

Balmore Falls Reduction Project

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Overview

- Background
- The Team
- Information Gathering
- PDSA Cycles
- Results

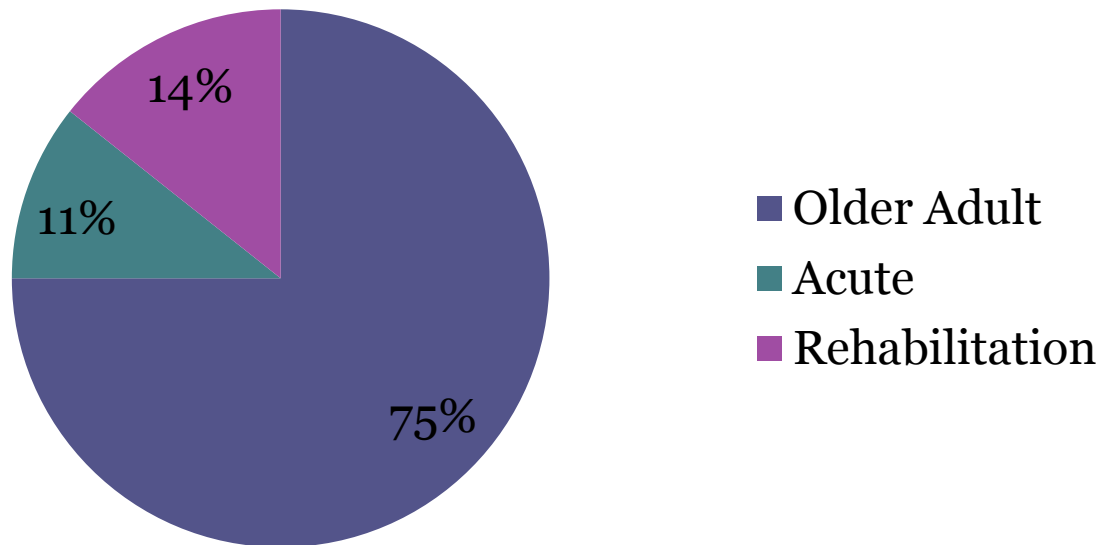
Physiotherapy Role in Leverndale

- Mobility Assessment
- Multifactorial Falls Risk Assessment with the MDT
- Manual Handling
- Specialist Seating with Occupational Therapy
- Respiratory Care

Falls In Leverndale Hospital

- Jan – Mid October 2016 - 328 falls.

Falls by Directorate



The Group

- Angela Watson – Physiotherapy Team Lead
- Gina Quinn – Specialist Physiotherapist
- Maureen Brown – Staff Nurse, Balmore Ward



Model for Improvement

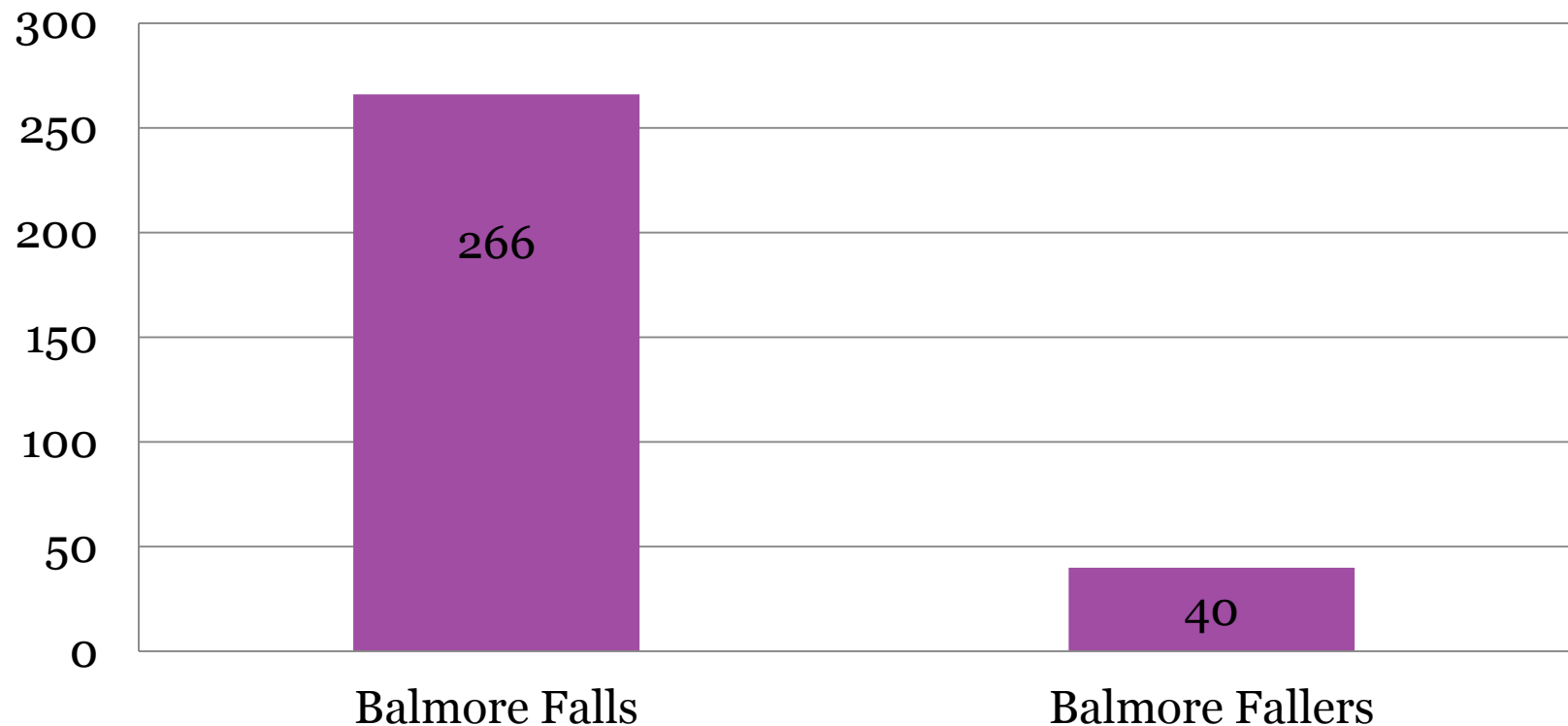
- Trying to reduce the falls in Balmore Ward as recorded via Datix.
- Initial Changes Considered
 - Analysis of falls recorded on Datix.
 - Run measles recording charts on the ward.
 - Seek opinion from ward based staff as to the cause of falls and what might help prevent falls.
 - Carer Involvement
 - Footwear guidance.
 - Medication analysis and guidance.
 - Multifactorial Care Planning Prompt sheet.
 - Mobility Guidance traffic light bedside sheet.

Information Gathering

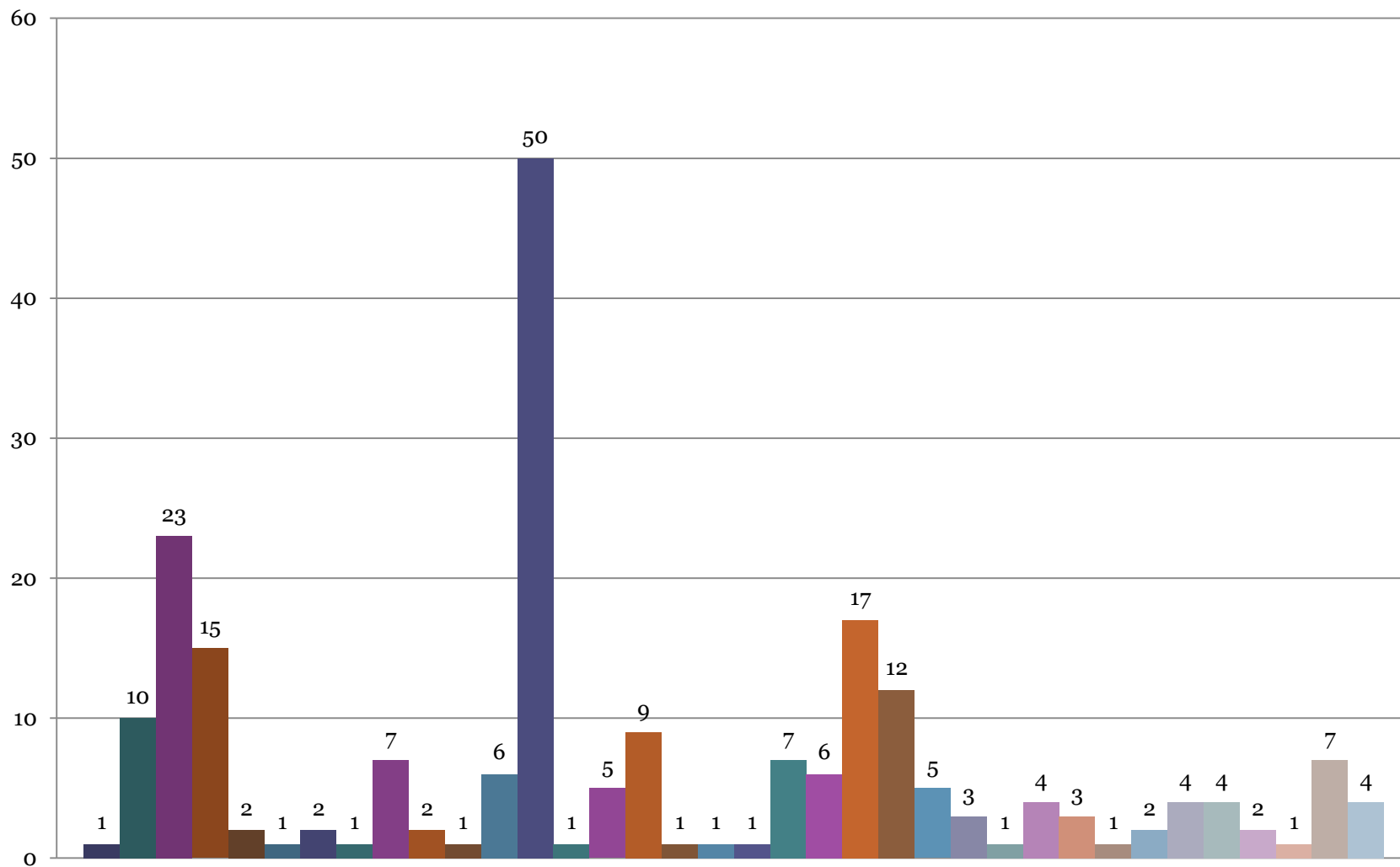
- Datix reports
- Staff Interviews
- Carer Involvement
- Measles Chart
- Pharmacy Information Gathering
- Furniture Audit

