

Implementation of an In-Hospital Post Fall Sticker

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NSCCHS Local Policy



CHALLENGE FOR CLINICIANS

19 page document – rolled out

May 2008

NO time to read this ??

BUT...

- ✓ Definition
- ✓ Risk Screening
- ✓ Risk Factors
- ✓ Strategies/Recommendation
- ✓ **Post Fall Management**

policy		NORTHERN SYDNEY CENTRAL COAST NSW HEALTH
Falls Prevention and Management Policy – NSCCAHS		
Document Number	PO2008_001	
Publication Date	21 February 2008	
Intranet location/s	Clinical – Rehabilitation & Aged Care- Aged Care Services; Child, Family & Community Health – Acute Post Acute Care (APAC); Support - Population/Public Health – Health Promotion, Professional Practice - Nursing	
Summary	Prevention and management of falls and falls injury in NSCCH acute and sub-acute facilities.	
Author Department	NSCCH Coordinator NSW Fall Policy Department Population Health Planning and Performance	
Contact (Details)	Margaret Armstrong marmstro@nscchs.health.nsw.gov.au Ph:88775328	
Endorsed By	NSCCH Area Falls Prevention Management Committee NSCCH Acute/Sub-acute Falls Prevention Committee	
Sector/Service	NSCCH Acute/Sub-Acute facilities	
Audience	All clinical and non-clinical staff who interact with patients of NSCCH Acute/Sub-Acute facilities	
Date Created	Nov 2007	
Review date	November 2010	
Previous Reference No.	Nil	
Related Policy/s	NSW Health Management Policy to Reduce Fall Injury Among Older People. (PD2005_353)	
Key Words	Falls, falls prevention, injury, falls risk identification, falls risk management, intervention strategies, post –fall management	
Status	Active	

Post Fall Management



NSCCH Post Fall Assessment Protocol

LIVE LIFE WELL
NSW HEALTH
NORTHWESTERN SYDNEY
CENTRAL COAST
AREA HEALTH SERVICE

* Special consideration of heightened risk in patients using anti-platelet and anti-coagulant drugs even when head not hit

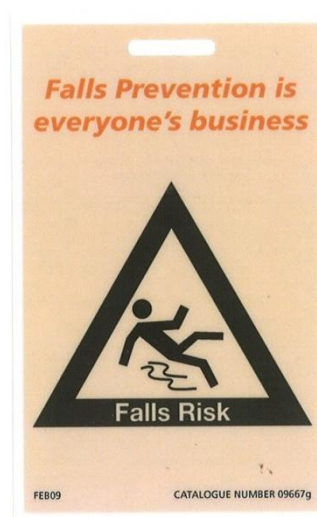
Unwitnessed Fall	Falls and Hits Head	Falls and does not Hit Head
