



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



Halving fractured hips in New Zealand public hospitals September 2017

Sandy Blake

National Clinical Lead, Reducing Harm from Falls Programme

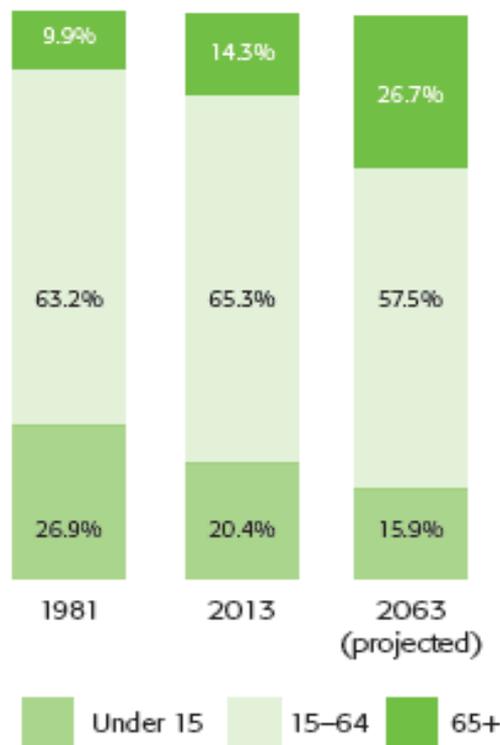
Health regions



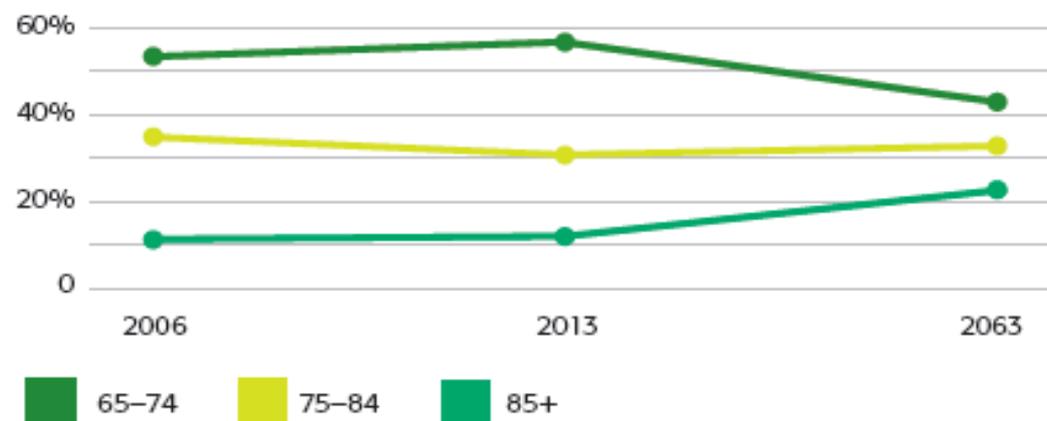
In 2013 there were **607,032** usual residents aged 65 and over in New Zealand.

Population overview

Population change



Proportion of 85s and over projected to nearly double by 2063



65+ age group nearly doubled in number since 1981



The approach is ... individualised care

Every older person is different. Don't try to answer the question 'What will stop older people falling' and just repeatedly ask 'What might stop *this* person falling?'

