Fall Injury Prevention and Management in SWAHS Hospitals

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Outline

- Background work
- Developing the Policy
- What is in the Policy?
- Implementing it
- Challenges
- Lessons leant
NSW Health Falls Policy

- Sets out work needing to be done in all settings.
- Released with funding announcement in 2004.
Sydney West AHS Action Plan for implementing the NSW Falls Policy

- Describes work to be done in SW Area to implement the Policy.
- Completed/ endorsed by late 2005.
- Working parties set up to oversee Plan implementation.
- Negotiating role of CGU in Acute setting.

ACTION PLAN
For implementing
The NSW HEALTH
Management Policy To Reduce
Fall Injury Among Older People
(2003-2007)

November 2005
Best Practice Guidelines for Australian hospitals and residential aged care facilities

- Recommendations form the basis of the SWAHS Hospitals Falls Policy.
- SWAHS Policy draft written, sent out for comment, amended …finally endorsed.
Fall Injury Prevention and Management in SWAHS Hospitals

PURPOSE

1. To prevent fall injury
2. To guide staff in best practice
3. To minimise and manage patient’s falls risk factors
4. Ensure appropriate action is taken when a fall incident or injury occurs
What is in the Policy?

Screening for falls risk
- A patient MUST be screened within 24hrs of admission by nursing staff using the Ontario STRATIFY tool which is in the SWAHS Patient Assessment form.

Flagging for patients identified at risk
What is in the Policy?

Mobility assessment
- If identified at increased risk, refer patient to Physiotherapy for assessment ASAP.
- Patients at increased risk must be instructed not to walk unattended until Physio assessment is done.

Physical activity
- Encourage all hospital patients to mobilise, participate in functional activities, practice exercises as recommended by PT and value pa.
What is in the Policy?

Screen for appropriate footwear

If patient does not have safe footwear:
- Contact relatives/carers and ask them to bring them into hospital.
- If this is not possible, patient will be fitted with non-slip socks for use while in hospital.
What is in the Policy?

Early referrals for comprehensive assessment.

- Patient assessment form will indicate appropriate referrals eg. OT, Dietetics, Continence CNC etc for further assessment and management.
What is in the Policy?

Managing the ward environment

- Patient orientation to ward, explain use of call bell, location of spectacles etc.
- Consider positioning high-risk patients near toilets and/or nursing station.
- Reduce clutter
- Equipment
- Floor surfaces
  - Lighting
What is in the Policy?

**Education**
- Provision of booklet
- Educating patient and carers should be done by all team members.

**Medications**
- Any patient 65+ years on 4 or more meds will have review during admission.
- Benzodiazepines **not recommended** for insomnia and should not be commenced in older pts who are not currently taking them.
What is in the Policy?

Toileting
- Consider frequent toileting programs
- Position close to toilets
- Refer to continence CNC if required

Nutrition and Osteoporosis
- Refer to dietitian as required
- Calcium and Vitamin D supplements
What is in the Policy?

Cognitive Impairment
- Identify and manage delirium
- Increase supervision
- Consider bed and chair alarms
- Restraints not recommended

Discharge Planning
- Communication and education re: risk status and ongoing care and prevention requirements to patient and carer, GP, other service providers.
What is in the Policy?

Post Fall Management
- Patient care
- Investigating why it happened
- Taking action to prevent further falls

Recording fall incidents in IIMS
- Why we need good (real) data
- What to include in reports
- Finalizing incident entries
Implementation

Initial priorities

1. Raise hospital staff awareness re: falls.

2. Provide education sessions about the new Policy. All staff welcome but particularly targeted nurse educators for initial sessions.
Planning, planning, planning......

- Nurse educator seconded to assist
- Development of logo and resource pack for each ward (posters, equipment list, CD)
- Develop education package
- Develop web page
- Area and facility-based launch events, in conjunction with Area and individual hospital Falls working parties
Clinical Operations

Fall Injury Prevention and Management in SWAHS Hospitals

Sydney West Area Health Service has identified that preventing fall injury among patients in our hospitals is a priority in our efforts to improve patient care. It is important for everyone to know how to enhance patient safety by learning how to prevent and manage falls in your ward or area.

In late 2005, the Australian Council for Safety and Quality in Health Care released the document “Preventing Falls and Harm from Falls in Older People – Best Practice Guidelines for Australian hospitals and residential aged care facilities.” This document is the result of a comprehensive literature review of fall injury prevention research. To accompany the Guidelines, a resource kit has been developed. Each SWAHS hospital library has a copy of the Best Practice Guidelines kit as well as an electronic version available on this web page.

The SWAHS “Fall Injury Prevention and Management in SWAHS Hospitals” Policy has been developed from these national Best Practice Guidelines.

The Policy has been endorsed and can be viewed on the SWAHS intranet under “Policies and Procedures”.

It is important that all staff are aware of the Policy and know what they need to do to improve patient safety. Have a look at the resources on this page including the presentation regarding the policy and other falls prevention resources. A link is also here to the NSW Falls Injury Prevention Network web page.

Contact: For more information, contact the Falls Working Party at your hospital or:
Joyne Westling, Clinical Governance Unit: 9961 8313
Jenny Bawden, SWAHS Falls Coordinator: 4734 3719
The Green Team!

- SWAHS Falls Coordinator
- Quality Improvement Officer, Clinical Governance
- Nurse Educator
Implementation

• A launch event, including education session/s and a “falls display” was held at each SWAHS hospital.
Implementation -
Ongoing staff education

- Nurse educators and individually via intranet or using the resource pack.
- Will become part of mandatory training
- Facility working parties regularly report on numbers and percentage of staff trained.
- SWAHS Falls email distribution list
- Other education opportunities
Implementation - Monitoring

- Development of indicators.
  - Fall rates for the 65+ inpatient population
  - Injury rates (SAC ratings etc)

* CGU report these to key AHS groups, including Acute Care Falls Committee, Health Care Quality Committee, CE Report
Implementation - Monitoring

- CGU to undertake quarterly file audits to assess compliance with Policy:
  - Screening - identification of at risk patients
  - Flagging
  - Referrals made
  - Interventions in place
  - Documentation re falls
Ongoing implementation at the local level

Facility reporting template

= agenda/ minutes of facility Falls working party

- Review IIMS report (provided by CGU)
- Actions
- Barriers/ difficulties with compliance
- Staff training

Minutes from facility meetings forwarded to CGU for collation and reporting requirements
Where to from here?

- This is only the beginning!
- Ongoing promotion re falls prevention
- Rewards system????
- Nursing indicators
- Getting on the agenda for medical staff
Challenges

- Getting the organization to the point where we could actually work as an Area.
- Facility differences – history, participation, etc.
- Time allocation for staff to attend education
- Other programs/ issues/ events
- Medical staff participation
- Executive agendas
Lessons learnt

- Need to engage staff at all levels and in all localities
- Team work is vital – and more fun!
- Don’t demand perfection
- Be prepared to be flexible
- Value your champions
- Plan for sustainability
- There is no substitute for persistence!
Any Questions?