<ul style="list-style-type: none"> Do not move initially Call for assistance <p>Potential Injuries: Head or neck injury, hip or other fracture, soft tissue injury or no observable injury.</p> <p>Initial GCS Baseline Vital sign: BP, heart rate, respiratory rate, oxygen saturation, Check BSL.</p> <p>Observe for change in behaviour, headache</p> <p>↓</p> <p>Contact Medical Officer for review</p> <p>↓</p> <p>Notify registrar / consultant (if required) Consider need for CT scan</p> <p>↓</p> <p>Observations Hourly vital signs and neurological observation and record for four (4) hours If GCS drops by 2 points from baseline, notify MO immediately. Review to continue for 24 Hours</p> <p>↓</p> <p>Notify family</p> <p>↓</p> <p>IIMS report</p> <p>↓</p> <p>Review level of falls risk and risk prevention strategies</p> <p>↓</p> <p>Document and communicate</p>	<ul style="list-style-type: none"> Do not move initially Call for assistance Assess for potential Injuries Baseline vital signs: BP, heart rate, respiratory rate, oxygen saturation, check BSL. Neurological Observations, inclusive of Initial Glasgow Coma Scale (GCS) Observe for change in behaviour, headache <p>↓</p> <p>Contact Medical Officer for review</p> <p>↓</p> <p>Consider need for CT Scan</p> <p>↓</p> <p>Notify registrar / consultant (if required)</p> <p>↓</p> <p>Observations Hourly vital signs and neurological observation and record for four (4) hours If GCS drops by 2 points from baseline, notify MO immediately (MET to be called) Review to continue for 24 hours</p> <p>↓</p> <p>Notify family</p> <p>↓</p> <p>IIMS report</p> <p>↓</p> <p>Review level of falls risk and risk prevention strategies</p> <p>↓</p> <p>Document and communicate</p>	<ul style="list-style-type: none"> Do not move initially Call for assistance <p>Assess for potential Injuries: hip or other fracture, soft tissue injury or no observable injury.</p> <ul style="list-style-type: none"> Baseline Vital Signs: BP, heart rate, respiratory rate, oxygen saturation, Check BSL. <p>↓</p> <p>Contact Medical Officer for review</p> <p>↓</p> <p>Notify registrar / consultant (if required)</p> <p>↓</p> <p>Observations Monitor vital signs hourly for 4 hrs and then review</p> <p>↓</p> <p>Notify family</p> <p>↓</p> <p>IIMS report</p> <p>↓</p> <p>Review level of falls risk and risk prevention strategies</p> <p>↓</p> <p>Document and communicate</p>

