

Falls and Pressure Injuries Collaborative Learning Session 3 August 2014

Title: Falls Prevention in a Private Surgical Hospital

Presenter: Jane Harris / Carla Macmillan

Organisation/facility name: MercyAscot

Team members

Sponsor: Stacy Valentine – Operations Manager

Lead: Sharon Robertson – Ward Charge Nurse

Team Members:

- Chloe Austin-Arkell – RN
- Carla Macmillan – CNE
- Jane Harris – Quality Coordinator
- Janet Lane – Admissions Unit Charge Nurse
- Jeanette Cole – Charge Physiotherapist

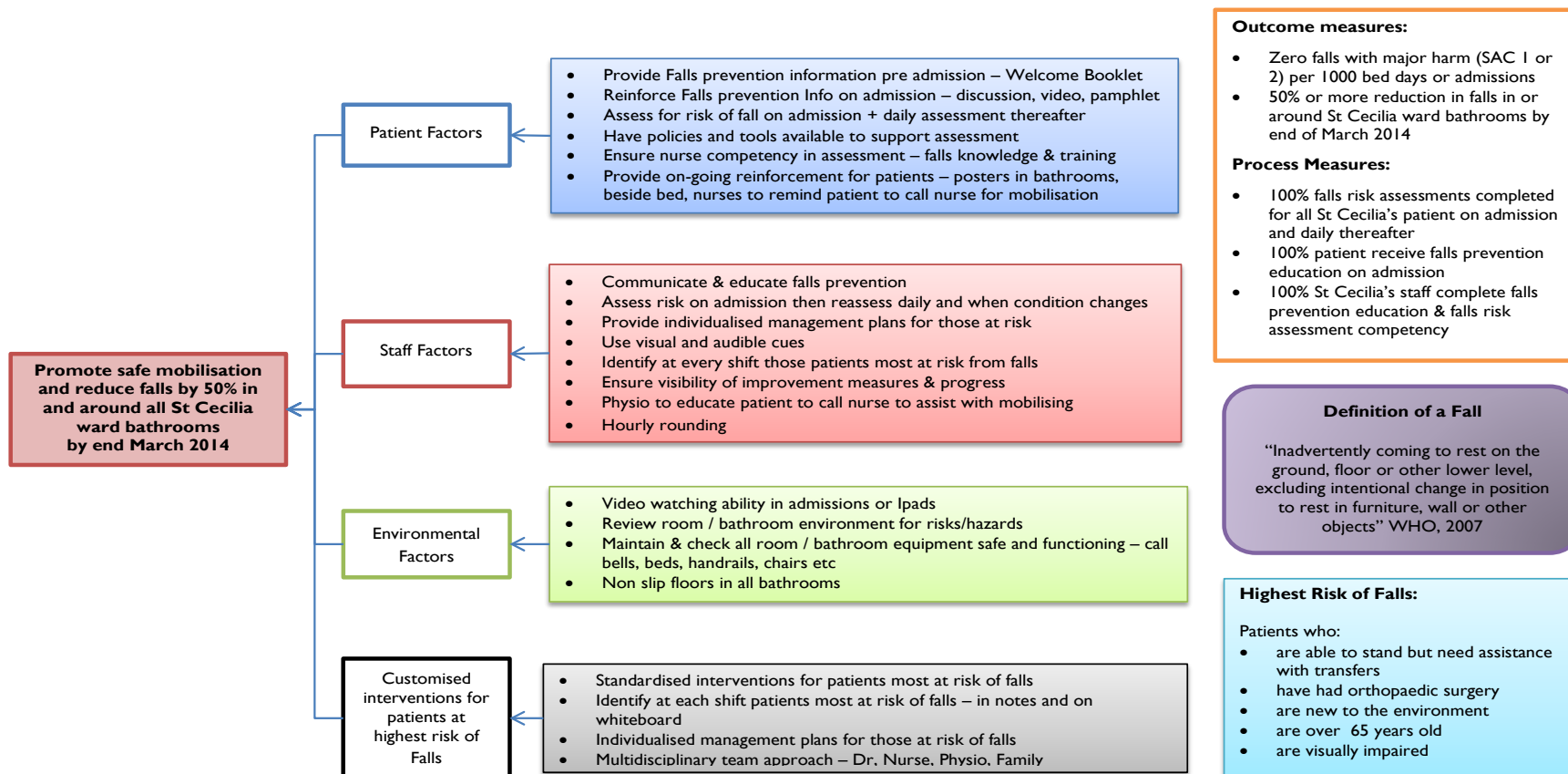
Driver diagram

Outcome

Primary Drivers

Secondary Drivers

Measurement



Changes tested

Commenced trial 29/10/14, completed 31/03/14.

