Reducing Harm from Falls in a Dementia Unit

Author name: Professor Tony Elliott FRCPsych MSoc Sci, Consultant Psychiatrist
Organisation: South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Contact Details: tony.elliott@sssft.nh.uk

Introduction

We outline a 6 month project, based on an inpatient unit for dementia involving a multidisciplinary team changing from the FRASE numerical-based risk assessment tool and focusing on the systematic implementation of multifactorial interventions. Falls in Older People with Dementia are common but significant adverse events and compromise patient safety (NPSA 2007)

Hip Fractures may be a "life-threatening" event to an Older Person or reduce their independence. Harm from falls results in SIs, and Complaints. Reducing Harm from Falls is a National Driver, and was a local CQUIN initiative.

Despite the Trust Policy using FRASE significant numbers of inpatients continued to experience harm. In the Trust in 2012, there were over 250 Falls causing harm and 7 fractures. Previous clinical research tended to exclude dementia patients from their studies but key research (Oliver et al 2007) suggested a multifactorial multidisciplinary approach and concern re numerical-based risk assessment (Oliver, Healey 2009)

Given the variability of risk factors influencing falls, Improvement Methodology was adopted for evaluation.

Objectives

• To Reduce Harm from Falls in an Inpatient Dementia Unit by 15% over a 6 month period
• Develop innovative “Falls Prevention Checklist” (see below) based on best evidence of which interventions were helpful in patients with dementia and Establish 100% compliance with Falls Prevention Checklist
• Gain Staff Feedback with the new tool and process to confirm the “success factors” for sustained implementation and dissemination
• Audit medication usage to confirm reduction in high-risk medication
• Establish falls data collection and analysis processes to produce “Falls Causing Harm” monthly data presented as a “Run Chart” and Statistical Process Control Charts
• Develop training package in order to support dissemination of learning
Results and Outcomes

• There has been a 23.6% reduction in Falls Causing Harm on the dementia inpatient unit over 6 months of pilot which has been sustained
• Audit has indicated 100% implementation of “Falls Prevention Checklist” at 6 months
• There was no increase in length of Stay, and a significant reduction in usage of “high-risk” medication with no clinical evidence of increased patient disturbance or agitation.
• Random check of care plans revealed systematic vastly improved care-planning covering all interventions
• Staff feedback has been overwhelmingly positive: “Checklist triggers actions, not just a paper exercise, much more patient-focused” “More comprehensive with detail rather than a numerical assessment”

Methodology

• Sponsorship by CEO and Exec Team members
• Developed multidisciplinary project team- led by Consultant Psychiatrist
• Reviewed data analysis processes with Risk Dept to produce “Falls Causing Harm” monthly “Run Charts”
• Involved dementia inpatient clinical team to discuss rationale for project and agree implementation and objectives to gain ownership
• Provided training on the Falls Prevention Checklist and interventions, and appropriate care-planning
• Piloted Falls prevention Checklist for feedback as to usefulness and then 2 x redrafts before final tool agreed.
• Undertook 6 month pilot 2012 with weekly monitoring and feedback to local team with monthly meeting of lead and Modern matron
• Undertook weekly audit of care-planning with ward team to provide immediate feedback.
• Final feedback to local team
• Agreed dissemination plan and revision of Trust policy
• Roll out training and local implementation across Trust

“Critical Success Factors”

• Ensure Senior Exec Sponsorship
• Ensure Leadership to project with appropriate support
• Ensure consistent capacity to deliver Falls Data in Run charts and SPC charts
• Create MDT team to oversee project
• Involve local team in project and provide reason for change and development of tools
• Involve Users and Carers where possible
• Provide regular feedback to frontline staff and project team
• Consider dissemination and sustainability as part of initial project plan

References