Older Persons Patient Safety
Falls in Hospital
Reducing falls and harm from falls

Dr Harvey Lander

Director Systems Improvement

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NSW FALLS PREVENTION PROGRAM

LEADING BETTER VALUE CARE

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Why LBVC?

- NSW health system provide effective, efficient, evidence based, safe and high quality health services
- Establish a comprehensive approach to transition volume to value based care (triple aim)
  - the health of the public (e.g. a change in outcomes)
  - the experience of receiving and providing care (e.g. patient/carer/clinician)
  - efficiency and effectiveness of care provision

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What matters to the patient

- Don’t kill me
- Don’t harm me
- Don’t do things that cannot help me
- Reliably do things that can help me
- Relieve my pain – physical and emotional
- Don’t make me feel helpless
- Share information
- Don’t make me wait
- Don’t waste money

Dr Don Berwick

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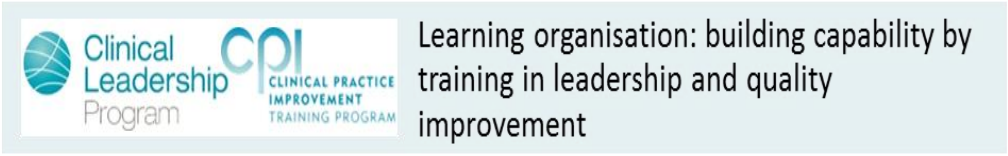
Building blocks

Safety & Quality

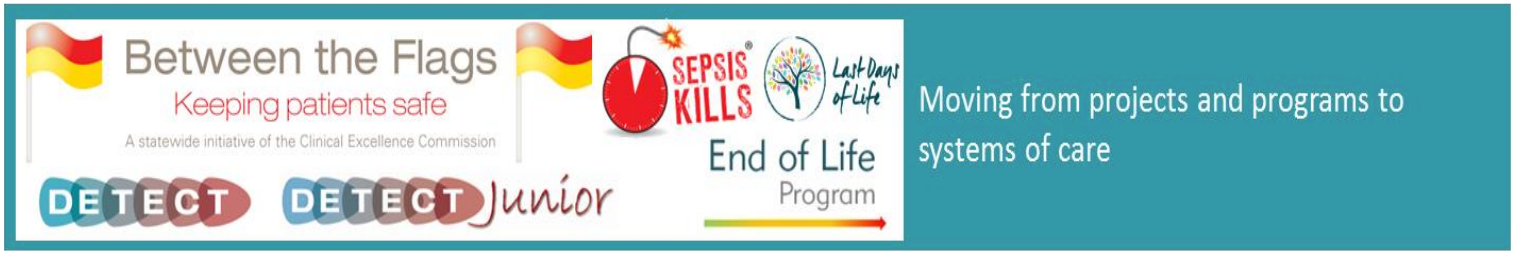


Learning organisation: building capability by training in leadership and quality improvement

Real time data for improvement

Development of high reliability patient care teams to improve culture

Ward based essentials of safety



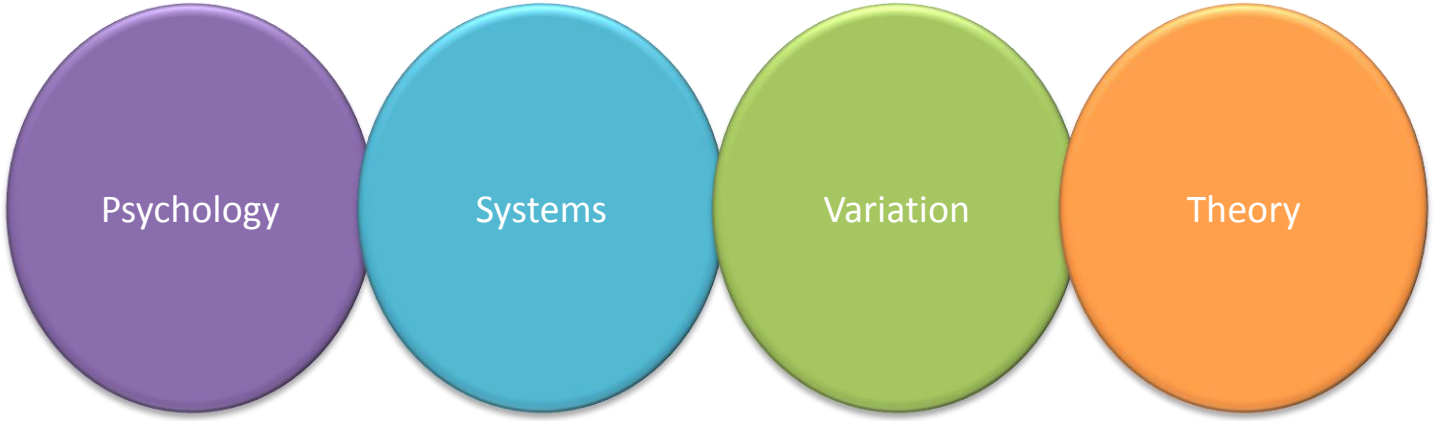
Moving from projects and programs to systems of care

