Changing Nurse Practice to achieve effective Falls Prevention!

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Preventing Falls in the Hospital Setting
7th December 2012, Monash University, Melbourne
Changing Nurse Practice

Recognition of the Problem

• Falls: world wide problem
  - In Hospital: risk increases three fold
  - Ageing population

• Local hospital falls data
  - Falls
  - Related injuries
  - Related serious injuries
Changing Nurse Practice

Recognition of the Solution

• In Hospital - short term:
  - To keep patient safe during admission

• Post Discharge - longer term:
  - Appropriate referrals / investigations
  - Safe home environment
In Hospital: Barriers

• **Many Risk Tools:**
  – Time consuming to complete
  – Not able to complete after hours (require multi-disciplinary input)
  – Not updated regularly & not leading to action

• **Prevention Strategies:**
  – Too many / no time to implement them
  – Staff caring for patient not always aware of plan

• **Documentation:**
  – Another form not easily accessible
  – Staff caring for patient not always aware of patients falls risk & action plan
In Hospital: Enables

- Evidence based, target local problem
- Easy to use validated Risk Tool
- Targeted interventions for high risk patients
- Involve and educate patient / carer
- Feasible within existing staffing structure
- Integrate into existing documentation
- Part of usual patient care (each shift)
Example: Falls Prevention Program

16-PACK

- Risk Assessment: 2TNH-STRATIFY
- 6 Targeted Prevention Strategies


# 6-PACK

## FALLS PREVENTION

The Northern Hospital Modified STRATIFY (TNH-STRATIFY)


### RISK ASSESSMENT

Circle Scores here on admission + record daily score in-side

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fall: current admission?</td>
<td>Yes, Patient had a fall/s during current admission</td>
<td>3</td>
</tr>
<tr>
<td>2. Fall: within 12-months?</td>
<td>Yes, Patient had fall/s in the last 12-months (Check pt info on admission form)</td>
<td>1</td>
</tr>
<tr>
<td>3. Mental State?</td>
<td>Yes, Patient is either confused, agitated, intellectually challenged or impulsive</td>
<td>1</td>
</tr>
<tr>
<td>4. Mobility?</td>
<td>Yes, Patient needs supervision or assistance when mobilising</td>
<td>1</td>
</tr>
<tr>
<td>5. Impaired Balance?</td>
<td>Yes, Patient has impaired balance and/or hemiplegia</td>
<td>1</td>
</tr>
<tr>
<td>6. Age?</td>
<td>Yes, Patient is 80 years or older</td>
<td>1</td>
</tr>
<tr>
<td>7. Toileting?</td>
<td>Yes, Patient is in need of frequent toileting</td>
<td>1</td>
</tr>
<tr>
<td>8. Vision?</td>
<td>Yes, Patient is visually impaired to the extent that everyday function is affected</td>
<td>1</td>
</tr>
<tr>
<td>9. Drug / Alcohol?</td>
<td>Yes, Patient presented with drug / alcohol related problems</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

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### FALLS

Complete Riskman for each inpatient Fall

Date completed: 1) __________
2) __________
3) __________

(Refer to Risk Assessment tool on front page)

<table>
<thead>
<tr>
<th>AM</th>
<th>PM</th>
<th>ND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Score___ = low / high Risk</td>
<td>☐ “Alert” sign above bed</td>
<td>☐ As previous shift</td>
</tr>
<tr>
<td>☐ Hi-Low bed</td>
<td>☐ Altered, as stated below</td>
<td>☐ As previous shift</td>
</tr>
<tr>
<td>☐ Bathroom: Must supervise pt</td>
<td>☐ Bed / Chair Alarm</td>
<td>☐ Altered, as stated below</td>
</tr>
<tr>
<td>☐ Walking aid near patient</td>
<td>☐ Adhere to toileting regime</td>
<td>☐ Fall in hosp? → Riskman</td>
</tr>
</tbody>
</table>
Implementation

Organisational Commitment

• Executive Support
• Policy
• Funding:
  - Program Coordinator
  - Equipment
• Consultation / Participation:
  - Falls Committee; Multidisciplinary
  - Nurse Managers
  - Champions
  - Staff
Keys to success

1) Assess Risk
2) Determine most effective prevention strategies
3) Document
4) Implement
5) Review each shift
Patient / Carer to participate in:

- Care planning
- Falls prevention strategies
  - during inpatient stay
  - after discharge
Staff Education

Hospital wide:

Nursing, Allied Health, Patient Assistants, etc

- Initial Orientation
- Annual update: e-learning
- With each change as required
Staff Education

In each Ward:

• **Ongoing Audits / Education:**
  Coordinator and/or Champion with:
  – Nurse
  – Patient
  – Patient’s notes / care plan

• **Discuss “falls” at each handover**

• **Review each fall: use lessons learned**

• **Lead by example**
Be Aware!

Nobody would get up if they knew they would fall!

Patients that have been asked to wait but still get up unsupervised “think” they can walk safely

Patients most at risk:
- Require mobility assistance
- Forget / do not believe they need assistance
- Have reason to get up unassisted i.e. need to go to the toilet
Summary

• Evidence based program to target a local problem
• Easy Risk Assessment Tool; update each shift
• Targeted Interventions for high risk patients
• Feasible within existing staffing structure
• Integrated into existing documentation
• Part of usual patient care
Summary

1) Assess Risk & Determine Strategies
2) Document & Implement
3) Review

- Encourage discussion & ongoing review
- Work with staff on the floor
- Lead by example!
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