- Patient Education
 - MA Poster in Bathroom/‘Open for Better Care’ patient information pamphlet available
- Increased Staff Awareness of Falls Prevention
 - Falls data and goals poster per ward, Falls chart
 - Utilised ‘Open for Better Care’ Hospital Falls video/ Staff information pamphlet, Topic 3 & 4
 - Reviewed Risk Assessment Tool and policy
- Safe Environment
 - Hand rails in all bathrooms/transfer belts

What tests worked

As at 14/08/14:

- Trialling changes in one ward then adapting prior to rolling out to all of MercyAscot wards in May 2014.
- Developing own bathroom poster and MercyAscot tailored risk assessment form.
- Presenting information via charts specific to each ward.
- Developing MercyAscot elearning module utilising 'Open for Better Care' material (video, patient pamphlets, staff fact sheets) – introduced July 2014.

What tests worked

Falls hurt Patient Information

open FOR BETTER CARE

FALLS HURT

If you fall while you are injured and need to stay in or out of their bed, they going to the toilet.

- We want you to be as safe while in our care.
- We do not want you to fall yourself while you are here.
- It's okay to ask for help!

Doing these things will help to keep you from losing your balance or falling over.

- Keep important items within reach, include your call button or call bell.
- Take your time when you get up. If you feel weak or light-headed, call us - don't get up by yourself!
- Ask us for help getting to the bathroom or toilet, and use the bell there to ask for help if you don't feel well, or when you are ready to go back.
- Take extra care on wet or slippery floors.
- Watch out for any clutter or obstacles in your room and ask us to move them.
- Use the handrails in the bathroom and hall.

Your safety is our concern
MercyAscot Nursing team

newzealand.govt.nz

Refer to Falls Prevention for Patients & Admission Management of a Patient Policy 6214

MercyAscot Nursing Admission Assessment

FALLS RISK ASSESSMENT and PREVENTION PLAN

Patient Label

Total number of risks identified = fall prevention plan

Fall History: Ask on admission only - if yes include risk on next assessment.

Problems with mobility: Unstable gait, dizziness, loss of mobility aids, leg/ankle pain

Drugs or ETOH withdrawal

Visual impairment: related to refraction

Anaesthetic in the last 48 hours

Equipment in situ: IV line, O₂, DC, Drains

2 or more high risk drugs: sedatives, narcotics, diuretics, antidepressants, antiarrhythmics

Urinary or Faecal - incontinence / frequency

Hypotension / postural hypotension: <90/50

Mental state: Confusion, disorientation, delirium

Apply to all patients regardless of falls risk:

- ✓ Orientate patient to the ward, bed area and call bell system
- ✓ Ensure patient wears appropriate footwear or non-slip socks
- ✓ Ensure bathroom is uncluttered and appropriate equipment in place
- ✓ Keep bed/ward area clear and uncluttered
- ✓ Remove unnecessary objects from patient's bedside
- ✓ Provide patient/family advice on falls prevention
- ✓ Commence meercal rounding

Universal Precautions:

- ✓ Ensure personal items within reach
- ✓ Refer to physiotherapy for assessment and use of aids
- ✓ Ensure patient knows to ask for assistance when mobilising
- ✓ Advise patients with postural hypotension to make changes to position slowly and/or with assistance

Low Risk (0-2 (as above plus):

- ✓ Report risk to handover and to CNDH
- ✓ Communicate what assistance/supervision is required
- ✓ Ensure medical/pharmacy review of medications/hydration/IB
- ✓ Remind patient about physical limitations (e.g. oxygen use, IV infusions, drains etc)
- ✓ Have bed in low position
- ✓ Consider lighting and use of night light in patient's bed space
- ✓ Advise patient/family about medications & side effects that may contribute to falls risk

Medium Risk 3-5 (as above plus medium falls risk prevention):

- ✓ Monitor close to patient's room
- ✓ Considerly supervise patients who have cognitive impairment. Re-orientation to time, area and place in position of high mobility
- ✓ Encourage family to stay with patient whenever possible
- ✓ Consider provision of escort, in accordance with Resident Guidelines
- ✓ Have bed against the wall
- ✓ Ensure leglets uncluttered

High Risk (6-10 (as above plus high falls risk prevention):

