Falls and Pressure Injuries Collaborative Learning Session 3

Hospital name: Counties Manukau DHB

Presenters: Reducing Serious Harm from Falls

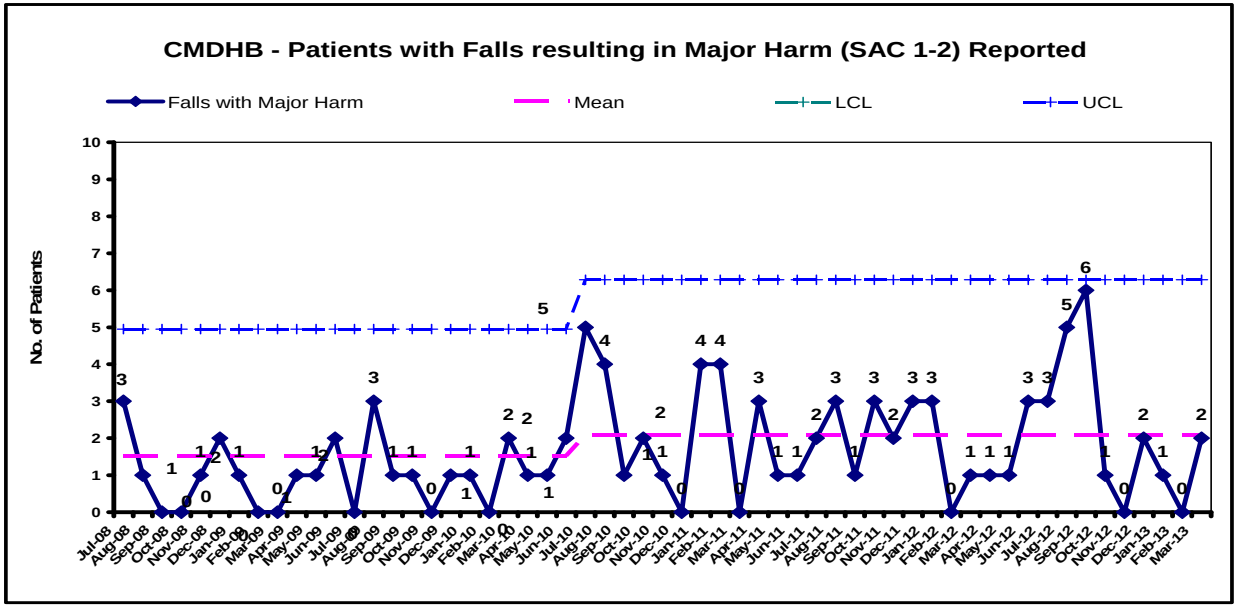
Simon Kerr,
Michelle Askew & Jackie Hillman

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

Key problem

Approximately 90 falls occur every month in our DHB

- 30 of those patients are harmed when they fall
- Approximately 2 serious harm from falls happen every month



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

Aim of this innovation

- Reduce serious harm (SAC 1 & 2) from patient falls by 20 % December 2013 and achieve zero serious harm from falls by 1st June 2014
- Accurate and timely identification of patients at risk of falling