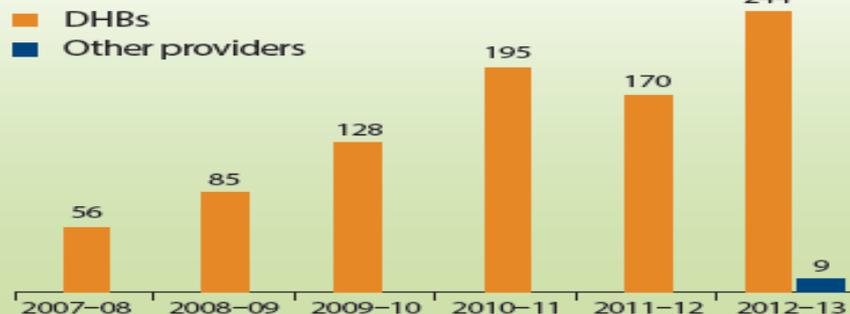
Frances Healey RN PhD



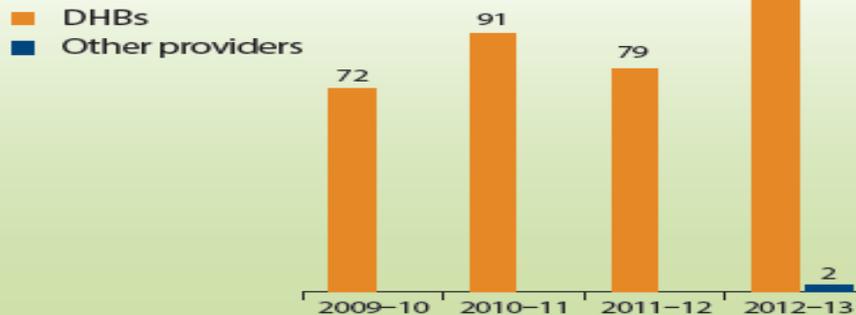
The goal is to understand the older person's risks and plan with them, their families and whanau to prevent falls in hospital, residential care and in the community.

The initial call to action - the burning platform

Falls reported as serious adverse events



Broken hips



Enquiry

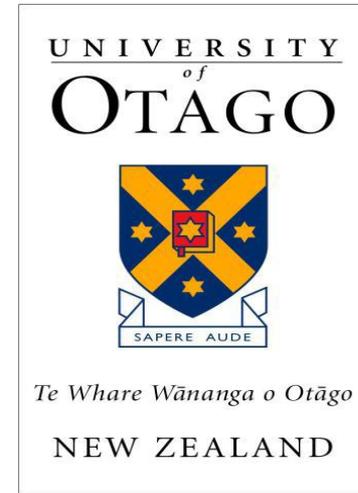
- Mapped existing falls prevention processes and practices in district health board hospitals
- Sought to understand the bigger picture of the impact and burden of falls

The case for investment

Return on investment estimates for effective, carefully targeted falls prevention strategies range from 1.0 to 7.0 x

For every \$100,000 invested by a DHB, the investment will be cost neutral or there could be up to \$700,000 available within one year

The corresponding reduction in fall-related hospital admissions for community dwelling older people ranges from 0.5 to 10.0 percent



Spread – national campaign

- Falls a focus for two patient safety ‘open for better care’ campaigns
- Placed a spotlight on the problem of falls
- Promoted strategies to address the problem



Increasing awareness

Focused and refocused on the problem of falls by:

- clinical lead visits and availability
- seminars with experts
- webinars with international experts
- partnerships with local clinical leads
- resources to use in clinical areas
- promotion of the evidence
- April Falls

April Falls – engagement – energy – sharing



April Falls

Falls Prevention is everyone's business...

RECORD AND REPORT FALLS
 TIP: Mark the Safety cross daily for all to see
"You cannot change what you do not know"
 (Dr James Spigland)

Understand your patient's risk factors
 TIP: Identify those at greatest risk of falling and assess their risk factors.

Keep bed height right for patient
 TIP: Whenever possible, adjust the bed height to match the patient's height.

Encourage well-fitting, non-slip footwear
 TIP: Encourage patients to wear their own shoes or slippers that have non-slip soles.

Individualise falls prevention care planning
 TIP: Make sure you know what you are doing and why you are doing it.

Place call bell within reach
 TIP: Make sure the call bell is within reach of the patient and is clearly visible.

Partner with patient and their family/whanau
 TIP: Encourage patients to tell you if they have any concerns about falling.

Maintain a Hazard-free environment to reduce the risk of falling
 TIP: Make sure you know what you are doing and why you are doing it.

Be cautious with bedrails
 TIP: Use bedrails only when necessary and always check the patient's feet.

Review every fall to understand why it occurred
 TIP: Use the information you learn to prevent future falls.

South Canterbury District Health Board
www.scdhb.health.nz

Stand up to FALLS

Month: **APRIL**

1	2				
3	4				
5	6				
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26				
27	28				
29	30	31			

Stand up to Falls
 Bob and Mabel are **BE BOLD NOT OLD**

Have you noticed 'ripples or lumps in the old skin'?

Can you get out of a chair without using your hands?

Do you avoid some activities to keep you safe your legs?

