REDUCING HARM FROM FALLS
a national programme to reduce harm from falls in care settings

"Falls prevention is everyone’s business"

REGIONAL TRIAL OF A SYSTEM TO SIGNAL HELP NEEDED WITH MOBILITY

Project sponsor: Chris McKenna, Director of Nursing (Hospital), Hawkes Bay DHB
Reducing Harm from Falls contacts: Sandy Blake, Clinical Lead
                                          Shelley Jones, Programme Coordinator
“Falls prevention is everyone’s business”

Systems to identify which patients are at risk of falling are common components of inpatient falls prevention programmes. The intent is that everyone can immediately see that this patient may need help with transferring from bed to chair and moving about safely.

**Our questions in this small scale trial are:**

Can a signalling system increase staff awareness and actions to help patients mobilise safely?

Can such a system create opportunities for staff to involve patients (and their families/whanau) in assessing their particular risk of falling, and also involve them in planning and putting in place appropriate interventions and support, particularly related to mobility?
### Part 1: USER GUIDE

*This is for frontline staff interacting with patients:* Registered and Enrolled Nurses, care assistants and watchers, ward support staff, doctors and allied health (physiotherapists and occupational therapists).

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the ideas behind this trial?</td>
<td>1</td>
</tr>
<tr>
<td>What are the aims of the trial?</td>
<td>2</td>
</tr>
<tr>
<td>Aren’t most wards already using alert signs or a signalling system?</td>
<td>2</td>
</tr>
<tr>
<td>How does this signalling system relate to risk assessment?</td>
<td>2</td>
</tr>
<tr>
<td>How does it fit with everything else we do to prevent falls?</td>
<td>3</td>
</tr>
<tr>
<td>How do we actually involve our patients and their families/whanau in this?</td>
<td>3</td>
</tr>
<tr>
<td>Resources specific to the trial</td>
<td>4</td>
</tr>
<tr>
<td>Other relevant resources in the generic April Falls pack</td>
<td>4</td>
</tr>
</tbody>
</table>

### Part 2: IMPLEMENTATION GUIDE

*This is for those in leadership positions supporting frontline staff:* team leaders and unit managers, quality and risk managers, educators, nurse specialists and falls champions.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended approach</td>
<td>6</td>
</tr>
<tr>
<td>Suggested timeline and activities</td>
<td>7</td>
</tr>
</tbody>
</table>

### Part 3: HOW DID IT WORK?

*Forms for evaluating the resources and the overall system.*

We recommend you complete Word copies of these forms, which are available at [www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/](http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/)

### Project Team and Acknowledgements

15
What are the ideas behind this trial?

One of the approaches we’re taking in the national ‘Reducing Harm From Falls’ programme is to identify good practices to see if they are more widely applicable.

Sandy Blake, Clinical Lead, for the programme, has been impressed with much that she has seen in her visits to a number of District Health Boards (DHBs). This trial brings together two things she thought particularly useful – a ‘care at a glance’ board in the bedspace, and tags on mobility aids. The trial also addresses an area where she saw a gap.

This is a whiteboard, and therefore it’s easily updated with a whiteboard marker. All staff can see how a patient mobilises and what the falls risk is. What can’t be seen clearly in the photo is the bottom row, which has symbols for a walking stick, crutches, walking frames and a wheelchair.

If I have one comment, such boards have the greatest impact if families and patients understand them and are able to update and utilise them.

In the second photo the arrow points to a tag on a walker. I have seen this example in more than one DHB. I love it! One DHB was very good at keeping patient and families involved in the decision on what colour their tag should be.

The colours they used were red – must not go unescorted/to be helped at all times; orange – needs supervision outside of room but can walk independently in room; green – good to go independently.

This is an inexpensive intervention and works best for patients if all staff – clinical and non-clinical – know what they should do if they see a patient using a walker out and about on their own.

The biggest gap I’ve identified in my journey is a lack of evidence that patients and their families are involved in the risk assessment and care planning. Very few DHBs have a patient self-assessment as part of their falls risk assessment. Patients I’ve spoken to don’t appear to understand what a risk assessment is and they and their families are not always aware of the care plan.

