

Falls Busters Program

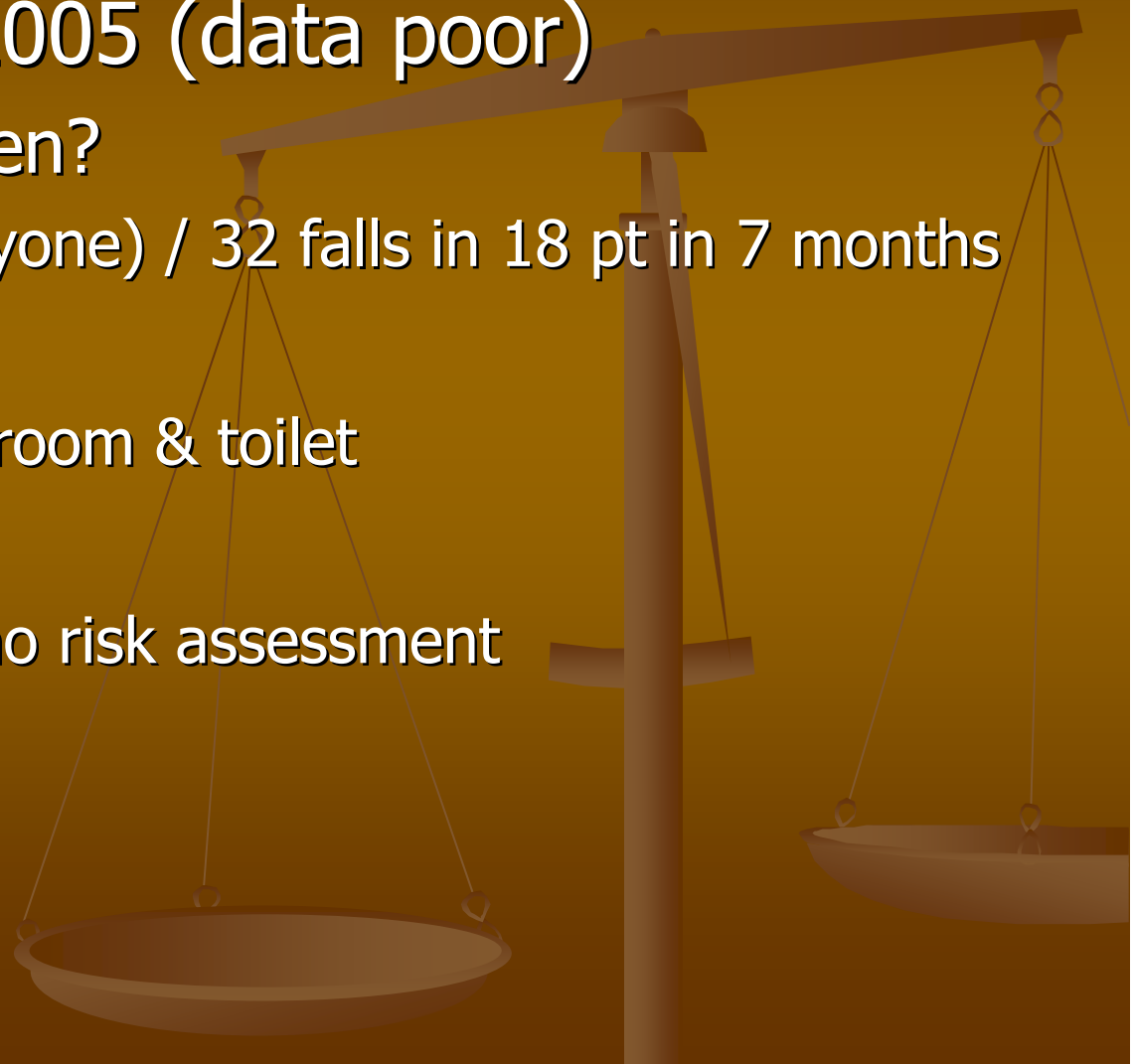


Bourke St Campus
Southern Tablelands Health Cluster
Non Acute Facility

Everybody's Business

WHERE DID WE START?-1

- Baseline audit 2005 (data poor)
 - Who & how often?
 - High risk (everyone) / 32 falls in 18 pt in 7 months
 - Where?
 - Bedroom, bathroom & toilet
 - Why?
 - Unwitnessed, no risk assessment
 - When?
 - Data unreliable



WHERE DID WE START?-2

IIMS data from mid 2005: (reporting pitfalls!)

17 falls per month (at least)

