Improving Care on a Neurology/Stroke ward at Wyong Hospital

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CLINICAL EXCELLENCE COMMISSION

H4A’s Older Person’s Patient Safety Project

Improving patient safety and experience

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Project Aim & Methodology

Aim

Reduce falls by 50% by June 2023.

Quality Improvement Methodology

- A nominated MDT team attended *Introduction to Quality Improvement* 1 day training run by the LHD
- Falls data reviewed
- Brainstorming sessions with staff focused on:
  - Why patients fall on H4A
  - Change Ideas for improvement
- PDSA cycles (Plan-Do-Study-Act).
- Leadership team met fortnightly to ensure the project remained on track (currently in sustainability phase and meeting monthly)

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Staff consultation & engagement

H4A OLDER PERSONS PROJECT - GOAL IS TO REDUCE FALLS BY 50% BY JUNE 2023

COLLABORATION WITH KEY STAKE HOLDERS SUCH AS NURSING & ALLIED HEALTH STAFF, CEC, ONM, MEDICAL, VOLUNTEERS, PHARMACY, NUM'S, CNC'S & CNE'S IDENTIFIED A NUMBER OF THEMES ON WHY A PATIENT MAY FALL ON H4A

LETS EXPLORE WHAT THEY ARE?

Why are our patients falling?

Themes

MDT Staffing
No IPS's / intentional rounding being missed / sometimes patients ask for help and no one is around / staff unable to reach patient in time due to workload / delayed response to answering buzzers / not enough mobility therapy / family members attending to patients ADL's but not watching them / decreased ratios / unable to complete risk screening on time- lack of identification of Falls risk / FRAMP's being missed

Allocation of teams
H4A nursing team model - only two teams including an Acute Stroke Unit (ASU)

Equipment & Resources
Equipment failure – falls mats - bed alarms / lack of equipment – mats smart beds / no brochures / lack of high visibility rooms / no longer having four bedded rooms / poor visibility in units / patient doesn't have eye glasses or hearing aids

Cognitive Impairment
Patient refusing help / reduced insight into mobility impairments / confused / impulsive / dementia /delirium / behavioural / disorientation / neurological conditions

Medical & Pharmacy concerns
Hypotension / age / standing up to quick / decreased vision / decreased fluid intake / deconditioning / decreased health literacy / overuse of sedatives and analgesia / incorrect charting of patients home medications / medication changes not being communicated to patients / polypharmacy / sedation & confusion / disease – neurological conditions

Toileting
Lack of routine / balance issues when mobilising to the toilet / toileting plan not implemented / unable to get there in time / inappropriate footwear used when mobilising to the toilet

Environment
No room at besides / IV lines / poor footwear / non slip socks / clutter in room / ill-fitting clothing / getting tangled in bed sheets

H4A Older person project – Goal is to reduced falls by 50% by June 2023

Ideas for Improvement/strategies to trial to prevent patients falling

Staffing
- Dedicated ward PSA
- Team allocations (currently two team – trial 3-4)
- Some morning shift to start at 6am
- Answering buzzers in a timely manner

Environment
- High falls risk patients in visible area
- Reduce clutter
- If equipment no longer required to be put away

Resources
- Templates for bedside communication boards
- Soft flooring tiles
- Inviting families to come to help when appropriate
- Utilise the physio more for assessment and reassessment when required
- Risk assessments completed plus FRAMP attended to
- Consider medical admission process – documentation of fall risk which in turn would create a eMR prompt to ensure risk assessment and strategies get completed

Toileting
- Individualised toileting plans
- Trial MDT mobility /toileting round to match activity
- Create a routine for patients

Equipment
- Invisabeams
- More SMART beds & bed alarms
- Sensor / movement lights
- Appropriate footwear
- More rollator frames
- Education on how to use equipment correctly

Communication
- Grid - add more and maintain details (add mobility / falls risk)
- Handover of falls risk / strategy information
- Increase use of white boards in patient's room documenting mobility at date
- Orientation pack including falls related brochures
- Bed board used to communicate mobility and falls risk
- Falls education for patient and families

Collaboration with this project included nursing & allied health staff, CEC, ONM, medical, volunteers, pharmacy, NUMS, CNC's and CNE's

