

# Illawarra Shoalhaven Local Health District

LBVC Falls Group

Ashleigh Howley  
CNE Medical Ward SHH

Falls Forum  
24th August 2018



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# AIM STATEMENT

By November 2018 80% of Patients admitted to Medical Ward that require a DRAT will have this completed within 24hrs of Admission.



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# 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.



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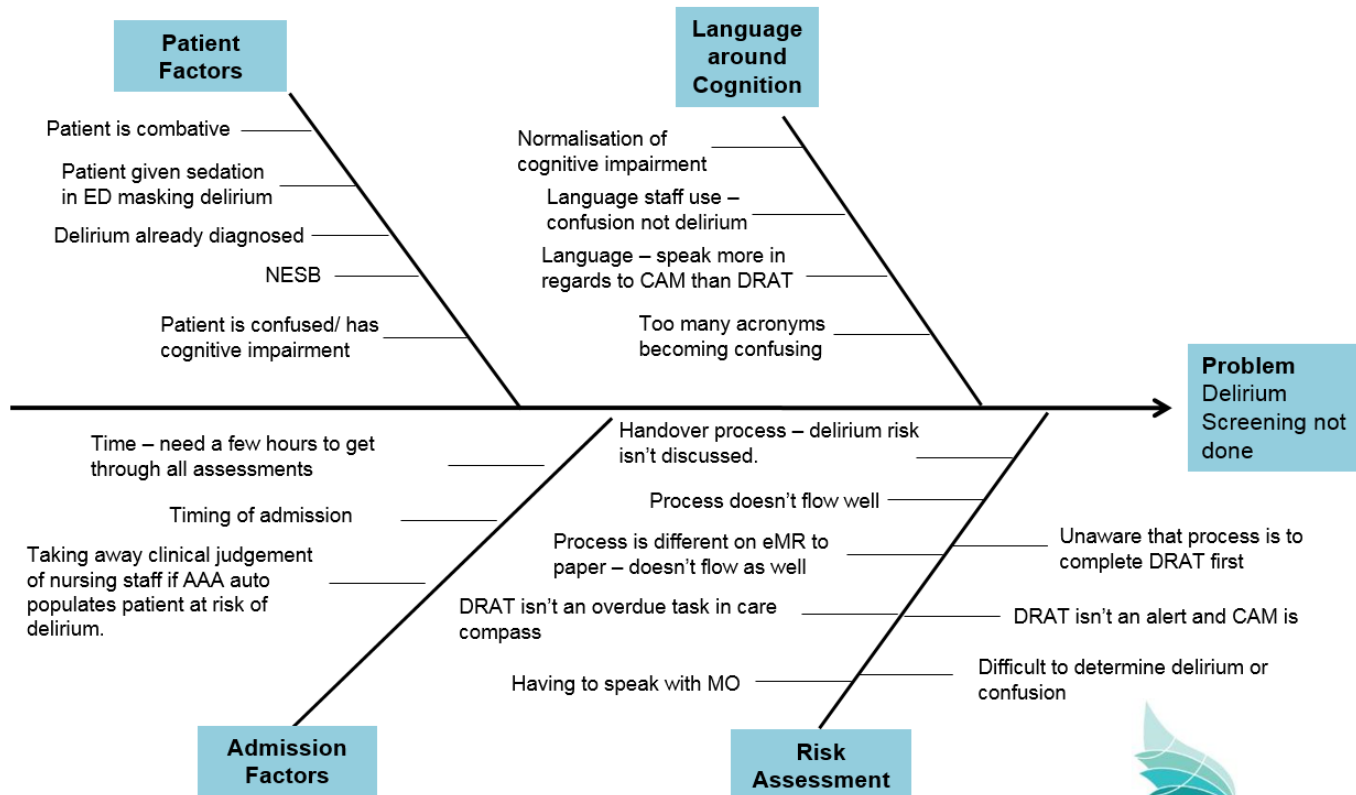
# STRATEGIES IMPLEMENTED

- ▶ 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



## Falls Collaborative Driver Diagram

### 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.*

## Primary Drivers

Risk Assessment

Language around cognition

Admission Factors

Patient Factors

## Secondary Drivers

- Fall Risk Screening tool (OMSS)
- Fall Risk and Assessment Management Plan (FRAMP) completion
- Cognitive screening
- Delirium screening
- Orthostatic hypotension screening and monitoring
- Issues with toileting
- Identification of visual issues
- Re-screening on change of patient condition, transfer to ward
- Post fall management
- Completion of care plan

- Medication review
- Medication reconciliation
- Reduction of the inappropriate use night sedation

- Patient Environment
- Toileting
- Pain management
- Patient positioning

- Mobility assessment
- Appropriate equipment
- Skilled Nurse / AHP
- Environmental review



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# 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.



