A real journey

Using The Model For Improvement To Reduce Falls and Injury

Our Team
Manager: Helen Delmonte, Coordinator: Catherine Heaney
Falls Preceptors - Physiotherapist, Mobility Therapist, OT/Activities Therapist, Health Care Assistants
What we had established

*Before* First Do No Harm

- Policies and Procedures
- Various Interventions
- Auditing
- “keeping” data

**BUT....**

- High Number of Falls
  - Goal = reduce falls
- No Standardised Process for enabling sustained change
- New interventions and audits
  - TIME+ EFFORT = gains
- No Collaboration
- Difficulty in truly understanding and fixing problems

Standing
WE TOOK A STEP AND GOT INVOLVED!

- First Do No Harm (PDSA)
- Institute of Healthcare Improvement Model (IHI)
- Health Quality and Safety Commission
- National Patient Safety Campaign

Management said
“Go for It, we are with you”
We stepped into a whole new world!

The Model of Improvement

Driver Diagrams
PDSA Cycles
Outcome Measures!

Direction and Practical Method
Q1. WHAT ARE WE TRYING TO ACCOMPLISH?

Setting Goals

1. Reduce Falls, and Falls with Harm by 20% from Jan 2012 to Dec 2013 (in alignment with FDNH goals)

2. Improve resident wellbeing, safety and overall quality of life

3. Further develop and strengthen our program - Pursuit of Excellence

1st Steps

Creating the culture for change - Spark of Life “Shift your focus”

Development of Fall prevention charter, driver diagram

Participation in Learning sessions, ADHB subgroup, Cluster group host
Mercy Parklands Falls Prevention and Management Programme – Driver Diagram

**Outcome**

Decrease falls with harm incidence (SAC 1 & 2) by 20% from Jan 2012 to Dec 2013

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**Primary Drivers**

- Risk Assessment
  - The Mercy Parklands Falls Assessment within 24 hours, on readmission and upon change of status.
  - At risk checklist
  - Documentation of risk with use of stickers (3 locations)
  - Assistance Required Badge

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**Secondary Drivers**

- Implementation of Bundle
  - High fall risk profiles
  - Sensor alarms
  - Assistance Required Badge
  - Non-slip socks
  - Hip protectors
  - Restraint
  - Supervision/assistance
  - Footwear
  - Medication Review – Vitamin D
  - Balance exercise classes
  - 1-1 re-strengthening
  - Environmental risk management
  - W2 hip protector supply
  - Hip protector supply for trials

- Grading of Injury
  - SAC grading aligned with ADHB

- Knowledge and Awareness
  - Staff education
  - Patients/family/whanaa familiarization of fall risk factors and falls prevention
  - Communication-regular liaison

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**Interventions**

- Standardised tool easily accessible
- Visible leadership of falls team
- QPS benchmarking
- Equipment available through incident follow up and referral
- Monthly and annual statistical analysis and reporting with stated quality indicators and feedback loop
- Audits of existing interventions against practices.
- Proactive rounding

- ADHB subgroup/cluster gp collaboration
- Communication within handovers, clinical risk meeting
- Bundle of care development and evaluation
- Education and discussion – Brochure
- ADHB subgroup/cluster gp collaboration
- Staff have orientation and updates
- Data analysis

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**Creative Ideas**

- Include assessing risk for injury
- Skin tear prevention procedures
- Non-slip mats colour
- “Quick wins” for increased broadcasting
- How can we increase resident education “So you’ve had a fall” – bundle of care info
- Rewards for staff compliance in wings
- Falls Prevention Month
- New staff trained within two weeks
- Falls Preceptors
- Manual for preceptors
- Celebration/appreciation method for resident compliance
- Fall alert sticker- fall occurred
Q2. How will we know that a change is an improvement?

- Developing *measures* that reflect improvement
- *Making change* to our systems to create and *sustain* improvement