If you have answered yes to any of these questions, you could be at risk of falling. Ask your health professional if strength and balance exercises are suitable for you.

ask
 ask
 ask
 ask

April Falls



Building a community of practice

- **Leadership** from an expert advisory group
- **Reinforced** by clinical leader visits/availability
- **Endorsed** by local/international experts
- **Owned** by professional groups such as DoNs
- **Implemented** by local clinical leaders
- **Adapted** by those caring for older persons

Resources to assist implementing evidenced-based strategies



Resources to assist implementing evidenced-based strategies

- Turned to the evidence - developed the Falls 10 Topics as part of a suite of evidence-based and interactive resources to build capability
- Provided practical guidance on implementation



Ten Topics updated in 2017



2017 evidence base

Go to

<https://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/recommended-resources/>



2017 Evidence base

Recommended evidence-based resources: Systematic reviews, clinical guidelines and toolkits

Contents

- **Introduction**
- **Recommendations**
- **Cochrane Reviews on fall prevention strategies**
- **10 topics in reducing harm from falls**
- **Clinical guidelines and standards for preventing harm from falls**
- **Toolkits and guides for implementation**
 - for clinicians
 - for patients/consumers
 - for organisations
- **Recent literature of interest**
 - New Zealand studies
 - Randomised controlled trials
 - Identifying older people at risk of falling
 - Keeping active is crucial
 - Medications
 - Implementation of what is currently known
 - Looking to the future
- **References**

Programme aims/clear and shared

Hospital settings

Outcome measures:

- Nationally a reduction in fall-related hip fractures (10-30%) in hospital settings by 30 June 2015
- Reduced fall-related additional occupied bed days and associated costs

Process measures:

- 90% of older in-patients receive a risk assessment and individualised care plan addressing identified risks

Prevent falls and reduce harm from falls in hospital acute care settings

Reduce harm from falls and promote safe mobilising in aged residential care settings

Promote falls prevention strategies in home based care settings and in the community (includes population health approach)

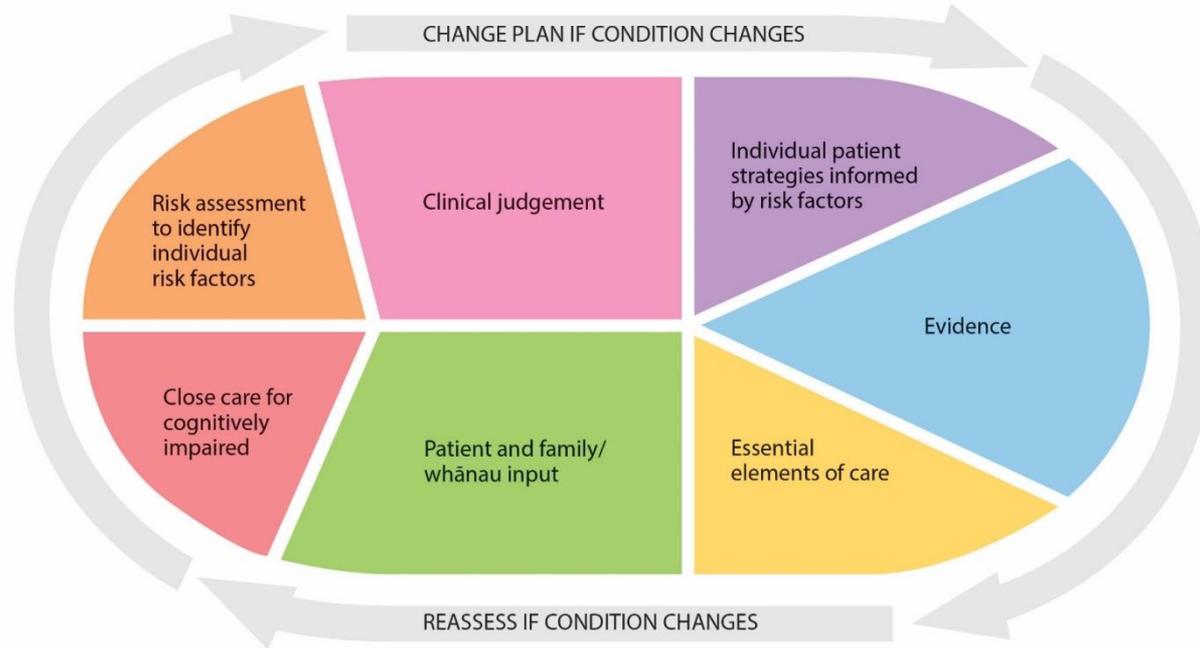
Promote evidence-based best practice to build capacity & capability for Improvement and system change

Aligned with the NZ Triple Aim



- For an individual older person
- For a hospital
- For the whole of community
- Across the system

What we focused on in hospitals





Risk assessment
to identify
individual
risk factors

- Move away from predictive risk assessments
- Explain that the level of risk is not important, but the actual individual's risk is
- Reinforce by quarterly reporting to the Commission of older persons receiving falls risk assessment – keeps to front of mind.

