The FallSafe Project: Using care bundles to reduce inpatient falls

Julie Windsor
Clinical Nurse Specialist Falls Prevention
Portsmouth Hospitals NHS Trust
FallSafe: What is it?

It is a Quality Improvement Project.
It is not:

– A research project
– A randomised controlled trial in falls prevention

Run by the Royal College of Physicians (London)
Funded by the Health Foundation
Delivered with support from:

National Patient Safety Agency
“Can a ward-based nurse influence all disciplines to embed evidence-based falls prevention care bundles into regular ward practice using a quality improvement approach?”
FallSafe

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FallSafe: The care bundle
1) For all patients

- Ask on admission about **history of falls** and fear of falling *
- **Urinalysis** on admission (?infection) *
- Avoid new **night sedation** *
- Ensure **call bell** in reach (not psychiatry)*
- Ensure appropriate **footwear** available and in use*
- **Bedrails**: assessment of risks and benefits
FallSafe: The care bundle

2) Frailer and more vulnerable patients

- **Cognitive assessment** (AMTS or MMSE) on all admissions >70yrs age *
- Test for **delirium** using Confusion Assessment Method (CAM) as per NICE guidelines in vulnerable patients
- **Visual assessment**: recognising objects from end of bed
- **Lying and standing blood pressure** using manual sphygmomanometer *
- Nurse to request **medication review** by medical staff according to agreed guidelines *
- **Toileting** assessment and plan
FallSafe: The care bundle

3) Bundle for after a fall

- **Assessment of injury** before moving patient, medical review if needed
- **Neuro obs** in unwatched falls or when patient has hit head
- Review of falls prevention for that patient (post fall review)
- Incident report
- Root cause analysis (lessons from this fall for future patient)
FallSafe: The Project

16 sites across South Central Region
Variety of hospital and settings
  – Acute Medicine
  – Consultant Led Rehabilitation
  – GP Led Rehabilitation
  – Psychiatry of Old Age
  – Trauma
  – Acute Geriatrics
  – Cold Surgery
FallSafe: Training

• Initial 3 day training in falls prevention, quality improvement and project goals
• Further 8 training days over the duration of the project
• ‘Holding to task’ from project manager
• Expert advice (clinical and QI) from core team
• Peer support at training and via website
FallSafe Care Bundle: Introduction

• One item of care bundle introduced every 4-8 weeks
• For selected elements, baseline measurements of that item on the ward, followed by measurements after introduction of the care bundle, and repeated measurements every month.
• Full care bundle active only after 9 months
What was different about the FallSafe approach?

• Giving each FallSafe lead enough **education** and support to make them a confident and knowledgeable specialist within their ward team
• Making sure the basic **equipment** they would need was available
• Implementing the care bundle **in stages** rather than all at once, so improvements became manageable rather than overwhelming
• **Measuring** how well the bundle was being delivered at least every month – but using the results to learn and improve, not to criticise or blame
• Giving the FallSafe leads encouragement to be **adaptable** and deliver improvements in ways that suited their patients and their teams
• Creating a **community** where they could exchange ideas with leads who were working in other hospitals and other specialities
So what did we find?
<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Project end</th>
<th>Six months later</th>
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<tbody>
<tr>
<td>1 Call Bell</td>
<td>91%</td>
<td>98%</td>
<td>99%</td>
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<tr>
<td>2 Cognitive screen</td>
<td>50%</td>
<td>78%</td>
<td>63%</td>
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<tr>
<td>3 Fear of falling</td>
<td>29%</td>
<td>68%</td>
<td>71%</td>
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<tr>
<td>4 History of falls</td>
<td>81%</td>
<td>89%</td>
<td>96%</td>
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<tr>
<td>5 Lying Standing BP</td>
<td>25%</td>
<td>50%</td>
<td>43%</td>
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<tr>
<td>6 Medication review</td>
<td>42%</td>
<td>84%</td>
<td>72%</td>
</tr>
<tr>
<td>7 No night sedation</td>
<td>82%</td>
<td>87%</td>
<td>97%</td>
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<tr>
<td>8 Safe footwear</td>
<td>91%</td>
<td>97%</td>
<td>99%</td>
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<tr>
<td>9 Urine dip-test</td>
<td>63%</td>
<td>78%</td>
<td>82%</td>
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Reported falls rate per 1000 bed days + rolling 12 month average

Reported injurious falls rate per 1000 bed days + rolling 12 month average

Falls rate ratio 12 months before full bundle v.12 months after 0.75 (0.68-0.84), $p<0.001$

Injurious falls rate ratio 12 months before full bundle v.12 months after 0.86 (0.71-1.03), $P=0.11$
An underused pool of change leaders
Believing you can make a difference

“It used to be just one of those things you expected to happen; now it’s a big deal if a patient does fall and everyone will be thinking, ok, let’s try this or that – we know we can do something about it”
Being evidence based

“Having been doing this [nursing] for 30 years it’s the first time ‘evidence based’ meant anything to me. I was evidence based and proud of it!”
Peer support

“It’s a safe environment to talk about it – no one is standing over you saying ‘why have you had ten falls?’ – so you can really think about what can prevent them”
Peer challenge

“If we can do it, surely you can!”
Sharing what we’ve learned

FallSafe pack
• Free to download from RCP website
• Tools & templates
• Key reading

http://www.rcplondon.ac.uk/resources/falls-prevention-resources