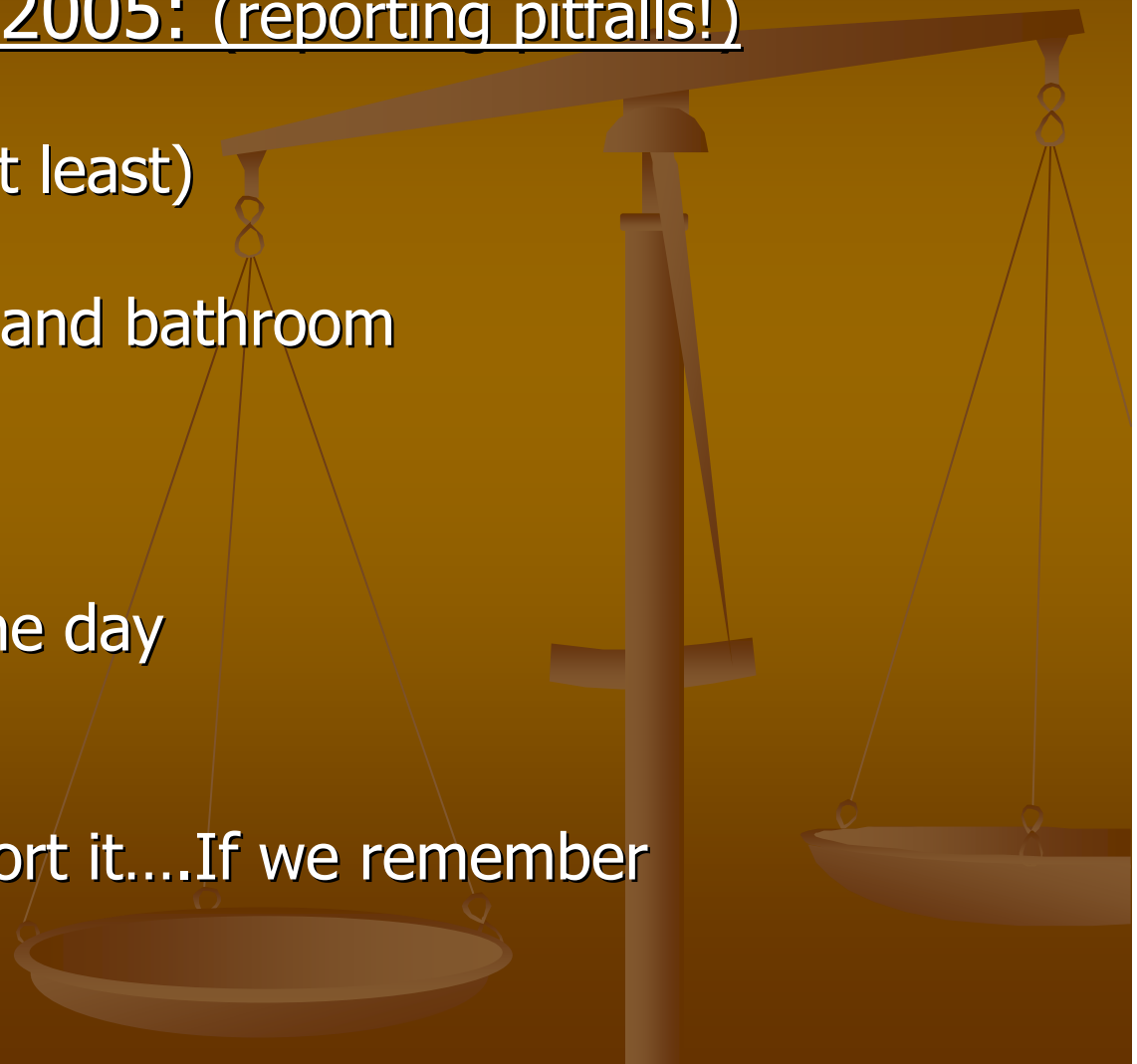
Falls in the bedroom and bathroom

Unwitnessed

Spread throughout the day

Staff Attitude

Pts fall & we report it....If we remember



Staff Mind Set

We realised very early that Falls had to be an issue for the whole of the organisation

That we had to engage the:

- Visiting Medical Officers
- Registered Nurses
- Enrolled Nurses
- Volunteers
- Allied Health
- Wards men
- Family & Visitors
- Cleaners
- Catering
- Maintenance