Baltimore Ward - Datix Analysis

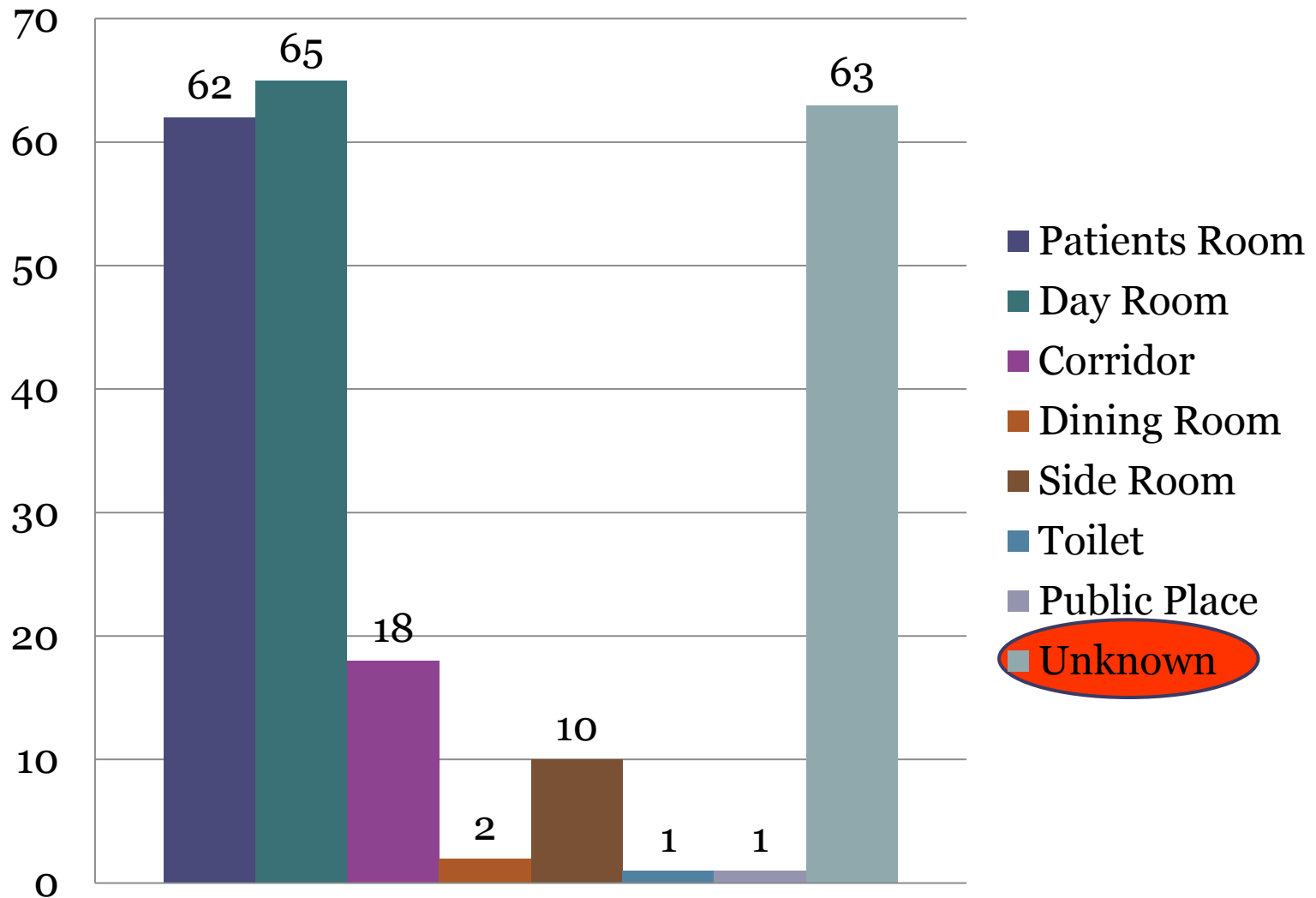
Falls in Baltimore Ward 2016



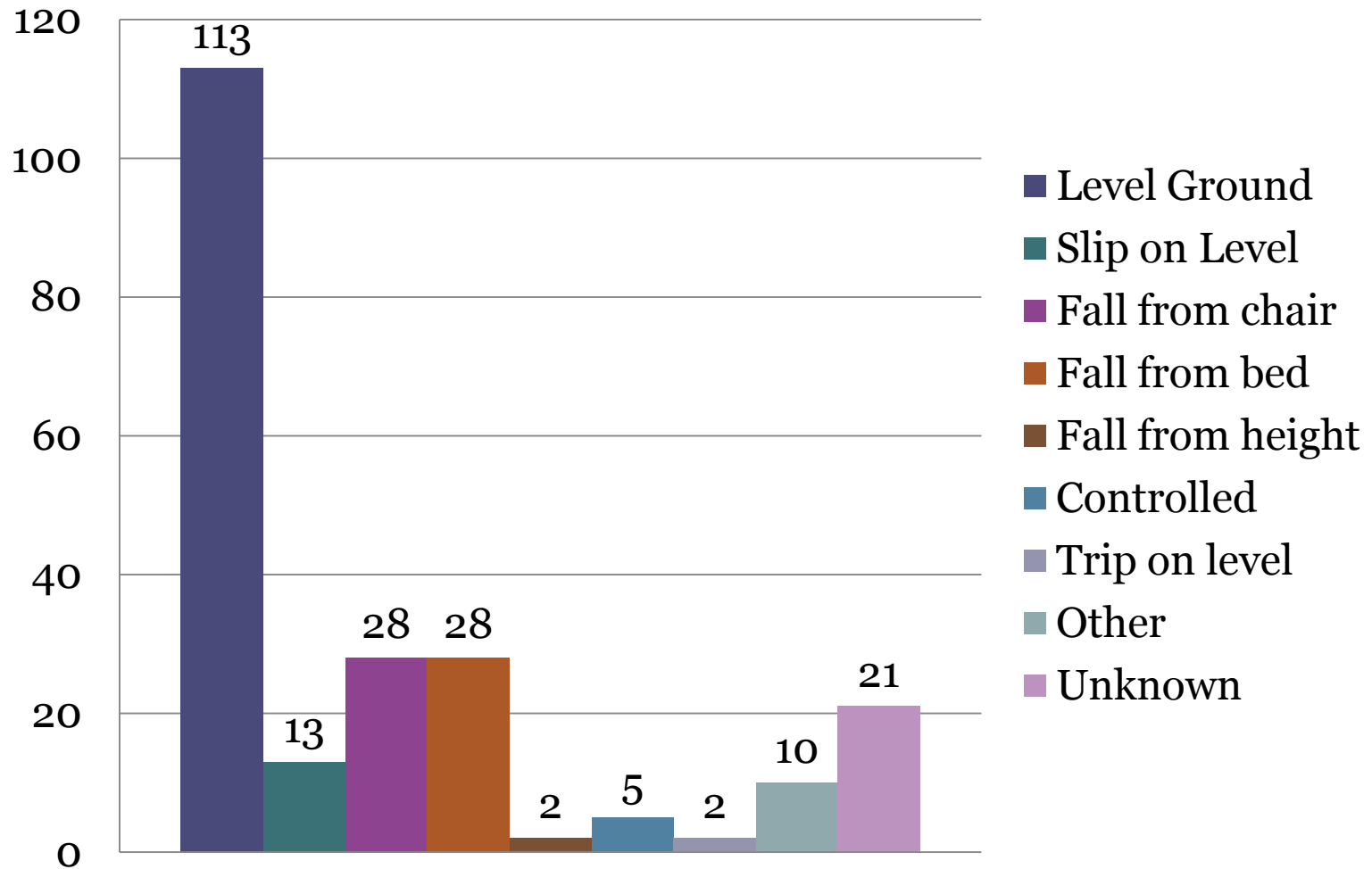
Number of Falls Per Subject Faller in Balmore Ward