A pink trapezoidal shape, wider at the top and narrower at the bottom, containing the text 'Clinical judgement'.

Clinical judgement

- Think about how to mitigate the risk you have identified
- Have access to the evidence; your system can prompt
- Document individualised strategies
- Note when a patient's condition changes and reassess/rethink



Essential
elements of care

- Strategies are essential for all regardless of risk
- Listed to save repetitive documentation

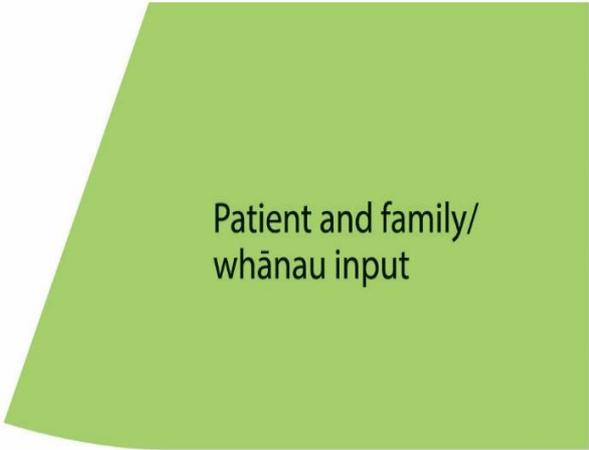
But

- Must be audited to check they are implemented/
complied with



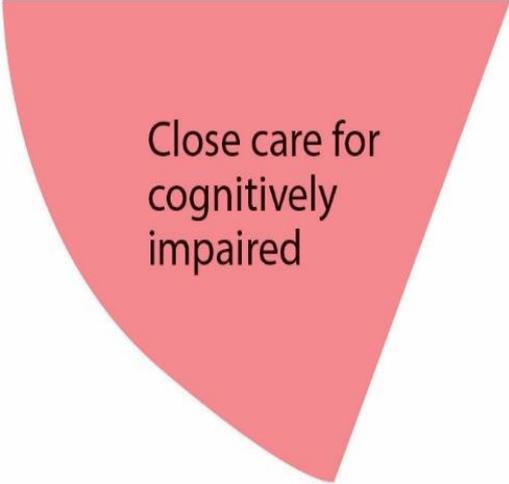
Individual patient
strategies informed
by risk factors

- Individualised care must be linked to identified individualised risk factor
- Power in writing individual strategies, not ticking a box
- If patient condition changes, reassess and then re-plan
- Quarterly reporting to the Commission of older person deemed at risk and who has a care plan



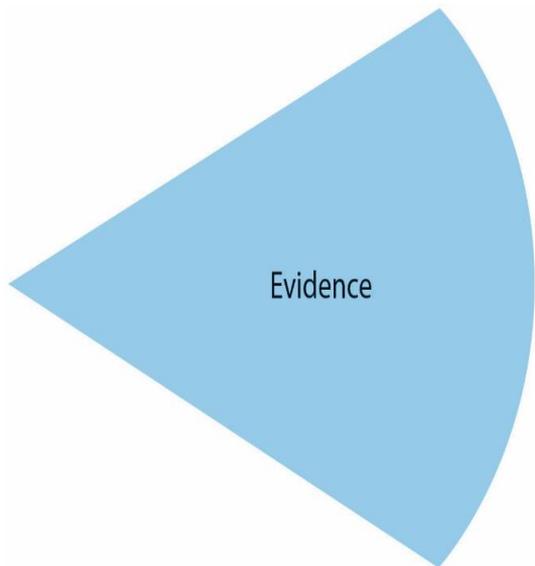
Patient and family/
whānau input

- Acknowledge that the patient and family/whānau will most likely know more about the problem of falling, therefore ask and listen
- Partner in care planning
- Partner in discharge planning and further community options such as strength and balance



