

Partners in Care case study: Working with consumers to reduce falls (by Capital & Coast District Health Board)

Context

The Capital & Coast District Health Board (CCDHB) falls prevention group was developed in 2013. We work on initiatives to reduce falls across the organisation, but became aware we were not routinely engaging our consumers with those initiatives or working with them consistently to reduce falls in hospital and in the community.

To address this, as part of the Partners in Care programme, we set up a team to capture and understand how patients and their families experience the falls prevention process, and then to work alongside them to make the process better. The team included the continuous improvement leader from the quality improvement & patient safety directorate, the CCDHB falls prevention lead (and acute charge nurse manager) and a consumer.

Aim

The aim of the project was to work as a multi-disciplinary group with consumers to improve communication with patients and their families about falls risk and reduction initiatives. The ultimate aim was to reduce the incidence of falls across CCDHB, using co-design techniques to reach this goal.

Capture

We got a multi-disciplinary group together, consisting of nurses, Allied Health and consumers to discuss the approach for capturing the information we needed.

We decided to collect patient stories from current and past patients so we could gain knowledge from their experiences. For current patients, we collected stories from anyone who had had a falls assessment (which should be everyone). For past patients, we only collected stories from those who had experienced a fall in hospital.

We also used an experience questionnaire to find out how our current patients felt when they had the falls assessment. This questionnaire was available for use to staff in all inpatient areas.

The patient stories and experience questionnaire allowed us to capture information from patients about how the falls assessment process made them feel as well as how routinely the process was being followed.

Understand

The information we gathered during the capture phase from mobile and independent patients revealed a common theme, typified by this comment:

‘I was told not to but thought I could do it, and then I fell.’

This type of feedback came from both patients in hospital at the time of the project and those who had left and were in the community.

This information helped us to identify two in-hospital patient groups – those who are independent and mobile, and those who are confused and more dependant.

The feedback from the independent and mobile patients clearly indicated staff were completing the falls assessment and providing information to patients. However, by working closely with patients, we gained more understanding about how independent they often wanted to be – they wanted to try to do things for themselves and unfortunately this often resulted in a fall. Some comments follow:

‘This was the first time I had an issue getting out of my wheelchair but I had a moment of carelessness. **I feel a bit foolish that I let it happen.**’

‘I didn’t want to bother anyone. I was recovering from surgery for a few days at the hospital and had been relatively independent. The over-bed table got jammed and I tried to force it to move. This caused me to lose my balance and I fell onto the floor. It was my own silly fault.’

‘The fall I had in hospital was completely my fault. The staff were always telling me to call for assistance if I ever needed it. I had been feeling weak, but I tried to walk to the commode in my room anyway. I reached out for the arm rest but I missed and slipped over. My head hit the stainless steel bowl of the commode. I made a hell of a clatter and startled the other two ladies in the room. **I was very lucky not to be seriously hurt.**’

These insights provided ideas for solutions we could test.

Improve

We identified and are implementing a range of solutions.

The communications team has developed a ‘patient stories’ poster (shown below) which captures the essence of the stories we collected throughout our project. The posters will be displayed in all rooms so patients can read and learn from others’ experiences. The main messages are: ‘Ask for help’ and ‘It [falling] can happen to anyone’.

THINK BEFORE YOU FALL

"I was getting back into bed from my wheelchair when I fell. I had only put on one of the breaks and when I tried to climb out I slipped. This was the first time I had an issue getting out of my wheelchair but I had a moment of carelessness. I feel a bit foolish that I let it happen."

» Francesca, 57

"In an earlier visit to the hospital I had some nerve damage to my legs, my feet felt like paddles. Over the next couple of months I adjusted and was absolutely fine getting around with a walking frame. When I fell though, I was getting into my car, something I had done a million times before. I guess it shows you can never be too careful."

» Beatrice, 82

"I didn't want to bother anyone. I was recovering from surgery for a few days at the hospital and had been relatively independent. The over bed table had gotten jammed and I tried to force it to move. This caused me to lose my balance and I fell onto the floor. It was my own silly fault."

» George, 64

"The fall I had in hospital was completely my fault. The staff were always telling me to call for assistance if I ever needed it. I had been feeling weak, but I tried to walk to the commode in my room anyway. I reached out for the arm rest but I missed and slipped over. My head hit the stainless steel bowl of the commode. I made a hell of a clatter and startled the other two ladies in the room. I was very lucky not to be seriously hurt."

» Rachel, 73



We know it is important to observe patients who are confused in order to prevent harm. Our staff do this and, because the associated cost is rising, we engaged hospital volunteer staff to help. They accompany confused inpatients and spend time reinforcing the time and place, reading the newspaper, listening, explaining and comforting patients. The volunteer service has agreed to provide ongoing support to two of our inpatient wards for patients who are confused – 50 percent of our falls occur within this group of patients. We created a role description (linked below) to detail what the role entails. This activity is coupled with other actions, such as the use of low beds.