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FEB09 CATALOGUE NUMBER 09667g

- Incorporated into falls Education
- A3 Posters around wards
- Option of ID lanyards



*Special consideration of heightened risk in patients using anti-platelet and anti-coagulant drugs even when head not hit

POST FALL ASSESSMENT

- Do not move initially & Call for assistance
- Assess for potential Injuries
- Baseline Vital sign:** BP, pulse, resp rate, O2 Sats R/A, BSL, Glasgow Coma Scale (GCS).
- Observe for change in behaviour, headache
- Contact Medical Officer for review

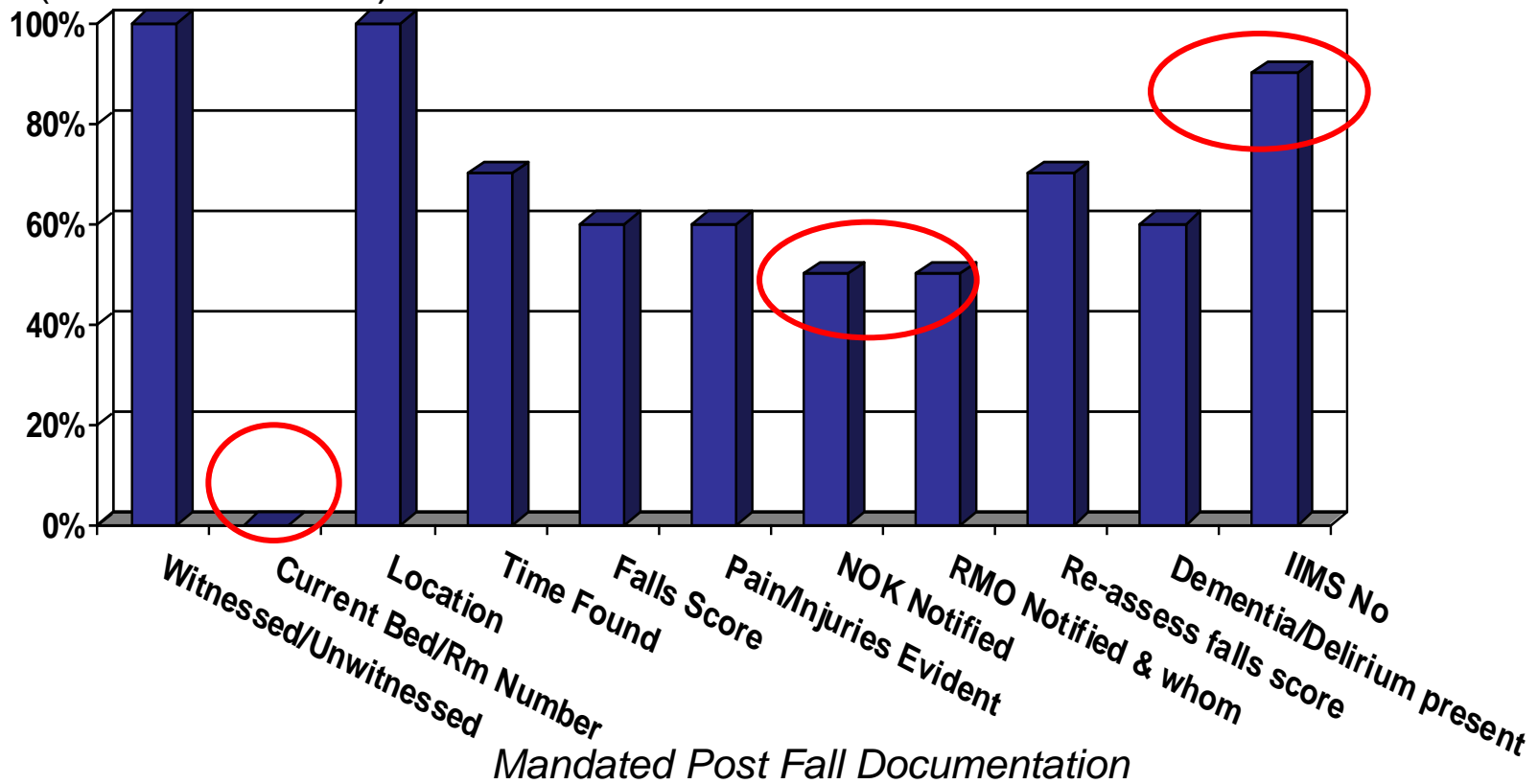
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Adapted from NSCCHS Post Fall Assessment Protocol