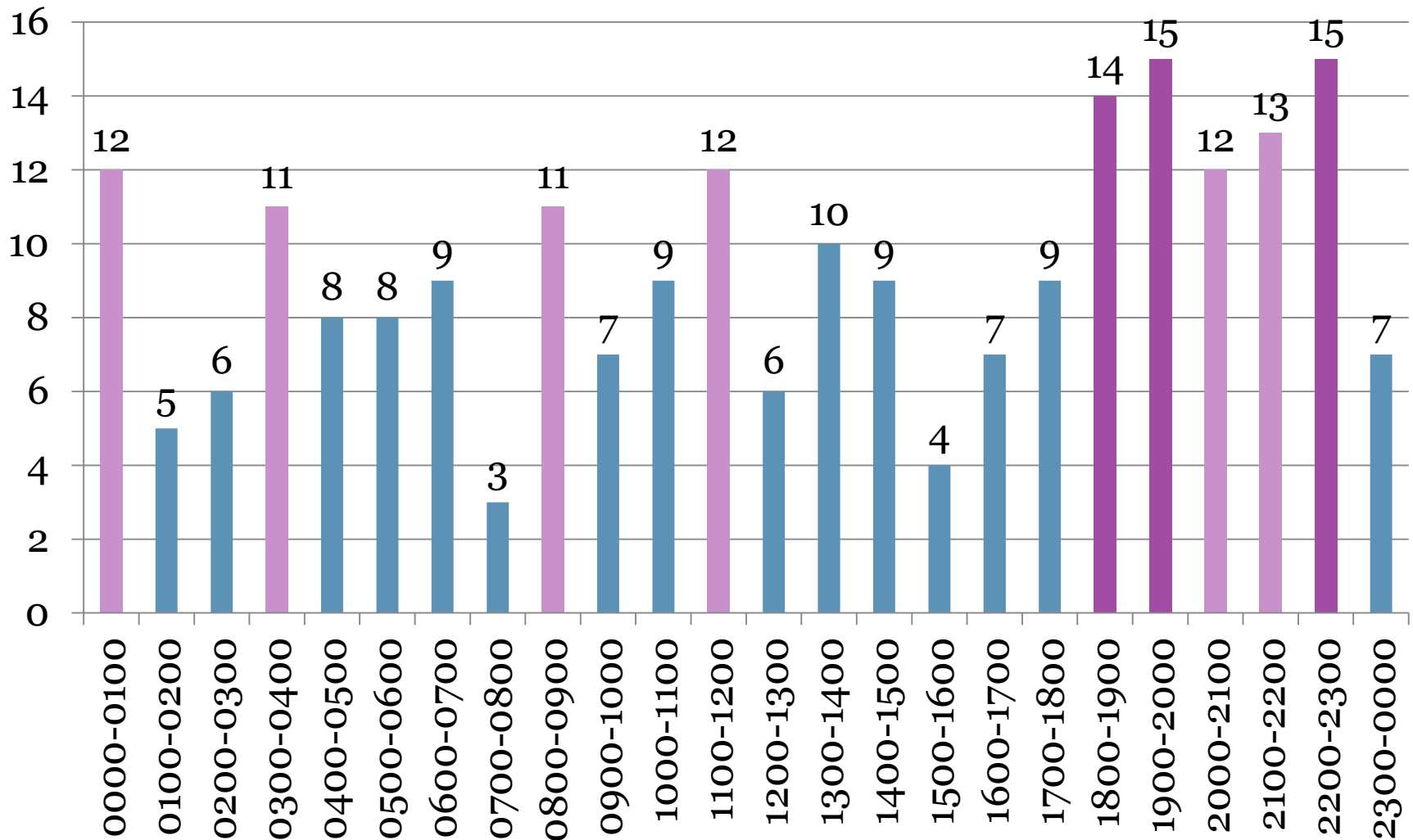
Location Exact of Falls in Balmore



Type of Falls in Balmore Ward



Time of Falls in Balmore Ward



Staff Feedback - Why are people falling?

Environment

Table colour, chair height.
Shower drainage/flooring
Shower Doors / grabrails
Cramped en-suites
Beds – objects poking out, attract patients to explore.

Equipment

Floor Mats sliding on floor
Bed sensors not reliable
Posey socks losing grip after washing
Shower Chairs

Patient Attributes

Poor Footwear
Managing mental state/positive risk taking
Urination/spillages – slip hazard
Use of walking aid

Medication

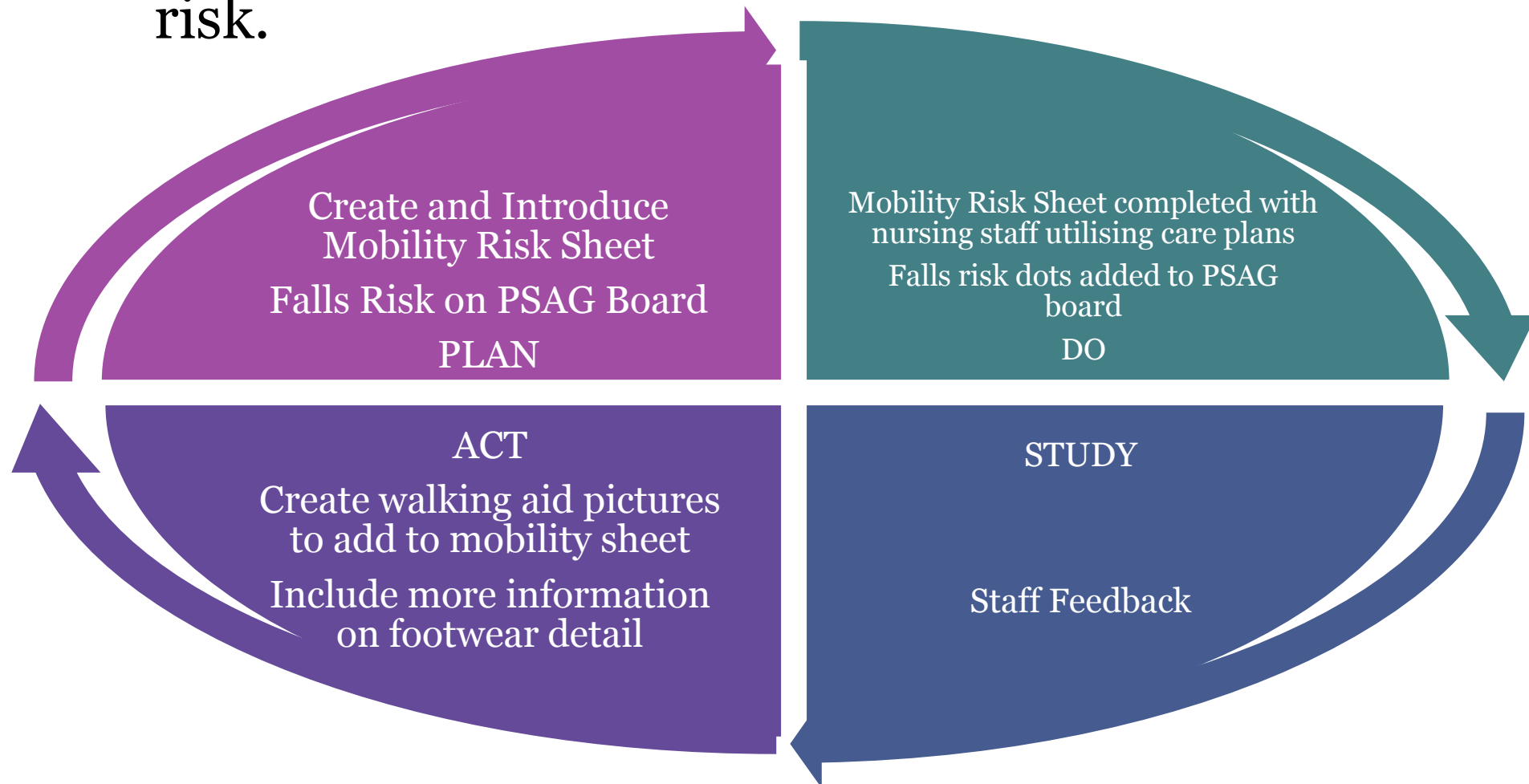
Manual Handling Training

Carer Feedback

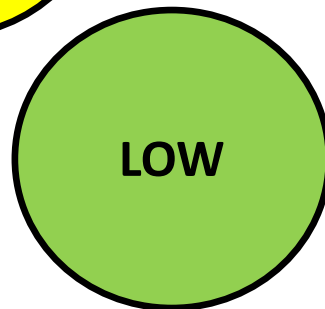
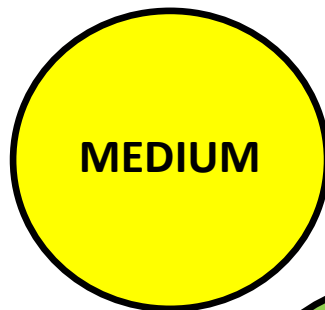
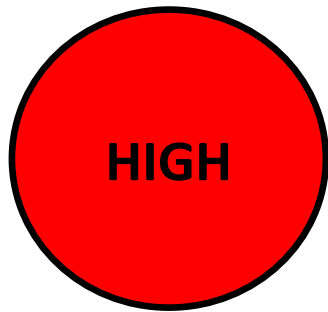
- Shona Mackie – Mental Health Network and Lisa Martin – Community Engagement
- Carer feedback sessions
- No carers interviewed had any concerns about falls.
- If their family member was falling they felt the ward were managing this appropriately.

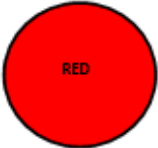
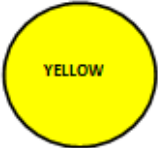

PDSA Cycle 1

Aim to increase staff awareness of patient falls risk.

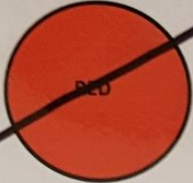

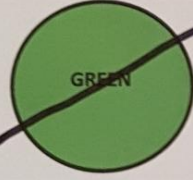


Risk Assessment



Mobility Risk Assessment	
Patient Name:	Date of Assessment:
Risk Status	Mobility Information
	
	
	
Falls Prevention	

Mobility Risk Assessment

Patient Name: [REDACTED]	Date of Assessment: 14/08/17
Risk Status	Mobility Information
	
	Increased falls risk with deteriorating mental state, fatigue and with PERN medication Independently mobile but can be variable.
	
