

Older Persons' Patient Safety Program

Keeping Older People Safe in our Care

Lorraine Lovitt, Senior Improvement Lead

Ingrid Hutchinson, Improvement Lead

Maree Connolly, Improvement Lead

Acknowledgement

Dr Tracy Brown, Hunter New England Local Health District

May 2022



The Older Persons' Patient Safety Program (OPPSP)

'The Team'



Ingrid Hutchinson
Improvement Lead



Lorraine Lovitt
Senior Improvement Lead



Marce Connolly
Improvement Lead



CEC Strategic Plan Summary



Older Persons' Patient Safety Program

Strategic Priorities

LEADERSHIP, CULTURE AND ACCOUNTABILITY – BUILDING A CULTURE OF SAFETY

Support a culture of safe care for older people across our health services

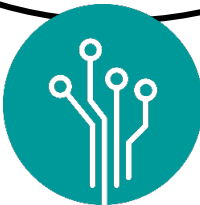


PARTNERING WITH LHDs FOR PRIORITIES

- Support LHDs to establish an OPPSP so that older people are provided with safe, quality and reliable care
- Promote Comprehensive Care – Minimising Harm model & QI CC Toolkit

BUILDING CAPABILITY FOR IMPROVEMENT

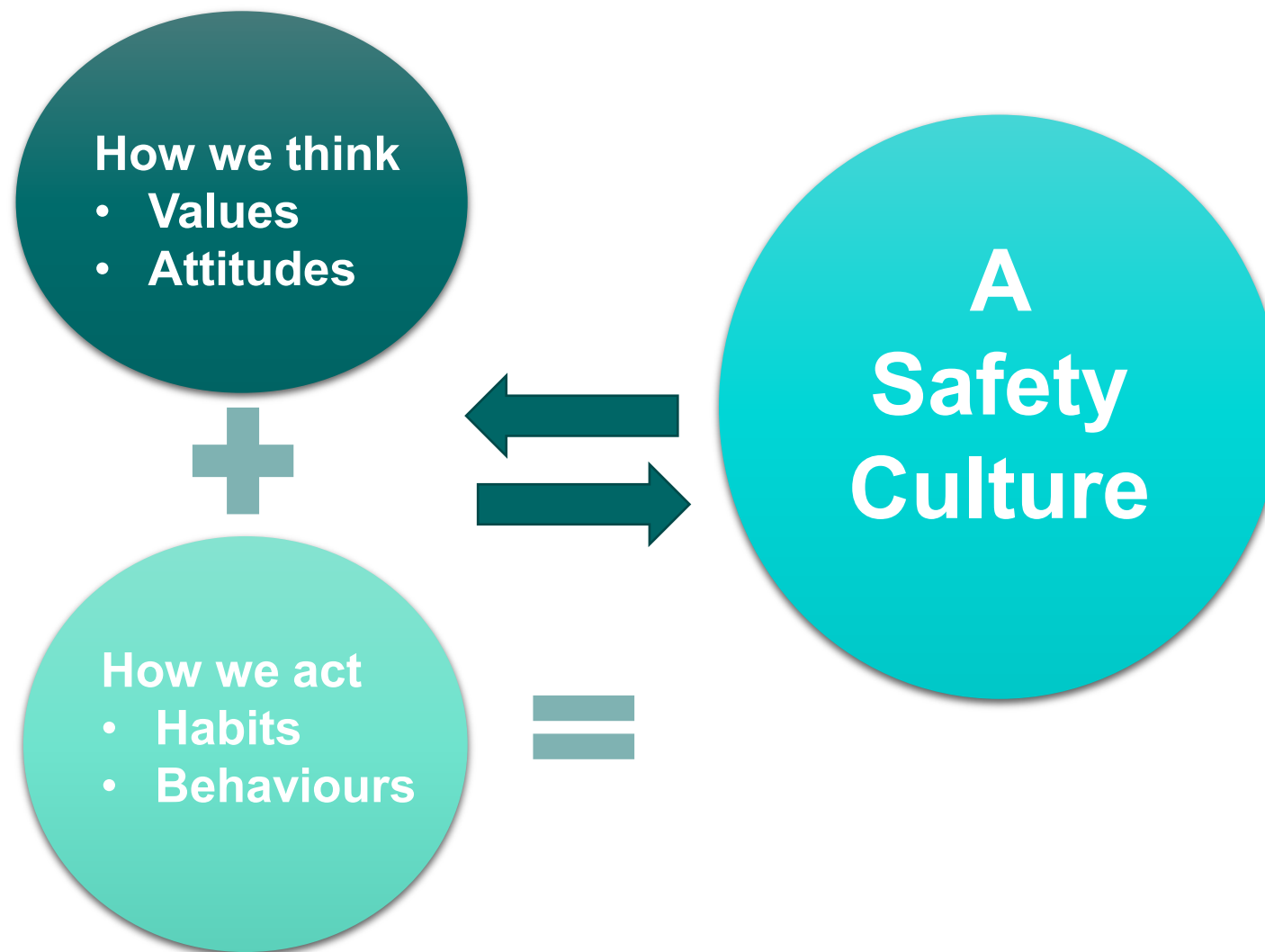
Supporting LHDs to build the necessary capability and capacity for safety and quality improvement initiatives



DATA INTELLIGENCE

Use data to drive improvement
Promote QIDs data dashboards

What Is Safety Culture?



When you think of an older person what words come to mind?

