Falls Prevention Strategies among acute Neurosurgical and Aged Care inpatients: a Best Practice Implementation Project.
Best Practice Implementation Project

• Audit of in-hospital falls prevention practices
• Implement evidence based practice
• Increase staff compliance with falls best practice recommendations
• Assess the effects of these strategies at minimising in-patient falls
Best Practice Implementation Project

30 bed Neurosurgical ward
30 BED AGED CARE UNIT

May 2013 to April 2014

EVIDENCE-BASED PRACTICE
Methods

**Phase 1** - A baseline audit

**Phase 2** - Implementation of targeted strategies

**Phase 3** - A follow up audit at 6 months
Phase 1 - Baseline audit

8 Criteria
Best Practice
Recommendations

- Assessment
- Education
- Intervention
## Eight Best Practice Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Fall risk assessment is done upon admission within 4 hours.</td>
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<td>2</td>
<td>Fall risk assessment is done upon transfer completed within 4 hours of transfer.</td>
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<td>3</td>
<td>Reassessment occurs when there is a change in condition or following a fall within 4 hours of this event.</td>
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<td>4</td>
<td>Patients who have experienced a fall are considered at high risk for future falls.</td>
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<td>5</td>
<td>Fall risk assessment is done accurately using a falls assessment tool.</td>
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<td>6</td>
<td>Healthcare professionals have received education regarding falls assessment and prevention strategies. Within the last 2 years.</td>
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<td>7</td>
<td>Patient and family education is carried out for patients at risk of falls.</td>
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<td>8</td>
<td>Targeted interventions are implemented according to risk factors.</td>
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Phase 2 - Implementation of targeted strategies

• Identify barriers underpinning the gap between actual practice and best practice
• Implement tailored strategies
Phase 3 – Follow up phase

- Identify improvement in compliance with best practice
- Establish if improvement (if any) had been sustained
- Identify remaining areas of improvement

No variations to criteria, sample size, characteristics or location

Conducted over a 4 week period

Approval by SWSLHD Research Ethics Committee
The baseline audit revealed large gaps between practice and best practice and overall performance was poor in both sample groups.
Results Phase 2 – Interventions

• Falls Prevention and Management - Education Package
• Falls Risk Assessment Management Plan (FRAMP) Form.
• Multi-linguinal patient/carer falls education material on 17 different falls related topics
• Green’ inserts to place in bedside folders
• Falls Champions
Results Phase 3 – Cycle 1
Follow-up Audit (6 months)

There were improved outcomes in the follow up audit.
Did it have an impact on the Falls Rates?

Neurosurgical Ward

2012: 6.45 falls per occupied bed days
Last 6 months: 5.88 per occupied bed days
Next 6 months: ????

Aged Care Unit

2012: 13.27 falls per occupied bed days
Last 6 months: 13.13 per occupied bed days
Next 6 months: ????

INCREASED REPORTING OF FALLS AND NEAR MISS FALLS
Conclusion

• Patient falls will continue to challenge nurses into the future
• Audit may be used to promote best practice in healthcare
• Focussed education and provision of relevant resources can have an immediate impact on clinical practice
• Room for improvement
ATTITUDES TO FALLS PREVENTION HAD BEEN ‘TRANSFORMED’ FROM PASSIVE ACCEPTANCE OF FALLS TO ACTIVE ENGAGEMENT IN FALLS PREVENTION.
No conflicts of interests to declare

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