Falls and Pressure Injuries Collaborative Learning Session 3

26 August 2014

Title:

Presenter: Zareena

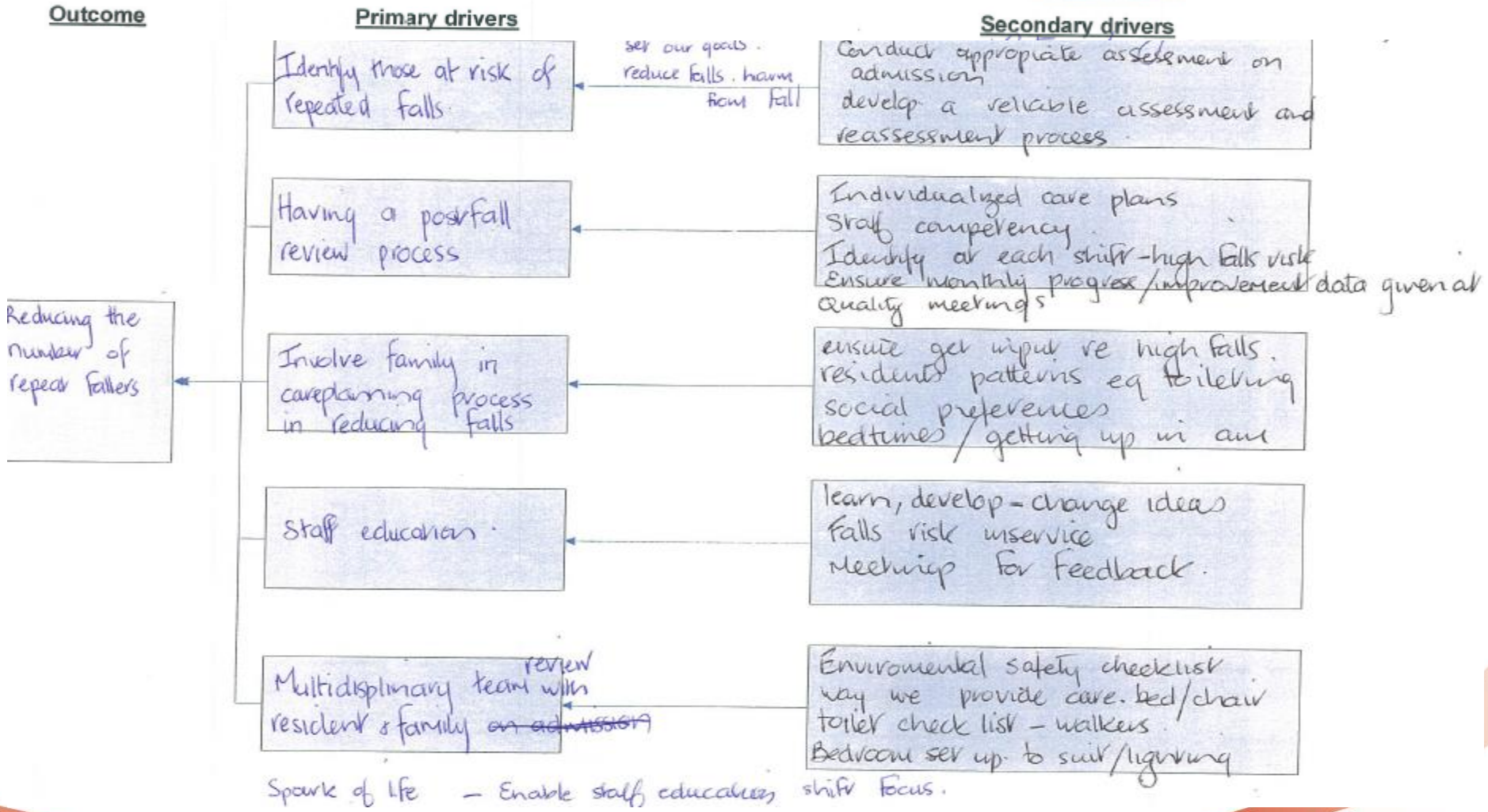
Organisation/facility name: Elmwood Village

FIRST safer care together
DO NO HARM
www.firstdonoharm.org.nz

Team members

- Johnsy John – R/N
- Zareen – E/N
- Sela Vailala – E/N
- Kaye Philips – M/T

Driver diagram



Changes tested

Individual tests done with two high falls risk residents

- Residents taken to activities/OT after toileting/breakfast
- Walking/exercise programmes to improve stamina + balance (daily at OT)
- OT activities improved high falls risk residents with dementia alertness/awareness (did not require as much medication as interested)
- 1 staff member at beginning of each shift monitored use/effectiveness of monitor mats in use for high fall risk residents
- Falls risk residents of one area were transported to a dementia orientated OT group each morning (staff member trained in this element)

What tests worked

Individual tests done with two high falls risk residents

- Residents taken to activities/OT after toileting/breakfast
- Walking/exercise programmes to improve stamina + balance (daily at OT)
- OT activities improved high falls risk residents with dementia alertness/awareness (did not require as much medication as interested)
- 1 staff member at beginning of each shift monitored use/effectiveness of monitor mats in use for high fall risk residents
- Falls risk residents of one area were transported to a dementia orientated OT group each morning (staff member trained in this element)

What tests failed

- Non compliance of wearing hip protectors (dementia assessed high falls risk residents) despite family purchase of product
- Compliance of resident to remove clutter from room or use issued walker

What we learnt

- Keep residents busy + happy!
- Change rooms specific to high falls risk. Residents needs are paramount. This meant change of specific wing area which was often a more open spaced environment and more staff pass through areas, can provide safety and easier monitoring and prevention of falls
- Also basics for implementation – 2 hourly toileting round, staff taking turns to monitor residents ½ - 1 hourly (works well)
- Also you can provide low beds, hip protectors/monitor mats but check

Any data demonstrating success or failure

OCEANIA GROUP
CARE & LIFESTYLE LIVING

You are here: Home > Clinical > Clinical Indicators > Monthly Analysis

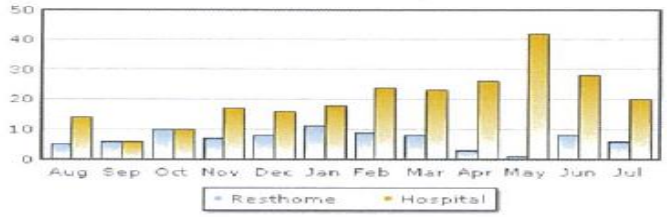
Monthly Report - Analysis Of Incidents

Elmwood Village
[Change your facility]

July 2014
< Back | Next >

< Previous Indicator | Fall | Next Indicator >

Facility Fall (Excluding Serial Fallers)
August 2013 to July 2014



Time Of Falls
July 2014

Add Your Commentary

Analysis and Discussion

27 falls -6 falls in rest home - 1x sentinel event

- 21 falls in hospital

Corrective Actions

all falls investigated and actions taken .
sentinel event client was transfered to MMH ,back now in the rest home

FIRST DO NO HARM safer care together
www.firstdonoharm.org.nz

How will the changes last?

- Falls management meetings monthly to assess/review for effectiveness of strategies
- Orientations of new staff
- Senior HCAs/RN to set an example
- To follow individual care plans
- Ongoing monitoring for high falls risk residents with staff to get inservice feedback
- All shifts have handover + follow same routine

Suggestions

Any comments, questions, suggestions or contact information from teams who might be able to contribute to solution finding