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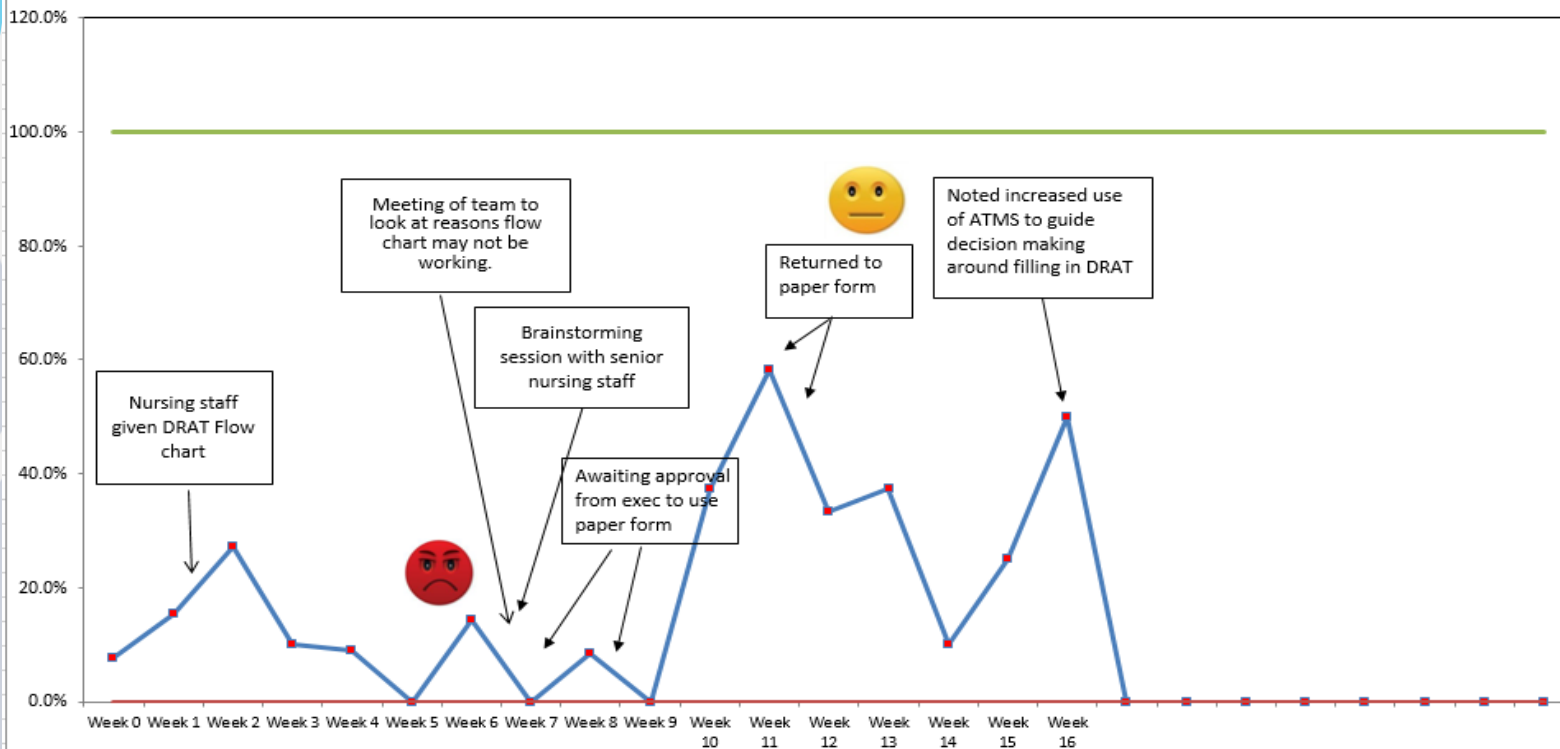
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### Annotated Run Chart of DRAT completion

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

Rate %      Median      Stretch Goal

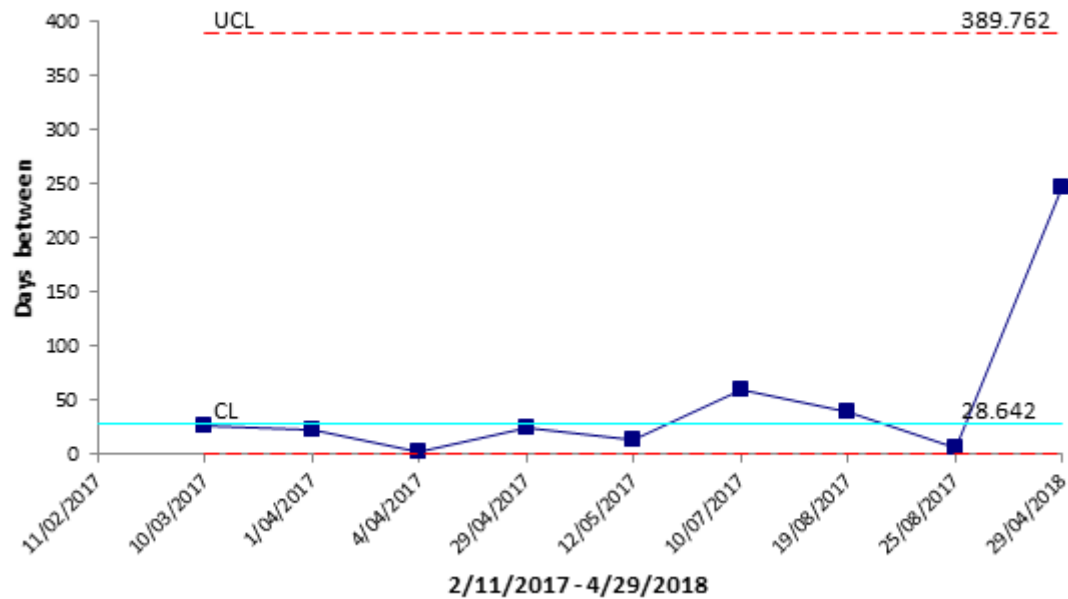


# Results

Date	SAC2	Date	SAC2
January 2017	0	October 2017*	0
February 2017	1	November 2017	0
March 2017	1	December 2017	0
April 2017	3	January 2018	0
May 2017	1	February 2018	0
June 2017	0	March 2018	0
July 2017	1	April 2018	1
August 2017	2	May 2018	0
September 2017	0	June 2018	0
		July 2018	0
<b>Total SAC2s</b>	<b>9</b>	<b>Total SAC2s</b>	<b>1</b>



## Days between SAC2 incidents - t Chart



# 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



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# 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.



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