Glenwood Masonic Hospital: Falls Prevention Initiatives

Glenwood Masonic Hospital participated in the Aged Related Residential Care mini-collaborative[1] to reduce harm from falls. The collaborative was established by the Health Quality and Safety Commission in conjunction with the Accident Compensation Corporation and three Wellington based district health boards.

About Glenwood

Glenwood is a hospital level facility that encourages residents to move about as much as possible. A no restraints policy is in place.

The Glenwood team took part in the falls prevention initiative because they wanted to be preventive, preserve the function of residents and maintain the highest possible quality of care for their residents. Discussions about Vitamin D use with SIDU had made them realise they could put in place new initiatives that worked.

Prior to the falls prevention initiative the Glenwood team had developed a number of strategies tailored to prevent falls for individual residents. They had a restraints committee, had looked at falls mats, matteresses by beds, and put low beds in use for some residents.

The falls prevention initiative came along at the right time as the team were thinking:

"Now what are we going to do".

The changes Glenwood made

Attending the falls prevention sessions and the visits from the quality improvement facilitator helped the team to shift their focus to looking at falls across the hospital as well as priovidng ideas about what to do for individual residents. The Glenwood team:

- Changed the way they recorded falls to include severity assessment codes (SAC), the falls wheel was further developed to include the SAC rating
- Developed a daily falls calendar and monthly falls map of Glenwood and looked at where falls were happening with colour coding for day, pm and night time falls.

The wheel and the maps *"allowed us to instantly hone down the data and think about why".*

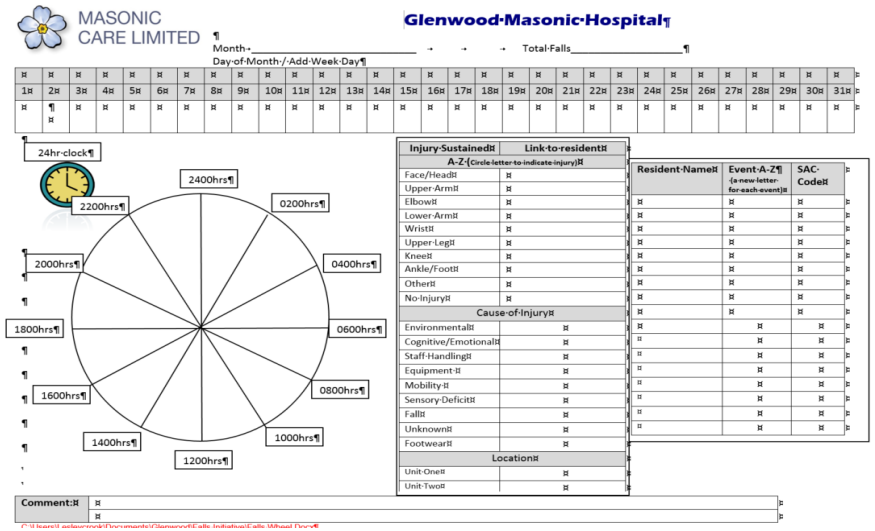

Figure 1: Glenwood's falls data collection form

[1] http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/projects/arrc-mini-collaborative/