The challenge was 1. to change existing behaviours
2. to get leaders /champions

- same time from St John's/ Calvary to BSHS & SAHS
to GSAHS

Implementation process

- **Communication Strategy**

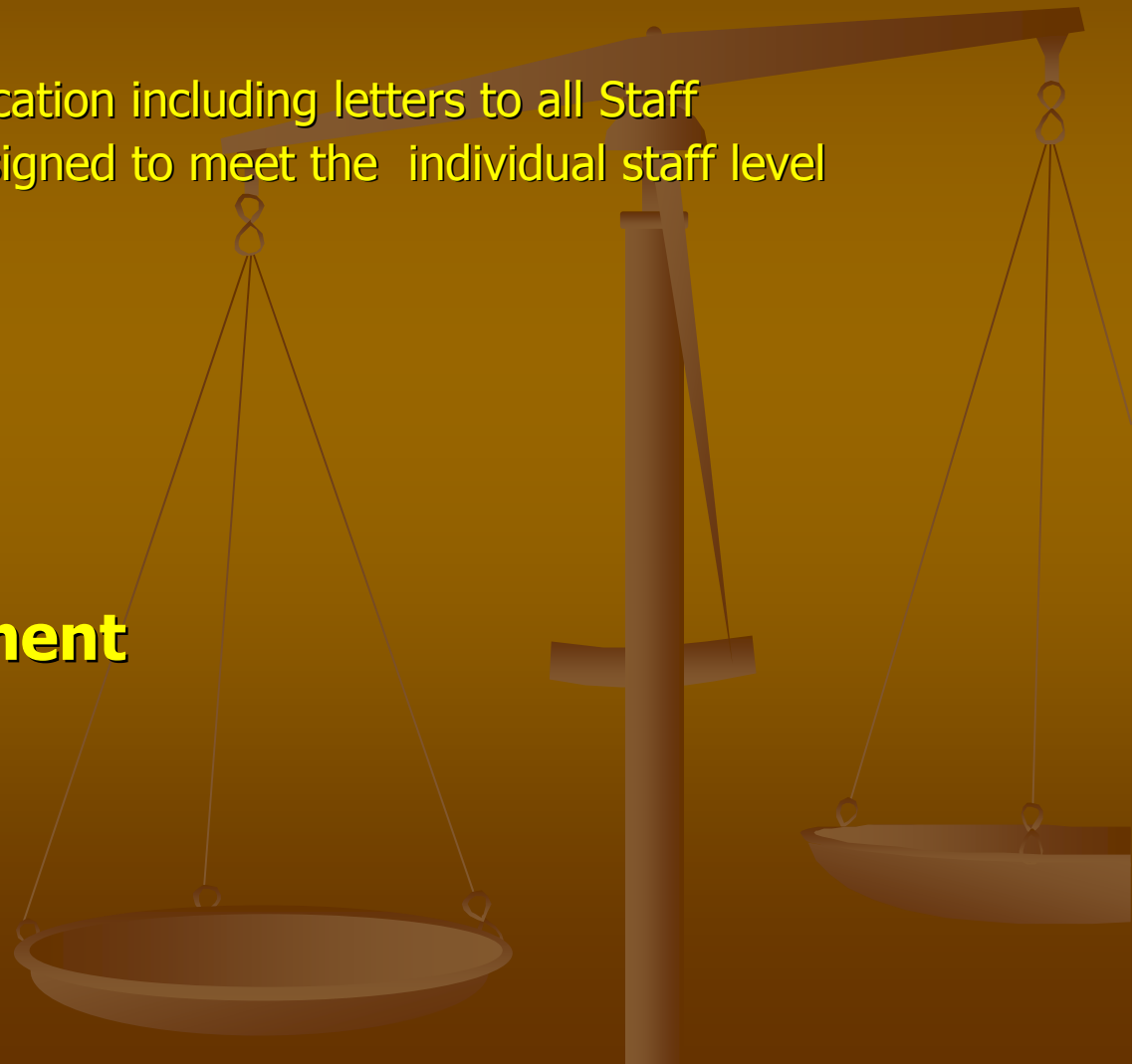
 - Survey

 - Personalised Communication including letters to all Staff

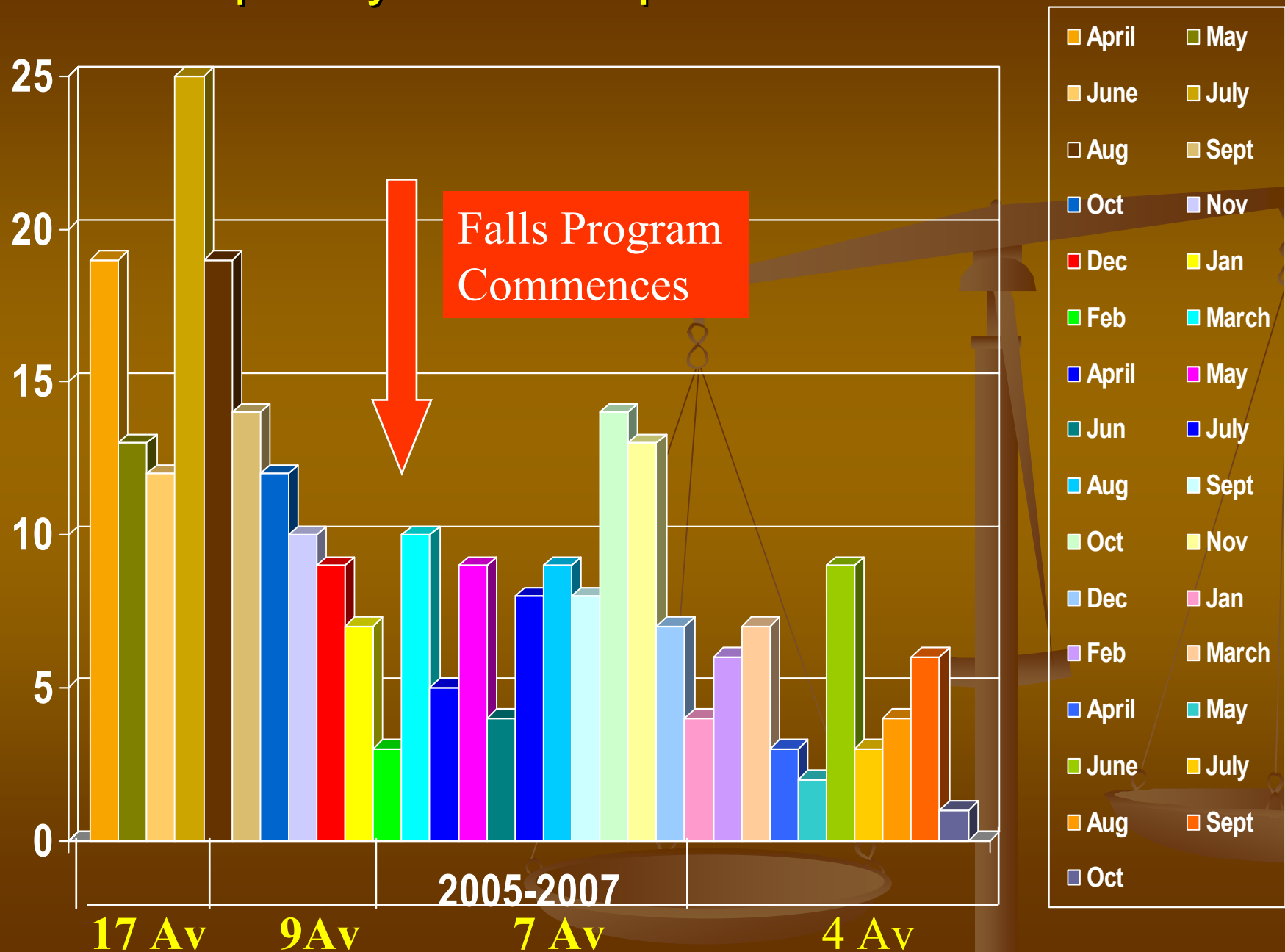
 - Letters information designed to meet the individual staff level

 - Mandatory Training

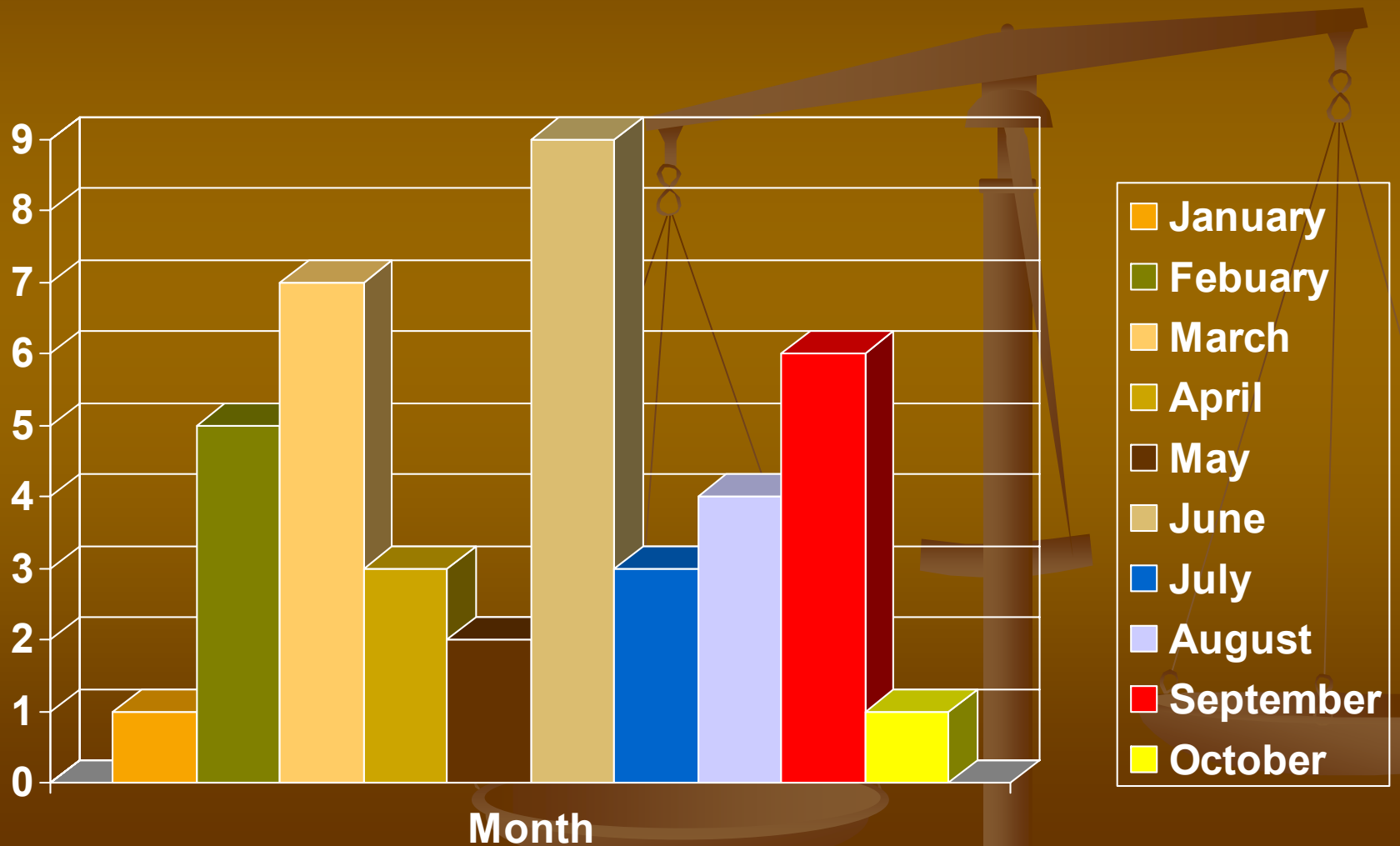
- **Project plans**
- **Care Pathways**
- **Falls procedures**
- **VMO Engagement**
- **Volunteer engagement**
- **Governance**
- **Quality**



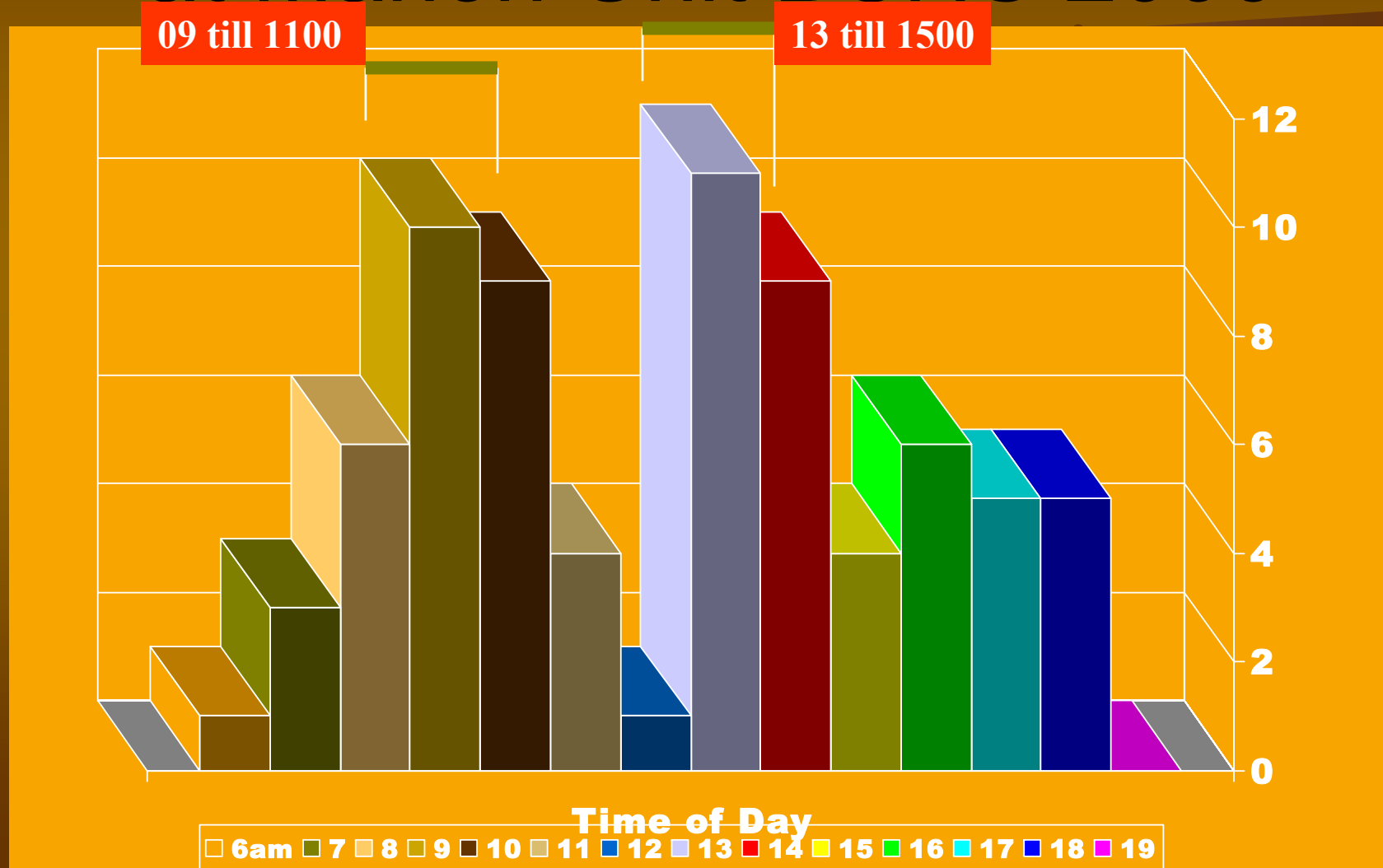
Frequency of Falls April 2005-October 2007