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

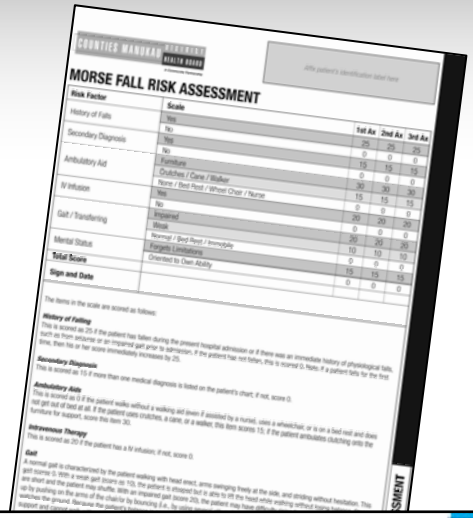
Root causes of baseline data

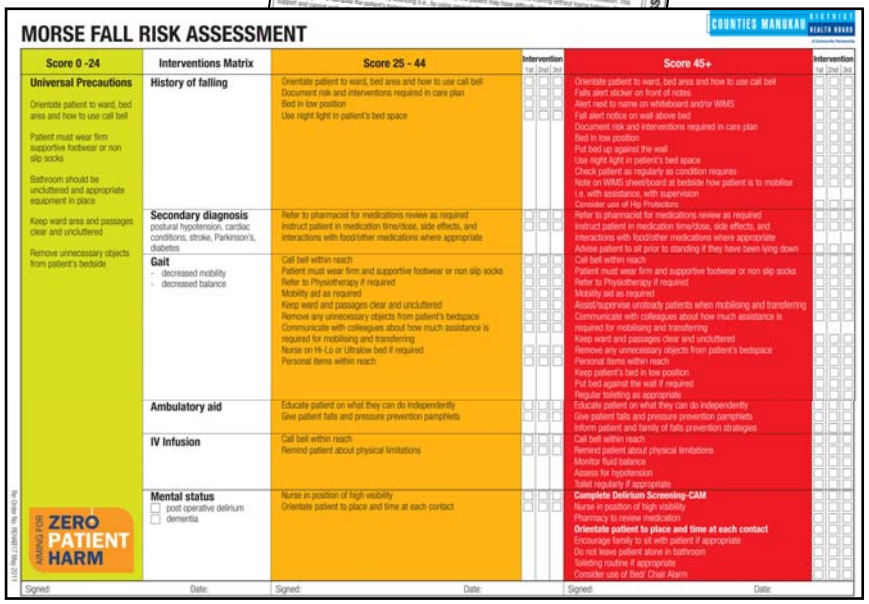
- Locally created falls risk assessments failed to accurately and consistently identify patients at high risk of falls, or harm from falls
- Falls risk assessments were poorly and inconsistently implemented across the DHB
- Inadequate fall prevention strategies for patients at risk
- Falls were poorly reported via the Incident Reporting Systems (IRS)