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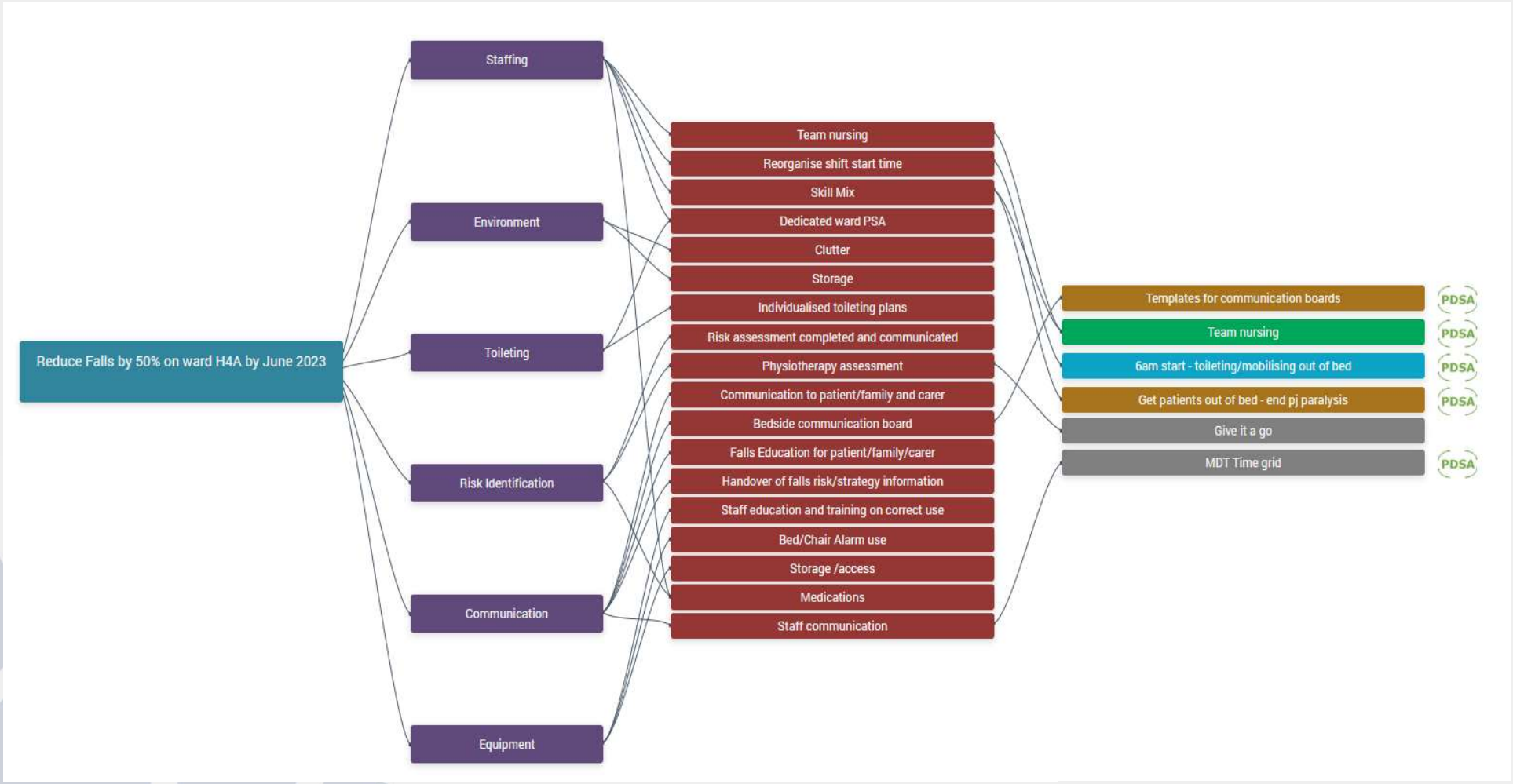
Reduce Falls by 50% on ward H4A by June 2023
Staffing
Environment
Toileting
Risk Identification
Communication
Equipment
Team nursing
Reorganise shift start time
Skill Mix
Dedicated ward PSA
Clutter
Storage
Individualised toileting plans
Risk assessment completed and communicated
Physiotherapy assessment
Communication to patient/family and carer
Bedside communication board
Falls Education for patient/family/carer
Handover of falls risk/strategy information
Staff education and training on correct use
Bed/Chair Alarm use
Storage /access
Medications
Staff communication
Templates for communication boards
PDSA
Team nursing
PDSA
6am start - toileting/mobilising out of bed
PDSA
Get patients out of bed - end pj paralysis
PDSA
Give it a go
MDT Time grid
PDSA

Priority of changes

Voted by H4A staff

Goal is to reduce falls on H4A by 50% by June 2023

H4A staff were encouraged to consider the impact (high versus low) when voting for changes as well as how easy or hard the implementation process may be.

