Falls in SMHSOP Acute Units
A benchmarking and policy perspective

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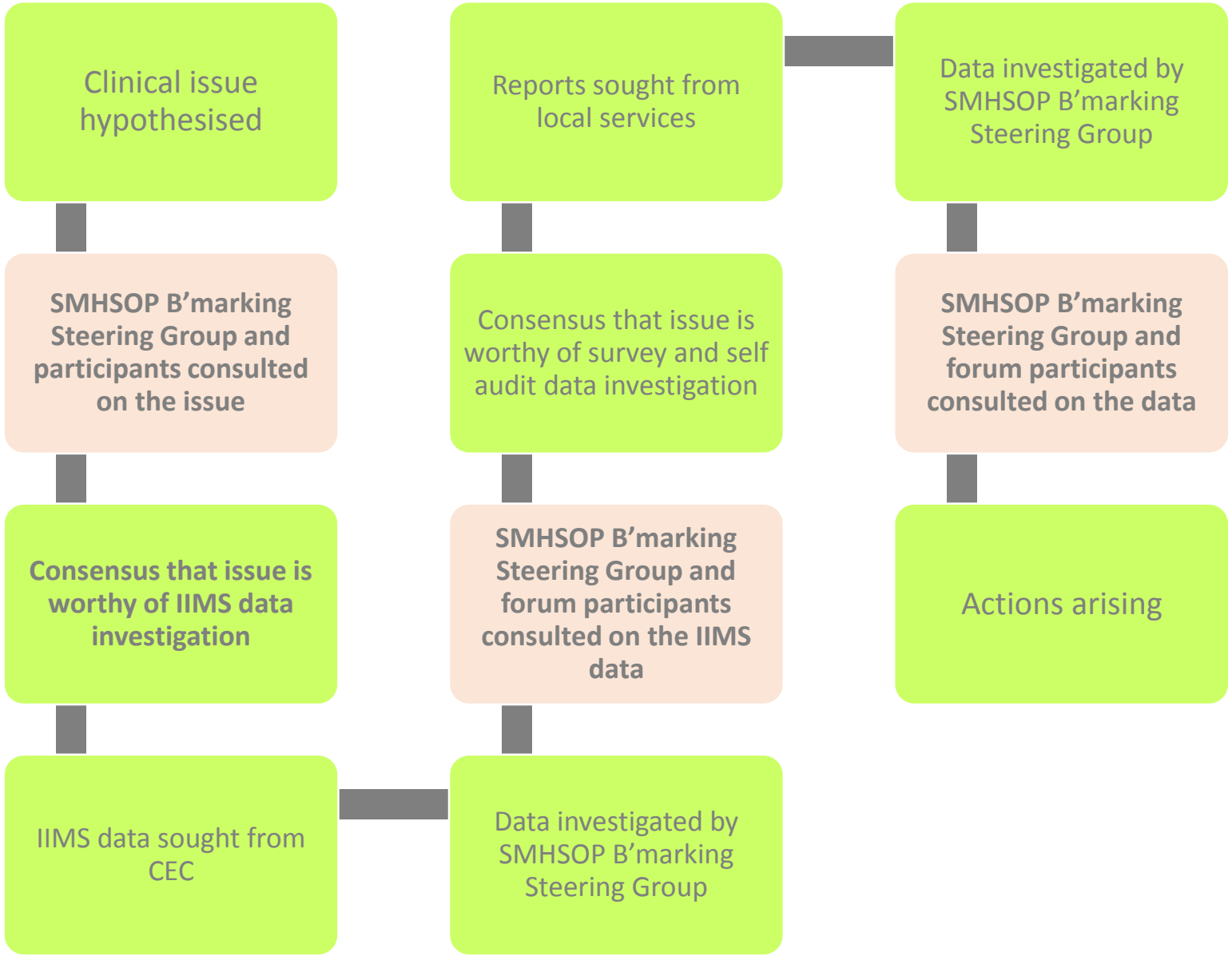
SMHSOP Clinical Benchmarking and the use of IIMS data



Benchmarking falls

- Prevention of falls has been a focus of SMHSOP Benchmarking since our first forum in 2010.
- Forums and network meetings occur twice yearly and include all acute and non acute inpatient units and most community SMHSOP teams
- Data are collated and presented by InforMH including no. of falls, no. of repeat fallers, severity of falls (SAC ratings) and fall rate (falls per 1000 bed days)
- Agree a set of standards which can be measured
- Development of Self audit tool