Falls Prevention	
<p>Ensure supportive footwear in situ when [REDACTED] is mobilising. -Wears poney socks.</p> <p>Ensure clothing is secure -particularly trousers to reduce risk of tripping.</p> <p>Encourage [REDACTED] to have rest periods regularly.</p> <p>Guide [REDACTED] to chair safely when sitting</p> <p>Reduce trip hazards if pacing as able</p> <p>Encourage sitting for undressing / dressing</p> <p>lower help. Mat on floor beside bed.</p> <p>Bed sensor when in bed. Nilobed.</p>	

Staff Feedback

HCSW

- Useful for bank staff/students
- Increased awareness of falls risk
- Helpful for knowing how patient is also good as don't get chance to read notes
- Good when off for a while to know how the patient is - not as detailed in handover
- No changes needed
- Don't use falls risk circles - rarely in office

Nursing Student

- Clear - easy to understand
- ?pics required of walking/transfer aids
- More detailed info on type of footwear used by patient, posey socks/shoes etc.

Nursing Staff

- Information at a glance
- Dots on office boards help trigger re-referral to PT

Consultant

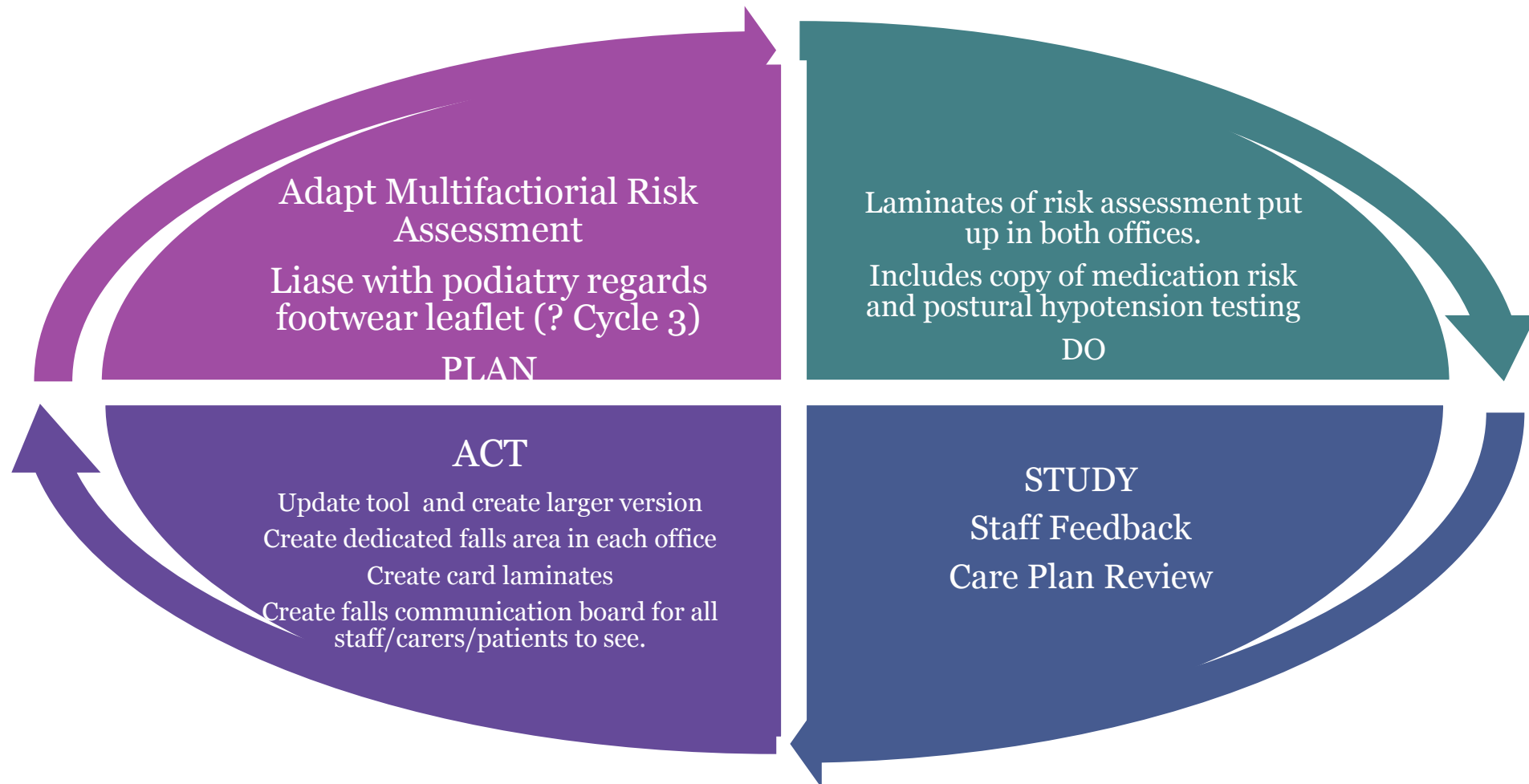
- Promotes importance of falls risk
- Instant at a glance information
- Makes it a fundamental part of management.

Follow up on Feedback

- Footwear information written into falls prevention section.
- Pictures of equipment utilised by patient added to the mobility risk assessment tool.

PDSA Cycle 2

Aim to increase staff knowledge of multi-factorial risk assessment in informing care plans.



Falls Care Plan – Guidance Notes

Night time sedation

Administration of sedative drug to produce a state of calm or sleep

Check

How long has patient been prescribed night sedation?

Consider

- Any changes to dose
- Frequency of PRN medication
- Alternative to night sedation i.e. relaxing music, hot milk
- Limit day time napping
- What is patients normal sleep pattern?
- Environment i.e. noise level, lighting
- Discuss with pharmacy

Medications

Polypharmacy
4 or more different types of medication
High falls risk medication

Check

List of drugs that can cause falls.

Consider

- Any recent changes to medications
- Compliance issues
- Allergies
- Patient awareness/education
- Pharmacy review of medication

Lying & Standing Blood Pressure (LSBP) Dizziness/Blackout

Postural /orthostatic hypotension
Deficit of 20mmHg in systolic pressure and/or 10mmHg in diastolic pressure

Check

LSBP on admission and if patient complains of dizziness, nausea, fatigue, palpitations

- manual heart rate
- past medical history

Consider

- Are symptoms occurring at particular times of the day i.e. medication rounds
- Check LSBP at different times of day
- any recent medication changes, doses, times
- prolonged bed rest
- dehydration, heart valve problems, diabetes, thyroid problems, Parkinsons, Lewy body dementia, multi-systems atrophy

Feet / Footwear

Foot pain / discomfort
Splints / Prosthesis

Check

- Appropriate footwear
- Skin colour, sensation
- Compliance with Splints / prosthesis

•Appliances are fitted properly

Consider

- Referral to podiatry
- Referral to Orthotics

Environment

Is the environment safe / suitable?

Check

- Transfers/mobility (e.g. bed, toilet, chair)
- Suitable lighting
- Environmental hazards i.e. walking aids, furniture placement, bedding, temperature, floor surfaces, glare
- Equipment audit
- Pathways to toilet clear
- Seating suitable

Consider

- Intentional rounding
- Assistive technology
- Patient location to toilet
- Dementia friendly environment
- Patients interaction with environment
- Referral to Physio/OT

Falls Care Plan – Guidance Notes

Nutrition and Bone Health

**Nutrition
Osteoporosis / Previous Fractures**

Check

- Oral Intake – fluid and food
- Osteoporosis risk factors
- If had DEXA Scan
- Prescribed bone medications
- Compliance with bone medication
- Calcium rich diet

Consider

- Referral to Osteoporosis Service
- Referral to dietician
- Lifestyle/ dietary advice.
- Advice on exercise
- Referral to pharmacy if compliance issues with bone protection medications

Continence

Incontinent of urine & / or Faeces

Check

- Urinalysis
- If new incontinence
- Catheter bags secured to leg
- Changes to elimination habits

Consider

- Continence assessment
- Walking aid in close proximity
- Locating patient near to toilet
- Provision of commode for overnight
- Provision of containment products
- Advice on Clothing
- Advice on caffeine intake
- Night sedation and nocturia
- Respond to toileting needs promptly

Cognitive Impairment Mental State

**New / increased confusion
Hallucinations**

Check

- For signs of infection
- Any recent head injuries
- If any recent medication changes
- Cognitive /delirium screening

Consider

- Intentional rounding
- Assistive technology
- Suitable environment
- Frequency of infections

Vision & Hearing

Visual or Hearing Impairment

Check

- Any known visual impairments
- Any known hearing impairments

Consider

- Hearing aids fitted correctly & working
- Background noise

- Wearing current prescription glasses
- Lighting/ glare
- Discourage use of multifocal glasses.

Mobility & Balance

**Poor Balance
Muscle weakness/
Fear of falling**

Check

- balance/gait prior to admission
- previous falls
- what walking aid used prior to admission

Consider

- Refer to physiotherapist for balance / gait assessment
- Need for walking aid and condition of current aid.
- Is appropriate walking aid used
- Splints/prosthesis correctly fitted
- Walking aid in close proximity

Staff Feedback

HCSW

- Not aware of the tool.
- May be useful to have a laminate card.
- Keen to have an information/communication board about the falls project.

