Leeton Falls Reduction Quality Project

Leeton Health Service
October 2014
Team Membership

• Deputy Nurse Manager (Team Facilitator)
• HealthShare Team Leader
• Nursing Unit manager – Acute Care Unit
• Nursing Unit Manager – Residential Aged care Facility
• Asset Management Team Leader
• Registered Nurses (Acute and Aged Care)
• Enrolled Nurses (Acute and Aged Care)
Provide a visual queue to all staff indicating the level of falls risk for patients and residents within the facility.
Falls Reduction Program: Methodology – Quality Cycle

1. **Plan**
2. **Identify**
3. **Implement**
4. **Evaluate**
Falls Reducing Program

- Falls risk is determined by using the Ontario Modified Stratify (Sydney Scoring) Falls Risk Screen
- Falls risk assessment and management plan (FRAMP)
- The Leeton Falls Reduction Program is an adjunct to current screening / assessment methods
Red – High Falls Risk

- Supervise/assist mobility
- Nurse call bell easily accessible
- Encourage patient/resident to call nursing staff prior to mobilising
- Mobility aid within reach
- Over bed table close to patient resident
- Water jug and nutrition easily accessible
- Ensure regular toileting regime
- Ensure patients telephone is easily accessible
- Alert nursing staff of patient activity
- Educate family/visitors on strategies to prevent falls
- Review and implement recommendations as per current FRAMP
Green – Low Falls Risk

• Ensure patient/resident is orientated to their environment
• Nurse call bell easily accessible
• Mobility aid within reach
• Over bed table close to patient/resident
• Water jug and nutrition is easily accessible
• Ensure patients telephone is easily accessible
• Notify nursing staff if concerned
• Educate family/visitors on strategies to prevent falls
Regularly review steps throughout the shift
Placement of cards

- Small card of appropriate colour above patient/resident bed, in bottom right hand corner of whiteboard.
- Large card of appropriate colour attached to front of 4WF/PUF
- Tape of appropriate colour around top of SPS
- Large card in front of folder

- Coming soon...
  - Colour appropriate badges for mobilising patients who refuse aids.
Some examples:
Evaluation

• Trending of IMM’s
## Clinical Incidents - by Incident Type
### 15 July to 14 September 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>1</td>
</tr>
<tr>
<td>Pressure Ulcer</td>
<td>1</td>
</tr>
<tr>
<td>Pathology Laboratory</td>
<td></td>
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<tr>
<td>Oxygen Gas Vapour</td>
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<tr>
<td>Organisation Management/Services</td>
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<tr>
<td>Obstetrics - Maternal</td>
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<tr>
<td>Medications/IV Fluids</td>
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<tr>
<td>Medical Devices/Equipment/Property</td>
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<tr>
<td>Health Care Associated...</td>
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</tr>
<tr>
<td><strong>Falls</strong></td>
<td>16</td>
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<tr>
<td>Documentation</td>
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<tr>
<td>Complaints</td>
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<tr>
<td>Clinical Management</td>
<td>3</td>
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<tr>
<td>Buildings/Fittings/Fixtures</td>
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<tr>
<td>Blood/Blood Products</td>
<td>2</td>
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<tr>
<td>Pathology Laboratory</td>
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<tr>
<td>Behaviour/Human Performance</td>
<td>2</td>
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<tr>
<td>Aggression - Victim</td>
<td></td>
</tr>
<tr>
<td>Aggression - Aggressor</td>
<td>3</td>
</tr>
<tr>
<td>Accidents/OH&amp;S</td>
<td>6</td>
</tr>
</tbody>
</table>
Falls over 18 months at Leeton Hospital

- Mar-13: 15
- Apr-13: 8
- May-13: 17
- Jun-13: 13
- Jul-13: 9
- Aug-13: 12
- Sep-13: 11
- Oct-13: 9
- Nov-13: 7
- Dec-13: 11
- Jan-14: 7
- Feb-14: 4
- Mar-14: 7
- Apr-14: 8
- May-14: 7
- Jun-14: 7
- Jul-14: 7
- Aug-14: 6
Questions??