Falls Project

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Aim

The Scottish Government 2020 Vision expects that care will be provided to the highest quality and safety with the person at the centre of all decisions. The clinical group within Cree Ward is primarily Older people who have a diagnosis of Dementia experiencing an acute phase in their illness. Evidence shows that people with Dementia are more likely to fall and more likely to experience harm from a fall. The aim of the project was to reduce falls and falls with harm by 25% between the start in July 2017 and the end in December 2017.

Method

The natural inclination to protect patients from risk of falls has to reconcile with the requirement for respect and promotion of the individual’s rights, wishes and quality of life, therefore any improvement activity needed to balance with ideas of independence, personal choice, privacy and dignity. The overall approach was to set up a project that incorporated good Dementia care and falls prevention methodology, and supported person centred assessment and interventions.

Feedback from questionnaires given to staff revealed 4 key themes which provided the basis of the improvement project:

- Knowledge
- Culture
- Paperwork
- Environment

Through addressing each of these areas, and testing new ideas with the use of PDSA cycles, we have been able to show significant improvement in both the rate of falls and falls with harm.

Staff particularly requested greater knowledge with regard to medications linked to falls, therefore our Clinical Pharmacist developed easy read falls posters which staff have found beneficial and have been adopted within all 6 wards.

Results

To account for fluctuation in occupancy rates, we looked at the number of falls with harm per month, per 1000 OBDs, over an extended time frame.

Evaluation

The greatest change was developing a new falls risk assessment tool which provided a more holistic needs led approach and is completed for all patients within 24hrs of admission.

The culture within the ward has changed from one of “inevitable acceptance” to one of “able to do something”.

Next Steps

- On-going evaluation of the falls assessment tool, to ensure it takes account of relevant risk factors, including un-witnessed falls
- Agreeing criteria for recording falls, for example, incidents where patients have chosen put themselves to the floor, sustaining no injury or distress
- Spread of learning across other units