Frequency of Falls January 2007-October 2007



Frequency and Nature of Falls at Marion Unit BSHS 2006

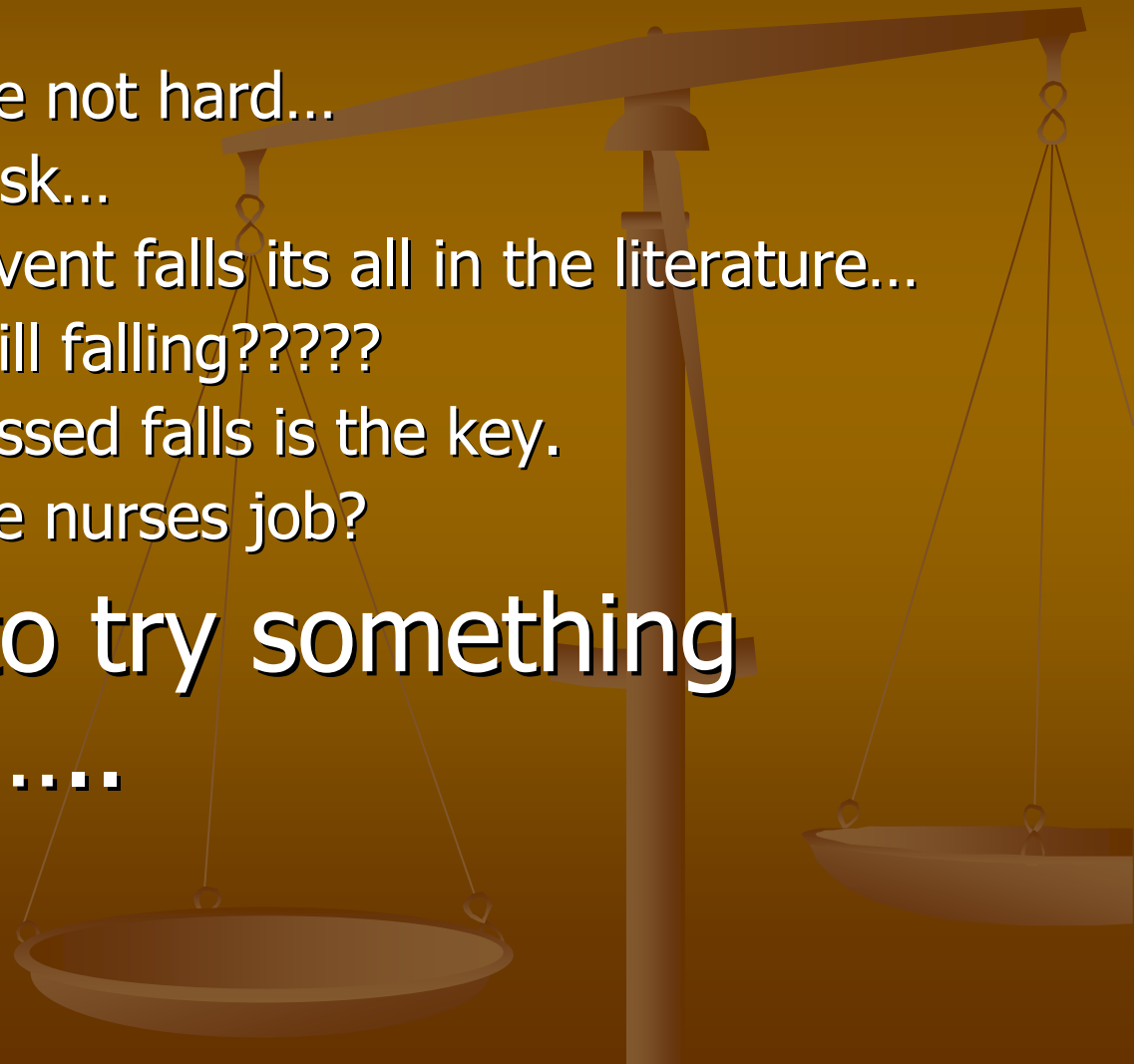


Now for something completely different

- Why????
- Because falls risks are not hard...
- We know who is at risk...
- We know how to prevent falls its all in the literature...
- So why are people still falling?????