I know from my own experience as Director of Nursing at Whanganui DHB that in the feedback from complaints or incidents of patient harm, families often say “The staff didn’t listen to us; we knew he may fall”.

One of the challenges for us all is to ensure we involve patients in all aspects of our falls programmes!

1 BLAKE Sandy (2013) Clinical Lead newsletter (draft). The patient status board was seen at Auckland City Hospital, and the tag at Dunedin Hospital.
What are the aims of the trial?

One aim is about trying an idea intended to help make **falls prevention everyone’s business**:

1. **To test a set of signalling resources in real life to find out how they can be used, whether they are useful, and what recommendations users would make for refinements and improvements.**

The second aim is based on patient-centred and individualised care, and is about honouring patients’ rights to safe care and being involved in decisions about their care:

2. **To test whether a signalling system can support and reinforce staff in involving patients (and their families/whanau) in assessing their own risk and keeping themselves as safe as possible when mobilising.**

The trial is being undertaken as an ‘April Falls’ initiative by Central Region DHBs, with support from the Health Quality and Safety Commission. So everyone can review the project, its progress and findings and recommendations, the materials are posted on the Commission’s website at [www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/](http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/).

Aren’t most wards already using alert signs or a signalling system?

When we looked at risk assessment tools and care plans from DHBs, we found that over half mentioned some sort of alert or signal of falls risk, and it’s possible that use is more widespread.

- Signalling methods ranged from alert cards or stickers in the bed space, stickers on patient charts or notes, and magnets for dependency boards. Some had coloured wrist bands for patients to wear.
- Colours included either green, orange, red or yellow and various combinations of these, including traffic lights. Some used different colours at different sites within the same DHB.

How does this signalling system relate to risk assessment?

It’s just **one** part of translating a patient’s risk assessment into something that **everyone** can do something about.

- Everyone can play their part in falls prevention if they know what help a patient needs to mobilise safely.

Risk assessment isn’t something you do once for your patient. (Actually, we’re suggesting that you do risk assessment with your patient, but more about that later).

- It helps you to quickly signal a change in the level of help needed if the patient’s status and risk changes – the magnet can be swapped, or the bedside sign can be flipped over, and/or a new note particular to the patient’s changed risk or need can be added.
- Risk level may change through the day – for instance, someone who is unsteady on their feet, taking night sedation and having diuretics, may need more help with getting to the toilet in the morning than they do in the afternoon.

---

There’s more to risk assessment than degree of risk.

- A patient may have only one risk factor – and that’s the one we all have to look out for.
- Some say that patients should be assessed as either being at risk of falling and hurting themselves, or not at risk at all.
- But amongst all the patients with ‘some’ risk, there are those you want everyone to be particularly aware of.

This system could help you communicate what interventions and support should be planned and put in place to address the risks particular to the individual.

- For instance, an older person may have been admitted without their glasses and until someone brings them in, their risk of tripping or stumbling in an unfamiliar environment is increased. Here you could use the orange sign at the bedside and discuss with the patient adding the note ‘Until I get my proper glasses brought in, please assist me to the toilet’.

How does a signalling system fit with everything else we do to prevent falls?

A recently published review[^3] puts it really well: “A fall is often the result of interactions between patient-specific risk factors and the physical environment”.

- Ensuring a safe environment is important for all our patients - keeping patient spaces tidy and uncluttered, and minimising any hazards.
- The psychological environment – or the way we organise our care - is just as important as an orderly physical environment. Making sure call bells are in reach is important so that patients can request assistance, and regular rounding means that patients know when we’ll be back.

This signalling system is intended to help communicate to everyone involved with the patient what their particular needs are to move about safely in the ward or unit.

- We can use a system like this to better manage “…interactions between patient-specific risk factors and the physical environment”.

How do we actually involve our patients and their families/whanau in this?