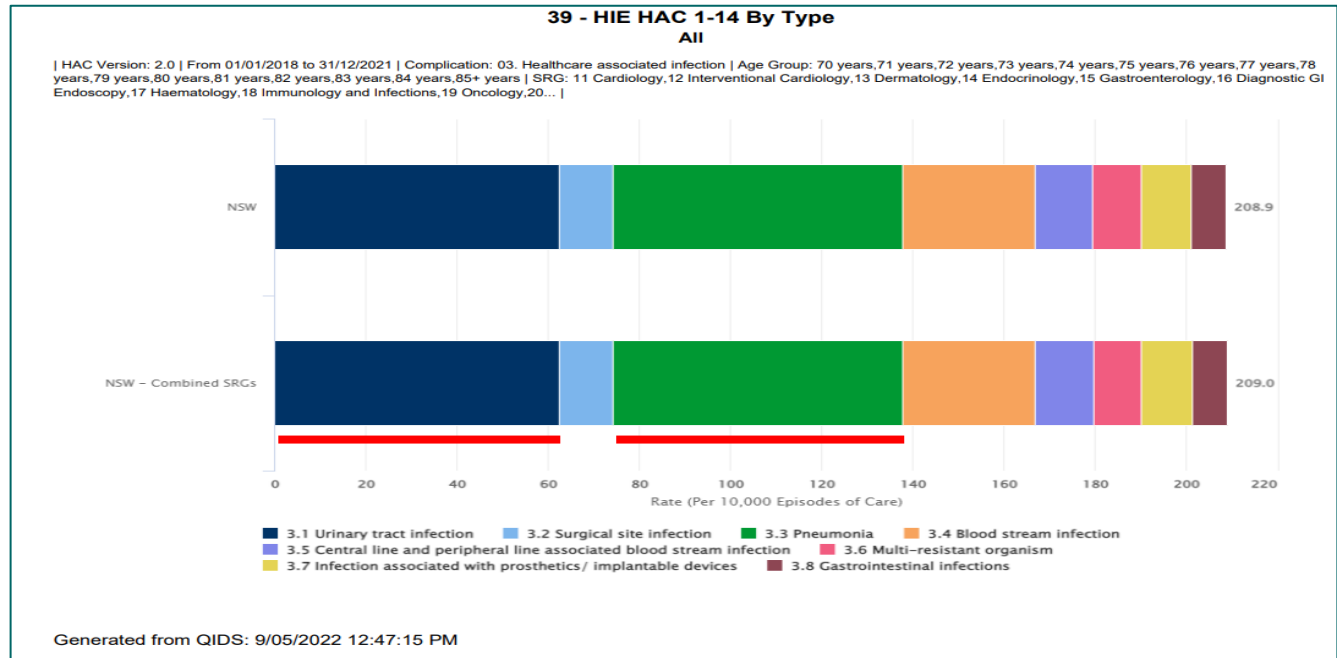
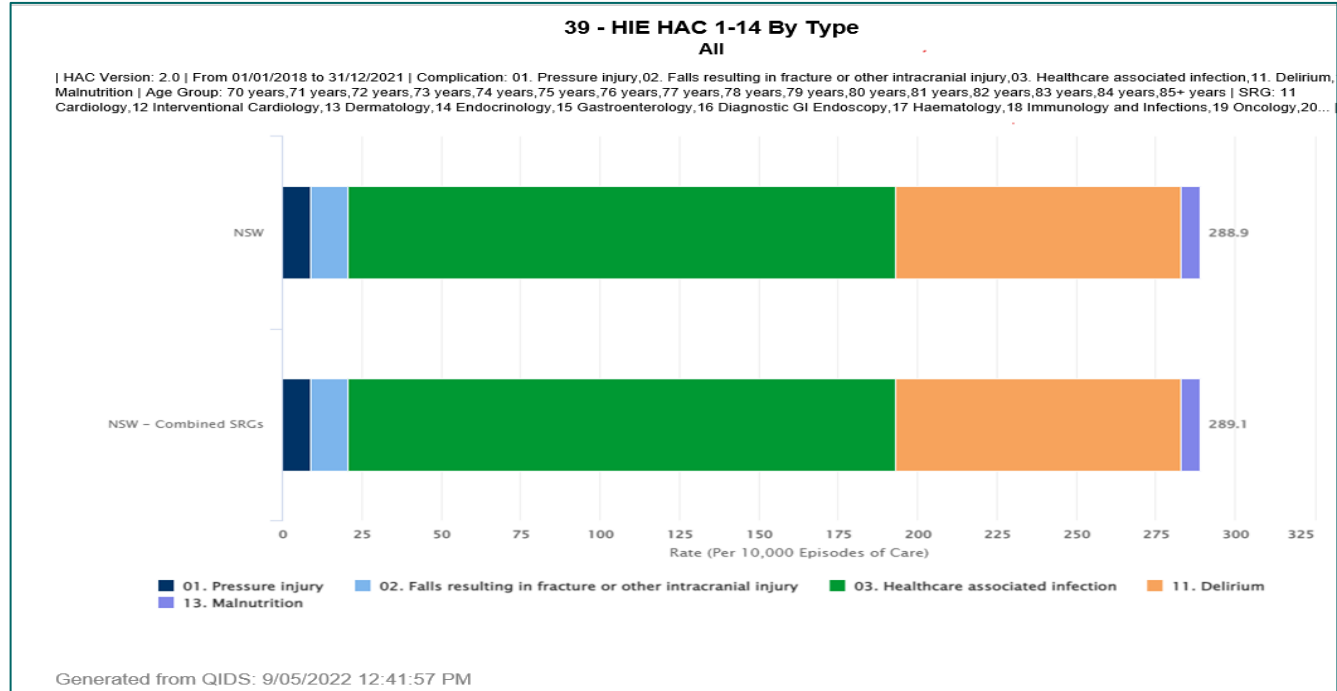


QIDS HIE HAC - Falls, PI, HAI, Delirium & Malnutrition NSW

(>70 years: 2018-2021)

QIDS HIE HAC – HAI (UTI & Pneumonia) NSW

(>70 years: 2018-2021)





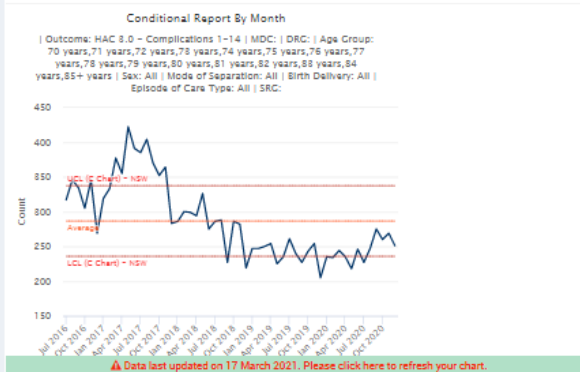
Comprehen...
Proof of concept...
21 reports

Dashboard Comprehensive Care - Minimising Harm > 70yrs Falls, Pressure Injury and HAC: Delirium, Infection (UTI & Pneumonia) Hospital Re-admissions - same facility within 28 days.