Volunteer Position
Description Ward 5So

We knew it was important to also update staff on falls safety. During April (dedicated falls month) we took the opportunity to communicate frequently. For example:

- a patient experience story outlining the importance of staff engagement with the falls process was communicated to all staff. The story highlighted how important it is to spend time understanding the patient's concerns so they understand the falls assessment process and how it can help them
- more information was shared through the all staff newsletter and we have a plan to continue this on a regular basis.

Measure

We collected data from two medical wards prior to the project start. This included reportable events (Figure 1), our staff aucity tool and allocation of resources (Figure 2).

Figure 1 shows the number of falls over time. Our project commenced in April 2015 and we saw an overall drop in fall numbers at that time. We also saw a sharp increase when a volunteer was not available to spend time with patients who are cognitively impaired.

Figure 1: Reportable event falls incidents from two medical wards

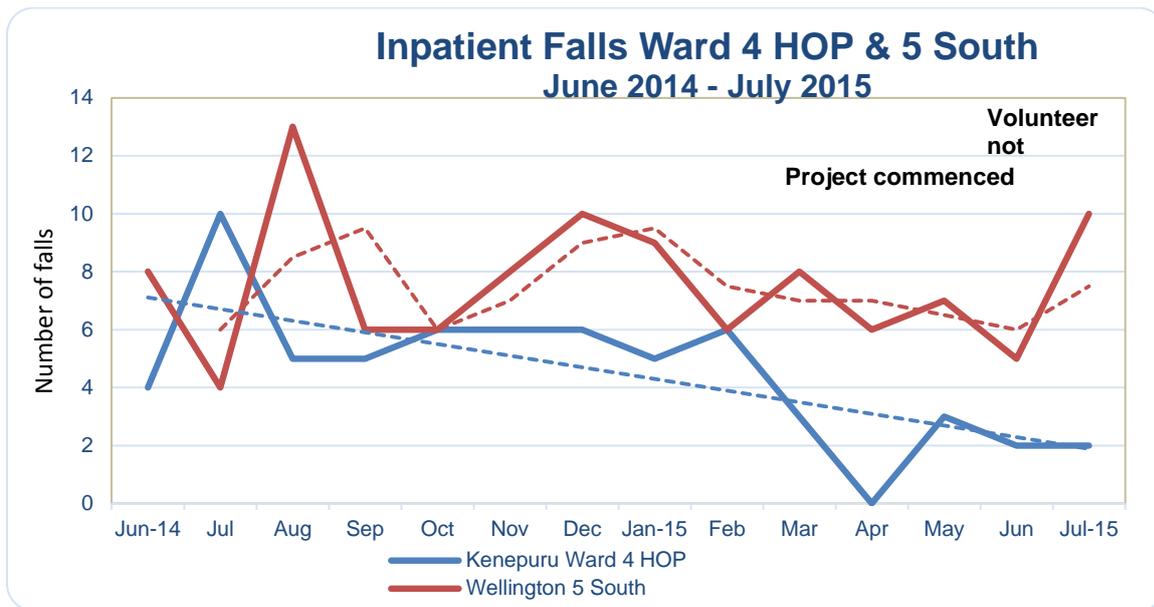
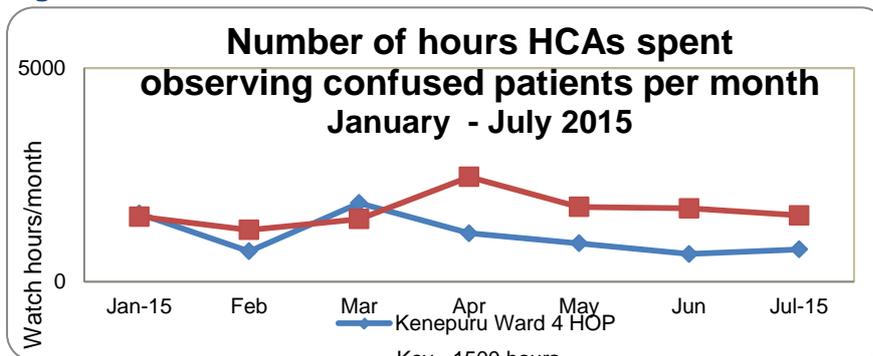


Figure 2 shows a decrease in the use of rostered staff to undertake one-to-one observation in both wards as a result of the use of volunteers.

