Southern Hospitals Network Falls Prevention Initiatives

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Background

1. Medical Stream Falls Working Party +
2. Port Kembla / Coledale Falls Working Party
   (Both operational since 2005)

Merged and expanded to become
3. Southern Sector, SESIAHS Falls Working Party
Medical Stream Working Party encompasses representation from:

<table>
<thead>
<tr>
<th>Wollongong Hospital:</th>
<th>Shellharbour Hospital:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B8 Inpatient Renal Unit</td>
<td>Medical Ward</td>
</tr>
<tr>
<td>CCU / SACCU</td>
<td>Medical Respiratory Ward</td>
</tr>
<tr>
<td>B7 Medical / Acute Geriatric Ward</td>
<td>Special Care Unit</td>
</tr>
<tr>
<td>Cardiac Diagnostics Centre</td>
<td>Renal Dialysis Unit</td>
</tr>
<tr>
<td>C4 Neuroscience Ward</td>
<td></td>
</tr>
<tr>
<td>C3 Medical Ward</td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td><strong>Kiama Hospital:</strong></td>
</tr>
<tr>
<td>Endoscopy Unit</td>
<td>Medical Ward</td>
</tr>
<tr>
<td>Medical Ambulatory Care Ward</td>
<td></td>
</tr>
<tr>
<td>Renal Dialysis (Helensburgh to Nowra)</td>
<td></td>
</tr>
<tr>
<td>Department of Respiratory Medicine</td>
<td></td>
</tr>
<tr>
<td>Clinical Decision Unit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bulli Hospital:</th>
<th>Illawarra Diabetes Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulli Acute Geriatric Unit</td>
<td>(Helensburgh to Milton)</td>
</tr>
<tr>
<td>Geriatric Day Unit</td>
<td></td>
</tr>
</tbody>
</table>
Medical Stream Falls Working Party Initiatives

- Analysis of contributing factors for falls
- Developed NIHG “Falls Prevention Policy / Procedure”
- Purchase of Lo-Lo Beds – 2 wards at TWH
- Trial of stand-up alarmed pressure pads for the wards
- Falls Prevention Program Info Brochure for new staff
- Falls Prevention equipment Trade Display
The Risk Assessment is to be completed at least once daily whilst the patients are in hospital.

**Falls Assessment Tool:**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>PROTOCOL</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>Ambulates independently</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Uses assistive devices</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Requires assistance to ambulate</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Unable to ambulate or transfer</td>
<td>1</td>
</tr>
<tr>
<td>Eliminate</td>
<td>Independent with elimination</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>History of nocturia/incontinence</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Requires assistance with elimination</td>
<td>1</td>
</tr>
<tr>
<td>Medications</td>
<td>No high risk medications</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Antihypertensives/aperients/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diuretics/anticonvulsants/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Antiparkinsonian/benzodiazepines/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>psychotropics</td>
<td>1</td>
</tr>
<tr>
<td>Sensory Status</td>
<td>Nil sensory deficits</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Visual, Audio, sensory deficit</td>
<td>1</td>
</tr>
<tr>
<td>Mental Status</td>
<td>Alert &amp; oriented</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Periodic/Nocte confusion</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>History of confusion</td>
<td>1</td>
</tr>
<tr>
<td>Age</td>
<td>18 – 75</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>75+</td>
<td>1</td>
</tr>
</tbody>
</table>

The Risk Assessment is to be completed at least once daily whilst the patients are in hospital.

**Other Falls Prevention Strategies include:**

- Maintenance of load bearing exercise as a routine part of lifestyle eg. Tai Chi, walking.
- Assessment of mobility, balance and gait among those with early symptoms of contributing diseases.
- Maintenance of a diet with adequate calcium and vitamin D.
- Maintenance of BMI at levels that provide adequate bone density, but below that which leads to cardiovascular risks.
- Assessment of the fall risk impact of medications and where necessary management of medication intake.
- Routine maintenance of visual acuity.
- Home modifications that reduce the risk of fall injury.
- Treatment for acute and emerging chronic conditions should be assessed to ensure that it does not lead to long term, increased risk of fall injury in later years.