Rate of HAC Delirium Benchmark by Location - 70+ years

All
HAC Version: 8.0 | Count Numerator by Episodes of Care with HAC | From 01/01/2020 to 31/12/2021 | Complication: 11. Delirium | Age Group: 70 years, 71 years, 72 years, 73 years, 74 years, 75 years, 76 years, 77 years, 78 years, 79 years, 80 years, 81 years, 82 years, 83 years, 84 years, 85+ years | Sex: All | Mode of Separation: All | Birth Delivery: All | Episode of Care Type: All | SRC:
Data last updated on 17 March 2021. Please click here to refresh your chart.

101 - Volume HAC UTI - 70+ Years



38 - Rate of HAC UTI Benchmark by Location - 70+ years

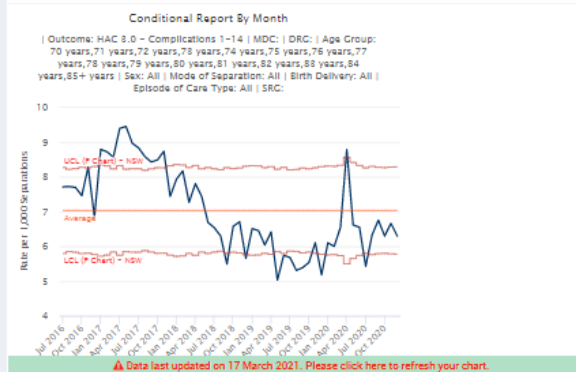
All
HAC Version: 8.0 | Count Numerator by Episodes of Care with HAC | From 01/01/2020 to 31/12/2020 | Complication: 08. Healthcare associated Infection | Diagnosis: 8.1 Urinary tract Infection | Age Group: 70 years, 71 years, 72 years, 73 years, 74 years, 75 years, 76 years, 77 years, 78 years, 79 years, 80 years, 81 years, 82 years, 83 years, 84 years, 85+ years | Sex: All | Mode of Separation: All | Birth Delivery: All | Episode of Care Type: All | SRC:
Data last updated on 17 March 2021. Please click here to refresh your chart.

101 - Volume HAC Pneumonia - 70+ Years

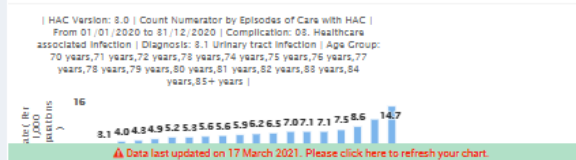
Rate of HAC Delirium by multiple locations - 70+ years

HAC Version: 8.0 | Count Numerator by Episodes of Care with HAC | From 01/01/2020 to 31/12/2021 | Complication: 11. Delirium | Age Group: 70 years, 71 years, 72 years, 73 years, 74 years, 75 years, 76 years, 77 years, 78 years, 79 years, 80 years, 81 years, 82 years, 83 years, 84 years, 85+ years | Sex: All | Mode of Separation: All | Birth Delivery: All | Episode of Care Type: All | SRC:
Data last updated on 17 March 2021. Please click here to refresh your chart.

101 - Rate HAC UTI - 70+ Years



80 - Rate of HAC UTI by multiple locations - 70+ years

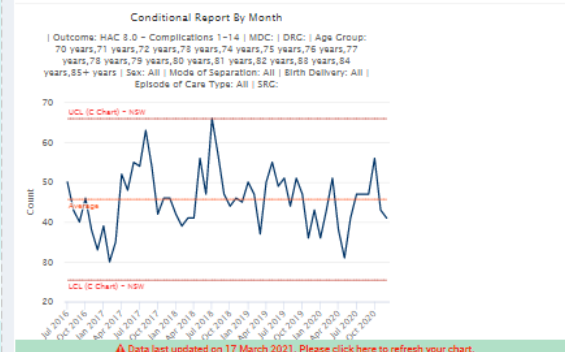


101 - Rate HAC Pneumonia - 70+ Years

Rate of HAC Pressure Injury Benchmark by Location - 70+ years

All
HAC Version: 8.0 | Count Numerator by Episodes of Care with HAC | From 01/01/2020 to 31/12/2020 | Complication: 01. Pressure Injury | Age Group: 70 years, 71 years, 72 years, 73 years, 74 years, 75 years, 76 years, 77 years, 78 years, 79 years, 80 years, 81 years, 82 years, 83 years, 84 years, 85+ years | Sex: All | Mode of Separation: All | Birth Delivery: All | Episode of Care Type: All | SRC:
Data last updated on 17 March 2021. Please click here to refresh your chart.

101 - Volume of HAC Falls - 70+ Years



38 - Rate of HAC Falls Benchmark by Location - 70+ years

All
HAC Version: 8.0 | Count Numerator by Episodes of Care with HAC | From 01/01/2020 to 31/12/2020 | Complication: 02. Falls resulting in fracture or other intracranial injury | Age Group: 70 years, 71 years, 72 years, 73 years, 74 years, 75 years, 76 years, 77 years, 78 years, 79 years, 80 years, 81 years, 82 years, 83 years, 84 years, 85+ years | Sex: All | Mode of Separation: All | Birth Delivery: All | Episode of Care Type: All | SRC:
Data last updated on 17 March 2021. Please click here to refresh your chart.

