A real journey

Using The Model For Improvement To Reduce Falls and Injury

Our Team
Manager: Helen Delmonte, Coordinator: Catherine Heaney
Falls Preceptors - Physiotherapist, Mobility Therapist, OT/Activities Therapist, Health Care Assistants
What we had established  
*Before* First Do No Harm

- Policies and Procedures
- Various Interventions
- Auditing
- "keeping" data

**BUT...**

- High Number of Falls  
  Goal = reduce falls
- No Standardised Process for enabling sustained change

New interventions and audits  
TIME + EFFORT = gains

No Collaboration  
Difficulty in truly understanding and fixing problems

*Standing Still*
First Do No Harm patient safety campaign

Institute of Healthcare Improvement Model and Collaborative process

Health Quality and Safety Commission

Management said

“Go for It, we are with you”
We stepped into a whole new world!

The Model of Improvement

Driver Diagrams
PDSA Cycles
Outcome Measures!

Direction and Practical Method
Q1. WHAT ARE WE TRYING TO ACCOMPLISH?

Setting Goals

1. Reduce Falls, and Falls with Harm by 20% from Jan 2012 to Dec 2013 (in alignment with FDNH goals)

2. Improve resident wellbeing, safety and overall quality of life

3. Further develop and strengthen our program - Pursuit of Excellence

1st Steps

Creating the culture for change - Spark of Life “Shift your focus”

Development of Fall prevention project charter, driver diagram

Participation in Learning sessions, ADHB subgroup, Cluster group host
Mercy Parklands Falls Prevention and Management Programme – Driver Diagram

**Outcome**

- Decrease falls with harm incidence (SAC 1 & 2) by 20% from Jan 2012 to Dec 2013

**Primary Drivers**

- Risk Assessment
  - The Mercy Parklands Falls Assessment within 24 hours, on readmission and upon change of status.
  - At risk checklist
  - Visual prompt of risk: stickers (3 locations)
  - Assistance Required Badge

- Implementation of Bundle
  - High fall risk profiles
  - Sensor alarms
  - Assistance Required Badge
  - Non-slip socks
  - Hip protectors
  - Restraint
  - Supervision/assistance
  - Footwear
  - Medication Review – Vitamin D
  - Balance exercise classes
  - 1-1 re-strengthening
  - Environmental risk management
  - W2 hip protector supply
  - Hip protector supply for trials
  - Beyond Boundaries tool
  - Wing 2 home environment

- Knowledge and awareness
  - SAC grading aligned with ADHB
  - Staff education
  - Patients/family/whanau familiarization of fall risk factors and falls prevention
  - Communication- regular liaison
  - Reflective Cycle

**Secondary Drivers**

- Interventions
  - Standardised tool easily accessible
  - Visible leadership of falls team
  - QPS benchmarking
  - Equipment available through incident follow up and referral
  - Monthly and annual statistical analysis and reporting with stated quality indicators and feedback loop
  - Audits of existing interventions against practices.
  - Proactive rounding
  - Skin tear prevention procedures

- Creative Ideas
  - How can we increase resident education “So you’ve had a fall” – bundle of care info
  - Rewards for staff compliance in wings
  - Falls Prevention Month
  - Manual for preceptors
  - Celebration/appreciation method for resident compliance
  - Fall risk profile wall chart
  - Individualised hip protector awareness packs

**Interventions**

- ADHB subgroup/cluster gp collaboration
- Communication within handovers, clinical risk meeting
- Bundle of care development and evaluation
- Education and discussion – Brochure
- ADHB subgroup/cluster gp collaboration
- Staff have orientation and updates
- Data analysis
- Fall alert sticker- fall occurred
- Falls Preceptors
- New staff trained within two weeks
- “Quick wins” for increased broadcasting
Q2. HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

Developing *measures* that reflect improvement

*Making change* to our systems to create and *sustain* improvement

**Next Steps**

**Outcome Measure Chart**

*Run and control charts* practiced

*Dashboard* developed

*Use of Plan Do Study Act* (PDSA) cycles
### Outcome Measure Table

**TYPE** | **NAME OF MEASURE** | **DEFINITION, HOW DATA WILL BE COLLECTED** | **SUMMARY** | **PROCEDURE**
---|---|---|---|---
**OUTCOME MEASURE** | To reduce falls with harm (SAC.L & 2) by 20% from Jan 2012 to Dec 2013 | Daily evaluation of fall incident forms | Run chart of the findings displayed in each nursing station. Discussed at handover and general staff meeting. | **Method for effectively communicating Feedback to staff**