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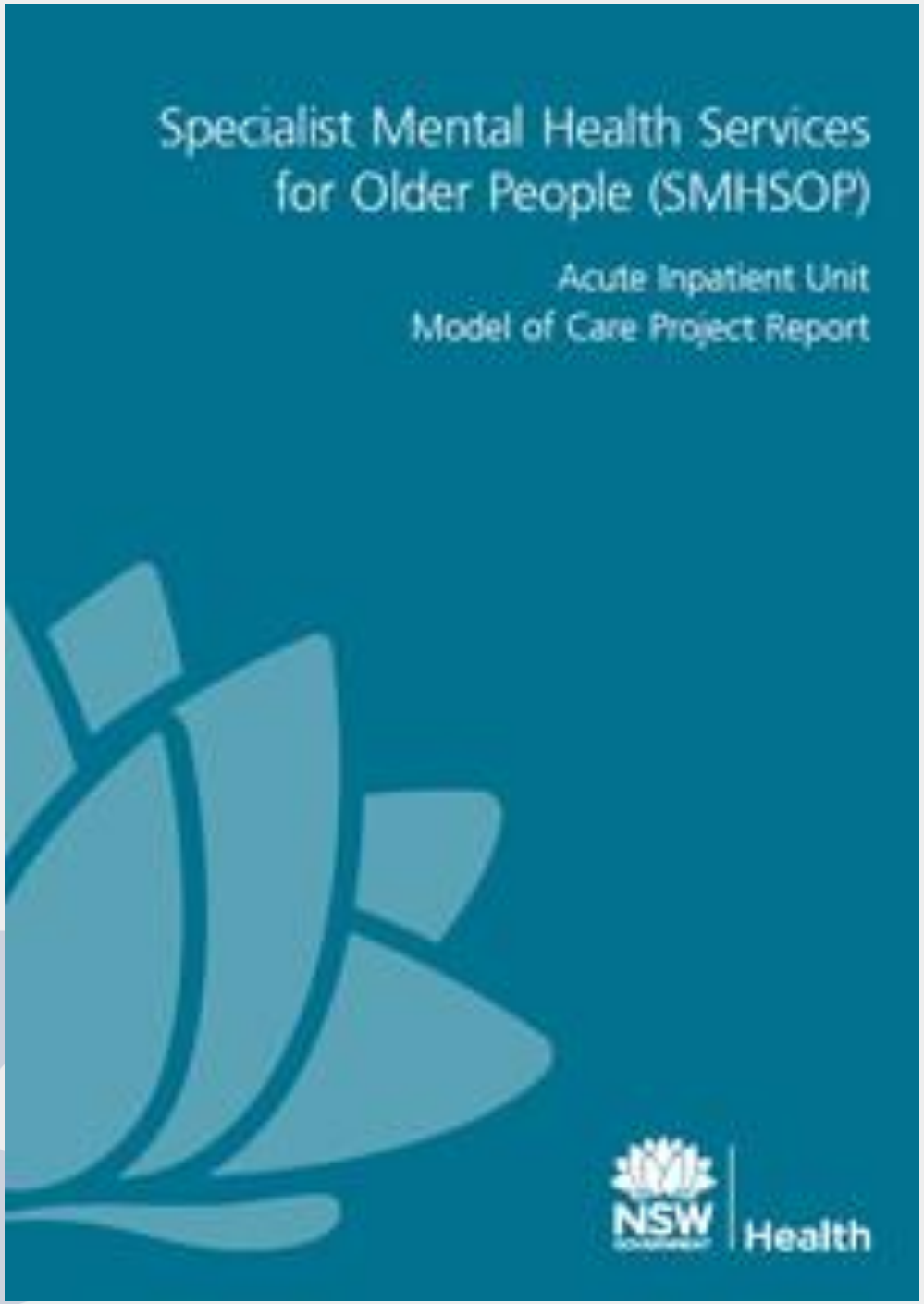

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Policy and Guidelines – the SMHSOP Acute inpatient Unit Model of Care (2012)