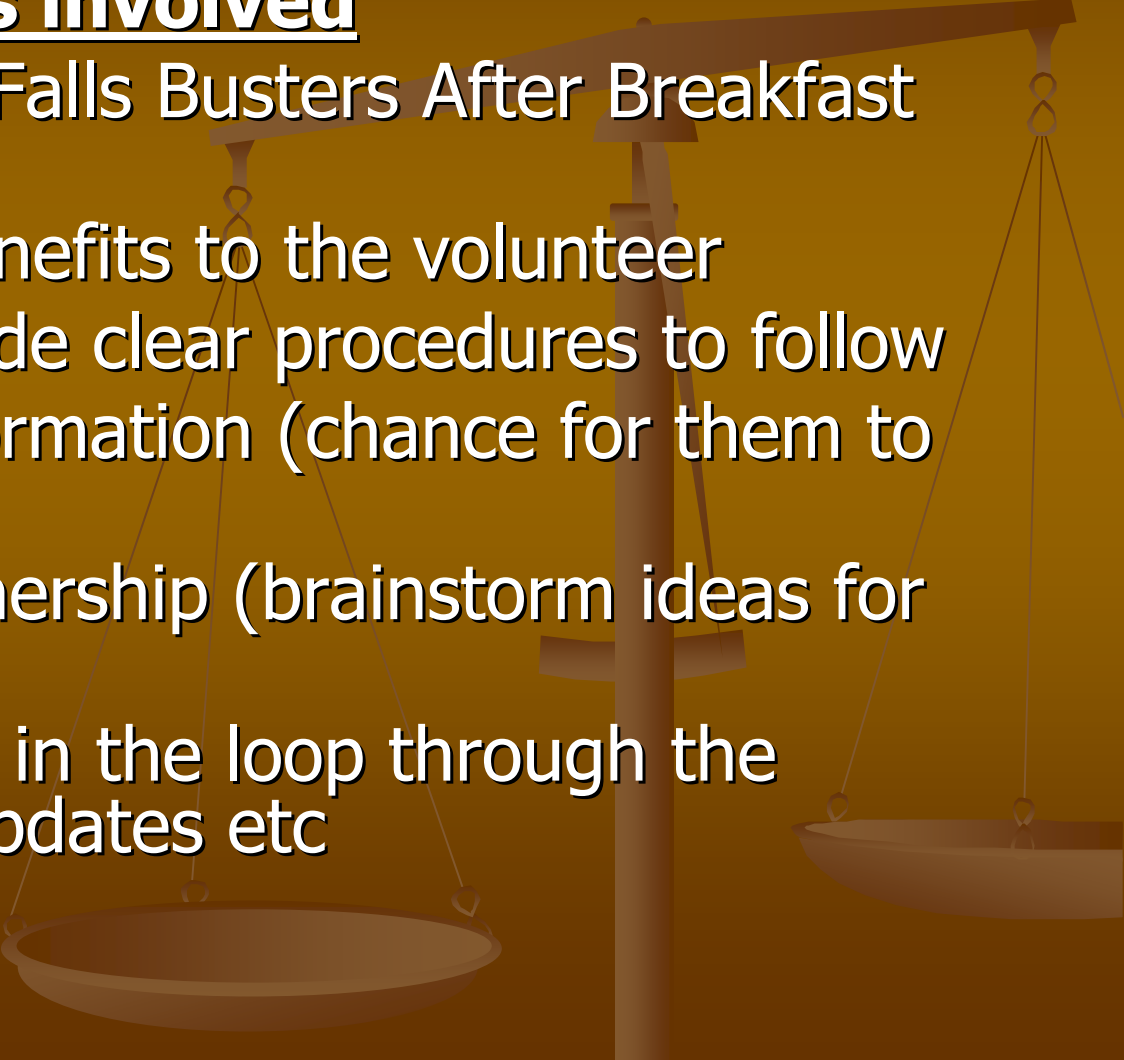
The number of unwitnessed falls is the key.
Can it realistically be the nurses job?

Time to try something
different.....



