Falls data
Benchmarking across hospitals...
The carrot or the stick?
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Overview

1. The 6-PACK trial
2. Challenges with falls data
3. Use of benchmarking data in the 6-PACK trial
Efficacy, effectiveness and cost effectiveness of the 6-PACK falls prevention program

• Comparator → standard care
• 40,000 patients
• 7 hospitals
• 26 acute wards
Risk Assessment
9-item
TNH-STRATIFY

+ 

Risk Management
6 simple nurse delivered strategies

= 

Risk reduction
50% reduction in falls injuries*
# Care plan

## Falls Prevention

### Risk Assessment

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall within 12-months?</td>
<td>3</td>
</tr>
<tr>
<td>Mental State?</td>
<td>1</td>
</tr>
<tr>
<td>Mobility?</td>
<td>1</td>
</tr>
<tr>
<td>Impaired Balance?</td>
<td>1</td>
</tr>
<tr>
<td>Age?</td>
<td>1</td>
</tr>
<tr>
<td>Tolerating?</td>
<td>1</td>
</tr>
<tr>
<td>Vision?</td>
<td>1</td>
</tr>
<tr>
<td>Drug / Alcohol?</td>
<td>1</td>
</tr>
</tbody>
</table>

**Risk Score / Level:**

- 3 or more = High Risk

### Prevention Strategies:

- Please focus on strategies outlined in "Falls box inside this Care Plan"

### Falls

- Complete Riskman for each inpatient Fall
- Date completed: 1) ________
- 2) ________
- 3) ________

(Refer to Risk Assessment tool on front page)

### Risk Score

- __ = low / high Risk
- “Alert” sign above bed
- Hi-Low bed
- Bathroom: **Must** supervise pt
- Bed / Chair Alarm
- Walking aid near patient
- Adhere to toileting regime
- Fall in hosp? → Riskman

### As previous shift

- As previous shift
- Altered, as stated below

### Altered, as stated below
The 6-PACK trial

Where we are currently

<table>
<thead>
<tr>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Apr</td>
<td>Jan</td>
</tr>
<tr>
<td>Oct</td>
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<td>Jan</td>
<td>Apr</td>
<td>July</td>
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<tr>
<td></td>
<td>Dec</td>
<td>Dec</td>
</tr>
</tbody>
</table>

**Phase 1**
Baseline data collection

**Phase 2**
RCT data collection

**Phase 3**
Sustainability

**6-PACK implementation**
Audience poll

- Does the carrot or the stick drive practice change?

Do you get more flies with honey than vinegar?
Challenges with falls data...

Rate gray, GAMM black, GAMM CI dashed black, upper control limit dashed gray.
Challenges with falls data

- Completeness of case ascertainment
  - Sensitivity for falls
    - Incident reporting → 60.7%
    - Medical record → 84.4%
  - Sensitivity for fall injuries
    - Incident reporting → 74.3%
    - Medical record → 94.5%
  - Reporting culture

- Access to timely data

- Resources to collate, investigate and action data
Benchmarking data used in the 6-PACK trial

- Process, effectiveness and outcome
  - Risk assessment completion
  - Use of prevention strategies
  - Intervention ward fall and fall injury data
    - Fall time, location, risk score and strategies in place prior to fall
Proportion of high risk patients

Surgical 1 Medical 1 Medical 2 Surgical 2 Medical 3 Medical 5 Surgical 3 Medical 6 Surgical 4 Medical 7 Medical 8 Medical 9
Risk assessment completed on admission and updates each shift.
Risk assessment completed on admission and updates each shift
Purpose of benchmarking data used in the 6-PACK trial

- Implementation effectiveness
  - To test efficacy we need to have adequate implementation
- To provide hospitals feedback
  - Maintain momentum
  - Incentives to improve performance
    - “healthy competition”
  - Identify areas in need
- Inform implementation strategies
  - More education
  - Site visits
Experience with the carrot

- People love it...
- Practice tends to drop off unless the bar is lifted...

High risk patients have an alert sign displayed and receive at least one other 6-PACK strategy
Medical 5
High risk patients have an alert sign displayed and receive at least one other 6-PACK strategy.
High risk patients have an alert sign displayed and receive at least one other 6-PACK strategy.
How to use the carrot most effectively...

- Celebrate the wins
- Highlight the challenge is now to sustain practice change and positive outcomes
- Identify what is required to sustain change
  - Create systems to ensure practice change continues
- Pick the next goal
- Use some individual case studies to flag areas for improvement
- We will be back to measure again...
Experience with the stick

- The data is wrong
- Our hospital is different, we have different resources, we have different patients...
How to use the stick most effectively...

- Feedback must come from a clinician
- Ask questions first
  - Why do you think we are seeing what we are?
- Encourage staff to self check ward data via audit
- Cherry pick focus areas
- Time on the floor to identify local problems and local solutions
- Need to keep data simple
- Case studies are very powerful
- Get clinicians to ask questions of the data
- Create a small (no more than 3) non-negotiables
Build capacity

For negative feedback to lead to improvement, recipients need to believe that they can influence their performance and control the outcome.

(Ilgen & Davis 2000)

- Diagnose the cause of poor performance
  - Knowledge?
  - Equipment
  - Systems
  - Resources
  - Reminders
  - Beliefs
High risk patients have an alert sign displayed and receive at least one other 6-PACK strategy
Engagement is essential...

“...in trials of audit and feedback health professionals appeared to be mostly passive recipients of feedback. They argue that the effect may be greater if the health professionals are actively involved with specific responsibilities and accountabilities for the change process.”

Jamtvedt et al. (2006)
Caution with the stick

- Take care when morale is low
  - Don’t ignore bad data...but...
  - Partner to help improve things
  - Set achievable targets
  - Acknowledge differences and tough circumstances
  - Use local examples and create small group ‘huddles’ to workshop ideas for improvements
Audience poll

- Does the carrot or the stick drive practice change?
Key points

- Start with the carrot
  - Innocent until proven guilty
  - Set new goals
  - Reassess
    - More carrots or does there need to be some stick?
- Engage when presenting data
  - Face-to-face delivery
  - Ask for perceptions of performance prior to presentation of results
  - Ask for why staff think results are what they are
  - Compliment process data with real-life case studies
  - Encourage ‘self-checks’/audits
    - Experience the problem first hand
    - Get all levels of staff involved
  - Create milestones
  - Review!
So what’s the answer: carrots or sticks?

If you don’t find what motivates people, i.e. what their carrot is, you might as well be feeding them sticks.

Racquel Goddard
Many people believe that getting clinicians to update their practice is a simple matter of using carrots (incentives), sticks (punishments) and sermons (education), yet the evidence overwhelmingly suggests the process is much more complex. Understanding the variables influencing interventions such as feedback will assist us to measure the real effect on clinicians’ behaviour and subsequent patient outcomes.

Tracey Bucknall 2007