Here are some ideas for starters:

- Talk with the patient and their family/whanau when you are assessing their risk of falling. You can tell them that we want to keep them safe and that we don’t want them to fall. Chances are if they have already had a fall at some point, they’ll want to keep on their feet. Families/whanau and other caregivers will have valuable insights and advice we can use.
- Consider putting the bedside sign where the patient can see it. If it’s above the head of the bed it’s not in their line of sight. If the patient can see the bedside sign and knows what it’s for, then it can be a reminder to them.
- Decide the message for the bedside sign or tag with them – this means they will understand it’s purpose and be comfortable with it.

You’ll think of many more approaches, and we’ll be interested to hear about them.

---

RESOURCES SPECIFIC TO THE TRIAL

POSTER
Conveys messages to patients (and family/whanau):
- we want to help keep you safe on your feet
- it’s about the level of help you might need
- the signs are reminders to staff
- it’s OK to ask for help.

MAGNETS
For staff to use on the ward or unit’s ‘patients at a glance’ board to quickly identify those patients needing most assistance.

BEDSIDE SIGN

<table>
<thead>
<tr>
<th>Design features</th>
<th>mean that</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 flip-over options</td>
<td></td>
</tr>
</tbody>
</table>
  - it stays permanently in the bed space
  - can be quickly revised if the patient’s status changes, or a new patient admitted to that bed space |
| space for specific patient message |  
  - it can be personalised for the patient’s particular needs             |
| laminated                       |  
  - whiteboard pen can be rubbed off to revise or recycle the sign
  - it can be wiped down for infection prevention                        |
| calendar style                  |  
  - it can be hung in the bed space or stand up on the locker             |

EQUIPMENT TAG FOR MOBILITY AIDS

<table>
<thead>
<tr>
<th>Design features</th>
<th>mean that</th>
</tr>
</thead>
<tbody>
<tr>
<td>space for specific patient message</td>
<td></td>
</tr>
</tbody>
</table>
  - back of tag can be personalised for the patient’s particular needs, but still shows the colour coding |
| rewritable                       |  
  - can be quickly revised if the patient’s status changes                |
| washable                         |  
  - it can be wiped down for infection prevention and recycled            |
OTHER RELEVANT RESOURCES IN THE GENERIC APRIL FALLS PACK

FALLS HURT POSTER

Conveys messages to patients (and family/whanau):

- we want to keep you safe from falling
- please ask us for assistance
- ways you can keep yourself safe
- it’s OK to ask for help.

FALLS HURT BATHROOM SIGN

Display this in high falls risk areas such as bathrooms and toilets.
Small scale trial recommended

We have recommended that participating DHBs trial the signalling resources in two units, medical and rehabilitation, for these reasons:

- the older patient population in these units are potentially at risk of falling
- the two units can compare notes and support each other in the first instance
- communication, planning and staff education for the trial will be manageable, especially in smaller DHBs.

Leadership that involves everyone is critical

Some writers are questioning whether effectiveness of falls prevention programmes lies in the mix of components or the way they are implemented. For instance:

- Evidence about successful implementation of multi-component interventions suggests that the following are important factors: leadership support, engagement of front-line clinical staff in the design of the intervention, guidance by a multi-disciplinary committee, piloting the intervention, and changing nihilistic attitudes about falls.

A study of which components appeared in successful and unsuccessful multifactorial falls prevention trials reports that a multi-professional approach was the only feature common to all the successful trials.

- We recommend that you ensure all staff coming into contact with your patients are aware of the signalling system and what it means, so that they can take an appropriate action (e.g. inform nursing staff) if they see a patient needing assistance to mobilise safely. This will mean involving ward support staff such as cleaners.

How the project team will work with the national falls programme

It’s been suggested that teleconferencing on a weekly basis across the six DHBs to share learning and problem-solving may be useful.

- One of the national falls programme team will join the teleconference to follow the learning and progress. We expect to find that the materials are being used by staff in ways we hadn’t imagined, equally, difficulties we hadn’t anticipated will come to light.

We look forward to hearing stories from the DHBs participating in the trial and having a summary of your findings and recommendations.