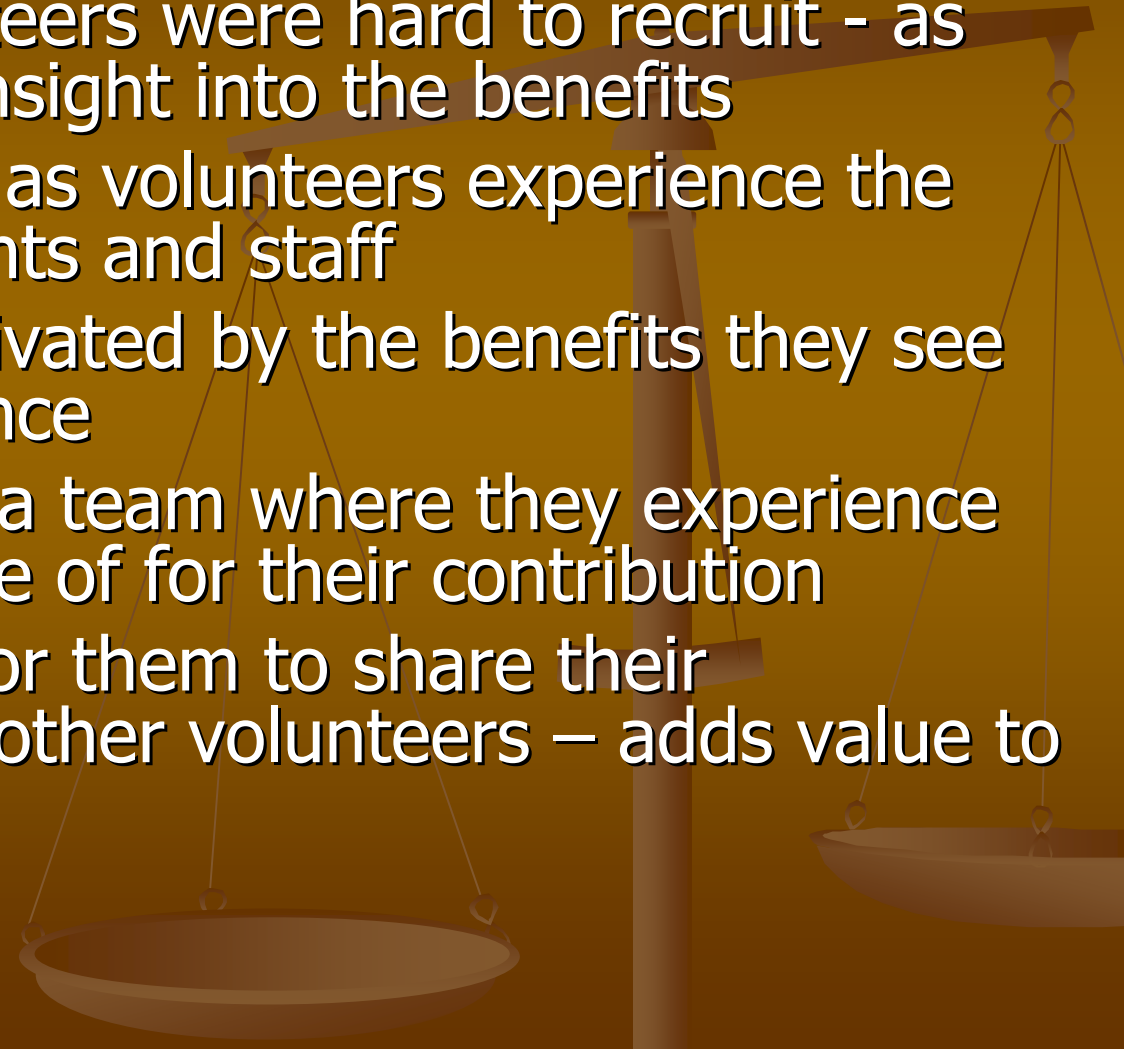
FALLS BUSTERS VOLUNTEERS

Getting volunteers involved

- Name the project Falls Busters After Breakfast Club (FBABC)
 - Sell the patient benefits to the volunteer
 - Develop and provide clear procedures to follow
 - Some training\information (chance for them to ask questions)
 - Let them take ownership (brainstorm ideas for activities)
 - Always keep them in the loop through the review process –updates etc
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KEEPING THE ENTHUSIASM

Volunteer Satisfaction

- In beginning volunteers were hard to recruit - as there was no clear insight into the benefits
 - Interest has grown as volunteers experience the response from patients and staff
 - Volunteers are motivated by the benefits they see the patients experience
 - From being part of a team where they experience acceptance and value of for their contribution
 - Allow opportunity for them to share their experience with the other volunteers – adds value to their role
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COUNTING THE COST



I would never presume to put a cost on my volunteers because their input can never be measured in cash

The social benefits they bring: by being there to listen, interact, break the boredom, bring in outside information and contact, as well as support the nursing staff, is immeasurable.

- But to give some indication of their cost :

With two volunteers doing 2 hours each weekday, at around \$15 each per hour = in round figures approximately \$15,500 per year

WHERE ARE WE NOW?



- Falls in Marian Unit July - Dec 2007
 - 21 falls recorded on IIMS 3-4 /month
- Falls in Marion Unit April – Dec 2007
 - 37 falls detected from IIMS + record review
4.2 /month
- Falls in Marion Unit Oct – Dec 2007
 - 5 falls recorded on IIMS / 8 falls from IIMS + record review
2.6 /month