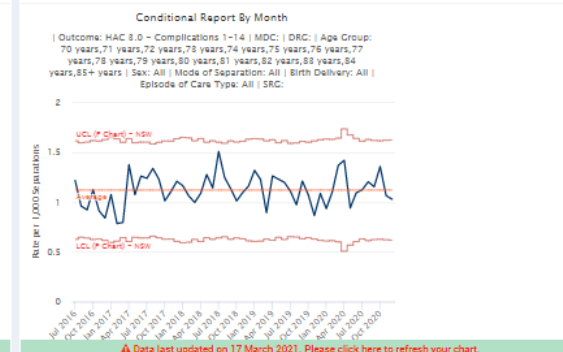
101 - Volume HAC Delirium - 70+ Years

Conditional Report By Month

Rate of HAC Pressure Injury by multiple locations - 70+ years

HAC Version: 8.0 | Count Numerator by Episodes of Care with HAC | From 01/01/2020 to 31/12/2020 | Complication: 01. Pressure Injury | Age Group: 70 years, 71 years, 72 years, 73 years, 74 years, 75 years, 76 years, 77 years, 78 years, 79 years, 80 years, 81 years, 82 years, 83 years, 84 years, 85+ years | Sex: All | Mode of Separation: All | Birth Delivery: All | Episode of Care Type: All | SRC:
Data last updated on 17 March 2021. Please click here to refresh your chart.

101 - Rate of HAC Falls - 70+ Years



80 - Rate of HAC Falls by multiple locations - 70+ years



101 - Rate HAC Delirium - 70+ Years

Conditional Report By Month

Comprehensive Care - Minimising Harm

Safety Huddles

Post incident huddle
e.g. Post Fall huddle

Purposeful/Intentional
rounding

Clinical bedside
handover

MDT bedside rounds

Data intelligence



Hydration and
nutrition



Cognitive Impairment



'what matters to me'
Engage patient, family, carer in
care planning



Patient care
fundamentals



Safe and early
mobilisation



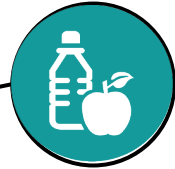
Medication review

Building Blocks for a Safe Ward

Model for Comprehensive Care – Minimising Harm

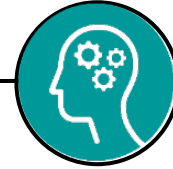
- Enable access to meals
- Assist with meals and opening food packages
- Prompt to drink fluids & consume protein
- Prevent, identify & treat malnutrition

Hydration & nutrition



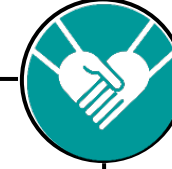
- Prevent, identify, treat, and manage delirium
- An older patient may have a dementia, anxiety and/or depression

Cognitive Impairment

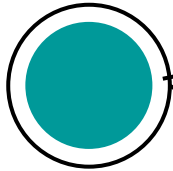


- Personal care assist
- Skin Care
- Dental/Oral Hygiene
- Toileting plan & assist
- Showering Environment
- Environment conducive to sleep

Patient care fundamentals



Team Safety Fundamentals



Safe and early mobilisation

- Patients out of bed where possible– sit in chair, march on spot, walk to end of bed/toilet – mobility plan in place.
- Identify an area that is safe for the patient to walk with family or staff
- Mobility equipment within reach



'What matters to me'

- Plan care in discussion with patients and families/carers
- Discuss and explain patient safety risks – e.g. falls, delirium
- Wellbeing
- **End of Life Care**



Medication review

- Review medications to reduce delirium and fall risk
- Reduction in use of night sedation
- Discuss medications with the patient and family/carer before discharge from hospital.

'What Matters to Me?'

To Feel Safe

- who knows me?
- how am I doing?
- what's my plan?



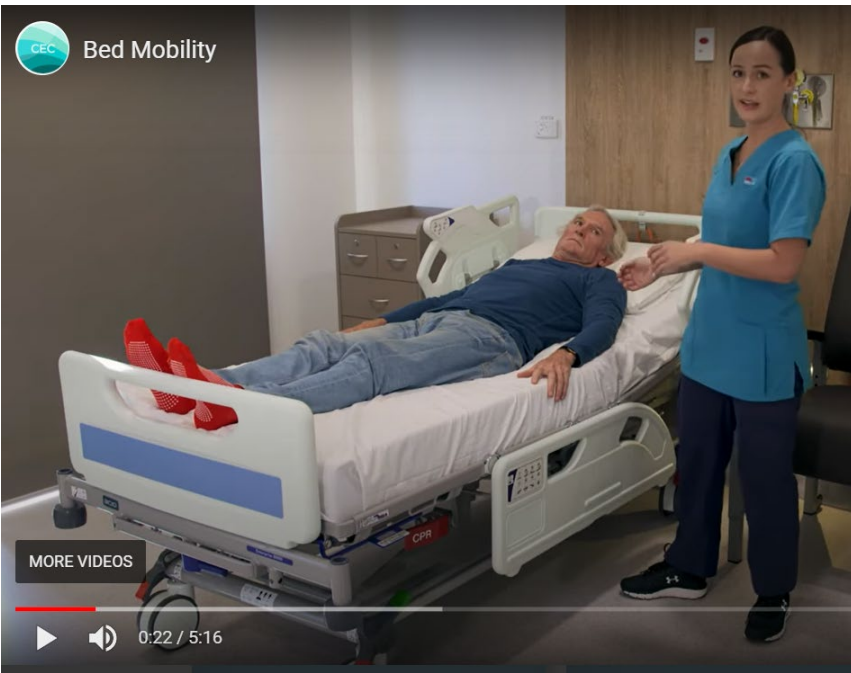
Communication

Compassion

Continuum of care



People Priorities Process



Pressure Injury Prevention - Repositioning



Home » Keep patients safe » Falls prevention » Leading Better Value Care » Safe Mobilisation

Safe Mobilisation

Keep patients safe

Falls prevention

- For patients carers and families
- April Falls Day 2020
- Leading Better Value Care
- Risk-ID
- Cognition
- Orthostatic Hypotension Screening
- Medication Management
- Intentional Rounding
- Safe Mobilisation
- Safety Huddles
- Education
- Communication
- Hospitals
- Community Care
- Residential Aged Care
- Paediatrics
- Maternity

