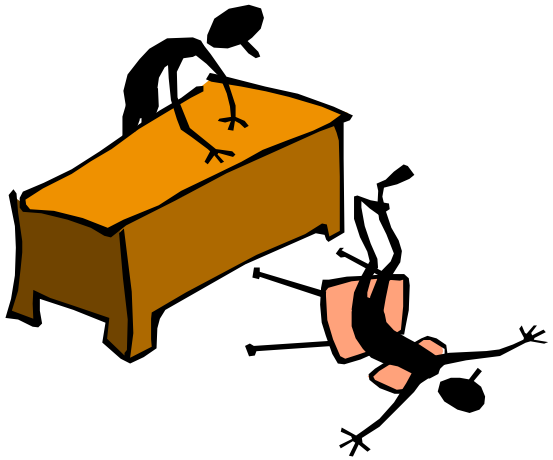
Implementing the nationwide Calvary Healthcare Falls risk Minimisation policy in Canberra….

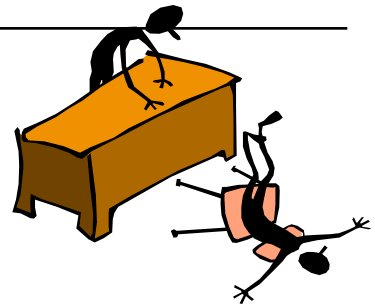
Claire Schofield

Calvary Hospital ACT

Falls Committee



Little Company of Mary Health Care (LCMHC)…



•Over 16 hospitals in New South Wales, Victoria, Tasmania, South Australia and the ACT

• 2005 LCMHC National Falls working party was formed

•Aim – LCMHC complied with Falls prevention best practice.

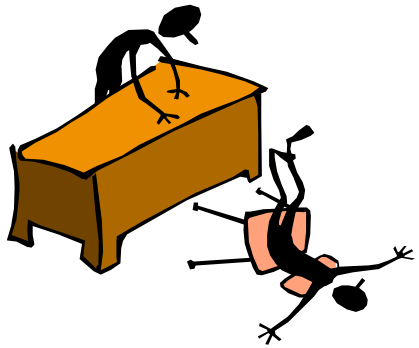
•Policy completed 2006. Included guidelines for the Acute setting, Subacute setting and Aged Care (residential and home-based)

•March 2007 – training of local key staff

•June 2007 – official role out in ACT – included Clare Holland House, Calvary Bruce campus and Calvary John James

The Policy – in brief… (acute and subacute)

- 7 areas
  - Assessment
  - Falls risk minimisation Interventions
  - Post Fall Management
  - Discharge Planning
  - Education
  - Evaluation and Monitoring
  - Environmental Audit and review



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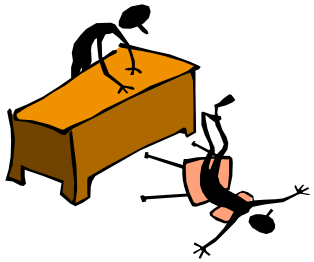


- **Identification of falls risk level on admission…**
  - **Admission risk screening tool**
  - **FRAT – identifies level of risk and appropriate interventions**
- Targeted and individualised falls risk minimisation plan
  - Colour coded labels - walking frames, above bed
  - Level specific care strategies
  - Education – staff, patient, family
- Post fall patients
  - Appropriate evaluation and treatment RE the cause of fall
  - Appropriate evaluation and treatment RE any injuries sustained in the fall

Admission risk screening tool…

- 7 areas – falls, pressure ulcers nutrition, dvt, anxiety, discharge planning, polypharmacy

- 5 falls questions
  - Fall contributing to Admission
  - History of falls within last 12 months
  - Cognitive impairment
  - Unsteady , requires supervision or assistance with transfers or mobility
  - History of incontinence

Acute Falls Risk Assessment Tool (FRAT)

[Adapted from Queensland Health's Falls Risk Assessment Tool]

Calvary Health Care ACT

CH-1132 (04/07) Trial until Oct 2007

LCM Health Care

ATTACH PATIENT LABEL

URN: .....

Surname: .....

Given names: .....

D.O.B. .....

