

FALLS IN HOSPITAL

PREVENTING FALLS AND HARM FROM FALLS



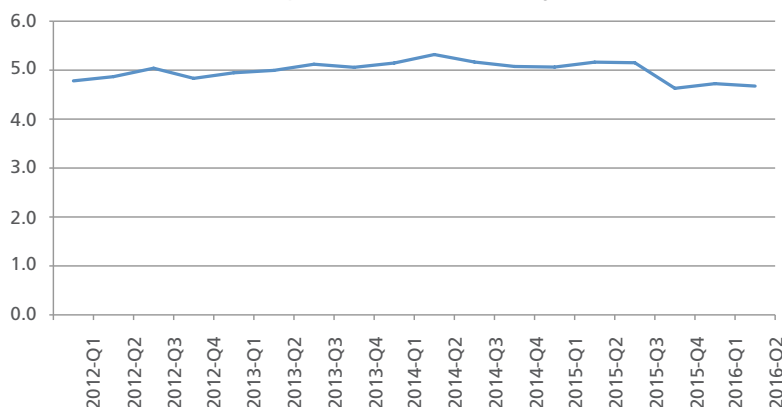
CLINICAL
EXCELLENCE
COMMISSION

SNAPSHOT JANUARY 2017

Falls can have serious consequences for older people, their families and carers. They can lead to reduced quality of life, disability, reduced physical activity, social isolation, functional decline and even death. In NSW, falls are a major cause of harm to older people, and fall-related injuries impose a substantial burden on the health care and aged care systems.

Falls in hospital are associated with a number of factors including impaired mobility, cognitive impairment (dementia and or delirium), incontinence, medications that increase the risk of fall, impaired vision, orthostatic hypotension and environmental obstacles. These conditions can affect length of stay, morbidity, mortality and quality of life. Serious injuries resulting from a fall include fractures and head injury. Consistent information from review of falls data shows that most falls occur at the bedside and in the bathroom associated with mobilising and toileting. A high proportion are unwitnessed and falls occur mostly during the day when staffing levels are at the highest.

Falls reported in IIMS (NSW, Jan 2012-Jun 2016)
Rate per 1,000 acute bed days



Numerator: Data source: NSW Health IIMS Data Collection extract for CEC | Principle Incident Type = Fall
Checked against reports at <http://www.cec.health.nsw.gov.au/clinical-incident-management>

Denominator: Data source: BHI Hospital Quarterly Reports http://www.bhi.nsw.gov.au/BHI_reports/hospital_quarterly

In NSW

2,113 people suffered a serious injury from a fall that occurred whilst they were an inpatient in a public hospital (SAC1 153: SAC2 1960)

NSW IIMS data: January 2012 - June 2016

FALLS AND FALL INJURIES CAN BE PREVENTED

A strategic collaborative approach. The Clinical Excellence Commission, Ministry of Health, Agency for Clinical Innovation and Local Health Districts are working together to prevent fall and fall injury through the implementation of evidence-based policy, strategic leadership and practical support for implementation of local initiatives.

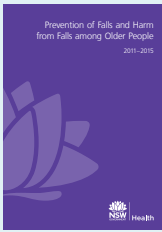


The CEC NSW Falls Prevention Program provides strategic coordination and practical support for action across NSW.

Information and resources are available at <http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention>

LHD Falls Co-ordinators

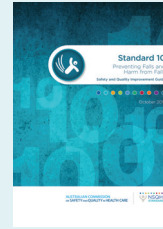
Provide leadership by supporting a collaborative framework that shares resources, information, policy and guideline development.



NSW Falls Policy



Preventing Falls and Harm from Falls – ACSQHC best-practice guidelines 2009



National Safety and Quality Standard 10: Falls calls for a systematic and multifactorial approach to preventing inpatient falls.



The NSW Falls Prevention Network continues to grow with over 2000 members and 1000 hits per month to the site.

It provides professional support, listserve, website, and resources pertinent to the field.

<http://fallsnetwork.neura.edu.au/>

Key Partners

- Agency for Clinical Innovation (ACI) Networks: Aged Health – Care of the Confused Hospitalised Older Patient (CHOPs), Musculoskeletal – Refracture and osteoarthritis initiatives, Primary and Chronic Care and Rural Health – Living Well in MPS
- Local Health Districts

KEY FALLS IN HOSPITAL STRATEGIES AND PRIORITIES FOR ACTION

WHAT WE KNOW

KEY STRATEGIES INCLUDE



Regardless of the reason for admission, many older people are vulnerable to a fall during inpatient stays. Systematic risk screening and evidence-based care planning can reduce risk. Discharge planning should include ongoing preventative care.

Improvement in the Care of Older People requires:

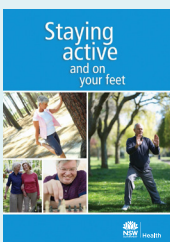
- Leadership, governance and monitoring
- Expert leads (nursing, medical and allied health) to support strategic interventions.

- Embed quality clinical practice in the identification of the fall risk, screen on admission and implementation of multidisciplinary interventions that address personal fall risk factors that include engagement with patients/families/carers
- Provide continued support for implementation of National Standard 10

Focus on the implementation of specific key strategies:

- Cognition/Delirium mental status – screen and assess and plan care
- Mobility – assess and mobilising plan: Balance and mobility are often poorer when a person is in hospital
- Toileting – assess and toileting plan: increase nursing rounds
- Medications – review and monitor use of: antipsychotics, antidepressants, sedatives/hypnotics, or opioids
- Address risk of serious injury – monitor high risk fall patients on anticoagulants. Where identified, ensure osteoporotic and Vitamin D for frail older patients is instigated
- Implement post fall huddles and revised care plan to support improvements in safety in real-time
- Clinical handover and safety huddles – identify high risk fall patients and communicate interventions that are in place

Other resources relevant for discharge and referral



Patient information booklet that provides information and tools to reduce risk of falling.



The Active and Healthy website is an online directory for healthy ageing information and evidence-based exercise programs.



LHD Stepping On Program