01

Team allocations

30 votes

02

Dedicated ward PSA

17 votes

03

More smart beds and bed chair alarms

&

MDT mobility / toileting round to match activity

11 votes

04

Grid - add more and maintain details / add mobility / falls risk

&

Increase use of white boards in patient's rooms documenting mobility & date

10 Votes

05

Some morning staff to start at 6am

8 votes

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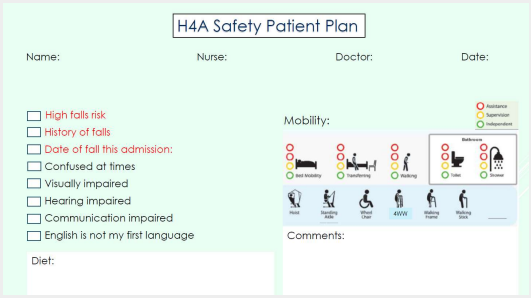
Targeted Interventions

- Model of Care changed from 2 – 3 teams
- Safety Patient Plan
- Dedicated ward PSA
- 6am nursing shift starter
- Mounted time grid for each nursing team
- Education admission pack for patient and/or carer if cognitively impaired
- Designated Parkinson's medication area
- Sensory box
- Staff education – peer lead
- High visibility zone


H4A Safety Patient Plan

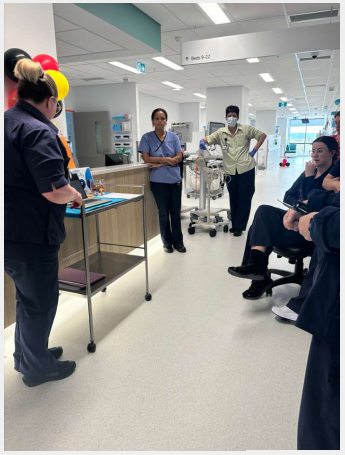
Name: Nurse: Doctor: Date:

- High falls risk
- History of falls
- Date of fall this admission:
- Confused at times
- Visually impaired
- Hearing impaired
- Communication impaired
- English is not my first language

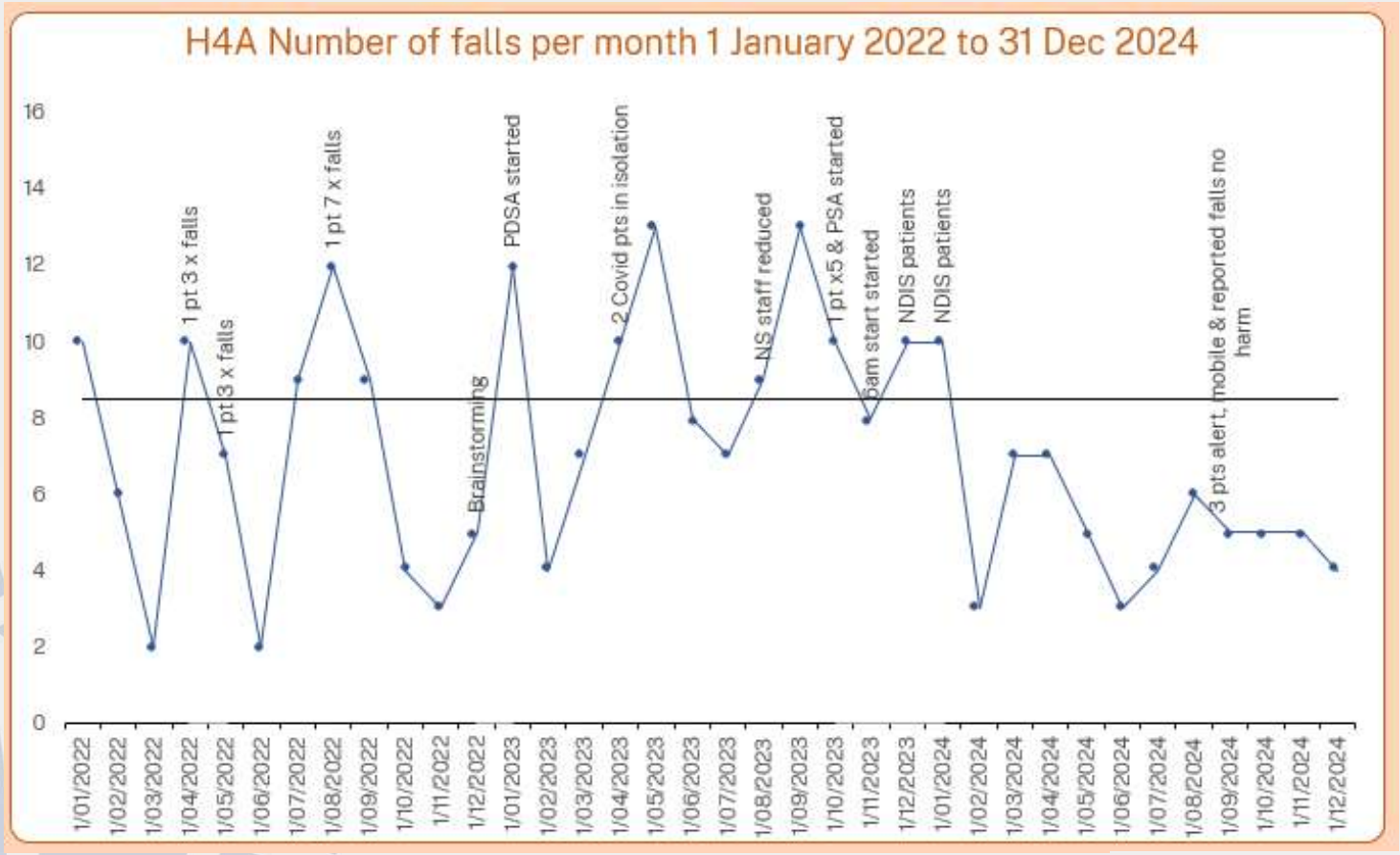
Mobility:

