FALLSAFE

Inpatient falls prevention using a care bundle introduced by ward-based nurses

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Background

One-in-six of the UK population is currently aged 65 and over this is expected to reach one in-four by 2050[1]. The risk of falling increases significantly with age. Over 280,000 patient falls are reported to the NPSA from hospitals and mental health units annually[2]. A considerable proportion of inpatient falls result in or moderate to severe injury or death, which amounts to approximately £15 million per annum for immediate healthcare treatment alone (NPSA, 2007).

Method

The FallSafe project involved training 17 nurses called FallSafe project leads (FSLs) from acute, rehabilitation and mental health units across South-Central SHA in England to consistently and routinely deliver the assessments and interventions seen in the most successful research trials of falls prevention through a care bundle approach (e.g. reviewing medication and recording urinalysis during admission).
11 training days were held over the two year period. Around two-thirds the time spent on clinical aspects of falls prevention and the rest on quality improvement skills.

A small salary uplift of £2,500 pa was applied for each FSL and they were allocated a budget of £5k to purchase ward based equipment. Using PDSA cycles the care bundle was introduced gradually over a seven month period – July 2010 and February 2011. Each process measure had a baseline taken before any improvement work was conducted. The FSLs used a template to gather the dataset process measures. Most measures were applied to all patients, with additional measures for more vulnerable ones. A random patient sample was checked monthly to see if they had received eligible interventions, and a run chart was produced for each element. Falls numbers were accessed through each Trust's risk management team and shared with the established multidisciplinary team (MDT).

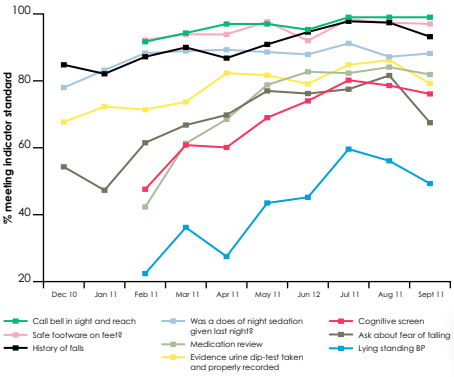
Results

The care bundle delivery has resulted in significant improvements in care. There was a substantial increase in the proportion of falls that staffs were confident had been reported, from 56% of recent falls to 85% of recent falls.

Conclusion

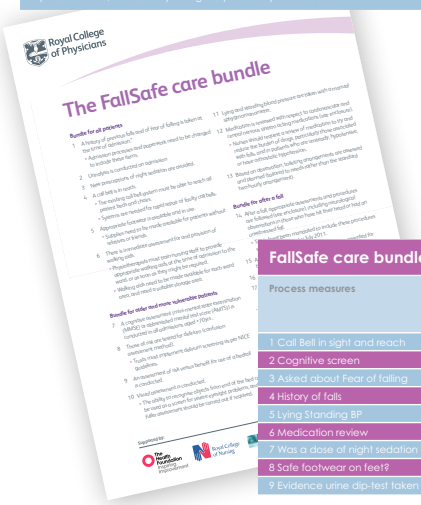
All process measures improved, and measures which started from poor baselines improved dramatically, until the levels of implementation in the Fallsafe wards were around four-fold higher than is being achieved in average trusts[4]. Our work has confirmed that it is possible to introduce an evidence-based inpatient falls prevention care bundle to a variety of types of hospital wards and championed by a band 5/6 nurse.

Elements of the FallSafe bundle



Levers to facilitate change/enhance chances of success
• Do as much planning and promoting at the beginning of the project
• Set up your core team from the beginning to support the work
• Ensure there is realistic, clear aim agreed
• Make sure that you have manager and consultant input as this will help to add weight to any decisions that need to be made and help with staff that may be unwilling to participate
• Involve patients
• Ensure regular updates about the project are regularly communicated to staff
• Ensure falls data for the ward are visible to staff and patients to highlight the priority of reducing them
• Ask staff's opinions and try to use their advice/ideas to make them feel valued and to give them some ownership of the project as well
• In community settings speak directly to the GPs when it comes to medication reviews
• Use Healthcare Support Workers, as they provide more help to patients with personal care, and so may recognise potential problems sooner.

Ensure success and produce robust evidence
• The project lead should be a full-time ward based member of staff whom the rest of the team respects and has the potential to develop strong leadership skills
• Staff need to know why they are doing things e.g. why we do minimental – who do you tell? What do you do about a low score?
• Delivering regular educational interventions – staff education is a valuable strategy which helps them to understand the impact of changes
• The project lead should have a deputy who can champion the work in their absence
• Staff should be reminded that not only will this benefit the patients, but also themselves in the long run
• Changes should be introduced gradually, letting people get used to one change before another is introduced
• Get to know the Risk Management department as they have access to data which can save you time and work.
• Network with others undertaking improvement work, including those working in different trusts and care settings



"I established my team from the manager and the frontline nursing staff that I knew would be involved in championing any of the changes."

FSL, Nuffield Orthopaedic Centre

"We now have a new falls care plan and risk assessment that has been developed by the trust."

FSL, Prospect Park Hospital

FallSafe care bundle	% (n) of relevant patients receiving the process measure		Median number of months between FIRST and LAST	Range in number of months between FIRST and LAST
Process measures	FIRST month's data submitted (Baseline)	LAST month's data submitted		
1 Call Bell in sight and reach	91% (211/233)	98% (233/238)	7	4 – 7
2 Cognitive screen	50% (115/230)	78% (172/221)	7	3 – 7
3 Asked about Fear of falling	29% (40/138)	68% (188/277)	14	10 – 14
4 History of falls	81% (117/144)	89% (246/275)	14	10 – 14
5 Lying Standing BP	25% (40/159)	50% (80/159)	7	3 – 7
6 Medication review	42% (73/175)	84% (149/178)	7	3 – 7
7 Was a dose of night sedation given last night?	78% (126/161)	87% (241/277)	9	5 – 10
8 Safe footwear on feet?	91% (212/232)	97% (227/233)	7	4 – 7
9 Evidence urine dip-test taken and properly recorded	63% (107/169)	78% (217/280)	12	6 – 12

1. The Ageing Population www.parliament.uk
2. National Patient Safety Agency 2010 *Slips trips and falls in hospital* data update www.nrls.npsa.nhs.uk
3. Oliver D, Healey F, Hains TP. Preventing falls and fall-related injuries in hospitals Clin Geriatr Med, 2010; 26(4):645-92.
4. Royal College of Physicians (RCP) National Falls and Bone Health Audit 2010