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

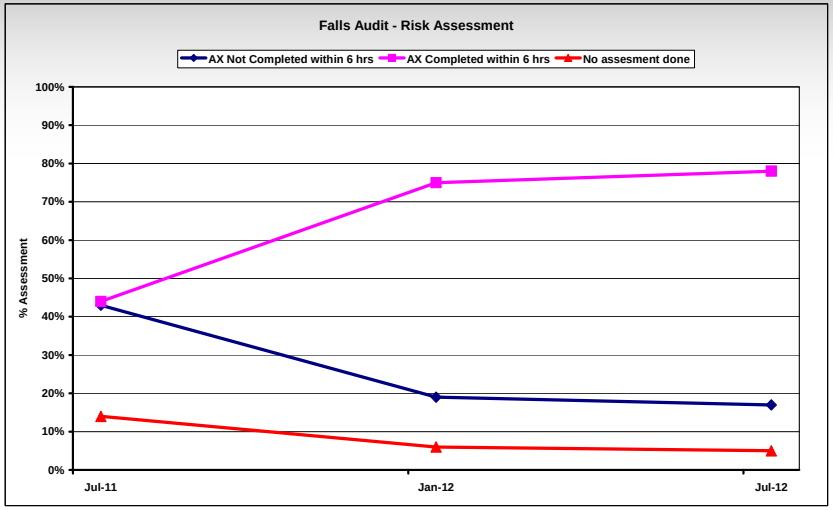
Key changes implemented

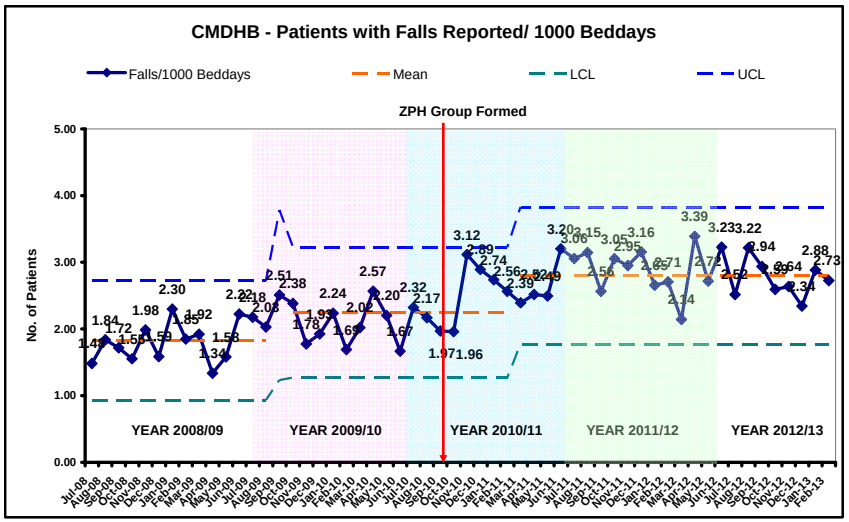
- Standardised and validated risk assessment tool (Morse) introduced
- ALL patients to have a risk assessment completed within 6 hours of admission
- Standardised falls prevention strategies linked to risk assessment implemented

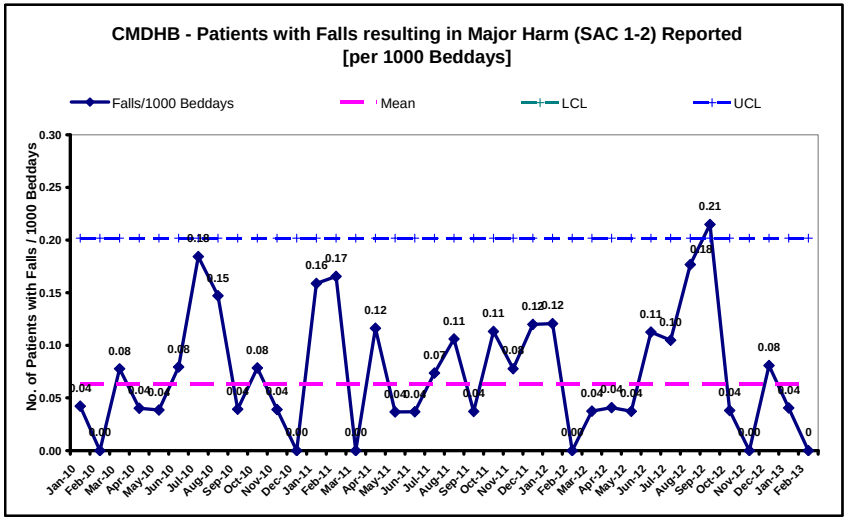




Outcomes so far







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

What we have learnt

Do's:

- Get accurate data (not easy initially)
- Focus interventions on those at most risk of harm should they fall (ABC)
- Updates & results visible
- Build actions into processes that already work – for example assessment tools into admission packages or care plans.
- **Try to be resilient**

Don'ts:

- Present falls solely as a nursing problem
- Judge quality of care on crude falls rates
- Focus on falls prevention at the expense of autonomy and rehab
- Panic if falls rates are slow to drop over the first few years
- Forget – it is not about ticking boxes, it is about 'real' falls prevention interventions
- Be too caught up with benchmarking

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

Putting learning into future actions by:

- Improving the accuracy of risk assessment:
  - Scenario based training (s)
  - User friendlier Morse tool (s)
  - ABC to identify patients at risk of harm from falls (s)
- Targeted falls prevention interventions implemented
  - Clearer interventions linked to patients falls risk factors (s)
  - Embedded with care plan (s)
  - Utilise IT systems

  - NB (s) = started PDSA cycles on these areas

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