Comments:

Diet:



Results



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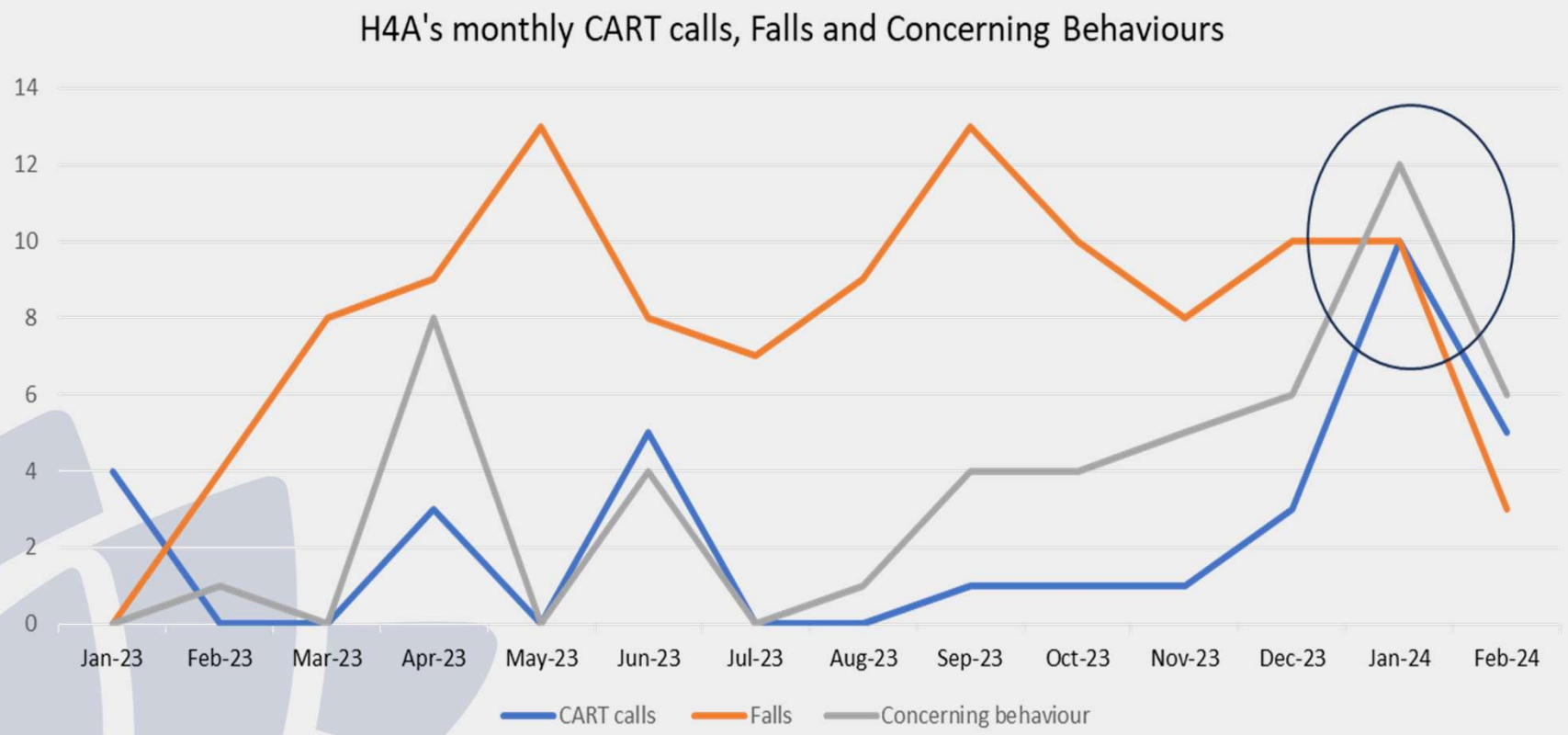
Results