Close care for
cognitively
impaired

- Check with family/whānau about what works to keep their loved ones safe
- Close care is not ‘watching’, it is caring, understanding and partnering with families/whānau
- Care for cognitively impaired should be the norm, not the exception
- Care most ideally needs to be provided by staff who know the patient



Falls 10 topics

Having the discussion:

- expert visits
- webinars
- clinical lead visits

Showcasing:

- what works
- seminars

Releasing time to care module
adapted for New Zealand

The measures

- Quality and safety markers
 - process – risk assessment
 - process – individualised care plan
 - outcome – fractured hips in hospital
- Atlas of Healthcare Variation
- Whole of system



Whanganui Falls Prevention Workplan 2016 -17

20 POINT WORKPLAN

1. Fracture liaison and falls prevention pathway developed using map of medicine platform.	2. All comprehensive clinical assessment, including interRAI information, is used to inform a falls prevention care plan.	3. Strength and balance exercise groups in community groups are identified and utilised by those at risk of falls.	4. Bone health assessment and falls risk screening is conducted on those 50+years in general practice	5. Vitamin D is prescribed for those who are Vitamin D deficient, have no or low sun light exposure, cared for in ARC or have suffered fragility fracture.
6. Medications are routinely reviewed in those 50+ yrs , take greater than five meds (polypharmacy), and identified as at risk of falling or have fallen.	7. A single point of contact for referrals of those 50+ years who are unsteady on their feet or who have fallen.	8. 50+years persons who have fallen and fractured a bone will be identified and contacted by the fracture liaison nurse and connected to required services and treatment.	9. Orthogeriatrician will review the older persons who have fallen and sustained a fracture requiring hospital admission. The orthogeriatrician will advise on osteoporosis management and improving bone health. A working partnership will exist between the fracture liaison nurse and orthogeriatrician.	10. New Zealand Hip Fracture Registry Standards have been implemented in the DHB.
11. Green prescription includes a choice of strength and balance exercises as part of the DHB's falls injury prevention strategy.	12. St John Ambulance officers conduct falls risk screening for older persons they visit who do not need ED presentation and refer those at risk to single point of contact.	13. Standardised best evidenced strength and balance exercises are advocate for aged residential care.	14. Increased sector collaboration and community awareness of falls-related risk and injury.	15. Falls risk screening utilising the HQSC Ask Access Act framework will occur in all services such as outpatient clinics that provide healthcare to older persons.
16. HQSC falls process markers meet expected threshold and quality expectations in clinical areas.	17. WDHB provides an in-home strength and balance programme for the frail elderly at home.	18. Communication regarding falls risk and the plan of care to mitigate the risk occurs at all points of transfer of care.	19. A <i>Knowing how we are doing</i> report is developed utilising data from ACC, HQSC, Atlas of Health Care Variation and local systems.	20. Governance of falls prevention programmes are maintained at board and alliance leadership level.



routinely occurs



in part/at times/data not available*



not occurring

We have made a difference

Falls

Falls are the most common cause of serious injury, and occasionally death, in our public hospitals.

The Commission's **reducing harm from falls** programme has introduced a number of simple interventions to help address falls-related harm. This programme works alongside and supports existing programmes in the sector.