Nursing Staff

- Clear, visible and helpful.
- Can be utilised as a checklist for completing care plan but also reviewing patients who have had falls.
- Provides a template for care plan 7
- Not had an opportunity to use but was aware of it.
- Aware of it but didn't use it as forgot it was there – it doesn't stand out from other information on the office walls.
- Reviewed tool alongside new ihub booklet – suggested adding the following:
 - Nutrition
 - Dizziness/blackouts
 - Previous falls
 - Hallucinations
 - Seating in environment

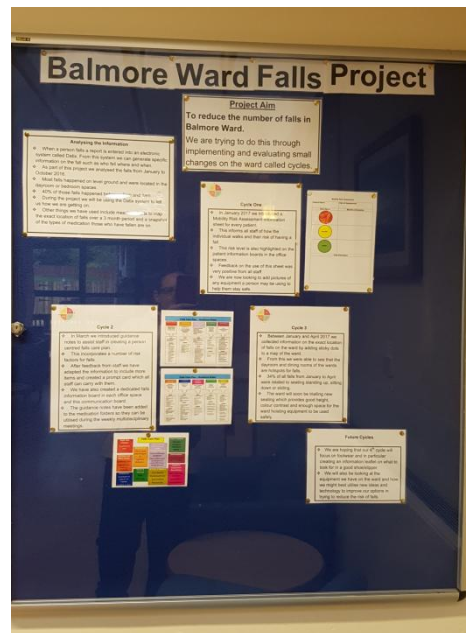
Consultant

- Not aware of the tool
- Good for ideas on how to deal with potential risks
- There is a lot of information on it and it is small print – should it be bigger.
- Should there be a laminate card with the main headings from the tool.
- Should each office space have a dedicated area for falls information so it stands out.
- It could also be good for medical staff to look at and use as a prompt when completing falls review. Can junior staff be made aware of it.

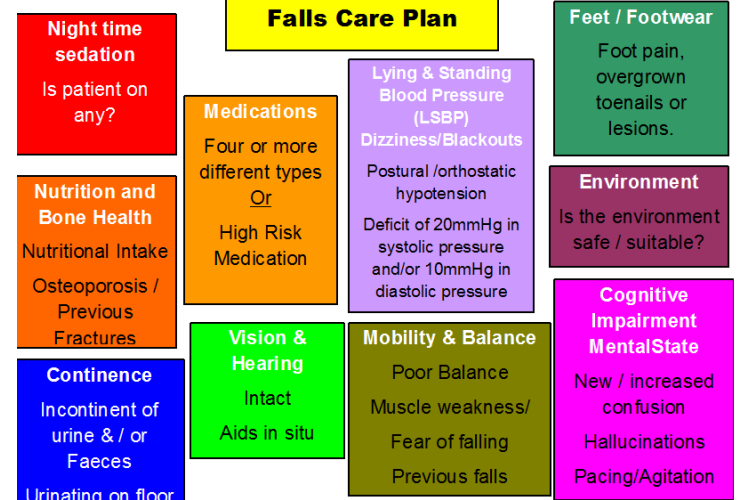
Follow Up on Feedback



Dedicated Falls Information Board

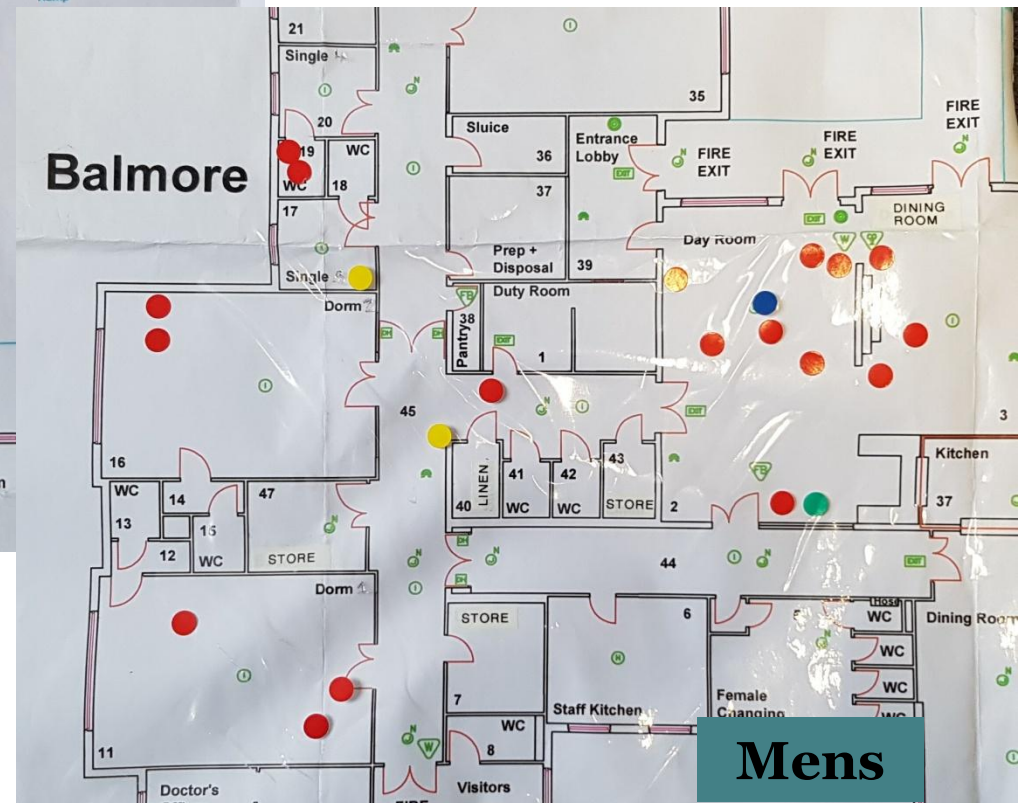
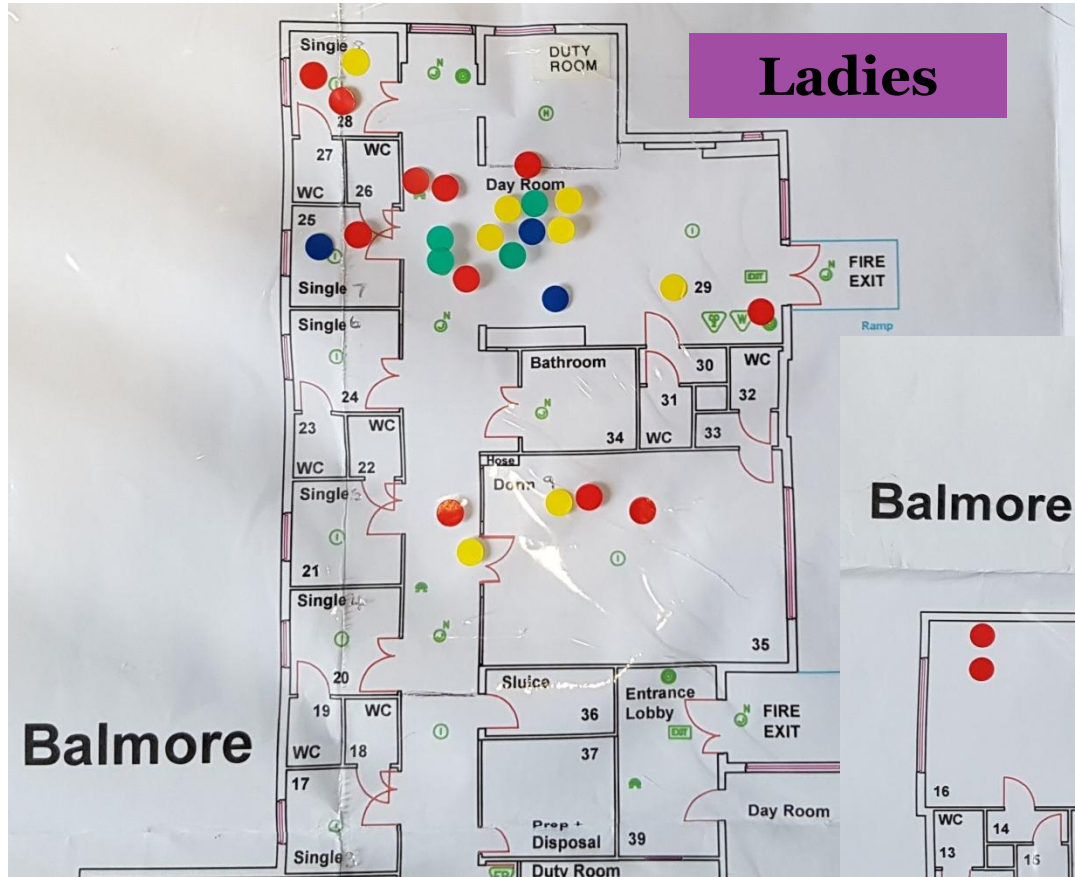