**Next Steps**

**Outcome Measure Chart**

- Run and control charts practiced
- Dashboard developed
- *Use of Plan Do Study Act* (PDSA) cycles
**Outcome Measure Table**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>NAME OF MEASURE</th>
<th>DEFINITION, HOW DATA WILL BE COLLECTED</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTCOME MEASURE</td>
<td>To reduce falls within the home (SHC, L1 &amp; 2) by 20% from Jan 2012 to Dec 2013</td>
<td>Daily evaluation of fall incident forms</td>
<td>Run chart of the findings displayed in each nursing station, discussed at handover and general staff meetings</td>
</tr>
<tr>
<td>PROCESS MEASURE 1</td>
<td>100% of staff will be aware of the falls prevention interventions in place for their group of residents</td>
<td>Each HCA in one area will be asked to give a verbal report on their assigned resident group</td>
<td>Successful finding will be feedback to the wing verbally and through visual representation (Bar chart showing # of residents using the intervention and if residents correctly identifies)</td>
</tr>
<tr>
<td>PROCESS MEASURE 2</td>
<td>100% of residents with injury prevention intervention will have these in place as prescribed (Included as noted below*)</td>
<td>Retrieval of fall incident forms – details section (daily and monthly)</td>
<td>Documented with the monthly evaluation. Success and failure of clear documentation of recommended intervention (ongoing)</td>
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<td>Visual environmental check of five residents (chosen for criteria noted below*)</td>
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<td>(reviewed through each area each month)</td>
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<tr>
<td>PROCESS MEASURE 3</td>
<td>120% of staff will be aware of the falls prevention interventions in place for their group of residents (Note: for control charts)</td>
<td>Retention of clinical risk management minutes – “Falls and existing residents on restraint”</td>
<td>Run chart of the findings against GPS measure</td>
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<td>Documented in the monthly fall evaluation reports each quarter</td>
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**Method for effectively communicating Feedback to staff**
Q3. WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN AN IMPROVEMENT?

Creative Ideas

Use of evidence based practice

High falls risk profile development

Proactive (intentional) rounding

Staff engagement - education, results feedback, team development

Resident/family engagement - awareness posters, info brochures

Leadership expertise and knowledge

Development of “home environment” wing
High Fall risk Profiling
An example Implementation and result
PDSA Mapping tree for High Fall Risk Profile

- **Format**
  - Deeply comprehensive form with key details of needs, risk and interventions
  - Colour code the needs and the findings
  - Initial profile to continue as an initial document – then to be made into a tracking document where falls or no fall is marked by staff each shift

- **Location of document**
  - Resident file by Mobility Care plan
  - Handover file, to be discussed to staff
  - Placed in ADL folder so staff can see it each shift

- **Updating of document**
  - Update as fall occurs
  - Update monthly

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Change idea - PDSA adaption Idea - Ongoing/under measurement - Change complete

Blue – Components of change  Red – Ongoing  Green – Successful, for permanent change
Family Engagement

On going support through partnership

Falls prevention wear/equipment

Information on protecting independence with Hip protectors

Education of falls prevention strategies
Engagement

Formal and informal staff training

Preceptor Training for the passionate

Rewards, Thanks (cake!) for efforts

Staff interviews to gain their perspective /ideas

Staff

Reflective Exercises with staff when quality falls short

Feedback on process measure results
Walking Together – Sharing our knowledge

Jan 2012 - Helen Delmonte joined the Auckland District Falls subgroup, and became a cluster host, assisting to determine common definitions and practices
Oct 2012 - we commented on the Cluster Group model for the First Do No Harm website

“ADHB’s cluster model becomes contagious”

November 2012 - Helen Delmonte presented at the FDNH 2nd Learning session on a Falls prevention program from an Aged Care Facility perspective

March 2013 - Mercy Parklands were asked to participate in the Health Quality and Safety Commission educational videos for the National Patient Safety Campaign Launch
Quantum Leaps

- Since 2009 there has been a decrease in fall incidence every year with an overall percentage decrease of 45.05%.
- In four years the incidence of falls has nearly been halved and continues a downward shift demonstrating sustainability of our program.
- Our largest percentage decrease from one year to the next was in line with when we started the collaborative process with First Do No Harm and the implementation of an effective methodology by which to operate. – a 29.17% decrease.
- Between 2010 and 2011 we achieved a 36.4% decrease in Falls with fractures down from 11 to 7.
- In 2012 a total of 8 falls with fracture occurred, with only 3 falls with fractures occurring so far in 2013, demonstrating that our focus on injury prevention is being sustained and effective.

Sustain our Continuous Improvement in Falls reduction with the focus on reducing Harm from Falls utilising the IHI improvement methodology

Achieve Outstanding Achievement rating in our next Equip 4 Survey(OA -the organisation is recognised as a leader in the area of Falls prevention and management)

Learn from others and continue on this journey
Last Thoughts and Tips

- Project Charter and Driver Diagram
- Goal Setting

- Outcome Measure Table and Practical methods for measurement
- Tracking data that tells a story – run charts, control graphs etc.

- PDSA Cycles
  - Think small length and sample
  - Think big number of variables you test it under.