**PROCESS MEASURE 1** | 100% of staff will be aware of the falls prevention intervention in place for their group of residents | Each MCA in one area will be asked to give a verbal report on their assigned resident group. Each RN & CN will be asked to give a verbal report on each resident in their allocated wing (Revolved through each area each month) | Successful findings will be feedback to the wing verbally and through visual representation (Bar chart showing # of residents using the intervention and # of residents correctly identified). | **Tool for audits**

**PROCESS MEASURE 2** | 100% of residents with injury prevention intervention will have these in place as prescribed (to include as noted below)** | Action plan of each eligible resident. Review of Care plan for intervention (ongoing) | Documented on the monthly evaluation. Success and failure of clear documentation of intervention represented visually, for staff. Displayed and discussed in individual nursing stations. | **Tool for audits**

**PROCESS MEASURE 3** | 100% of resident Alarms will be correctly documented (to include as noted below)** | Review of all resident Alarms and response time measure. | Records demonstrated visually in a chart and discussed in general staff meeting. | **Tool for audits**

**BALANCING MEASURE** | Number of residents on restraint will be aligned to quarterly GPS “All Aged care” mean rate | Review of clinical risk meeting minutes – “New and existing residents on restraint” | Documented on the monthly fall evaluation report each quarter.
Q3. WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN AN IMPROVEMENT?

Creative Ideas

Use of evidence based practice

Skipping along

High falls risk profile development

Proactive (intentional) rounding

Staff engagement - education, results feedback, team development

Resident/family engagement - awareness posters, info brochures

Leadership expertise and knowledge

Development of “home environment” wing
High Fall risk Profiling

Fall Profile for Mr J

Profile created

Wing 2 home environment

5 consecutive months free of falls! Continued mobility and routine
PDSA Mapping for High Fall Risk Profiles

Format
Deeply comprehensive form with key details of needs, risk and interventions

Location of document
Resident file by Mobility Care plan

Updating of document
Update as occurs

Update monthly

Colour code the needs and the findings

Initial profile to continue. Addition of having this information displayed on visual wall chart in residents rooms.

Handover file, to be discussed to staff

Placed in ADL folder so staff can see it each shift

△ Change idea - PDSA adaption Idea
- Ongoing/under measurement
- Change complete

Blue - Components of change
Red - Ongoing
Green - Successful, for permanent change
Family Engagement

On going support through partnership

Falls prevention wear/equipment

Information on protecting independence with Hip protectors

Education of falls prevention strategies
Engagement

Staff

Rewards, Thanks (cake!) for efforts

Formal and informal staff training

Preceptor Training for the passionate

Feedback on process measure results

Reflective Exercises with staff when quality falls short

Staff interviews to gain their perspective/ideas
Walking Together – Sharing our knowledge

Jan 2012 - Joined the Auckland District Falls subgroup, and became a cluster host, assisting to determine common definitions and practices

Oct 2012 - Commented on the Cluster Group model for the First Do No Harm website

“ADHB’s cluster model becomes contagious”

November 2012 - Presented at the FDNH Learning sessions on a Falls prevention program from an Aged Care Facility perspective

March 2013 - Mercy Parklands were asked to participate in the Health Quality and Safety Commission educational videos for the National Patient Safety Campaign Launch

August 2013 - Mercy Parklands awarded the NZACA Excellence in Care award in the Built and Grown Environment category for our Home environment project
Since 2009 there has been a decrease in fall incidence every year with an overall percentage decrease of 45.05% at Dec 2012.

In four years the incidence of falls has nearly been halved and continues a downward shift demonstrating sustainability of our program.

Our largest percentage decrease from one year to the next was in line with when we started the collaborative process with First Do No Harm and the implementation of an effective methodology by which to operate. – a 29.17% decrease.

Between 2010 and 2011 we achieved a 36.4% decrease in Falls with fractures down from 11 to 7.

In 2012 a total of 8 falls with fracture occurred, with only 3 falls with fractures occurring so far in 2013, demonstrating that our focus on injury prevention is being sustained and effective.

**Sustain our Continuous Improvement** in Falls reduction with the focus on reducing Harm from Falls utilising the IHI improvement methodology

**Achieve Outstanding Achievement** rating in our next Equip 4 Survey (OA -the organisation is recognised as a leader in the area of Falls prevention and management)

**Learn** from others and continue on this journey.
Last Thoughts and Tips

- Project Charter and Driver Diagram Goal Setting
- Outcome Measure Table and Practical methods for measurement
- Tracking data that tells a story – run charts, control graphs etc.
- PDSA Testing Cycles
  - Think small time frames and sample no
  - Think big number of variables you test it under.

Model for Improvement

What are we trying to accomplish?

How will we know if a change is an improvement?

What changes can we make that will result in improvement?