Falls Project Communication Board



Prompt Card for Nursing Staff

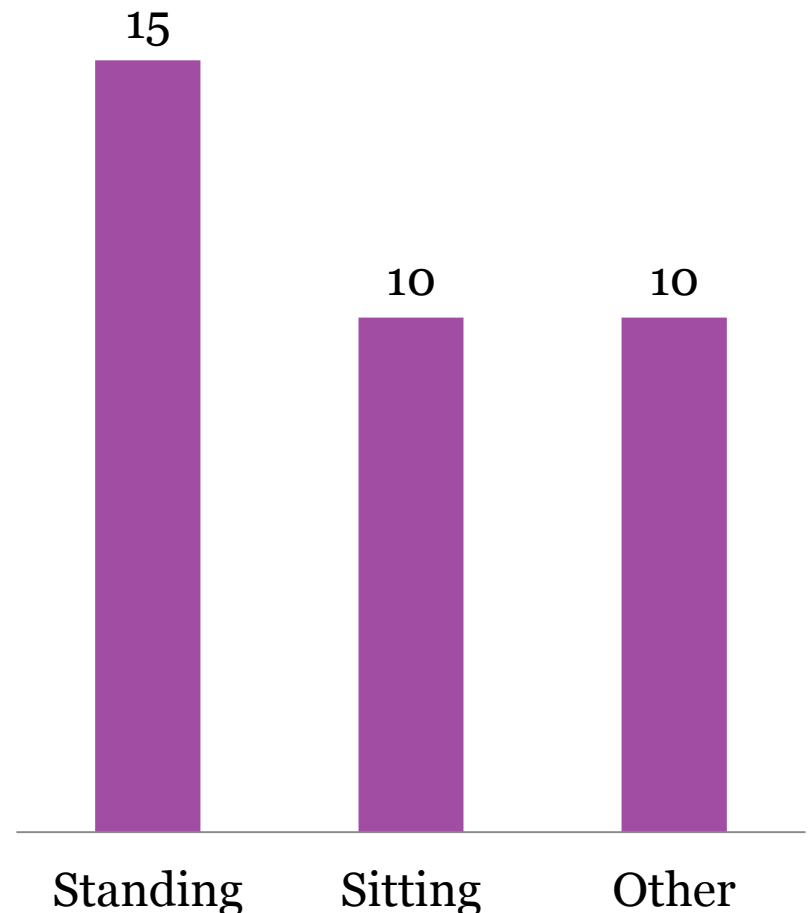
Measles Charts



Analysis

- Ladies – most falls in dining/sitting area.
- Mens – mixture but majority in sitting area.
- 34% of falls Jan-April related to seating.
- Considering staff feedback on the environment review of furniture and environment recommended.

Seating Related Falls



Ladies



- 10 different types of seating
- Only 1 chair met recommended height of 18-19 inches floor to seat.



Mens

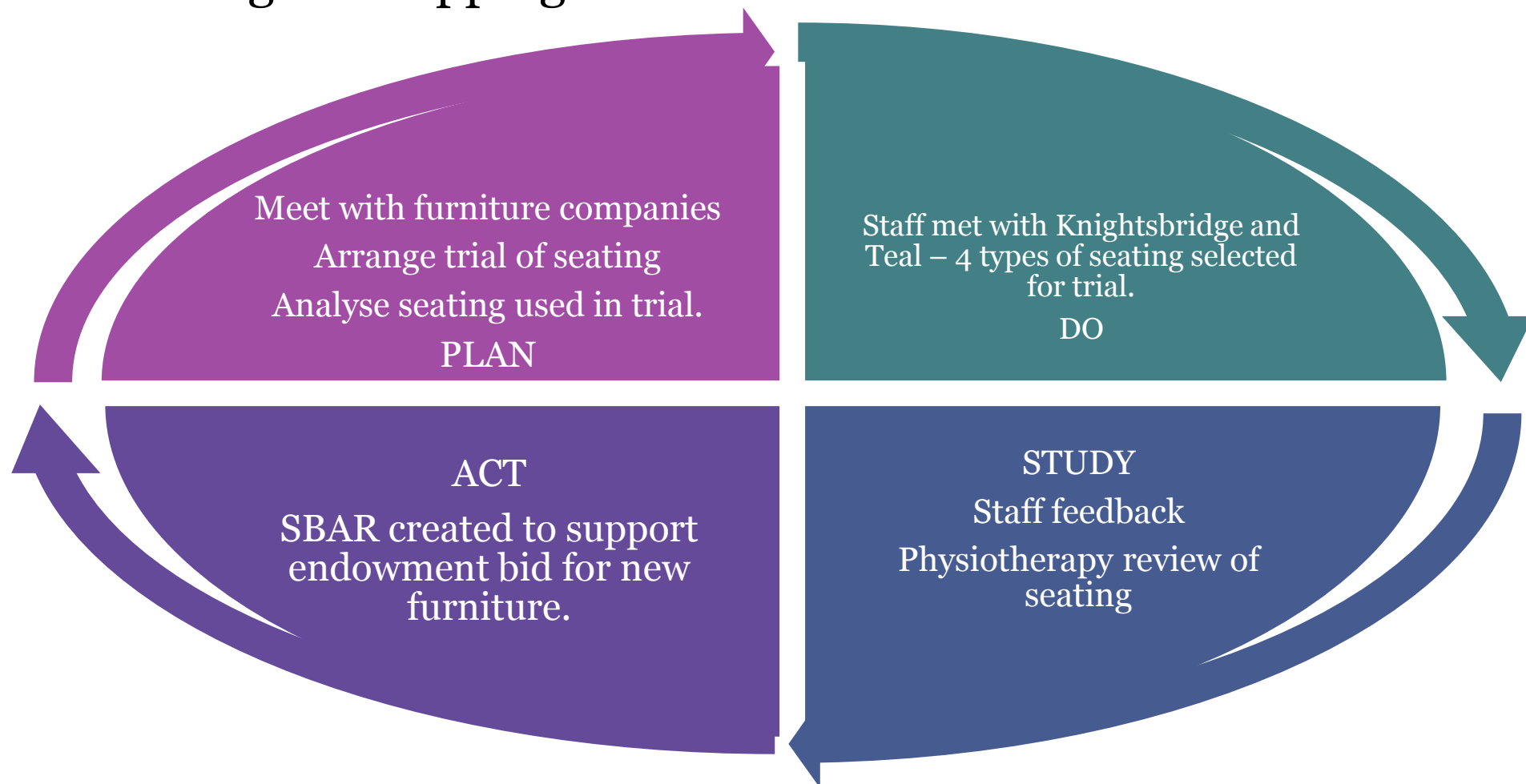


- 15 different types of seating
- Only 1 chair met recommended height of 18-19 inches floor to seat.



PDSA Cycle 3

Aim to try to reduce falls related to seating - standing, sitting and slipping.



Furniture Trialled



Atlas

Berkeley



Purchase Considerations

- Colour contrast to environment – ward has 6 different colours of flooring.
- Staff and Patient Feedback
- Steering Group Feedback
- Liason with company to custom design sofas
- Bariatric seating
- Adaptations to dining furniture to include ski's

New Furniture



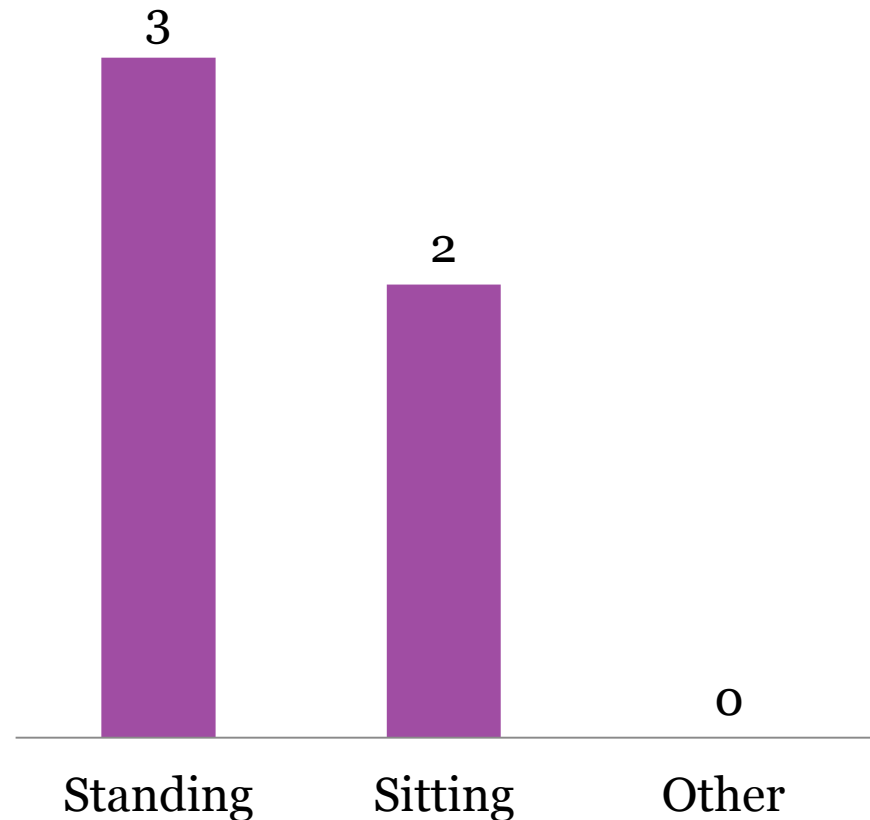
Garden Seating



Analysis

- Total of 35 falls Oct 2018 – Jan 2019
- 14% related to seating.