- Falls risk is assessed and managed from the time of admission (eg using the Ontario Modified Stratify screen and the FRAMP).
- Falls prevention strategies are implemented
  - Suggestions related to falls prevention may be found in the recently released NSW Health policy Prevention of Falls and Harm from Falls among Older People: 2011-2015. (These include risk assessment, care planning, changes in the environment, education programmes, medication review, hip protectors, removal of restraints and exercise.)
- Consumers requiring assistance with mobility are provided with the appropriate physical and mobility aid support.
- The service monitors performance data regarding falls

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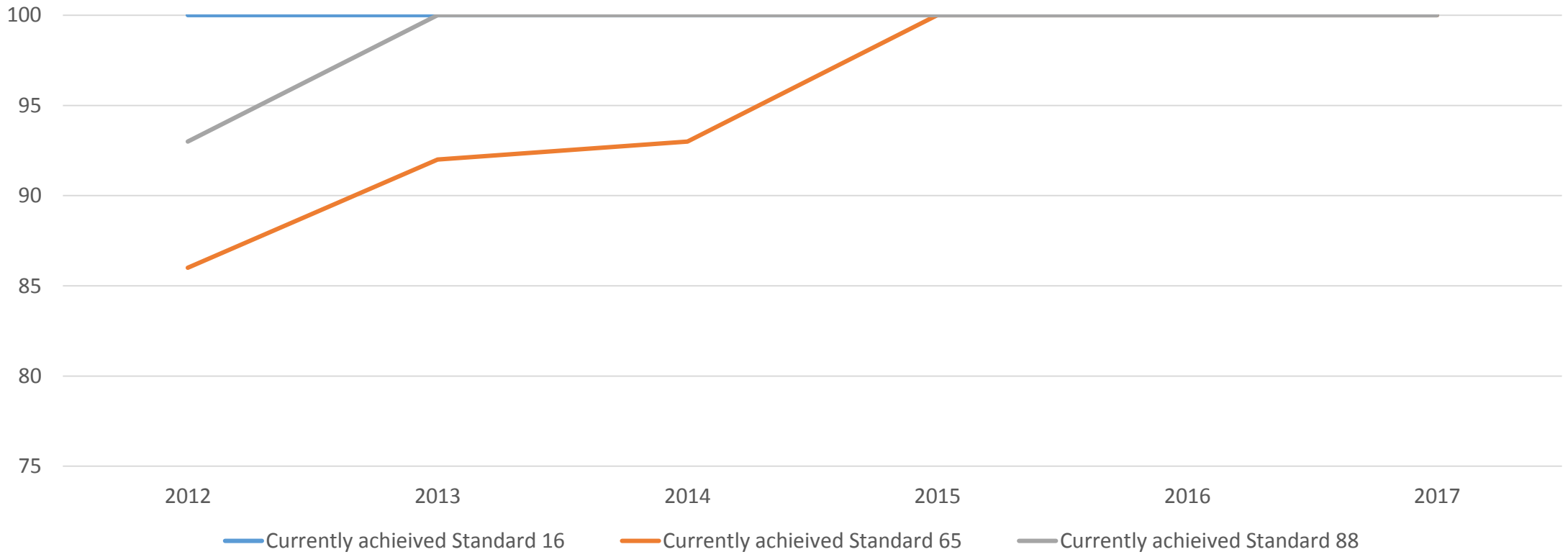
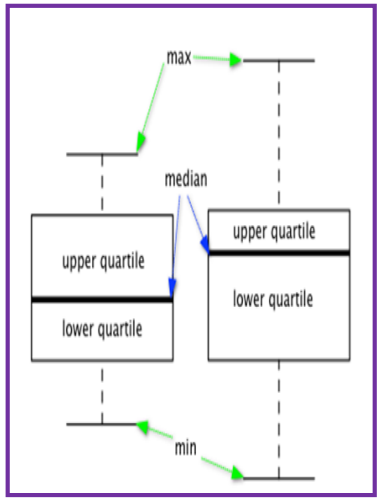
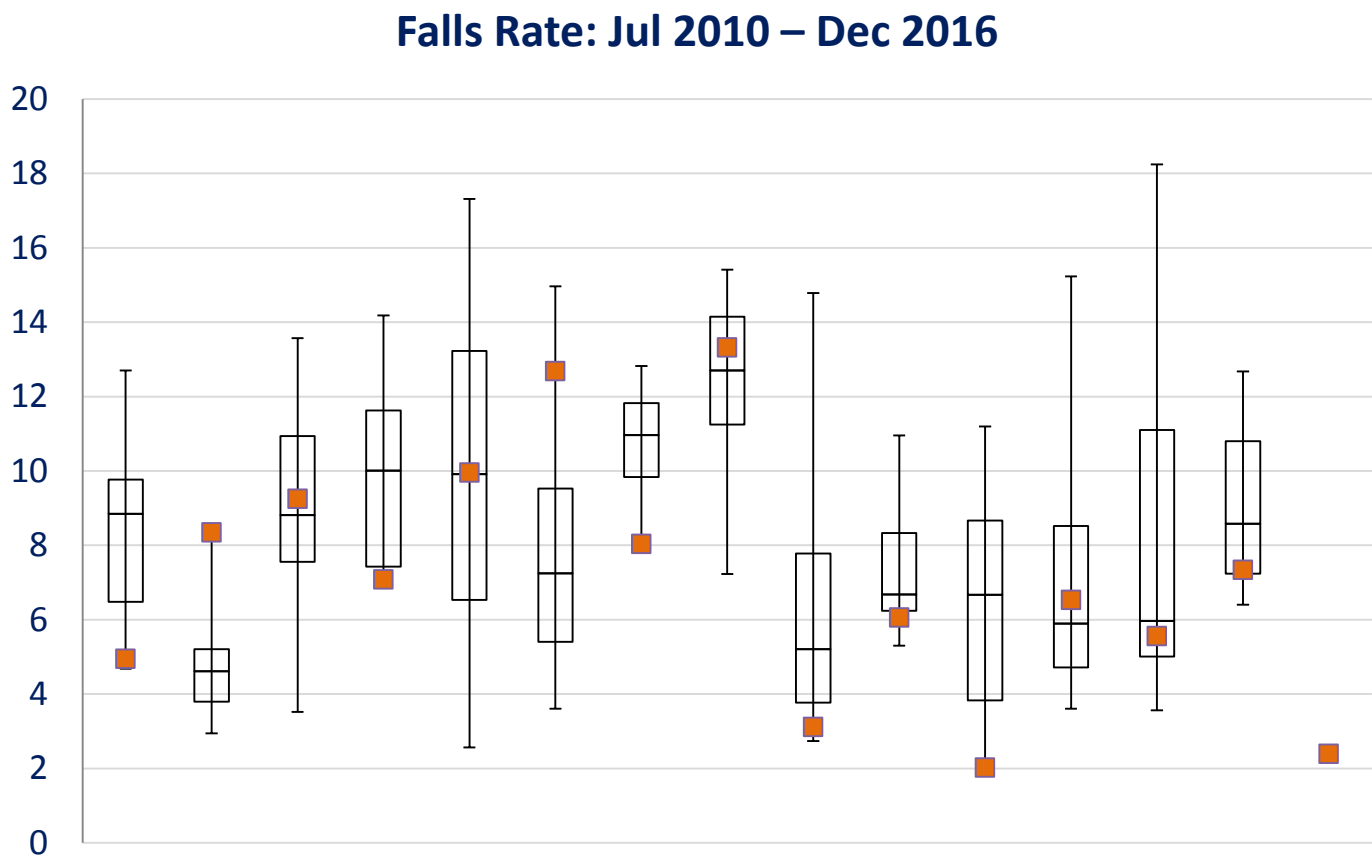
SMHSOP inpatient self-audit tool