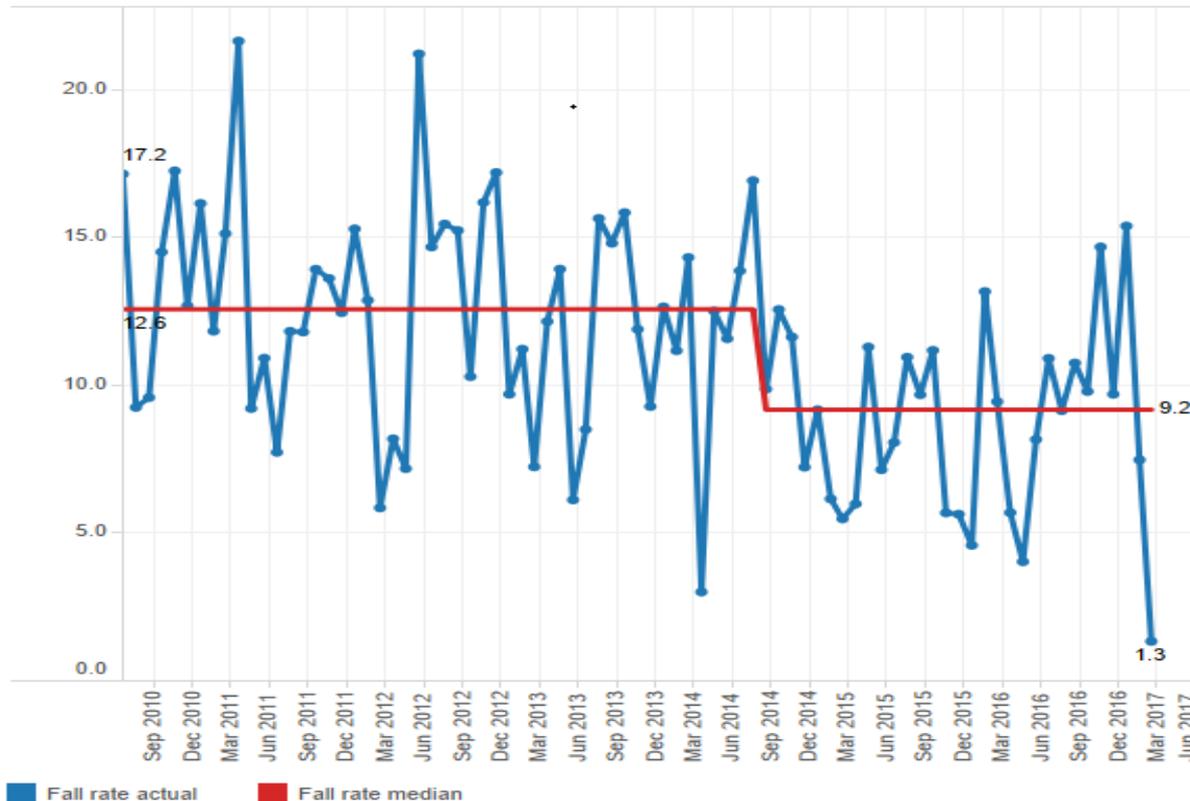
Every week in 2010–12, on average, **2 patients fell** and broke their hips in New Zealand hospitals. This rate has now almost halved.



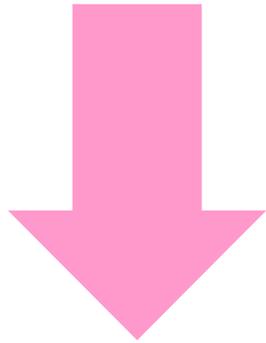
Having a fall can add a month to someone's hospital stay, and is very costly.

Outcome results to March 2017

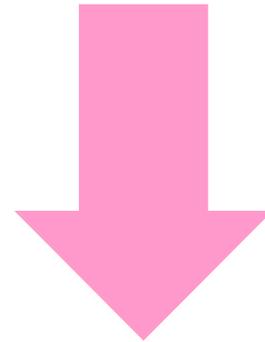
Outcome marker
= in-hospital falls
with fractured
neck of femur per
100,000
admissions by
month



Harm reduced/cost savings July 2013 to March 2017



85 # NOF



NZ\$4 million

Every one of these numbers is a loved one!



But it's even bigger than that

On average an avoided broken hip gives an extra 1.6 years of healthy life

This adds up to an additional 140 years of healthy life, worth NZ\$25 million

The Commission's ongoing focus

- Leadership and guidance
(Lead)
- Clinical leadership network
(Sustain – key hospital focus)
- Ongoing measurement for improvement
(Measure)
- Update evidence and resources 10 Topics
(Learn and educate)
- Focus every April: April Falls
(Engage)
- Cross-agency collaboration: Commission, ACC, Ministry of Health
(Whole of system partnership)

Atlas of Healthcare Variation – informs a broader focus

Updated in April 2017 with 2015 data:

- 217,000 people aged 50 and over had an ACC claim for a fall-related injury
- 25,800 people were admitted to hospital with a fall; older people and women had higher admission rates
- On average people admitted due to a fall stayed in hospital for 10.3 bed-days – older people stayed longer than younger
- 3600 people (aged 50+) were admitted with a hip fracture due to a fall in 2015 (at an average rate of 2.3 per 1000)
- Half of hip fractures occurred in those 85 years and over

Word of caution

- We must not take our focus away / eye off the problem
- We must take a whole of system approach
- Sadly, the problem/risk will never go away

Let's not take our eyes off the falls

Thank You