Seating Related Falls



Pharmacy Data Gathering

- Review prescribing in connection with patients who have fallen in April 2017
- Review any medication changes in MDT meeting post falls

Pharmacy Data Collection April 2017

Baltimore Ward	
Number of fallers	10
Number of falls	27
Number of falls with 'as required' medication given in previous 24 hours	14
Number of fallers with recent initiation of risperidone (in previous 2 – 5 days)	3

Regular Psychotropics

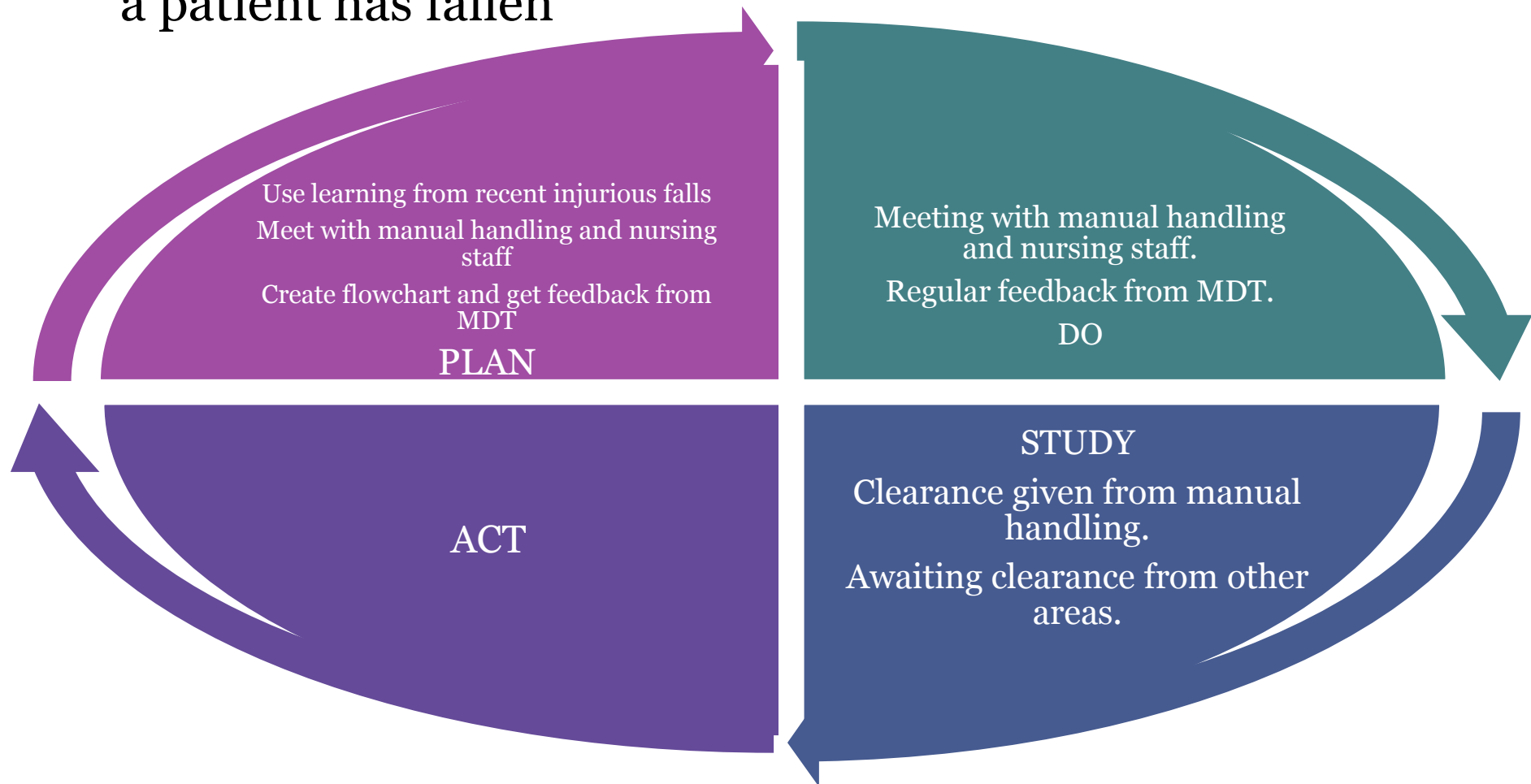
Number of patients	Number of psychotropics	Number of falls
2	0	3
2	1 (antipsychotic)	8
4	2 (antipsychotic +benzo/hypnotic)	11
2	3 (antipsychotic + benzo+ other)	5

Points to consider:

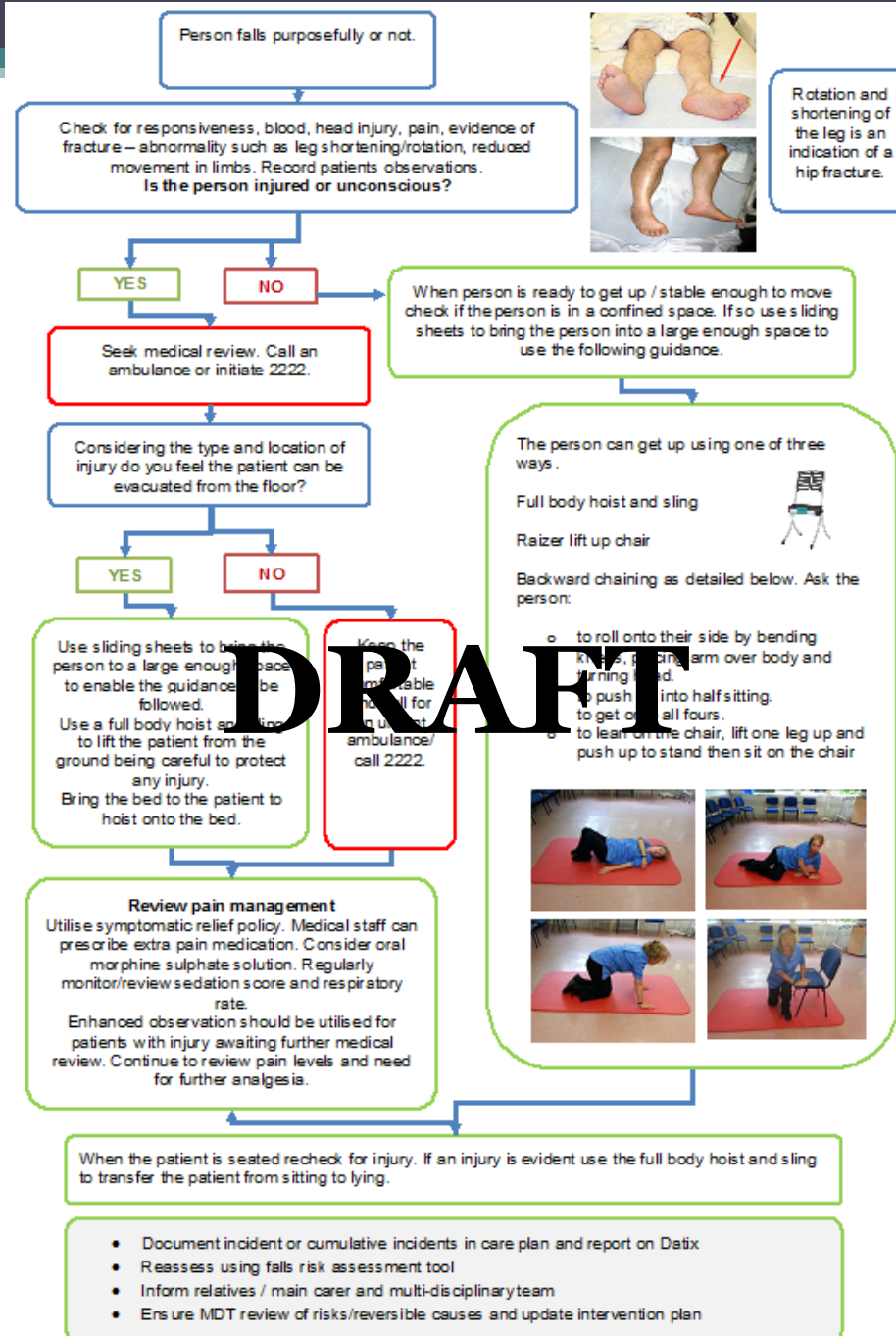
- 3 fallers had recently started risperidone within previous 2 – 5 days
- Medication reviewed
 - antipsychotic stopped in 2 patients
 - amitriptyline stopped in 1 patient
- Increased risk with multiple medication
- Severe agitation is also a risk factor for falls

