe and Independent in Hospital	SA Health

	Preventing falls in hospital	Vic Health
	Staying safe during and after hospital – preventing falls	WA Health
	Staying safe from falls in hospital	Canberra Health Services

Figure 1:
Content themes relating to people with communication disability in falls policies and documents



Assessment of Falls Risk

Communication disability as a risk factor for a fall

Across the falls risk assessment and screening tools, there was a strong focus on screening for and identifying known falls risk factors. In relation to communication disability, difficulties following or recalling instructions were included on 2 of the 9 tools. Communication disability as a risk factor for a fall was also identified on a poster advocating for nurse-led mobilisation of patients, where nurses were to consider mobilising patients if the patient was able to follow simple instructions and complete basic mobility tasks. The flowchart provided considerations for management of physical limitations such as transferring using equipment, but did not provide any considerations for what to do if the patient was unable to follow instructions.

Communication disability as a component of cognition

When screening or assessing for risk of falls, aspects of communication disability were often subsumed into cognitive domains of the tools, or conflated with cognitive impairments, including ‘dementia’, ‘delirium’, and ‘confusion’. The ‘Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Australian Hospitals’⁽²⁷⁾ document included special consideration sections for all topics, where further suggestions or adaptations to recommendations are made for people with cognitive impairments. Throughout these sections, references were made to difficulties with communication in relation to the use of interpreters. No suggestions or adaptations were outlined or recommended for people with communication disability.

Prevention of Falls

Inclusion of all patients in falls prevention education

All policies pertaining to fall prevention strategies and education included recommendations that patients be included in the development of their falls prevention plan; and be provided with education regarding falls risk and prevention strategies. However, many falls prevention plans rely on the patient having proficient verbal comprehension skills (e.g., orientation to the ward, using the call bell and understanding education regarding falls risk and prevention). There was no guidance provided for staff to assist in adapting these tasks to meet the needs of patients with communication disability, in particular difficulties with comprehension (e.g., use of simplified format, or multimodal communication including use of gestures, or pictures or video modelling).

Written information available to patients at risk of falls relies on the ability to read and understand the English language. Only one document provided direction to adapt the document for a person with a disability. In terms of the information accessibility of the documents, the majority of brochures used short sentences, but with complex linguistic forms which are a barrier to understanding the written information for patients with communication disability. A standard font was used for all brochures, but there were inconsistent font sizes and highlighting of key information and the use of relevant pictures to facilitate understanding was rare.

Role of family members and carers in falls prevention for people with communication disability

All documents pertaining to falls prevention education (i.e., risks and intervention strategies) indicated that education should be provided to both patients and carers or family members. For patients who were unable to participate in falls prevention education, the documents recommended that staff provide this education to family or carers as an alternative. Additionally, there was a reliance on family members or carers to take an active

role in falls prevention strategies when the patient was perceived not to be able to do this for themselves.

Role of speech pathologists in assessment and management of falls

Aside from the central role of nursing and medical staff, the role of the multidisciplinary team (including support staff) were identified in both the assessment of and prevention of falls; with discipline-specific fact sheets available outlining their responsibilities. The role of speech pathologists in falls prevention for patients with communication disability was mentioned in one risk screening tool, where severe difficulties with speaking or following instructions were identified, a referral to a speech pathologist was suggested as a component of the management plan for falls prevention.

Discussion

This review is the first to examine hospital falls prevention policy, and related policy documents, in relation to patients with communication disability. The lack of consideration of communication disability in falls risk assessment or screening tools is accompanied by lack of guidance to: (i) refer to multidisciplinary team members to support better communication (i.e., speech pathologists) and; (b) a lack of guidance for staff to adapt their communication and improve the accessibility of falls prevention programs.⁽⁷⁾

The assessment tools included in this review include consideration of well-established patient risk factors for falls in hospital.⁽²⁷⁾ However, there is evidence that communication disability is associated with an increased risk of falls in hospital, and there is no doubt that communication disability impacts on a patients ability to engage with known falls prevention strategies such as following safety instructions, using the call bell successfully, and effectively communicating needs (e.g., toilet, thirst, hunger).^(9,10,12,28) The results of this review show that where communication factors were included in the risk assessment tools, these were subsumed into categories relating to cognition however, communication and

cognition can be mutually exclusive. Conflating communication disability and cognitive impairment may provide inadequate strategies for actions taken to reduce risk of falls in patients with communication disability. Fall risk assessment should include identification of the patient's communicative limitations and functions, allowing fall prevention to be targeted towards and individualised to a patient's communication needs.⁽²⁹⁾

The results suggest that patients with communication disability are not yet considered adequately in falls prevention strategies. Consequently, these patients are likely not taking part in the development of their falls prevention plan or participating in falls prevention education. Communication disability should not be a barrier to engaging the patient in this process, as their exclusion may not only increase their risk of falls, but also prevent empowering them to undertake the recommended prevention strategies during their hospital admission.⁽³⁰⁾ Including considerations for people with communication disability in hospital falls policies could provide useful guidance for staff to enable this population to be active participants in their falls prevention.

Speech pathologists can enhance communication between patients and healthcare providers.^(31–33) Tailoring information and education to an individual's communication needs has been shown to assist patients with aphasia (language difficulty after stroke) to better access and understand health related information.⁽¹⁸⁾ As such, increasing the focus on team members with skills in communication disability and function would be important when directing staff from a falls risk instrument into requests for a referral to a speech pathologist along with other members of the multidisciplinary team often mentioned in the policy documents and guidance.

Limitations

This review was limited by its methodology to include only publicly available policy documents at the state or territory and national level. Had hospitals been contacted to obtain

internal documents further insights might have been obtained to the content of their falls policies. The assumption was that the publicly available documents available on health service websites would be current and patent at the time of data collection. However, the policies might have been updated since their publication, but not re-published or yet available on the website. Considering the strong alignment and saturation of content themes across all levels of document in this review, it is possible, but unlikely, that examination of additional individual hospital intranet sites at the local level would yield different or new insights into the contents of falls risk or falls prevention documents.

Directions for Future Research

Further research is needed to identify ways to enhance falls risk assessment tools to incorporate identification and documentation of a patient's communication disability, particularly in wards where there is a high prevalence of patients with communication disability (e.g., stroke units), particularly given evidence that it is a risk factor for falls in hospital.^(8,34) Further, a detailed investigation of the experience of hospital falls in patients with communication disability may provide further insights into the unique risk factors surrounding this population during their hospital admission and could inform new or updated falls risk screening tools for patients with communication disabilities in hospital. Further research into the specific role of a patient's communication disability in their falls may provide guidance as to whether hospital falls-related policies and guidelines should include recommendations for adapting education for patients with communication disability in hospital.^(35,36)

Conclusion

This content review of hospital falls policies in Australia provides important insights into how policy and guidance documents relate to the screening and assessment of falls risk and falls management for people with communication disability. The findings suggests that a

patient's communication disability is not visible in hospital falls risk screening tools or prevention strategies, including education. The gaps identified in this review should be the focus of further research that deliberately includes patients with communication disability and subsequently inform priority areas for policy development.

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