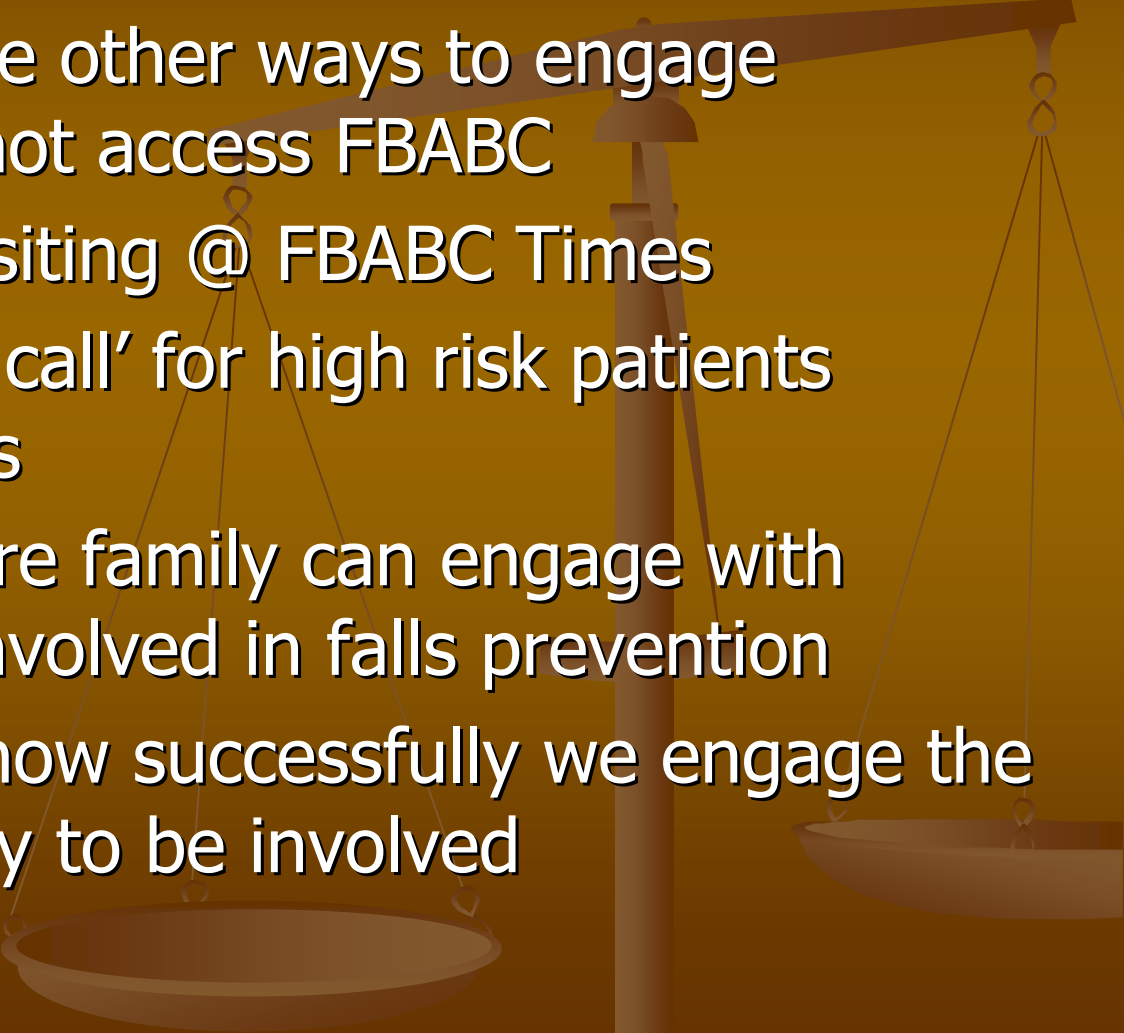
TAKE HOME MESSAGES



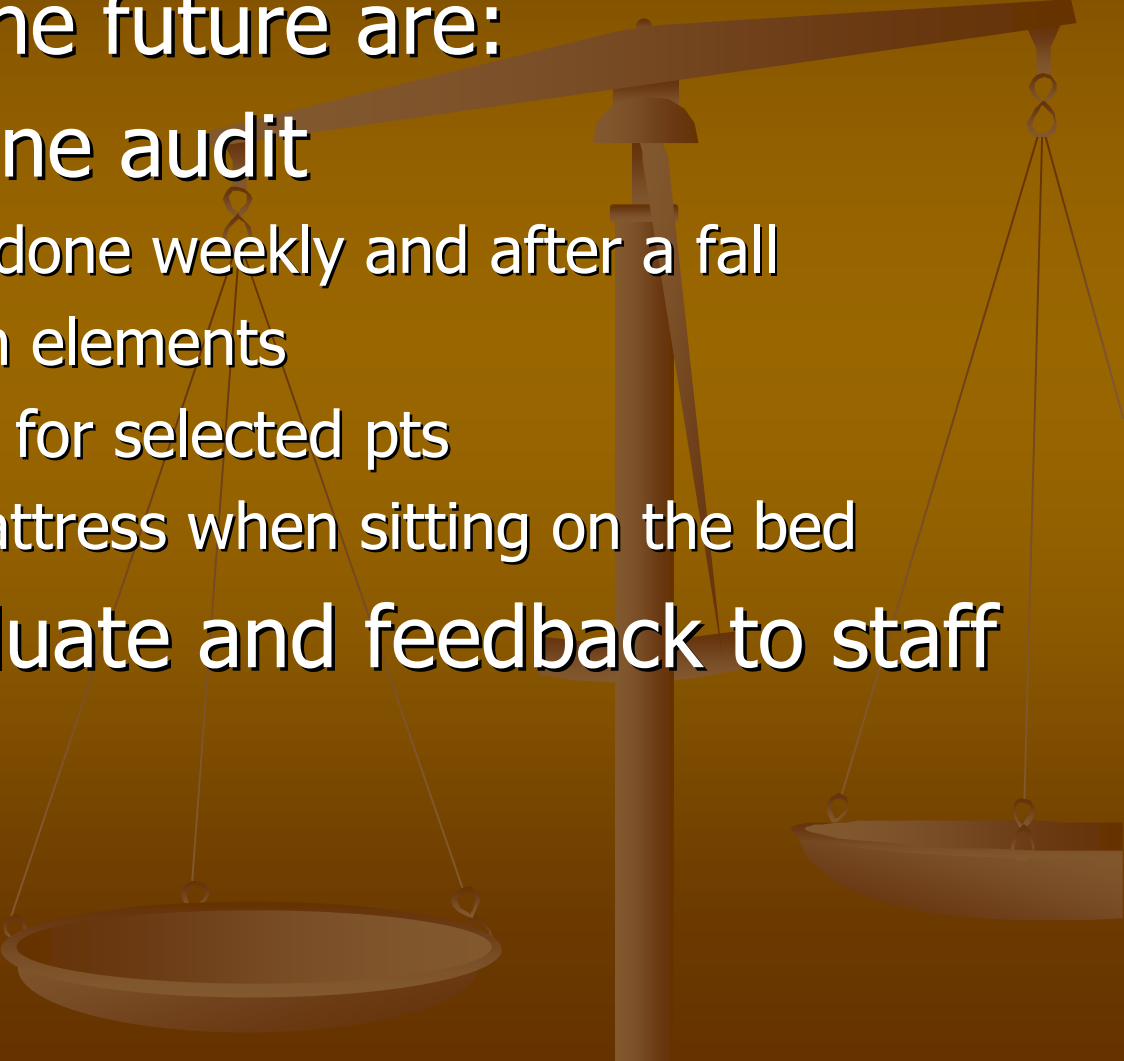
- BEWARE DATA TRAPS IN IIMS, ICD10
- IMPLEMENTATION IN STAGES
- FLEXIBILITY, CLINICAL CHAMPIONS
- VOLUNTEER PROGRAM
- FALLS REDUCTION IN HIGH RISK PTS
 - FROM about 20 to 3 PER 1000 BED DAYS SUSTAINED
- RISK ASSESSMENT FROM almost ZERO TO 100%
- OUTCOMES FOR FRACTURED HIP (TBA!)

WHERE TO NOW

■ Flexible Volunteering

- We need to explore other ways to engage patients who will not access FBABC
 - Eg: In room visiting @ FBABC Times
 - Volunteers 'on call' for high risk patients restless periods
 - Set a process where family can engage with volunteers to be involved in falls prevention
 - All dependant on how successfully we engage the hospital community to be involved
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Where to now

- Challenges for the future are:
 - From the base line audit
 - Risk assessment done weekly and after a fall
 - Increase program elements
 - Toileting regimes for selected pts
 - Sliding off the mattress when sitting on the bed
 - Continue to evaluate and feedback to staff and volunteers
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A balance scale is depicted against a dark brown background. The scale is tilted, with the left pan hanging lower than the right pan. The word "Questions" is written in a bright pink, sans-serif font, positioned centrally over the left pan. The scale's beam is horizontal, and the pans are suspended by thin lines from the beam. The overall image has a monochromatic brown color scheme, with the pink text providing a strong contrast.

Questions