CATEGORIES	RATING SCALE				Date / /	Date / /	Date / /
	0	1	2	3	Score	Score	Score
Falls History	No falls in last year	Fall in last 6 months	Fall in last 3 months	**Fall in last month – Default to High Risk**			
Days Since Admission	On Admission	Up to 7 days	8 – 14 days	Over 14 days			
Age	0 – 19 years	20 – 59 years	60 – 70 years	> 70 years			
Balance	Chair/bedfast, stand & pivot with help	Needs assistive device +2 people	Ambulates with assistive device +/or 1 person	Ambulates without assistance/device			
Mental State	Oriented to time, place and person	Oriented to place and person	Oriented to person	Disoriented &/or impaired judgment &/or impulsive			
General Health	Well nourished, normal sleep pattern	Poor appetite &/or sleep disturbance	Severe sleep disturbance	Malnourished, weight loss			
Vision	Normal	Wears glasses	Blurred vision, cataract, glaucoma	Severe visual disturbance or blindness			
Speech	Normal	Speech defect but understood	Dysphasia/language barrier	Severe defects or severe language barrier			
Medications	No effectors	CV effectors eg. betablockers, diuretics, anti-hypertensives	CNS effectors eg. tranquillisers, sedatives, psychotropics	Both CV & CNS effectors			
Chronic illness	None	1 Chronic condition	>1 Chronic condition	Multiple illnesses			
Incontinence	None	Increased frequency	Nocturia, stress incontinence	Urge incontinence, indwelling catheter			
Score Assessment:	**0 – 10 = Low Risk**	**11 – 20 = Medium Risk**	**21 – 33 = High Risk**	**Total Score:**			
Reassessment Due:				**Initial:**			

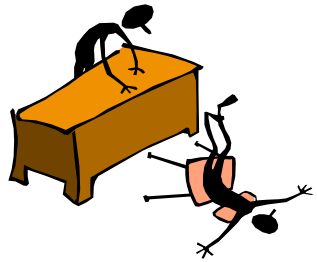
Name & Signature:	Initial:	Dsgn:	Name & Signature:	Initial:	Dsgn:	Name & Signature:	Initial:	Dsgn:

On completion of Assessment please turn page and implement recommendations

Back side of FRAT interventions include…

- Low falls risk
  - Consider environmental risks and address
  - Fully orientate the patient to their new surroundings
  - Ensure patient wears non-slip footwear and it is within reach
  - Ensure bed brakes are functional and on
- Medium falls risk
  - Consider the need for additional lighting
  - Discuss falls risk with patient and family
  - Implement toileting regime if appropriate
- High falls risk
  - Do not leave patient alone in bathroom
  - Implement “out of bed” alarm if appropriate

The Policy – in brief… (acute and subacute)



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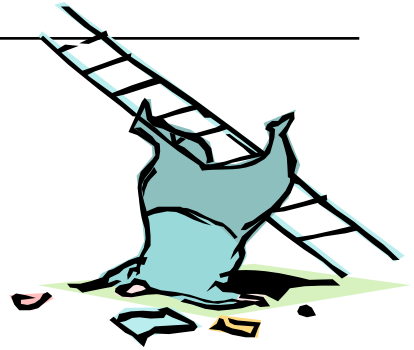
Plan of implementation …in ACT

- Model
  - Site Co-ordinator… 1-2 per physical site
  - Clinical managers – CNCs & CDNs
  - Clinical Champions – 1-2 on each ward

Plan of implementation …in ACT



- Local falls committee revamped
  - •Develops local procedures in accordance with national policy
  - •Co-ordinating local implementation
  - •Local modification of Learning packages
  - •E-Learning …. coming

•Training for Champions.. Specific training for each of the following…

- •Site Champions…
- •Clinical champions…

Plan of implementation …in ACT

- Wards
  - Each given starter package – FRAT, coloured risk indicators, orange arm bands, policy and learning package
  - Staff on “high risk” areas attended inservice

- General public
  - Display/information boards in strategic location

How did it go

A huge struggle

OR

A walk in the Park

Prelimary results

- Survey of participation 3 months after implementation
  - ACRS - ARS and FRAT attempted but not 100% completed
  - 5th floor – 85% ARS completed, 20% FRAT attempted
  - 6th floor – 75% ARS , 0% FRAT
  - OPMH – ARS completed. FRAT ½ completed
  - 4th Floor/ICU/CCU – 0%

Lessons learnt… ARS completion is essential for the process to start

Hiccups

- Awareness/knowledge
  - clinical and site champions good initial education as did staff on “high risk” wards
- Implementation
  - Local falls committee no power to make implementation happen
  - Staff busy – not high priority
- Communication
  - Better channels between falls committee and site champions
  - Falls committee and CNC/CDNs

Future Plans

- Patient brochure
- Patient falls package on initial identification of med-high risk
- E-learning tool
- Ward Area “dash-board” to include monthly results of ARS, FRAT and falls incidence

Future Goals

- 80% of clinical staff in targeted areas will receive education regarding the implementation and on going requirements of the falls minimisation program.
- 100% of patients in targeted areas will have a falls risk screen attended on admission and a falls risk assessment completed (if required) after initial risk assessment
- Good reporting with riskman…