



Health
Hunter New England
Local Health District

EXCELLENCE
Every patient. Every time.

Manilla MPS Falls Prevention Project 2016 - improving care for residents and patients

Presentation by Scott McNeill
Quality Coordinator/ Excellence Champion



Our WHY!



Our WHY was and always will be improving care for our Residents & Patients.



Acknowledgement to the work and results represent the **hard work and dedication that each member of staff** has demonstrated throughout the program.

Our Objective.



AIM: to **decrease the severity and number of falls** within our facility by:

- utilising the Clinical Practice Improvement (CPI) methodology to identify the type and number of falls occurring
- implementing an improvement program and evaluating the outcome of those actions.



The WHY!



In 2015 :

- 78 falls that were entered into IIMS,
- 7 SAC 2 falls - major impact on the individuals that sustained injuries.

In November 2015 our average compliance for post falls management was **72.75%**

Manilla MPS made a commitment to our Residents & Patients to improve care in regards to falls prevention and post fall management.



CPI Cycles



Focus Areas for Cycle 1

- Education to staff
- Implementation of falls prevention strategies.
- Correct identification of high falls risk residents/patients and care planning.
- Measuring our post fall management compliance using the CEC falls Audit tool.
- Audit: Cycle 1 (February, March, April 2016) was **87.5%** completed

Focus Areas for Cycle 2

- Maintaining Post falls management compliance.
- **Hourly rounding, safety huddles** and Common Cause Analysis tool - embedding HNE LHD Excellence Embracing Excellence
- Use of the **Electronic Patient Journey Board** flagging high falls risk patients and high fall risk rooms
- Cycle 2 'Embracing Excellence' (June, July, August 2016) was **94%**

Focus Areas for Cycle 3

- Maintaining Post falls management compliance.
- Continue to flag high falls risk patients and continue to practice 'Excellence'.
- Developed **Hourly Rounding presentation to support staff with rounding with purpose.**

Cycle 3 'Quality of Hourly Rounding' (September, October, November) was **93%**

Further Progress



Total Falls over the course of the CPI in 2016 = 69 Falls.

SAC 1 Falls = 0

SAC 3 Falls = 48

SAC 2 Falls = 0

SAC 4 Falls = 21

Cycle 4 is ongoing throughout 2017.

In March/April there have been 2 serious fall incidents and further improvement work is underway.

- Staffing changes – mean that we need to be focused on supporting new staff in delivering excellence in care

Excellence is in action across Hunter New England.

It is the Future. Our Future.