Problem



- Specific Acute Geriatric Ward (RACS) ↑ Falls rates
- Poor compliance with post fall documentation
- Transient staff / skill mix / posters “I haven’t seen any posters”
- Retrospective medical file audit on 10 patients whom had an inhospital fall (IIMS notification)





Action – Brainstormed

- Ward / specific meetings ++
- Feedback Falls incidents & documentation
- Clinicians identified and supported the process / 2mths (PD framework)
- Developed Post-Fall sticker (source colour of sticker and formatting)
- Rolled out to specific ward for trial August 2008

ALERT INHOSPITAL FALL

Witnessed / Unwitnessed (circle one)

*Refer to NSCCH Post Fall Assessment flowchart



INHOSPITAL FALL

Current Room/bed number _____ Time Found _____ Falls Score _____

Location of Fall: bed area/pts room/shower/toilet/corridor/other _____

Post Fall Obs: Bp _____ pulse _____ RR _____ O₂ sats_R/A _____ BGL _____

Other Observations as indicated: Neuro (GCS) / ECG / Circ

Pain / Injuries Yes / No Document in progress notes

Relatives notified Yes / No If No why? _____

Time RMO notified & whom _____

Re-assess Falls Score _____ Reassess room / bed allocation _____

Document interventions in progress notes

Hx of Dementia/Cognitive Impairment Yes / No

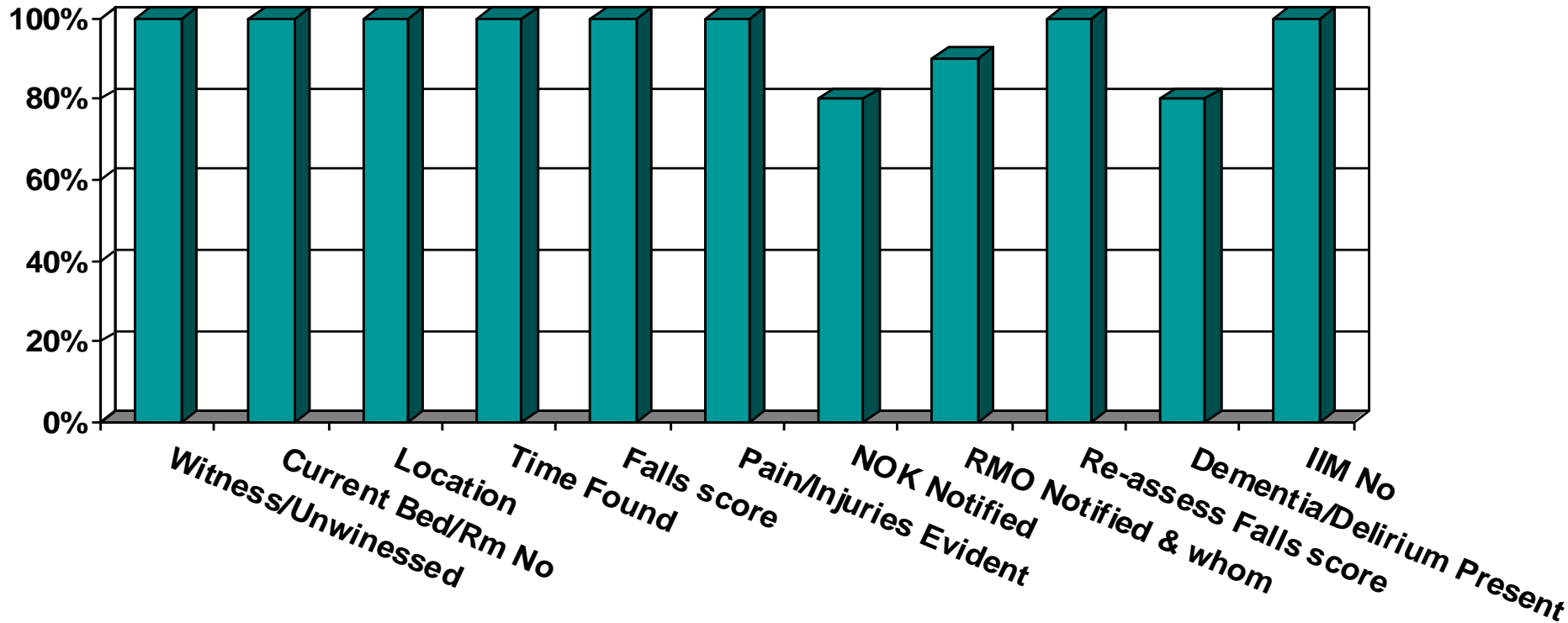
Delirium present Yes / No

IIMS Notification Number _____ Sign: _____ Date: _____

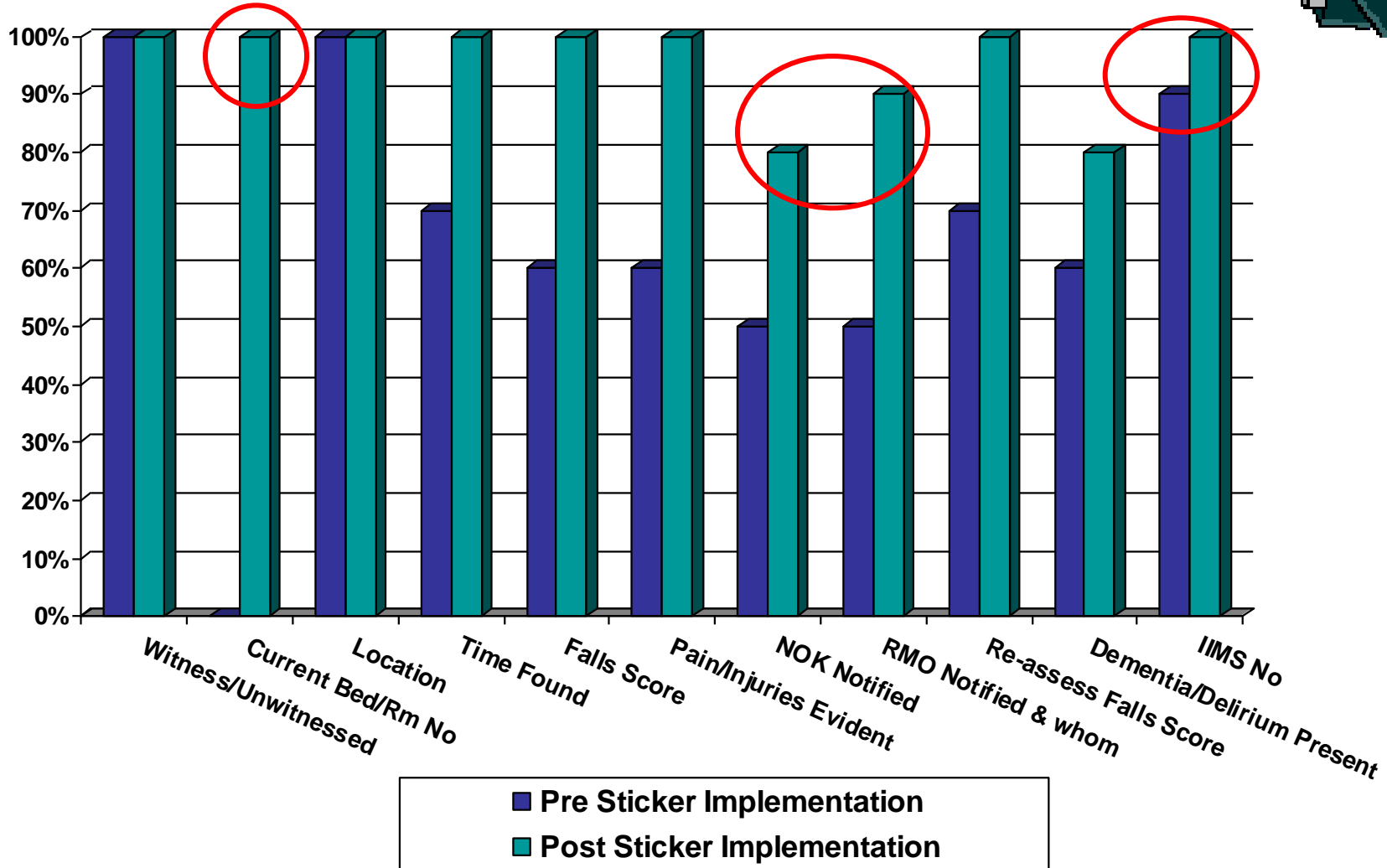
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Post Evaluation – 3 months

- Retrospective medical file audit on 10 patients whom had an in-hospital fall (IIMS notification)



96 % Compliance



Incidental Findings

- Falls included into the Medical Discharge summary

- **No Sticker**

20%

- **Post Fall Sticker**

80%



- Coding Inhospital Fall

Y9222 "Place of Occurrence at or in Health Service Area"

- **No sticker**

0%

- **Post fall Sticker**

50%

Limitations of the 'Sticker'

ALERT INHOSPITAL FALL
 Witnessed / Unwitnessed (circle one)
 *Refer to NSCCH Post Fall Assessment flowchart



