Executive Falls Rounding

Penny Claxton
Camden and Campbelltown Hospital
SWSLHD

Karen Kenmir DONMS Camden & Campbelltown Hospital
Scott Metcalfe ONM Campbelltown Hospital
Brian Lane ONM Camden Hospital
Camden and Campbelltown Hospital

- Part of South West Sydney Local Health District
- Consists of a Metropolitan and a Rural Hospital - One Hospital on two sites
- Located in the South Western Sydney Growth Corridor – A rapidly expanding population
- Services provided are wide-ranging both Acute and Sub-Acute
The Problem

- Increasing number of falls reported late 2017
- Increasing number of serious falls – SAC 2
- September 2017 - Highest ever number of falls

![Graph showing the number of falls and falls per 1000 OBD from April to September 2017. The number of falls increased from 34 in April to 65 in September. The number of falls per 1000 OBD decreased from 2.94 in April to 2.36 in September.](image-url)
Strategies to decrease falls

• Executive Falls Rounding - Development of a Tool to investigate the cause of reported falls and raise awareness
• Multidisciplinary falls review - All SAC 2 2017 falls were investigated
• Education - Revision and roll out of a tailored program
• Revision - Local falls procedures
Executive Falls Rounding - Aim

• Raise the profile of falls at Camden and Campbelltown by:
  • Review of every in-patient fall by a member of the Nursing Executive Team
  • Construction of a database to identify trends in falls
  • Learning opportunities explored with Nursing Staff
Falls Rounding - A Standardised Tool

<table>
<thead>
<tr>
<th>Date/Time of Review</th>
<th>Reviewed by</th>
<th>Family Name</th>
<th>M.N.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Date/Time</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls Risk Assessment on admission?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was it accurate?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should a FRAMP have been completed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a Falls Risk Assessment done post fall?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a FRAMP done?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were any FRAMP recommendations in place?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were Observations done?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a timely Medical review done?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Early Findings

Falls Risk Assessment Compliance

- Pre Falls Assessment completed: 53.5%
- Is Falls Assessment Accurate: 56.5%
- Post Falls Assessment completed: 69.5%

FRAMP Compliance November 2017

- Indicated Pre-fall: 90%
- Completed Pre-fall: 56%
- Completed post fall: 90%
- FRAMP Interventions in place: 93%
Falls Prevention Strategies a result of Executive Rounding

Education Tool Targeted
- Falls Risk Assessment Accuracy
- FRAMP – Early Intervention
- A Case History
- Real Term Costs
- Simple Prevention Strategies

On-going Executive Falls Rounding
- Accountability

Revision of local Falls Procedure
Results at six months

Number of Falls Camden and Campbelltown Hospital 2017 - 2018

Comparative Results Falls Risk Assessment

- Pre Fall - Assessment completed?
- Is the Falls Assessment Accurate?
- Post Fall - Assessment completed?
- FRAMP completed Pre-fall?
- FRAMP interventions in place?

Oct/Nov 2017: 10
Feb/Mar 2018: 10

NSW Government
Health
South Western Sydney
Local Health District
Results Campbelltown Hospital – Falls per 1000 Occupied Bed Days

- New South Wales
- SWSLHD
- Peer Group B1
- Campbelltown Hospital

<table>
<thead>
<tr>
<th></th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbelltown Hospital</td>
<td>3.85</td>
<td>2.9</td>
<td>2.13</td>
<td>1.75</td>
<td>2.02</td>
<td>1.66</td>
</tr>
</tbody>
</table>

New South Wales

- SWSLHD
- Peer Group B1
- Campbelltown Hospital

<table>
<thead>
<tr>
<th></th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbelltown Hospital</td>
<td>3.85</td>
<td>2.9</td>
<td>2.13</td>
<td>1.75</td>
<td>2.02</td>
<td>1.66</td>
</tr>
</tbody>
</table>

New South Wales

- SWSLHD
- Peer Group B1
- Campbelltown Hospital

<table>
<thead>
<tr>
<th></th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbelltown Hospital</td>
<td>3.85</td>
<td>2.9</td>
<td>2.13</td>
<td>1.75</td>
<td>2.02</td>
<td>1.66</td>
</tr>
</tbody>
</table>

New South Wales

- SWSLHD
- Peer Group B1
- Campbelltown Hospital

<table>
<thead>
<tr>
<th></th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbelltown Hospital</td>
<td>3.85</td>
<td>2.9</td>
<td>2.13</td>
<td>1.75</td>
<td>2.02</td>
<td>1.66</td>
</tr>
</tbody>
</table>

New South Wales

- SWSLHD
- Peer Group B1
- Campbelltown Hospital

<table>
<thead>
<tr>
<th></th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbelltown Hospital</td>
<td>3.85</td>
<td>2.9</td>
<td>2.13</td>
<td>1.75</td>
<td>2.02</td>
<td>1.66</td>
</tr>
</tbody>
</table>

New South Wales

- SWSLHD
- Peer Group B1
- Campbelltown Hospital

<table>
<thead>
<tr>
<th></th>
<th>Sep-17</th>
<th>Oct-17</th>
<th>Nov-17</th>
<th>Dec-17</th>
<th>Jan-18</th>
<th>Feb-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbelltown Hospital</td>
<td>3.85</td>
<td>2.9</td>
<td>2.13</td>
<td>1.75</td>
<td>2.02</td>
<td>1.66</td>
</tr>
</tbody>
</table>
Results Camden Hospital – Falls per 1000 Occupied Bed Days

- New South Wales
- SWSLHD
- Peer Group D1B
- Camden Hospital

Graph showing the fall rates per 1000 occupied bed days for different regions and groups, with Camden Hospital showing a significant decrease from 8.04 in September 2017 to 1.87 in March 2018.
Challenges

• On-going Executive involvement

• Maintaining increased awareness and accountability through Education

• Maintaining Staff engagement
Conclusions

• Executive Falls Assessment is a useful tool when used in conjunction with other strategies to reduce falls

• The model can be adapted for use in both Acute and Sub-Acute facilities

• Executive Falls Assessment can be used to identify and address trends early