**FALLS CAN BE PREVENTED!**

**Reporting Falls Using IIM’s:**

All falls and near misses are reported using the electronic software program called “IIM’s” (Incident Information Management System). If you require training on how to use this system, please discuss this with your NUM / HOD.
Medical Stream Working Party
Analysis of contributing factors

Medical Stream - Contributing Factors for Falls 16/5/05 - 5/7/05

Contributing factors

- Cognitive impairment / Confusion
- Non-compliance with asking for assistance
- Socks
- Staff busy
- Tired / lack of sleep
- Unsteady gait
- Legs gave way
- Dizziness
- Hypotension
- Urgency to go to toilet
- Lost balance
- Slipped on bathroom floor
- Climbed over bed rails
- Walking briskly
- Bed rails down
- Hypoglycaemia
- Muscle spasm
- Item not within reach eg: urine bottle
- Dark room
- Misjudgement of distance to bed / chair
- Slipped on wet floor
- Urine bag leaking / slipped
- Sitting on a cushion & slipped
Port Kembla & Coledale Falls Working Party

- Founded in 2005
- 3 rehabilitation wards and 1 aged care ward between the two hospitals
- Multidisciplinary team with medical input
- Regularly teleconference meetings
- Formed to standardise practice
Port Kembla & Coledale Falls Working Party Initiatives

- Falls Prevention Procedure
- Falls Risk Assessment Tool (modified Schmid Tool)
- Preventative Maintenance Program and Register
- Manual Handling Flip Charts across all 4 wards
- Annual Falls Education Program
- Falls Prevention information in different languages
- Falls information provided prior to admission to Rehab.
Manual Handling Flip Charts – Mobility Assessment
Lite Gait Equipment

- A hydraulic hoist system used to assist manual handling and safety of dependant patients to learn to sit, stand and walk during rehabilitation.

- Benefits include:
  - ↓ risk of patient falls
  - ↓ Risk staff manual handling injuries
  - ↑ Ability for patients to participate in mobility practice
Port Kembla Hospital Outpatient Falls Screening Clinic

- Pilot program providing services to patients from Towradgi to Dunmore.
- Run by Domiciliary Physiotherapists
- Referrals from PKH Specialists or Physiotherapists (internal)
- Interventions include: Falls Screening (Lord Falls Screen Short Tool); TUAG; home mobility assessments; home safety checklist/falls prevention; education; equipment prescription; exercise prescription and referral to other support services.
Port Kembla Hospital Outpatient Falls Screening Clinic

Outcomes to date include:

- 47 clients have been assessed between April 2005 and August 2006
- Fallscreen reviews are conducted at 6 months, since November 2005
- Of 10 reviews undertaken, 7 had an improved Falls Risk Score and 3 were worse
Southern Hospitals Network (SHN) Falls Prevention Working Party

- Formed in 2006
- Representation from hospital and community health services between Milton to Coledale, including Population Health
- Multidisciplinary team
- Teleconference meetings to remote sites
- Formed to establish a coordinated approach to falls prevention across the Sector
Aim of the Southern Hospitals Network (SHN) Falls Prevention Working Party

- To work collaboratively with services across the Southern Sector, SESIAHS
- Establish a coordinated approach to falls to falls prevention
- Develop and implement strategies that ensures a reduction in the incidence of falls & injury resulting from falls.
Initiatives of Southern Hospitals Network (SHN) Falls Prevention Working Party

- Standardised Staff Information Brochure – Falls Prevention
- Developed SHN Falls Prevention Policy
- Draft two year Business Plan

- Two year plan
- Incorporates strategies outlined in the NSW Health PD2005_353 & the SESIAHS Falls Prevention Plan
- Includes recommendations from working party programs eg. Manual Handling flip charts, staff information brochure
- Ideas for the plan were generated from a SWOT Analysis
Business Plan
Sample Key Strategies

- Standardise Falls Prevention Education Program
- Develop annual Falls Prevention promotion e.g. ‘April Falls’ Day
- Co-ordinated approach to use of Validated Falls Risk Assessment Tools
- Develop links with Community Health and Population Health programs
- Explore funding opportunities for equipment and AIN Patient Observer programs