



Strategies to Address Falls in an Acute Aged Care Ward

Elizabeth Endean

Aged Care Clinical Nurse Consultant

The Need for Change

- Falls are the most commonly reported adverse incident on the Acute Aged Care Ward
- The ward had the highest incidence of falls in the hospital
- To address the perception that falls are “normal” for aged care patients the ward identified a need to change the culture

The Implementation of a Multi-Disciplinary Falls Huddle

- A multi-disciplinary falls huddle was attended on all patients who fell
- Patients, carers and the allocated ward nurse were included in the huddle
- Each “huddle” consists of a review of the patient recorded incident, and medical records,

Implementation

- Looking for contributing factors: cognition, medications, continence, mobility, and a review of the immediate environment
- An individualised falls prevention and management plan is formulated and implemented
- The falls huddle and recommendations are recorded on a specially designed huddle template

The Falls Huddle Template



MRN	SURNAME		
OTHER NAMES			
DOB	SEX	AMO	WARD/CLINIC

Progress Notes
(Please enter information on affix Patient Information Label)

Date and Time (use 24 hr clock) | NOTE: All entries must be legible, written in black pen and include the health care provider's printed name, designation and signature.

Falls Huddle

RN	PT	OT	TL	MED	
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Description:

Location of Fall: _____ **Patient activity:** _____

Time: SCHMID redone: **Witnessed:** Staff Patients

Cognition: MMSE / MOCA / RUDAS

Delirium CAM / 4AT **Environment** Visual aids: Y / N

Impulsive Y / N **at time of fall:** Wearing glasses: Y / N

Glasses within reach: Y / N

Gait: Disorder Y / N **Walking aid within reach:** Y / N

Specify _____ **Call bell within reach:** Y / N

Aid on admission _____ **Bedrails up:** Y / N

Current Aid _____ **Footwear: Y / N Type:** _____

Current Fxn (A) (SB) (SV) (I) **Other:** _____

Prev Falls Y / N

Presenting complaint:

Toileting: Continent IDC Y / N

Faeces Y / N **Musculo-skeletal:** New injury impairing mobility Y / N

Urine Y / N **Site:** _____

Laxatives/Enemas given Y / N

Diuretics Y / N **Bedside** Can pt use call bell Y / N

Can pt locate toilet Y / N **Equipment:** Low-Low bed Y / N

Injury: Skin tear: Y / N Grade: _____ Pressure mattress Y / N

Other: _____ Proximate alarm Y / N


Postural BP: Known postural BP drops: Y / N Non slip socks Y / N

SVH-06-10 8806
NO WRITING
P.T.O.

St. Vincent's Hospital Sydney Limited
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PROGRESS NOTES

B601N301P200



MRN	SURNAME		
OTHER NAMES			
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Medication:

Charlston Score:

1	MI	PVD	Dementia	CTD	Pulmonary disease
	CCF	CVA/TIA	Mild liver disease	PUD	DM
2	Hemiplegia	CKD	DM	Tumour no metastasis	Leukaemia Lymphoma
		(mod-severe)	(end organ damage)		
3	Liver disease (mod-severe)				
6	Metastatic solid tumour		AIDS		

Family & Patient: Updated Educated

Other Patients in room: Educated Information given

Plan:

	Action	24 hour review

2 x Postural BP over 24hrs:

NO WRITING

Findings

- Delirium or cognitive impairment was a contributing factor in 96% of falls
- Toileting was an identified factor in the majority of falls
- 59% of falls occurred after hours
 - 40% occurred overnight
 - 25% occurred over a weekend

Recommendations

- The most common recommendations were:
 - Ongoing delirium screening and management
 - Close observation
 - Regular toileting
 - Environmental modification
 - Personalised care plans

Falls Huddle improvements

- Increased awareness of :
 - Delirium, its recognition, prevention and management
 - Falls, and falls prevention strategies
- Improved:
 - Patient safety
 - Consumer engagement and satisfaction

Lessons Learnt

- Falls prevention is multi-factorial and multi-disciplinary
- Appropriate **recognition, prevention and management of delirium is essential**
- Review of the **environment is an important component in falls prevention**
- **There is more to falls prevention than completing a Falls Risk Assessment Tool**



Key Findings

- **A stable and cohesive team** plays a major role in falls prevention and management
 - following the implementation of the falls huddle we saw a **31% reduction in falls**
 - however, during periods where there was high usage of agency and/or casual pool staff the incidence of falls increased