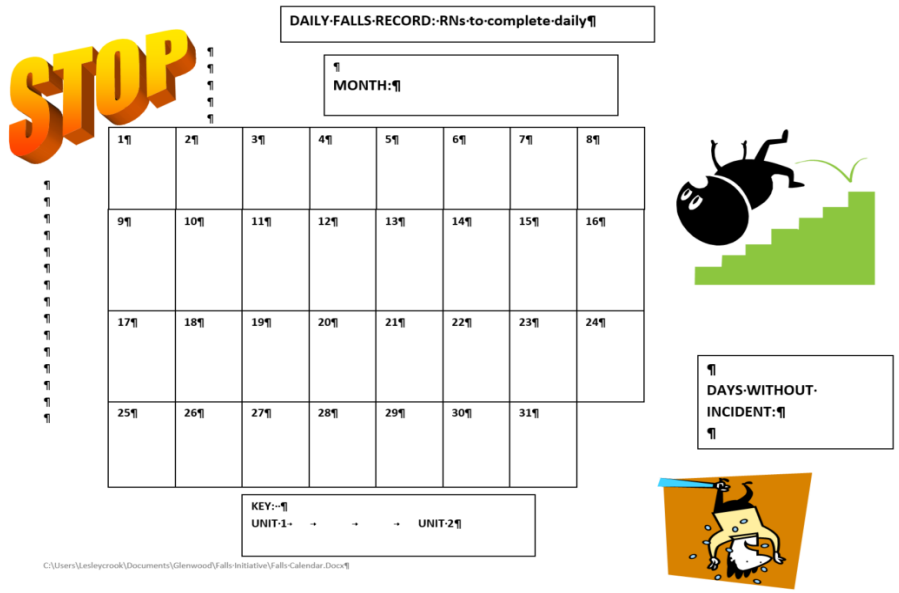

Figure 2: Glenwood's falls calendar

"We now have the data to make positive changes"

A falls sub-committee of the health and safety committee was formed to focus on falls prevention.

Falls have decreased in number. Data collected about the patterns of falls led to:

- Changing staff ratios on the floor at the times there were higher rates of falls.
- Identifying rooms where more falls happened. Knowing about where falls happened meant *"we know where to watch"*.
- Displaying the data in an easy to see format meant that the nurses could quickly glance at them at handover.
- Looking at patterns for individual residents and responding to their needs such as putting in place better toiletting regimes.
- Care plans being clearer about the risks of falls and falls risks highlighted in the handover sheets. This has the advantage of pinpointing risks for new staff and agency staff. Medication is reviewed for residents who fall.
- Staff have become better at filling in the details on the incident reports so there is good information about where, when and how.

Case Studies

1 *A woman who mobilised independently, but was quite unsteady, prone to falling.*

We have introduced a *Fallout Chair* – a chair designed to minimise the risk of falling out of it – and a daily routine of sleeping in the afternoon for her, which has decreased her falls. She also wears a personal alarm that will sound if she tries to get out of bed or off her chair. This has proven effective. Her family were invited to work in partnership with us to help reduce her falls. They changed their visit times to sit with her at her identified "at risk" times. This initiative has been the most effective initiative in reducing her falls.

2 *An independent man who wishes to undertake many of his activities of daily living alone.*

We have created a *Falls Calendar* for him, to improve his awareness of his falls. A non-slip mat in his bedroom and two large industrial non-slip mats along with four hand rails in his bathroom have also proven very effective.

3 *A woman who also wants to be independent; most of her falls occur during the night.*

We have given her a non-slip mat, which helps give her traction, and a source of "light" when her lights are not on. This has proven effective. We also introduced a nocte monitoring form – to increase her night time staff supervision with effect.

Glenwood's approach

Glenwood's approach included strong management support, having one person responsible for developing the falls prevention initiative, working as a team, including the healthcare assistants, acknowledging and implementing their ideas *"they know what will work"*.

How the falls prevention initiative helped

- The value of a national project that brought good links and information about what the agencies were doing.
- The Plan-Do-Study-Act (PDSA) cycle helped the team think about prevention activities for falls and for other issues.
- Taking part improved staff satisfaction - *"going home knowing you have made a difference" "The young nurses are excited. It improved collegiality".*
- The learning sets provided momentum – *"now we have data and examples".*
- We needed a 'go-to' person like the quality improvement advisor.
- Seeing what the other homes are doing – *"they are dealing with the same things".*
- Resources on the website - *"we went to the website and got sheets and used them and asked questions".*
- Sending the falls numbers in to the quality improvement facilitator to be used to track numbers - *"comparing to the region would have been good as benchmarking for us".*
- The falls prevention initiative is useful as part of audit processes.

Keeping going

Glenwood will keep going with the falls prevention initiative they have in place. Monitoring falls is now part of business as usual. Keeping going will be helped by:

- Strong management support to continue
- Continuing to meet regularly to discuss ideas
- Pride in doing a good job - *"Everybody buys in to bettering things for patients".*
- Local cluster groups would be good but time is a challenge and everyone needs to contribute for groups to be effective.

Tips and ideas from Glenwood

The cream and beige falls mats worked better than the black ones as residents tended to try and step over the black ones as they perceive them as a hole.

Families can help – families offered to change their visiting times to times of high risk. This initiative decreased falls.

Double sided socks worked well for one resident.

"We now buy them for high-risk residents."

Walking charts for residents – developing programmes with the aid of a physiotherapist.

"It's working – people are now doing things they were not before"

Taking part in the falls prevention initiative has been worthwhile:

"We are here for the good of the people we are looking after"