Refer to Falls Prevention for Patients & Admission Management of a Patient Policy 6214 Page 2 of 2

Falls Prevention

Patient Falls in St Cecilia Ward from 01/01/2010 - present

Year	Bathroom related falls	Other falls
2010	7	8
2011	6	4
2012	5	3
2013	6	8

Patient Falls in St Cecilia Ward - 2013

Month	Falls
Jan	1
Feb	6
Mar	2
Apr	3
May	2
Jun	1
Jul	2
Aug	1
Sep	1
Oct	1
Nov	1
Dec	1

Goal: To promote safe mobilisation and reduce falls by 50% in and around all St Cecilia ward bathrooms by end of March 2014

Steps: Review bathroom handrails & over toilet support
Each patient to get Open for Better Care pamphlet
Falls Hurt Poster in Bathrooms
Raise staff awareness

Staff to do: Watch Video 'Preventing Falls in hospitals'
Read Open for Better Care information including Topic 3 & 4 professional development activity
Assess each patients Falls Risk daily, adjust interventions as appropriate and document it

St Cecilia's Falls Status Chart

Month	Mon	Tue	Wed	Thu	Fr	Sat	Sun
July	1	2	3	4	5	6	7
August	8	9	10	11	12	13	14
September	15	16	17	18	19	20	21
October	22	23	24	25	26	27	28
November	29	30	31				
December							

Legend: No fall (Green), Fall (Yellow), Fall in the bathroom (Red)

Charge Nurse to highlight status each day.

What tests worked

Course: Falls prevention at MercyAscot

NAVIGATION

- Home
- My home
- Site pages
- My profile
- Current courses
 - Falls Prevention
 - Participants
 - Badges
 - Falls Prevention
 - Part 1: Pre-course Choices & Questionnaire
 - Part 2: Falls risk assessment and care planning
 - Part 4: Preventing Falls in Hospital Video
 - Final section: Falls Prevention Certificate
 - Optional Section Additional reading

- My courses

ADMINISTRATION

- Course administration
 - Progress
- My profile settings

SEARCH FORUMS

Falls Prevention

It is one of five focuses from the Open for Better Care National programme of the Health Quality & Safety Commission. In October 2013 MercyAscot signed a pledge to fully support this Falls Prevention campaign. Reducing and preventing falls whilst our patients are in hospital is an important aim for all our employees.

There are 6 parts to this course:

- Part 1: Pre-course activities
- Part 2: Quiz One
- Part 3: Quiz Two
- Part 4: Preventing Falls in Hospital video
- Part 5: Post-course feedback
- Last part: Obtain your certificate of completion

Purpose of this Activity:

To provide an overview of falls prevention for patients.

Learning Objectives:

After completing this education activity you will be able to:

- Identify causes of falls within the hospital setting.

UPCOMING EVENTS

There are no upcoming events.

Go to calendar...
Show event...

RECENT ACTIVITY

Activity since Sunday, 3 August 2014, 2:48 PM

Full report of recent activity...
Nothing new since your last login

Part 1: Pre-course Choices & Questionnaire

Before you commence this course we would like to know what your confidence levels are regarding Falls Prevention. We also want to know what you know about falls prevention - the answers you provide in the questionnaire will give you an idea what knowledge you have before you complete the course.

Complete

- Falls Risk Choices
- Falls Risk questionnaire before you can proceed to the learning packages below.

On completion of this questionnaire the first quiz will be visible.

Part 2: Falls risk assessment and care planning

Falls Risk assessment and planning care of your patients is very important activity to be familiar with. There is substantial cost associated with falls and a significant social impact if any fall causes harm. The following information provided highlights these important points.

Access the following documents and read all to answer the quiz:

- Open for Better Care **Topic 3** Falls risk assessment and care planning: what really matters? [here](#)
- Access MercyAscot **Falls Prevention for Patients policy** [here](#) to be able to answer the question
- Access Open for Better Care **Reducing Harm from Falls** [here](#)

Part 3: Safe environment and safe care: the essentials in preventing falls

It is important to assess the environment any patient is in to be aware of the hazards and potential for falls. The following documents you will read provides overview for a safe environment and safe care of your patients.

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Access & read **all** documents to be able to answer the quiz:

- Open for Better care **Topic 3** Safe environment and safe care: essential in preventing falls? [here](#)
- Access & read **Patients' Perspectives of falling while in an acute care hospital & suggestions for prevention** [here](#)
- Review MercyAscot's **Falls Prevention For Patients policy** [here](#) to answer questions

On completion of the second quiz complete the feedback section, then get your certificate to complete the course.