- If the Central Region project team has recommendations for improvements to the materials, the Commission will facilitate modifications to the specifications with the suppliers. DHBs would make arrangements with suppliers for further materials as required.

---

You may have a preferred quality improvement process to use for this trial, but here are suggestions for a timeline and key actions.

**Week 1: Planning**
- Education sessions to inform staff about the trial and its aims - reinforce the importance of risk assessment and planning and implementing interventions and support appropriate for the patient in a way that involves them and their family.
- Make the user guide and signalling resources available in the areas; also highlight the connection with the generic April Falls resources (Falls Hurt consumer poster and bathroom sign).
- Discuss at handover how the signalling resources could be used in relation to a couple of your patients.
- Consider an audit of whether patients and families have been involved in assessment of their falls risk and related care planning.
- Involve staff in deciding whether to put the materials into all the bedspaces at once, or instal them over several days.

**Week 2: Go live**
- Consider having your falls champion for the unit talk at handover about using the resources to have a conversation with a patient and family.
- Support staff in using the resources, and reinforce their uptake, while being open to any difficulties in their use.

**Week 3: Stand back and study what's happening**
- Continue to support and reinforce staff in using the resources.
- Look at the aims of the trial again: Are the resources helping to make falls prevention everyone’s business? How would you know? And, are staff using the resources as a way to involve patients and families? Do patients and families know what the signs and tags are for?

**Week 4: What adjustments are needed?**
- If you did an audit of patient and family involvement earlier, consider re-auditing.
- Prompt staff to start thinking about how the resources have worked, and provide for all team members to have input to overall and specific feedback.

**Week 5: Drawing conclusions**
- Collate feedback and recommendations from across the region.
- Plan next steps.
Part 3:

**HOW DID IT WORK?**

**REGIONAL TRIAL OF A SYSTEM TO SIGNAL HELP NEEDED WITH MOBILITY**

Use these pages to evaluate the resource and the way you used them in your unit/ward.

- There is a page for each of the four resources (poster, magnets, bedside sign, mobility aid tags).
- There is also a page asking about using the ‘Falls Hurt’ resources from the generic April Falls package.

🌟 Your stories about how these resources worked well (or didn’t work well) will carry the most learning. You may like to take some photos of the resources ‘hard at work’ – be sure to observe your DHB’s policies if you include patients in the shot.

🌟 Your comments will help the Central Region advise its recommendations from the trial to the Health Quality and Safety Commission.

🌟 Most important? Your experience and opinions overall.

Word copies of these forms are available at [www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/](http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/)

Thank you for completing this evaluation.

Your comments will help the Central Region advise its recommendations from the trial to the Health Quality and Safety Commission.
The aims of the trial were:

1. To test a set of signalling resources in real life to find out whether they are useful, and what recommendations users would make for refinements and improvements in the resources and how they are used.

2. To provide a set of resources which support staff in involving patients and families/whanau in falls prevention and keeping patients as safe as possible when mobilising.

Overall, did you feel able to meet the aims of the trial? Y/N

How well did the Handbook support your implementation?

How easy/difficult did you find it to implement the system with staff?

How easy/difficult did you find it to implement the system with patients and their families/whanau?

Are there any items you would add or remove from the signalling system?

Overall, our learning was that...

Any other comment?
HOW DID IT WORK?

POSTER

Conveys messages to patients (and family/whanau):

- we want to help keep you safe on your feet
- it’s about the level of help you might need
- the signs are reminders to staff
- it’s OK to ask for help.

How did you use the poster? Who did you see reading it? What questions did it prompt?

What was best about it?

What could be improved?

Have you any recommendations about the poster?

Have you any examples or stories to share which show how the poster worked well, or didn’t work well?

Any other comments:
HOW DID IT WORK?

MAGNETS
For staff to use on the ward or unit’s ‘patients at a glance’ board to quickly identify those patients needing most assistance.

How did using the magnets work?

What was best about them?

What could be improved?

Have you any recommendations about the magnets?

Have you any examples or stories to share which show how the magnets worked well, or didn't work well?