PDSA Cycle 4

Aim to try to improve staff knowledge on what to do after a patient has fallen

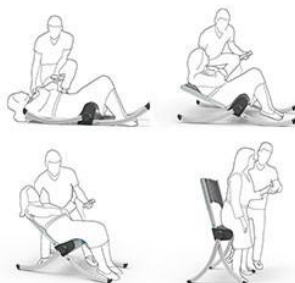


Draft Falls Flowchart



Hoverjack/Hovermat

- Flat lifting kit.
- Compliments current equipment
 - Full body hoist
 - Raizer

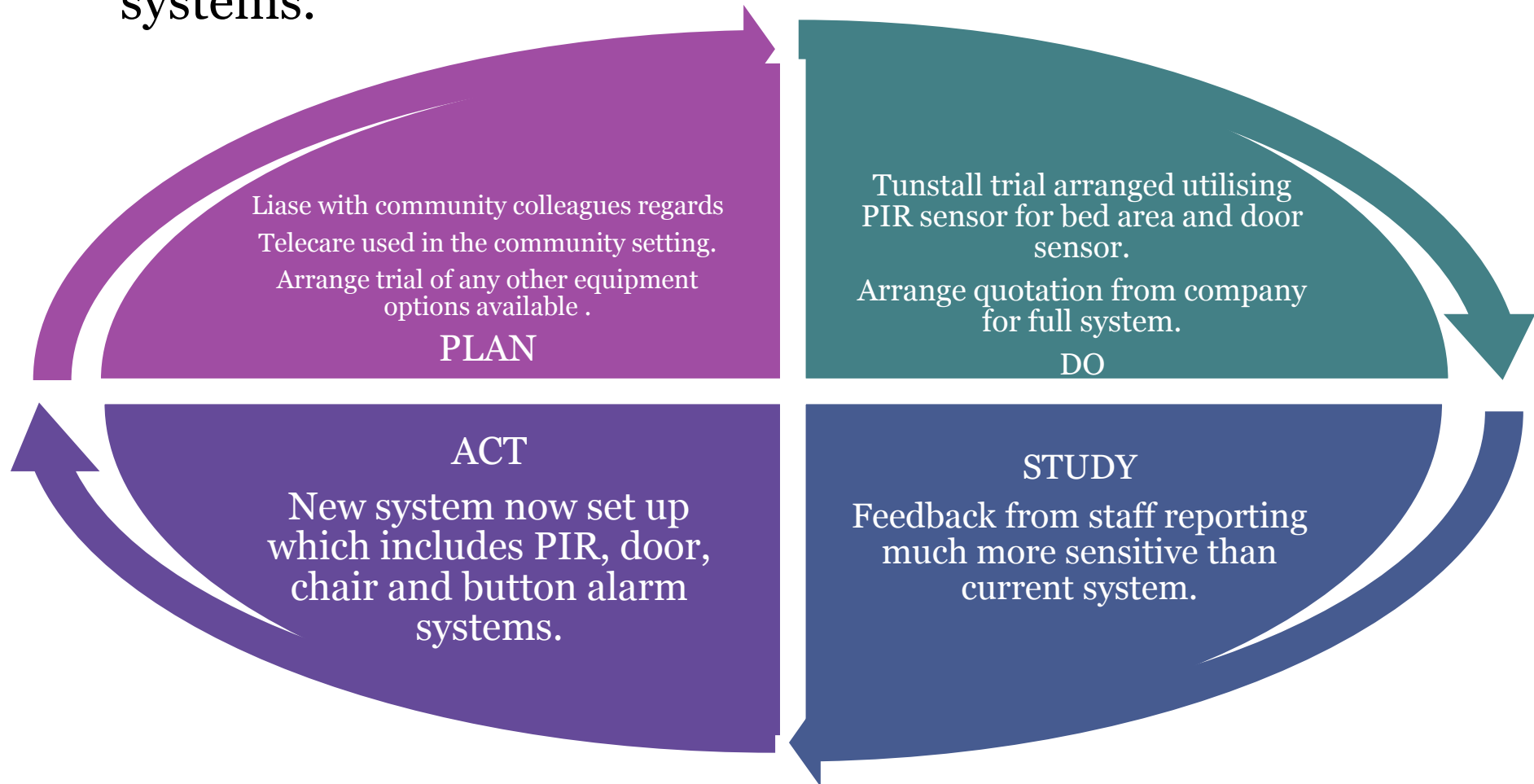


RAIZER®



PDSA Cycle 5

Aim to try to improve effectiveness of current bed alarm systems.

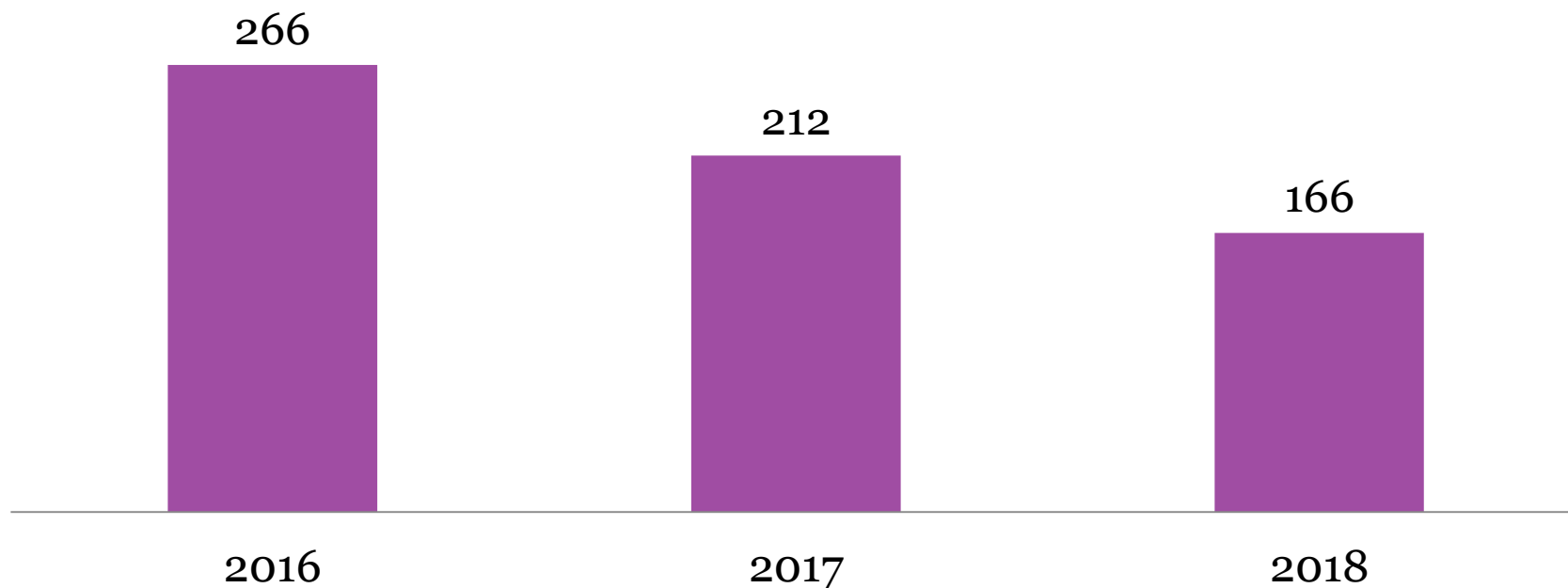


Tunstall Alarm System



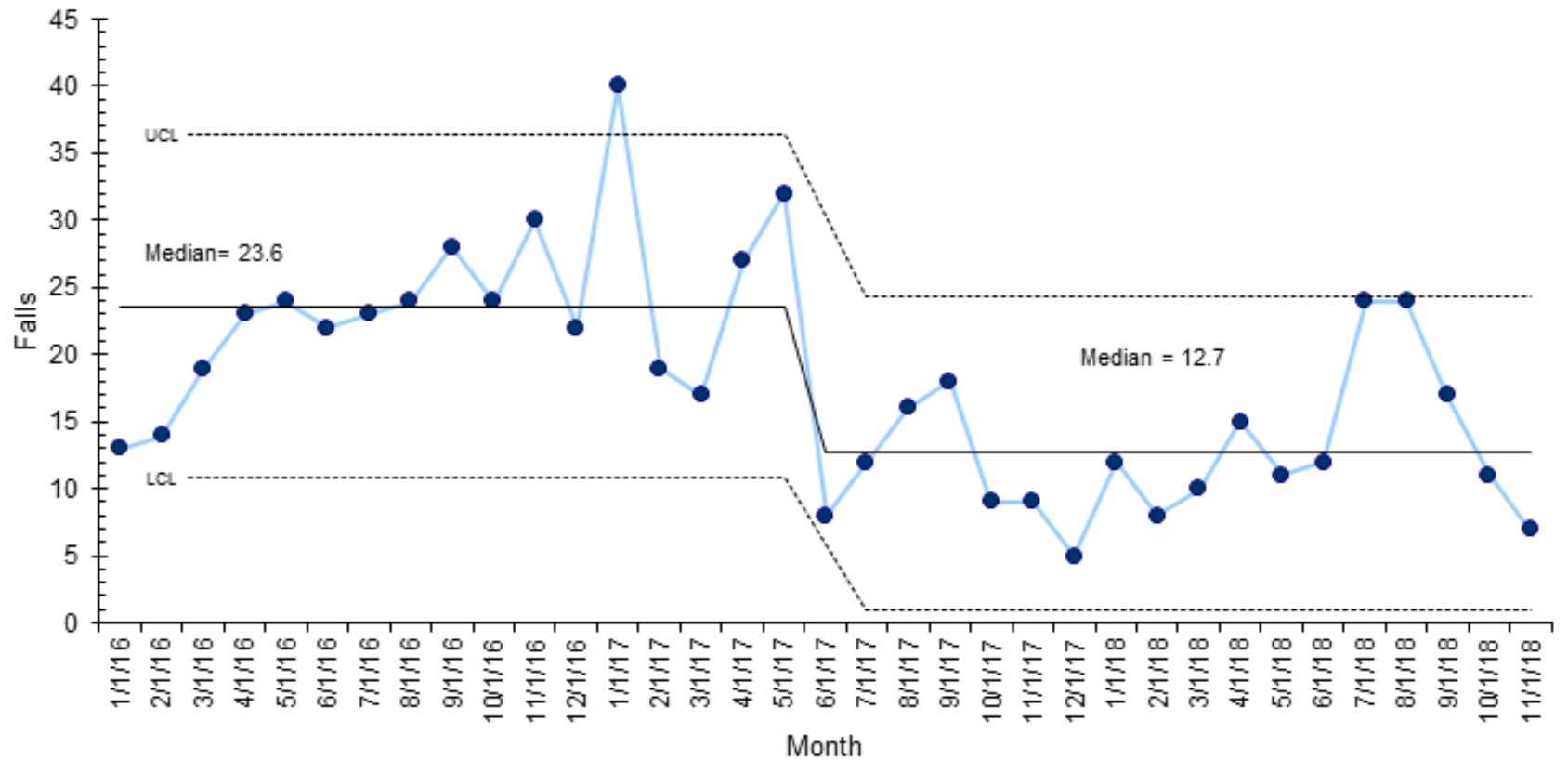
Results

Baltimore Total Patient Falls 2016-2018



Overall Reduction of 38% from 2016 - 2018

Baltimore - Falls



The Future

- Footwear
- Introduction of structured exercise programmes as part of physical therapeutic activity on the ward.

“Continue to be falls reduction superheroes”

