Illawarra Shoalhaven Local Health District

LBVC Falls Group

Ashleigh Howley
CNE Medical Ward SHH

Falls Forum
24th August 2018
AIM STATEMENT

By November 2018 80% of Patients admitted to Medical Ward that require a DRAT will have this completed within 24hrs of Admission.
EVIDENCE FOR THERE BEING A PROBLEM WORTH SOLVING

26 patient’s medical records were evaluated
16 patients did not have a DRAT completed.
Only being attended 39% of the time.

Of the 10 ‘issues’ investigated it was the third highest problem - Multidisciplinary rounding was the highest however this is attended and not recorded well

Orthostatic Hypotension Monitoring was the second biggest issue - side project.
STRATEGIES IMPLEMENTED

- We flowcharted the current process then held brainstorming sessions with the staff to try to identify areas of concern.
- A cause and effect diagram was used to draw all the components of discussion together.
- Addressed issues raised by MW Nursing staff;
  - Flow chart for education
  - Discussion with Medical Teams
  - Returned to paper based assessments
STRATEGIES IMPLEMENTED

Cause & Effect Diagram

**Patient Factors**
- Patient is combative
- Patient given sedation in ED masking delirium
- Delirium already diagnosed
- NESB
- Patient is confused/has cognitive impairment

**Language around Cognition**
- Normalisation of cognitive impairment
- Language staff use – confusion not delirium
- Language – speak more in regards to CAM than DRAT
- Too many acronyms becoming confusing

**Admission Factors**
- Time – need a few hours to get through all assessments
- Timing of admission
- Taking away clinical judgement of nursing staff if AAA auto populates patient at risk of delirium

**Risk Assessment**
- Handover process – delirium risk isn’t discussed
- Process doesn’t flow well
- Process is different on eMR to paper – doesn’t flow as well
- DRAT isn’t an overdue task in care compass
- Having to speak with MO

**Problem**
- Delirium Screening not done

Unaware that process is to complete DRAT first
DRAT isn’t an alert and CAM is
Difficult to determine delirium or confusion
The Problem:
In 2016, 38 patients died in NSW public hospitals following a fall-related incident. In addition, there were 458 fall-related incidents resulting in serious patient harm.

SMART Aim: Reduce falls and serious harm from falls by 5% within 12 months. 80% of patients requiring a DRAT to have it completed within 24hrs of admission.

Outcome Measure: How much: Decrease rate of falls with harm by 5% by 30 June 2018.

Inclusions: Age ≥ 70 years
Inpatients in a health service
Partial and assisted falls
Exclusions: Staff, visitors.
TEAM MEMBERS AND ROLE

- Megan Foye - Team leader/executive sponsor
- Ashley Howley - CNE Medical ward
- Chris Colmer - Physiotherapist
- Carla Angus - Pharmacist
- Nai-Lan Grant - Clinical Quality and Safety Manager
- Staff of the Medical Ward SHH
OUTCOME

- Unfortunately our project did not meet the aim statement.
- We have had to meet several times to look at why things are not going according to plan.
- One hypothesis is “project fatigue” on the ward.
- There was a period of 35 days where Medical Ward went ‘Falls free” this time period directly aligns with the highest compliance with DRAT’s attended.
Annotated Run Chart of DRAT completion

Definition of Rate: Numerator: DRATs completed   Denominator: All admitted patients >75yrs  (n=100%)

- Rate %
- Median
- Stretch Goal

- Meeting of team to look at reasons flow chart may not be working.
- Brainstorming session with senior nursing staff
- Awaiting approval from exec to use paper form
- Noted increased use of ATMS to guide decision making around filling in DRAT
- Returned to paper form
- Nursing staff given DRAT Flow chart

Week 0  Week 1  Week 2  Week 3  Week 4  Week 5  Week 6  Week 7  Week 8  Week 9  Week 10  Week 11  Week 12  Week 13  Week 14  Week 15  Week 16
## Results

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<td><strong>Total SAC2s</strong></td>
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Days between SAC2 incidents - t Chart

UCL
389.762

CL

2/11/2017 - 4/29/2018

28.642

NSW Government
Illawarra Shoalhaven Local Health District
STRATEGIES FOR SHARING/ SUSTAINABILITY

- Simple to implement
- Difficult to maintain with progression of eMR
- Evidence identified that change of process needs to occur on our computer based systems
LESSONS LEARNT

- Having a good team is essential for any project. All team members are an integral part of the process.
- Not all projects are going to go the way you thought
- Not to be discouraged but to look objectively as to the reasons why things are not going according to plan.
- A better understanding of the process involved in a good quality project.
- Having an independent person to be able to look at things in a more objective manner and to help guide the process.