Not available unless you get a particular score in **Falls risk assessment and care planning quiz**

Part 4: Preventing Falls in Hospital Video

This links to an 8 minute You Tube video produced by Open for Better Care, through the Health Quality & Safety Commission NZ. **You may find you cannot access this video whilst at work, but the link should work at home.**

Preventing Falls in Hospital - Video

Part 5: Post-course Feedback

Please complete the then submit feedback to finish the Falls Risk module

Not available unless you get a particular score in **Falls Risk: safe environment, safe care: essentials in preventing falls quiz**

Final section: Falls Prevention Certificate

On completion of the Feedback survey you will be able to access this certificate

Falls prevention certificate

Optional Section: Additional reading

The folder below has some additional reading on Falls.

Two documents are Continuing Education (CE) Modules from the Nursing Reference Center (NRC) via Elsevier.

If you complete these two modules through the NRC you will gain additional education time.

- Additional Falls risk assessment information
- Falls Hunt Bathroom poster.pdf
- WCC: Falls assessment: this assessment? 07.pdf

What tests failed

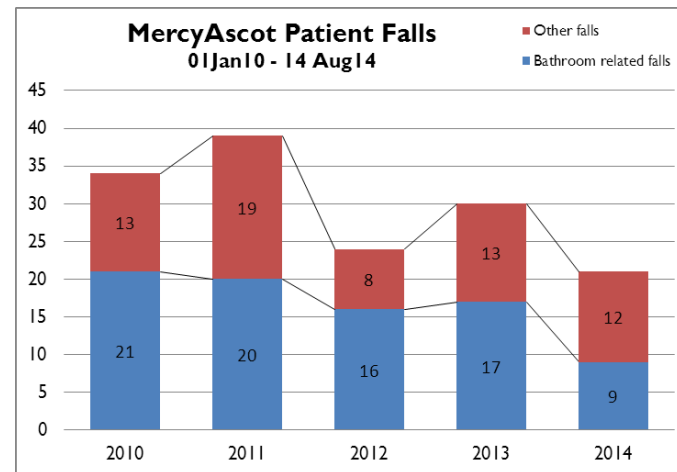
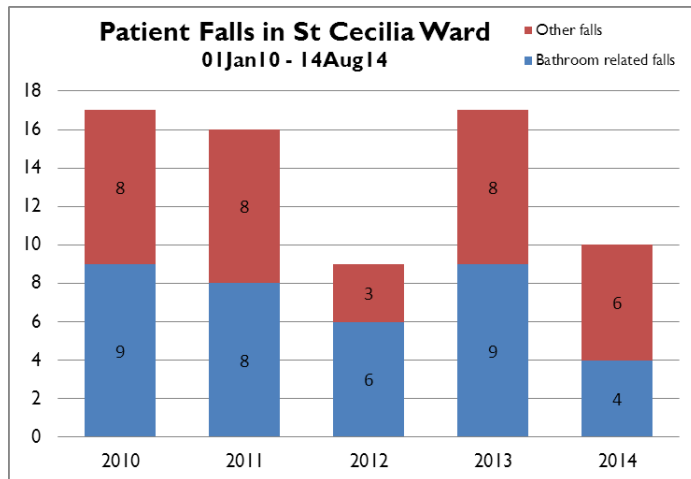
- Trying to develop our own Patient Falls Information Booklet tailored to MercyAscot (time-consuming/costly)
 - decided to use 'Open for Better' Care material at own printing cost
- Trying to develop an electronic falls assessment tool via Trendcare (time-consuming/resource poor)
 - Reviewed our own risk assessment 'hard copy' tool to align to other DHB regional versions, awaiting national trendcare tool
- Trying to develop too many things at once

What did we learn

- Had good policies, procedures and assessment tool in place
 - needed to tweak only
- Had some good baseline data
 - robust incident reporting culture
 - audited use of assessment tool & staff knowledge
- Needed to focus on
 - providing information to patients
 - ongoing education/information for nurses – ezilearn module
 - monitoring & presenting results to nurses

Any data demonstrating success or failure

- Data to date: (note only 8 months of 2014)



- Ezilearn module introduced in June 2014:
 - 155 inpatient staff completed by Aug 14th 2014
 - Confidence rating following completion increased by 32%
Pre-course June = 63%, post-course August = 95%

Suggestions

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