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Results

H4A's monthly C-ART calls, Falls and Concerning Behaviours 2024

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Results

Quotes:

“Knowing that my Mum has come in from a RACF post a fall, and is being looked after in a room that is visible at all times is reassuring”

“I took the admission pack home to read and used the information inside for another family member as they were having lots of falls”

“The falls alarms go off all the time, but we know it is keeping our loved ones safe”

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Review of incidents

WYONG MEDICINE SERVICES- H4A FALLS THEMING

MONTH: NOVEMBER 2024

Total Falls in NOVEMBER	Total falls with harm in NOVEMBER 2024	Total Falls in past 12 months	Total falls with harm in NOVEMBER
5 Falls in total	FIVE	61 FALLS 2024	Harm score 2 = 0 Harm score 3 = 2 Harm score 4 = 3

KEY THEMES –

THIS MONTHS THEMES:

- 1 pt had 3 falls- in high back chair, on falls alarms, found sitting on floor in front of chair each time- pt had been accpeted for rehab- and sitting in chair part of program-tilt on chair assessed by Physio and changed as required.
- 100% Risk Assessments completed on admission- all identified as high falls risk
- 1 Safety Huddle not completed
- 100% had appropriate prevention strategies implemented pre and post fall
- One fall- Pt NESB- On falls Alarm, Afternoon shft- 1 nurse on Dinner break, another Falls Alarm sounding, Nurse unable to get to pt in time, found sitting in front of chair-Isolated for Shingles, now able to be moved into our high visbility room and cohorted.

THEMES OVER PAST 12 MONTHS:

- Falls risk PT'S identified via handover sheets, Safety Huddles & during clinical handover.
- Highlights to staff (particulary new staff members) the process / resources for falls prevention and post falls observational requirements
- Non slip socks stored in NUM office
- Education looking at ensuring Assessments-Adult Risk Assessment, Goals of Care, appropriate strategies and inteventions are put into place
- Emphasis on strategies prior to Fall- Alarms, beds, location on ward
- STAFF NEVER TO LEAVE HIGH FALLS RISK PT ALONE IN BATHROOM

ACTION PLAN

- NUM to interview staff involved in care post fall (staff admitting pt, staff caring for pt shift of fall).
- H4A Falls Plan in place- H4A Falls Leader Rounding weekly Fridays- with CNC and CNE
- 0600 hours Nursing staff permanently on H4A 18/3/2024
- Cohorting HFR in Bed 21 and 22-Single rooms 9 and 10 (High Visibility rooms).
- NUM and In Charge daily review of pt's appropriateness for SMART beds, Falls Alarms and High Vis room- Documented on Handover sheets
- H4A Admission Packs now back in place- with plan for sustainability, given to pt's or appropriate person on admission- containing falls prevention brochures, CCLHD Pt Safety brochure as well.

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Conclusion

Reduction in falls by 50%

2022 - 2024

Improved teamwork, culture and communication between MDT staff

Continue to sustain and spread improvement

Leadership/Executive Support (CNE, CNC, NUM, Executive)

continue to sustain changes

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What's next?

Celebrate our achievements

Sustainability (monitoring data and reporting)

Collaboration & communication

Continue to educate & mentor new staff

Share lessons learnt & spread improvements to facility/LHD

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Our Amazing team – April Falls Month 2025

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