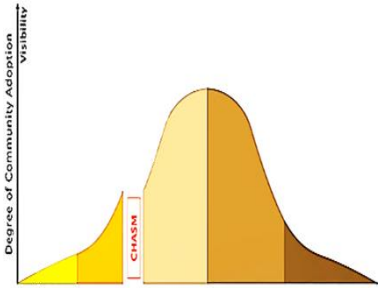
Statewide systems for incident monitoring and intelligence

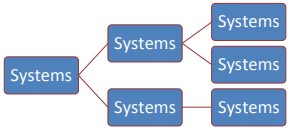
How will the change happen?

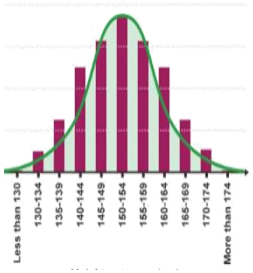
Capability Build

Supporting the Microsystem





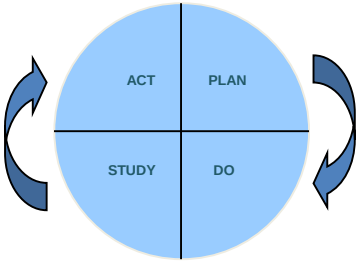




What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in an improvement?



Langley, Nolan et al 1992

Why Falls in Hospital

- Potentially avoidable harm
  2016 SAC1 38
  SAC 2 IIMs 458

- NSW Falls prevention program for last 10 years

- Aim 5% reduction in hospital fall related serious harm in ≥70 yrs

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Leadership and Culture

- **Boards**: leading through strategic direction, governance, risk management, financial and quality & safety
- **Executive**: building capacity and supporting frontline teams in improvement
- **Expert clinical/improvement leads and teams:** nursing, medical and allied health improve clinical processes
- **All ward staff:** practice reliable falls prevention and care

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Falls in Hospital

- multi-factorial risk assessment
- multifactorial and multidisciplinary interventions
- engagement with patients/families/carers
- eMR documentation

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CEC improvement collaborative

- 12 month State collaborative, 3 learning sets
- Multidisciplinary team
- Interventions
- Coach teams 1:1
- Link LHD/SHN teams and NSW Falls Co-ordinators
- Quality Improvement Database System
- Hospital home team data to drive continuous improvement

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Interventions

- Identify risk patients at risk & repeat assessment
- **Cognitive screening**: recognise delirium/dementia
- **Safe mobilisation** and upright
- Medications: review, reconciliation, reduction: **antipsychotics, anti-hypertensives, antidepressants, sedatives/hypnotics, opioids**
- Intentional rounding
- Post fall & safety huddles
- Clinical handover
- Multidisciplinary management

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CEC support – other opportunities

Workshops for clinical teams - state-wide falls forums including:

- A tri- nations (UK, NZ and Australia) experts forum 18/9
- Learning sets 25 Oct 17, 28 Feb and 30 May 18
- Two rural falls forums (located MLHD Nov and MNCLHD Dec)
- Coaching support for nominated teams from LHD between workshops and LHD/SHN visits to work with clinical teams
- Webinar and quality improvement education sessions

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CEC support

Other leadership support for quality and safety

- Executive/Clinical Leadership Program
- Medical Leadership and engagement
- Partnering with Patients/families/carer
- Organisational Safety Improvement Matrix
- Support for multidisciplinary teams

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CEC support

QI Academy http://www.cec.health.nsw.gov.au/get-involved/events-and-webinars/calendar

- Basic and advanced measurement techniques and tools
- Training for staff

Thank you and Questions

Dr Harvey Lander B Med MBA FRACMA
Director, Systems Improvement

For further information:

Harvey.Lander@health.nsw.gov.au

www.cec.health.nsw.gov.au

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