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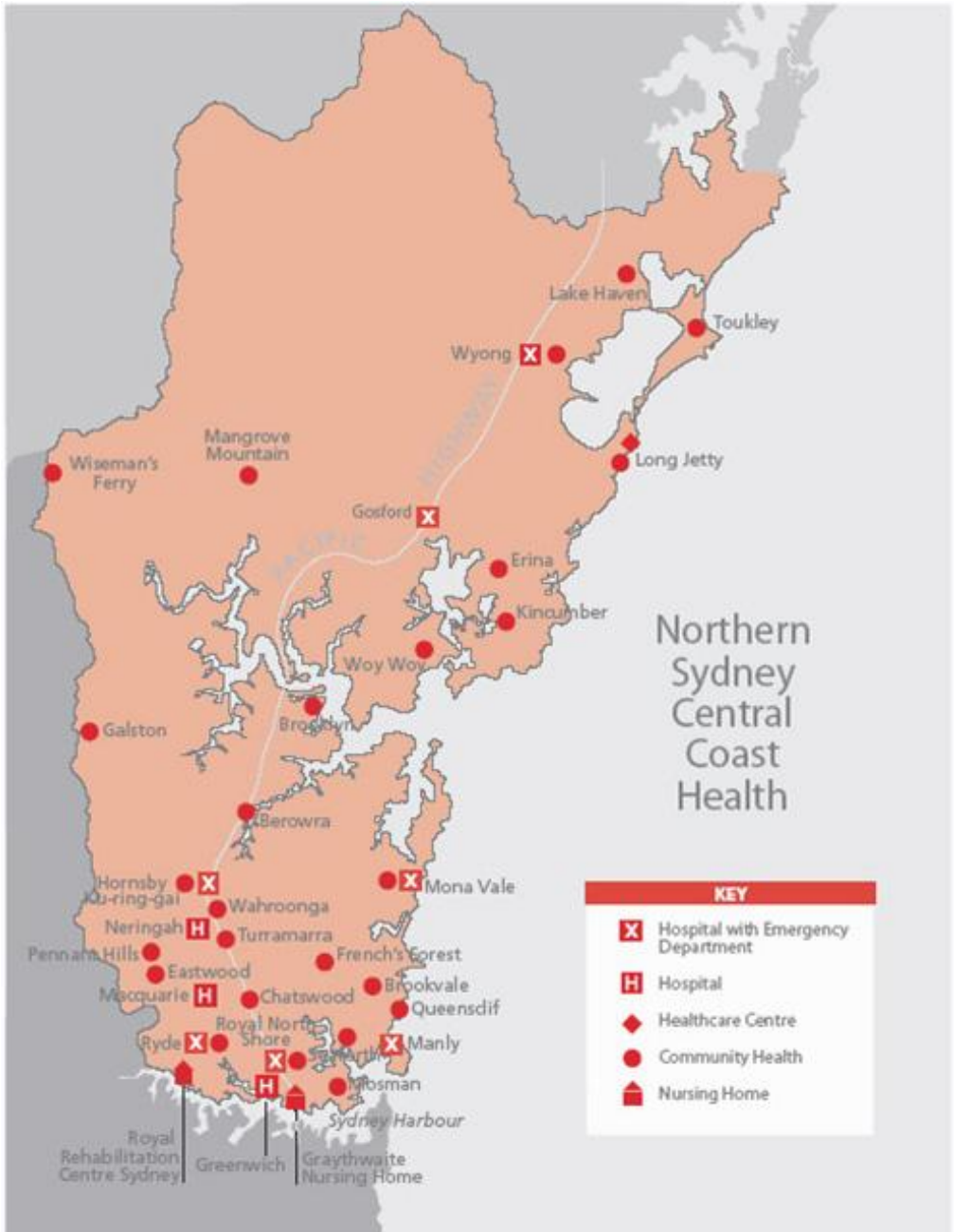
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Where To From There?

- Sticker trial offered to wards in Rehab and Aged Care Division in the 4 Central Coast hospitals in 2009
- Brought to NSCCH Acute/Sub-Acute Falls Prevention Committee for further action.
- Consultation with NSCCH facility falls committees.
- Decision to roll Post-Fall sticker out to all 12 NSCCH facilities in 2010.
- Launched on April Falls Day 2010
- Stickers provided to all facilities to encourage compliance.
- 5 Private hospitals in the Northern Sydney area also received the sticker to trial.



NSCCH Public Hospitals

- Gosford
- Woy Woy
- Long Jetty
- Wyong
- Royal North Shore
- Ryde
- Hornsby
- Manly
- Mona Vale
- Macquarie
- Royal Rehabilitation Centre Ryde
- Greenwich

Now Where?

- Area wide roll out in place for 3 months
- Implementation reviewed at facility and area falls committee meetings.
- Anecdotal review is that the sticker is well accepted and has increased visibility of falls incidents.
- Next step is area wide review of NSCCH Post-Fall Protocol which will include the use of the post-fall sticker.
- Recommendations to be incorporated into review of NSCCH Falls Policy 2010.



Thankyou

Questions?

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