Deteriorating patients

Infection Prevention and Control

Sepsis

Pressure injury prevention

Medication Safety and Quality

Blood Watch

End of Life Care

Paediatric Program

Maternity safety

Standardised Mobility Terminology
A Guide for use across NSW

Download PDF ~1.3MB

Mobility Pictorial Guide

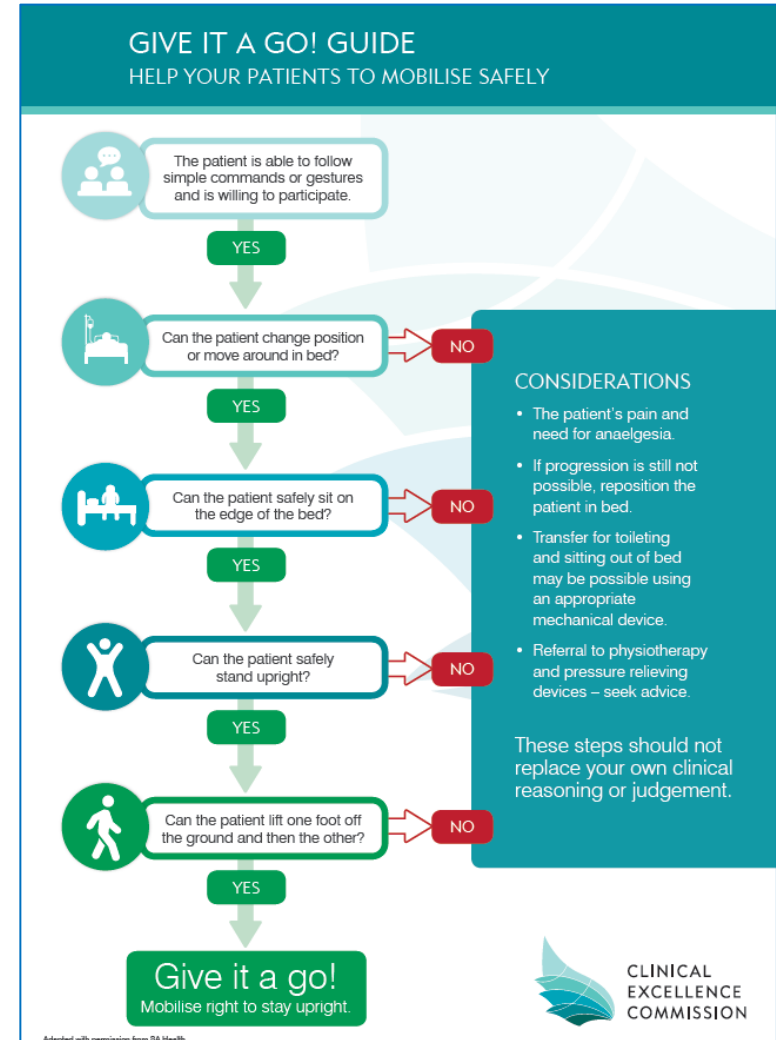
Download PDF ~1.6MB

Mobilisation Terminology Guide

Download PDF ~55KB

Give it a Go! Guide

Download PDF ~323KB



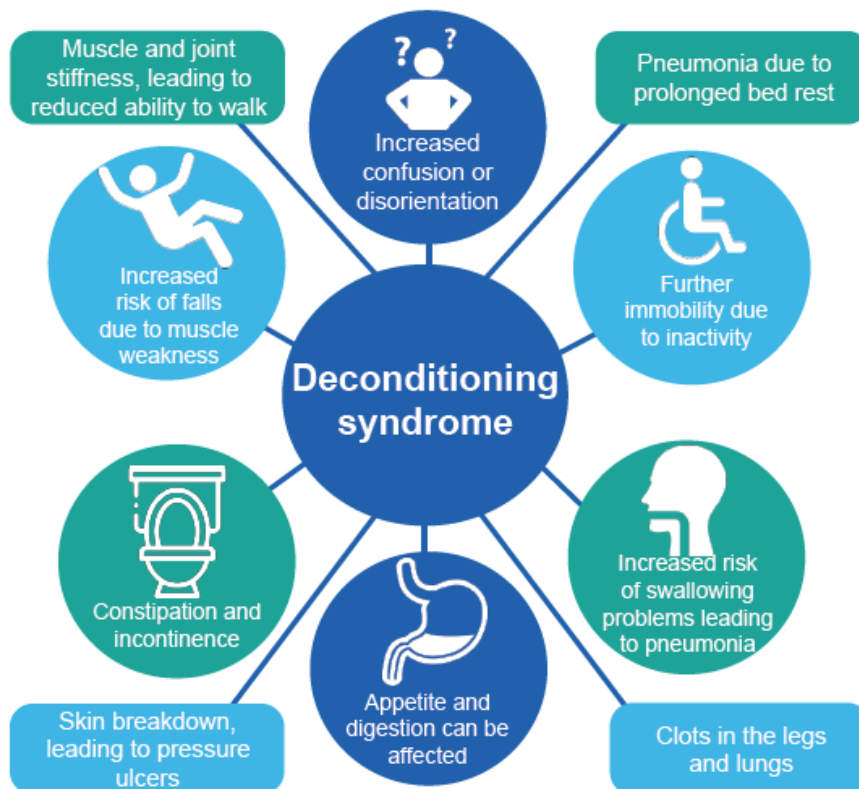
Sit Up

Get Dressed

Keep Moving



"Deconditioning syndrome is the condition of physical, psychological and functional decline that occurs as a result of a series of complex physiological changes induced by prolonged bed rest or inactivity. It is commonly experienced by older people in a hospital or care home setting. Though deconditioning can affect people of any age, the effect on older people may be more rapid, more severe, and often irreversible" - Dr Amit Arora



Preventing deconditioning and enabling independence for older people

Assess



A comprehensive assessment should be completed to determine usual capabilities



A risk assessment should be completed



Glasses, hearing aid, clock and calendar should be accessible

Support



Are there appropriate mobility aids available?
Ask: Is it the right size and reachable?



Walking to the toilet helps to prepare for going home.
Ask: Is the catheter really needed?



Sitting in a chair can help you.
Ask: Do you need help getting out of bed?

