A multifactorial approach to reducing falls with serious injuries

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Introduction:
The Alfred Health Falls Prevention Committee set out to achieve a 20% reduction in falls with serious injury during 2013. Using data obtained from the RiskMan incident reporting system we were able to retrospectively determine our falls rates per thousand occupied bed days (1000 OBD) as well as our falls with serious injuries per 1000 OBD.

Interventions:
It was the role of the Alfred Health Falls Prevention Clinical Consultants to support the role out of multifactorial falls interventions. These included:

• Review and update falls prevention policy and guideline;  
• Review and update of falls risk assessment and prevention plan documentation;  
• Introduction of traffic light system (visual cards displaying a patient’s mobility status);  
• Establishing a mandatory e-learning package for all staff;  
• Interdisciplinary staff education provided on a needs basis;  
• Medication review for high falls risk patients;  
• Coordinating benchmarking efforts with other Victorian Health Services;  
• Patient engagement through Interdisciplinary falls rounds at the bedside to review individual’s falls risk and prevention strategies;  
• Establishing an Inaugural April Falls Day event to raise awareness of falls prevention in hospital;  
• Implementation of new style of floor line bed with increased ratio of floor line beds available.

Interdisciplinary Falls Rounds have been implemented on high falls risk wards.

Results:
Table 1: falls and falls with serious outcome per 1000 occupied bed days—2012 compared with 2013

<table>
<thead>
<tr>
<th>Key Strategies</th>
<th>Evidence in Literature</th>
<th>Alfred Health Action</th>
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<tbody>
<tr>
<td>Medication Review</td>
<td>Review and withdrawal of drugs that increase falls risk is recommended as part of a multifactorial falls prevention plan (Boyle, Nagamahan &amp; Cumming, 2010).</td>
<td>Working group developed to progress the medication review process.</td>
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<td>Annual Environmental Audit</td>
<td>Minimizing hazards within the physical environment is recognised as important in falls prevention (ACSQHC Guidelines, 2009 &amp; NICE Guidelines, 2013).</td>
<td>Environmental audit has been reviewed and piloted. Plan for annual completion by Jan 2015.</td>
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<td>Vision Assessment</td>
<td>Assessing a patient’s vision is recommended in the ACSQHC best practice guidelines (2009) and NICE guidelines (2013).</td>
<td>Review underway by falls committee to ensure vision assessments and onward referral becomes usual practice.</td>
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<td>Adequate Resources</td>
<td>A cost analysis of falls found that directing resources to promoting evidence based falls prevention strategies is cost effective (Watson, Clapperton, Mitchell, 2011).</td>
<td>Review of falls prevention equipment in process to ensure adequate resources available.</td>
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<td>Consumer Engagement</td>
<td>It is recommended that health services involve consumers in review of information, service delivery and give feedback regarding their experiences (Victorian Government, 2012).</td>
<td>Alfred Health Consumer Forum to be held September 2014 to gain consumer perspective on improving patient safety.</td>
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<td>Volunteer Program</td>
<td>Giles and colleagues in 2006 concluded that volunteers can play an important role in falls prevention, however, the sustainability of such a program is challenging.</td>
<td>The Volunteer Program has been reviewed and resources implemented to commence an activity based program.</td>
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<td>Appropriate Shoes</td>
<td>A study conducted in 2009 by Chari, Haines, Vaughan &amp; Economidis concluded that all patients should be encouraged to mobilise in appropriate shoes.</td>
<td>Availability of appropriate shoes for purchase will be investigated.</td>
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Discussion:
The most significant achievement over the past 12 months has been the reduction in serious injuries from falls across Alfred Health. Through Point of Care auditing we will be able to monitor our compliance with both documenting and implementation of the Falls Risk Assessment Scoring System (FRASS) and that targeted multifactorial falls prevention strategies are consistently implemented for all at risk patients.

The direction for 2014 will be for innovation in practice- to develop new ways of ensuring relevant strategies are implemented for our patients in line with evidenced based practice.

April Falls Day 2013

Conclusion:
The Alfred Health Falls Prevention Committee is committed to ensuring a reduction in falls with serious injuries continues in the future. An Interdisciplinary approach and investing in innovative practice will be key to sustaining Alfred Health’s reduction in falls with serious injuries.

References: