

Case for change

In 2016—2017 it was identified that:

- Over **100 incidents** including falls in MLHD
- Only **30%** of patients were **risk screened for falls** in admission process [<24hrs]
- Only **45%** of patients were engaged in falls prevention planning
- Falls increased length of stay for patients by **324 days**

Aim

To improve the quality and safety of patient care by reducing the number of falls, harm from falls and associated increase in length of stay at the Orthopaedic Ward of Wagga Wagga Base Hospital [WWBH] and Gundagai Multipurpose Service [GMPS].

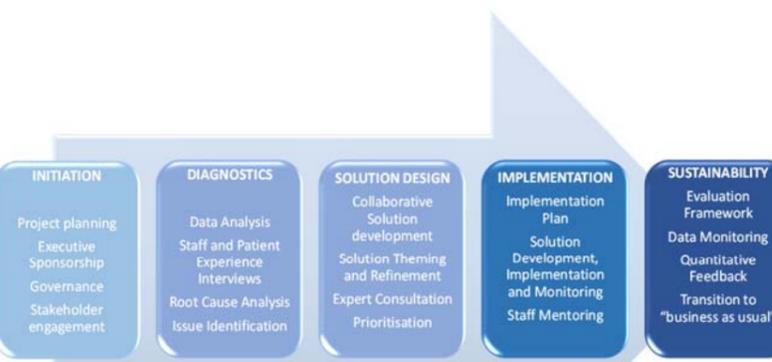
Objectives






↓ **30% reduction falls related incidents**
↑ **60% screening in each site**
↓ **30% bed costs combined**

Redesign Methodology



Nazmul Ahasan & Pamela Dendy

Annie Williams, Wendy Cox, Susan Massey

Murrumbidgee Local Health District [MLHD]



Diagnostics

- There is variation in the level of skills and knowledge regarding falls prevention strategies
- There is a lack of consistency of application of MLHD Falls policy and the availability of current resources
- Variation in the accountability for the completion of admission paperwork & other documentation
- Peak times for occurrence of falls varies between in-scope project sites, and is dependant upon activity, staffing and resources.
- Patients at risk of falls are not always provided with the appropriate level of supervision & support
- Variation in the clinical care and management of patients with delirium and dementia
- Staff handover time, peak time on the ward to get duties completed, attending services, theatre patients coming in, doctors round etc.
- Toileting - no/limited supervision, uninformed or impulsive patients, pain relief
- A lack of specialised allied health resources in Gundagai

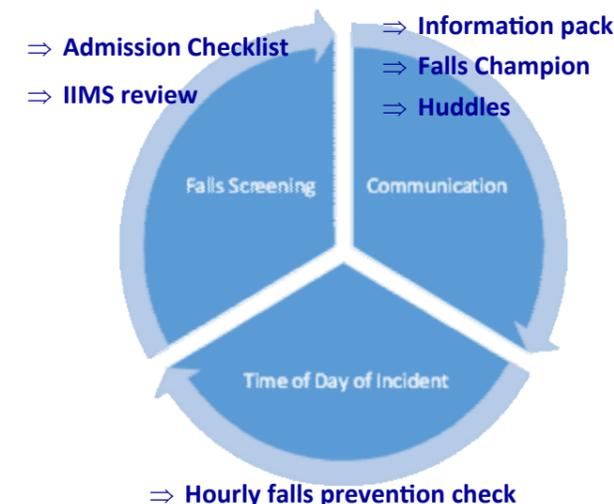
Patient Perspectives

- ⇒ 57% received falls related information
- ⇒ 42% said staff discussed about falls risks
- ⇒ 20% perceived they had limited falls risks

Priority Areas

- Falls screening within 24hrs of admission
- Patient engagement
- Mobility and attending to Activity of Daily Living
- Incident time

Planning & Implementing Solutions



Quick Wins:

- Establish Huddle Board at Orthopaedic Ward, Wagga
- Falls Champions at both sites



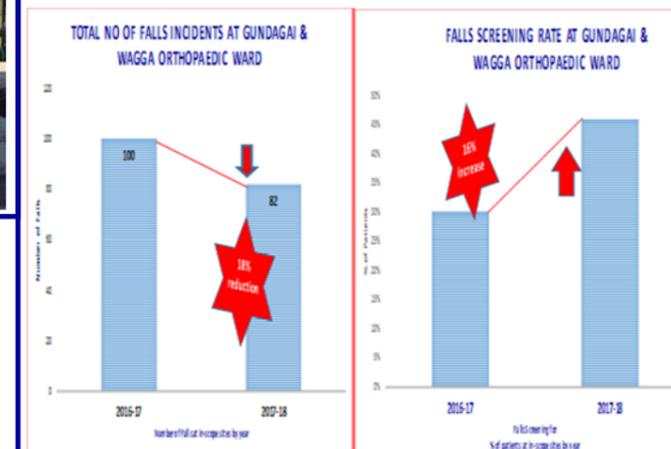
For 2017-18:

- Allied Health Assistant (AHA) and Clinical Nurse Educator recruitment in Gundagai
- Physio-led support to AHA through telehealth
- Re-arranging Physio schedules with patients in Orthopaedic Ward

Acknowledgement

Staff at Gundagai MPS and Orthopaedic Ward of Wagga Wagga Base Hospital and the Project Steering Committee

Results in 2017-18



Combined total length of stay (LOS) decreased to 22% (from 324 to 254 days)

Bed costs associated to LOS decreased to 22% (from \$467k to \$365k)

54% patients are engaged in discussion about falls risks & prevention, about 10% increase from baseline

100% patients perceive they have falls risk, a 80% increase from baseline

Sustaining change

- Multi-disciplinary team engagement
- Huddle in each shift and/or everyday
- Bedside Handover
- Embed changes into regular clinical practice
- Auditing
- Data monitoring

Lessons Learnt

- Developing partnership with staff and engage them from the beginning
- Establishing a Steering Committee and meeting regularly
- Monitoring data and progress regularly
- Ensuring strong sponsorship

Contact

Nazmul Ahasan: nazmul.ahasan@health.nsw.gov.au
Pamela Dendy: pamela.dendy@health.nsw.gov.au