Encourage



Feed and take fluids independently

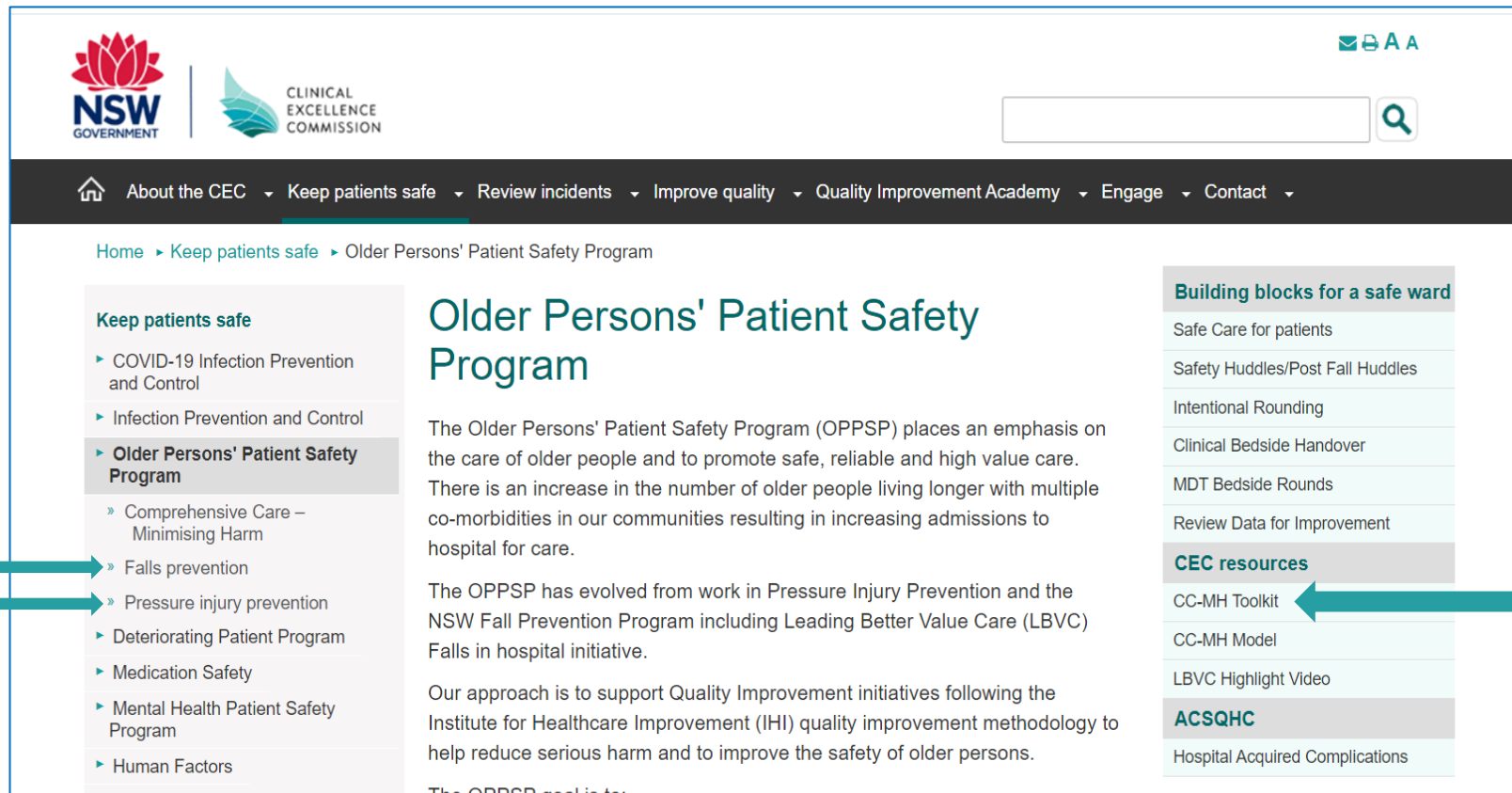


Wash and dress independently in own clothes



Keep arms and legs moving, even in bed or on a chair

OPPSP – webpages



NSW GOVERNMENT | **CLINICAL EXCELLENCE COMMISSION**

Home | About the CEC | Keep patients safe | Review incidents | Improve quality | Quality Improvement Academy | Engage | Contact

Home > Keep patients safe > Older Persons' Patient Safety Program

Keep patients safe

- COVID-19 Infection Prevention and Control
- Infection Prevention and Control
- Older Persons' Patient Safety Program**
 - Comprehensive Care – Minimising Harm
 - Falls prevention
 - Pressure injury prevention
 - Deteriorating Patient Program
 - Medication Safety
 - Mental Health Patient Safety Program
 - Human Factors

Older Persons' Patient Safety Program

The Older Persons' Patient Safety Program (OPPSP) places an emphasis on the care of older people and to promote safe, reliable and high value care. There is an increase in the number of older people living longer with multiple co-morbidities in our communities resulting in increasing admissions to hospital for care.

The OPPSP has evolved from work in Pressure Injury Prevention and the NSW Fall Prevention Program including Leading Better Value Care (LBVC) Falls in hospital initiative.

Our approach is to support Quality Improvement initiatives following the Institute for Healthcare Improvement (IHI) quality improvement methodology to help reduce serious harm and to improve the safety of older persons.

The OPPSP goal is to:

- Building blocks for a safe ward
 - Safe Care for patients
 - Safety Huddles/Post Fall Huddles
 - Intentional Rounding
 - Clinical Bedside Handover
 - MDT Bedside Rounds
 - Review Data for Improvement
- CEC resources**
 - CC-MH Toolkit
 - CC-MH Model
 - LBVC Highlight Video
- ACSQHC**
 - Hospital Acquired Complications



There is an emphasis on quality improvement for older persons' safety and a web-based toolkit to guide commencing a Quality Improvement (QI) initiative.