Standard 16: Older consumers' falls risk is assessed and managed from the time of admission
Standard 65: Falls prevention strategies are in place to reduce the need for restraint aimed at preventing falls
Standard 88: The service monitors performance data regarding: Falls



Falls Rate over Time by Unit





Unit rate Jul-Dec 16

Refers to 6 monthly reports from Jul 2010 – Dec 2016

Falls Rate per 1,000 Bed Days

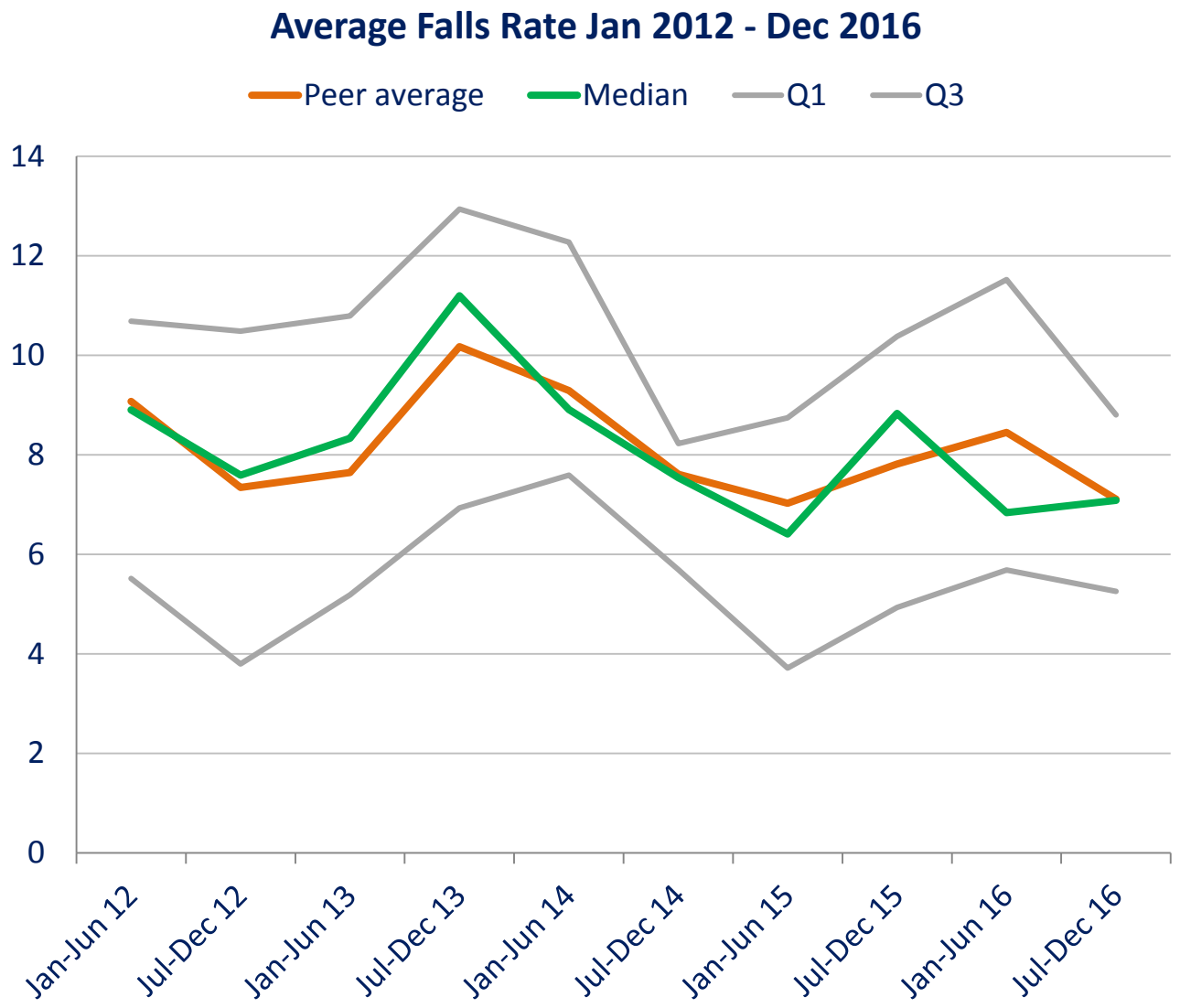
The falls rate is a measurement of risk. It tells you how many falls you can expect for every 1,000 occupied bed days (OBD).
Fall rate = (number of falls/occupied bed days) x 1,000
Note: Occupied bed days tells how many days patients were in beds. For example, if you have a census of 30 patients for 30 days, this is 900 OBD.

Example of Fall Rate:

Your unit has had 4 falls in the last 6 months. The health information department reports that you had 900 occupied bed days last month. Thus your fall rate for last month was:

Fall Rate = (Number of Falls /Occupied Bed Days) x 1000 = (4/900) x 1000 = 4.44 per 1,000 OBD

Interpretation:
For every 1,000 bed days, you can expect to have about 4 falls.



Restraint and Falls

- Some inpatient units use mechanical restraints to prevent falls
- Use of concave mattresses may prevent falls but can be considered a form of mechanical restraint where the consumer does not have the freedom to get out of bed as desired
- Removal of mobility aids could be considered restraint
- Restraint is associated with an increased risk of falls
- All units aim to minimise and where possible eliminate the use of restraint

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