Any other comments:
**HOW DID IT WORK?**

**BEDSIDE SIGN**

<table>
<thead>
<tr>
<th>Design features</th>
<th>mean that</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 flip-over options</td>
<td>• it stays permanently in the bed space&lt;br&gt;• can be quickly revised if the patient’s status changes, or a new patient admitted to that bed space</td>
</tr>
<tr>
<td>space for specific patient message</td>
<td>• it can be personalised for the patient’s particular needs</td>
</tr>
<tr>
<td>laminated</td>
<td>• whiteboard pen can be rubbed off to revise or recycle the sign&lt;br&gt;• it can be wiped down for infection prevention</td>
</tr>
<tr>
<td>calendar style</td>
<td>• it can be hung in the bed space or stand up on the locker</td>
</tr>
</tbody>
</table>

Where and how did you display the bedside signs?

What did you do to personalise them to the patient and keep them updated?

How did you explain them to and use them with patients and families/whanau?

What was best about them?

What could be improved?

Have you any recommendations about the bedside signs?

Have you any examples or stories to share which show how the bedside signs worked well, or didn’t work well?

Any other comments:
How did it work?

EQUIPMENT TAG FOR MOBILITY AIDS

<table>
<thead>
<tr>
<th>Design features</th>
<th>mean that</th>
</tr>
</thead>
<tbody>
<tr>
<td>space for specific patient message</td>
<td>back of tag can be personalised for the patient’s particular needs, but still shows the colour coding</td>
</tr>
<tr>
<td>rewritable</td>
<td>can be quickly revised if the patient’s status changes</td>
</tr>
<tr>
<td>washable</td>
<td>it can be wiped down for infection prevention and recycled</td>
</tr>
</tbody>
</table>

How did you use the tags?

What did you do to personalise them to the patient and keep them updated?

How did you explain them to and use them with patients and families/whanau?

What was best about them?

What could be improved?

Have you any recommendations about the tags?

Have you any examples or stories to share which show how the tags worked well, or didn’t work well?

Any other comments:
HOW DID IT WORK?
OTHER RELEVANT RESOURCES IN THE GENERIC APRIL FALLS PACK

FALLS HURT POSTER
Conveys messages to patients (and family/whanau):

- we want to keep you safe from falling
- please ask us for assistance
- ways you can keep yourself safe
- it’s OK to ask for help.

Did you use this poster in conjunction with the signalling trial? Y/N

Please describe the ways you used it:

What are your recommendations about this poster?

BATHROOM SIGN
Display this in high falls risk areas such as bathrooms and toilets.

Did you use this bathroom sign in conjunction with the signalling trial? Y/N

Please describe the ways you used it:

What are your recommendations about this bathroom sign?
PROJECT TEAM

Chris McKenna  
Director of Nursing (Hospital)  
Chris.McKenna@hawkesbaydhb.govt.nz

Jevada Haitana  
Associate Director of Nursing  
Jevada.Haitana@wdhb.org.nz

Jan Dewar  
Nurse Director Medicine, Elder Health, Rehabilitation, District Nursing  
06 356 9169 ext 8399  
027 5454 635  
Jan.Dewar@midcentraldhb.govt.nz

Helen Costello  
Associate Director of Nursing - Practice Development  
04 8060513  
027 5533235  
helen.costello@ccdhb.org.nz

Claire Jennings  
Nursing Director  
04 570 9139  
0274321249  
claire.jennings@huttvalleydhb.org.nz

Vivienne Petersen  
Nurse Educator  
021 306 750  
Vivienne.Petersen@wairarapa.dhb.org.nz

ACKNOWLEDGEMENTS

- Thank you to Expert Advisory Group members Sonia Gamblen, Andrew Jull and Ken Stewart for their critique of the initial proposal.
- We appreciated the welcome that the falls programme teams at Auckland DHB and Southern DHB gave Sandy Blake when she visited them last year.
- Thank you to Helen Costello and Chris McKenna for discussion and critique of the ideas and material in this Handbook.

03 April 2013