- What matters to me?**
 - Plan care in discussion with patients and families/carers
 - Consider patients goals of care and preferences
 - Discuss and explain patient safety risks – e.g. falls, delirium, pressure injury
- Cognitive impairment**
 - Screen for cognition
 - Screen for Delirium,
 - Prevent, identify, treat and manage delirium
 - An older patient may have a dementia and/or depression
- Patient care fundamentals**
 - Clinical care actions*
 - Personal care assist
 - Oral/Dental Hygiene
 - Toileting plan and assist
 - Skin care
 - Remove clutter
 - Bowel care
- Safe and early mobilisation**
 - Patients out of bed where possible – sit in chair, march on spot, walk to end of bed/toilet
 - mobility plan in place
 - Identify an area that is safe for the patient to walk with family or staff
 - Mobility equipment within reach
- Hydration and nutrition**
 - Enable access to meals
 - Assist with meals and opening food packages
 - Prompt to drink water
 - Malnutrition - promote protein
- Medication review**
 - Review medications to reduce delirium and fall risk
 - Reduce night sedation
 - Discuss medications with the patient and family/carers before discharge from hospital.

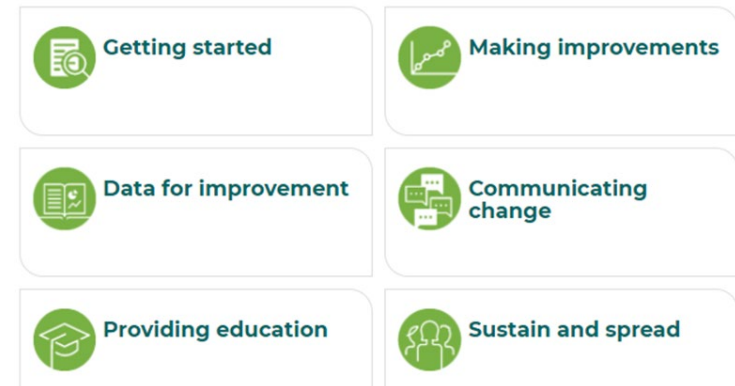
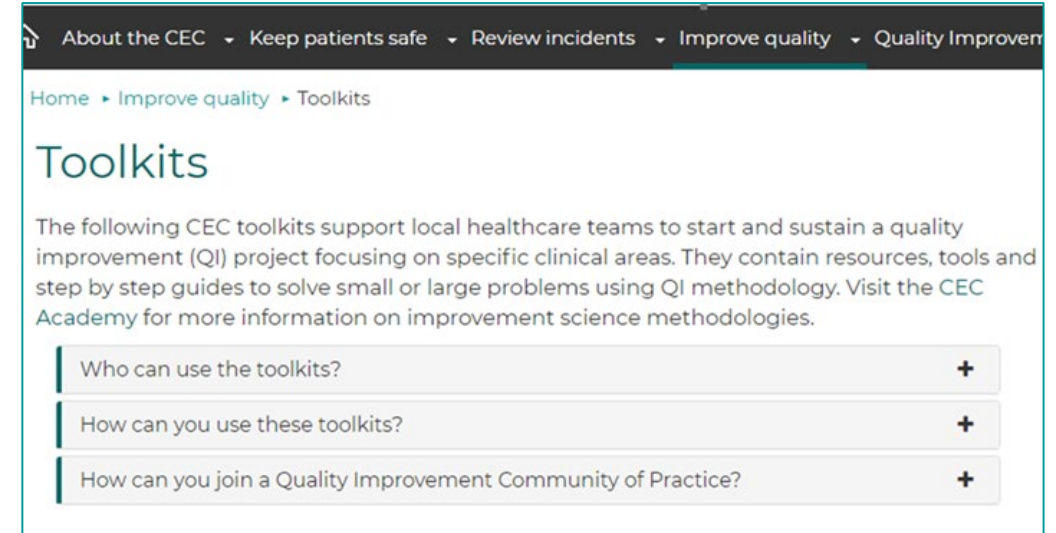
Comprehensive Care – Minimising Harm Toolkit

Why use the CEC Toolkits?

- Assist you in improving safety and quality via a structured approach (improvement science methodology)
- Step by step guidance and specific examples

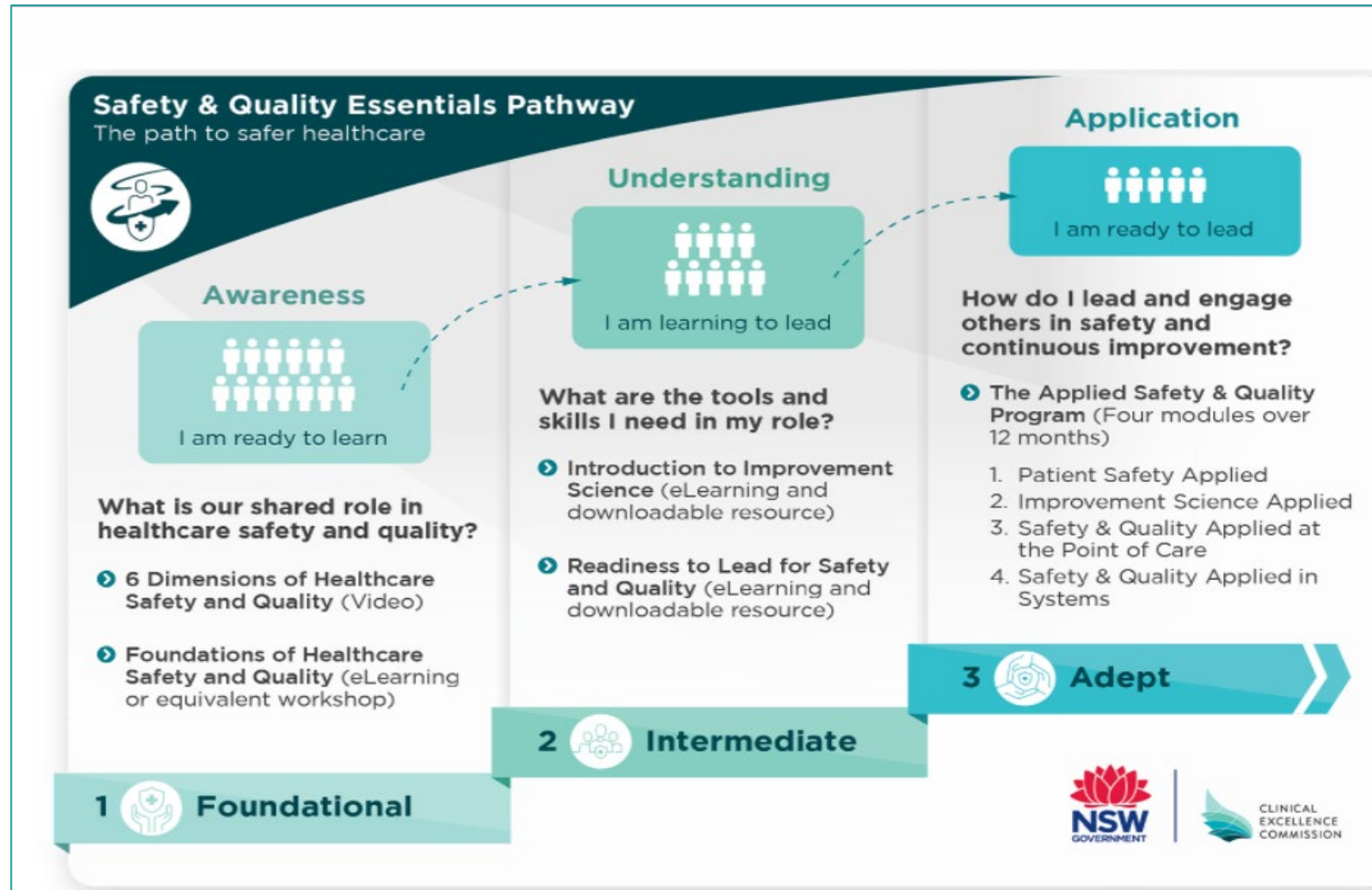
What is Quality improvement ?

- Applying improvement science methodology, tools and processes to improve safety and quality



CEC Safety and Quality Essentials Pathway

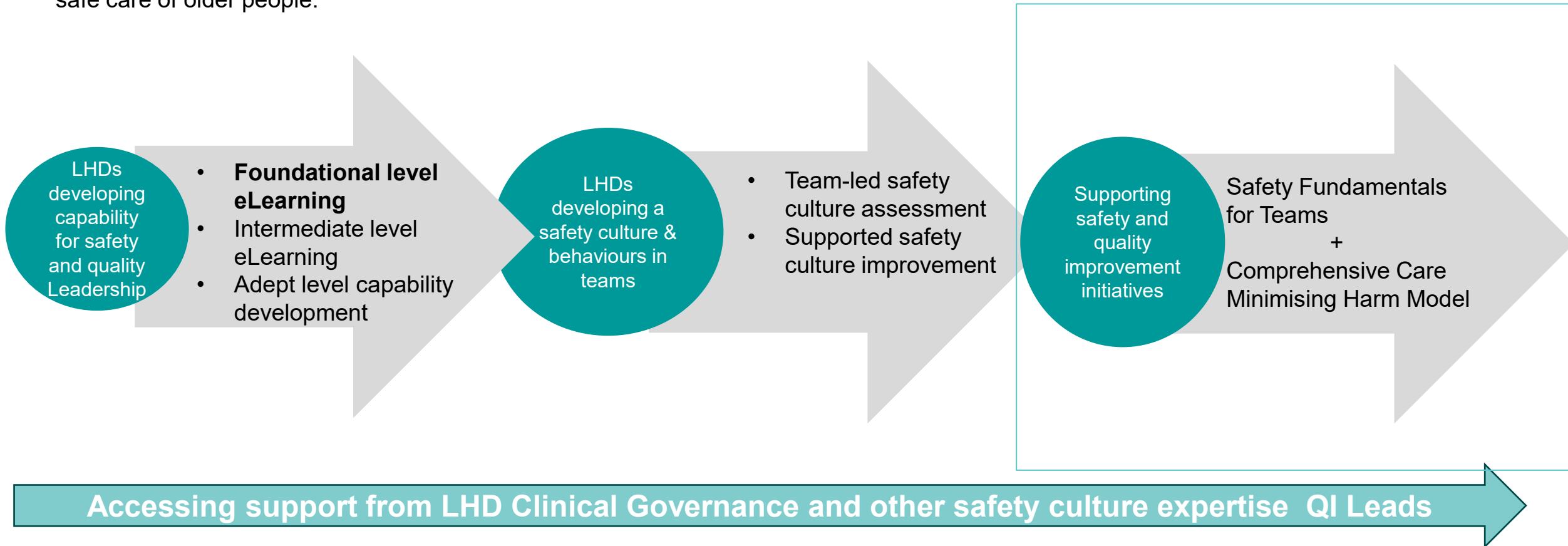
CEC Academy



BUILDING CAPABILITY FOR IMPROVEMENT

OPPSP to drive safety improvement initiatives

The framework outlines capability development initiatives in Local Health Districts to support the transformation of safety cultures in providing safe care of older people.



People Stories

Clinical Excellence Comm x +

p-patients-safe/falls-prevention/hospitals/videos

im... Clinical Initiatives -... Comprehensive Car... FallSafe resources -... Frailty - Home » Other bookmarks



Suzanne Archer's Fall Journey
Suzanne is an artist and shares her story following a fall at home
[YouTube video](#) (high resolution)

Length 9:25
Added Aug 2015



Colin's Story
Falls & Falls Prevention
[YouTube video](#) (high resolution)

Length 3:01
Added Aug 2015

Since filming this video, Colin has passed away from an unrelated medical condition. Colin's family have since



Barbara's Story:
https://www.youtube.com/watch?v=DtA2sMAjU_Y

<https://www.cec.health.nsw.gov.au/keep-patients-safe/older-persons-patient-safety-program/falls-prevention/hospitals/education>



Older Persons' Patient Safety Program team contact

Lorraine Lovitt

Senior Improvement Lead | Clinical Excellence Commission

E Lorraine.lovitt@health.nsw.gov.au

Ingrid Hutchinson

Improvement Lead | Clinical Excellence Commission

E ingrid.hutchinson@health.nsw.gov.au

Maree Connolly

Improvement Lead | Clinical Excellence Commission

E maree.connolly@health.nsw.gov.au