Figure 2: One-to-one observation hours from Trendcare allotted to nursing team



Lessons learnt

- Learning about co-design techniques has changed the way some staff work with patients on the wards.
- Frontline staff are taking more time to have extra conversations with patients to better understand their concerns.
- This approach has given us a different foundation and structure to identifying gaps and barriers, with a clear focus on measures and steps for achievement, keeping the patient at the centre.
- The project provided a platform for other areas of improvement and patient engagement.

- We now have clear, transferable tools to assist processes and patient care delivery, focusing on the right place, people and outcomes.
- Co-design is a powerful way of understanding consumers' views and what their experiences of health care services are really like.
- It is an effective way of engaging consumers in health care improvement from the outset and provides a powerful method for gaining staff engagement and support.



“I feel a bit foolish that I let it happen.”

“I was getting back into bed from my wheelchair when I fell. I had only put on one of the brakes and when I tried to climb out, I slipped. This was the first time I had an issue getting out of my wheelchair and I had a moment of carelessness.”

Francesca, 57



The project team

Name	Role	E-mail
Rosie Moore	Continuous improvement leader, CCDHB	Rosie.moore@ccdhb.org.nz
Mikaela Shannon	Nurse manager, ORA inpatients, CCDHB	Mikaela.shannon@ccdhb.org.nz
Pip Murdoch	Consumer	pipsomon@xtra.co.nz



VOLUNTEER POSITION DESCRIPTION

TITLE:	Volunteer – Ward Support
DEPARTMENT:	Wellington Hospitals Foundation (WHF), Volunteer Services
REPORTS TO:	Manager, Volunteer Services
LOCATION:	Ward 5 South Wellington Hospital & Ward 4 Kenepuru Hospital

PURPOSE OF POSITION

This position will provide support to nurses during busy periods within the wards. Specifically, this position is being put in place to improve supervision of patients who have been identified as having a high falls risk. The tasks specifically are:

- To provide support to the clinical staff of the ward areas by assisting with agreed tasks
- To assist with the patient falls prevention initiatives across CCDHB
- To extend the care/manaaki of patients through contact with them & their family/whanau in a supportive and warm way
- To be part of a team that works towards creating a positive, friendly and community-minded environment for patients and their families/whanau

PERSONAL QUALITIES

- A warm and caring nature
- A friendly and outgoing nature
- Excellent communication skills
- Patience when working with confused and/or delirious patients
- The ability to approach people with confidence and be 'approachable'
- The ability to communicate well with people from all walks of life – staff and patients alike – and with people from different cultures
- The ability to reassure and put people at ease

PERSONAL SPECIFICATIONS

- Ability to meet security clearance requirements
- Reliable time management
- Ability to cope with potential language barriers
- Ability to cope with physical demands of the role (includes walking comfortably around the ward environment)
- Ability to work independently
- Ability to understand and adhere to all WHF and CCDHB policies and procedures, specifically the CCDHB Falls Prevention policy and procedure

KEY ACCOUNTABILITIES

- Sign on/off each duty and notify the Manager Volunteer Services if you are unable to attend. Give advance notice when taking holiday or other leave
- Wear the volunteer uniform and your formal CCDHB identification badge at all times while on duty
- Report to the ward reception upon your arrival for work:
 - In 5 South please ask for the coordinator who will be able to advise which patients you will be seeing that day
 - In Ward 4 Kenepuru please ask for the Associate Charge Nurse Manager who will be able to advise which patients you will be seeing that day
- Provide 'one on one' time to the list of patients that the Charge Nurse Manager provides you with. This could mean spending 30 minutes with each patient doing activities such as:
 - Sitting and talking with patients who have been listed by the Charge Nurse Manager. These patients are likely to be confused/delirious
 - Participating in activities such as reading to the patient, doing crosswords, knitting, looking at photo albums etc.
 - Walking around the ward with patients who don't have any difficulties or concerns and don't require assistance walking
 - Speaking softly and clearly to patients and repeat if necessary
 - Being prepared to sit and listen to patients
 - Watching patients and alert nurses or health care assistants if you believe the patient is at a risk of falling whilst you are with them
- Adhere to all hygiene and health/safety regulations associated with the award
- Report any concerns relating to staff or patient or hygiene/safety to the Coordinator and/or Charge Nurse Manager
- Observe all CCDHB Policies/Procedures and the Code of Conduct related to being a volunteer at Wellington Hospital especially those regarding privacy and confidentiality and patient falls

HOURS OF WORK

- Volunteers typically work a minimum of one shift per week
- Current shift hours are 9am-12pm, 12pm-3pm, 3pm-6pm
- Additional shifts can be worked with the agreement of the Manager, Volunteer Services. Future expansion of the service may necessitate coverage beyond the above hours/days

EXPENSES

There is no remuneration paid for voluntary services. WHF do provide the following services and allowances in recognition of the voluntary work undertaken by the jobholder:

- Free car parking
- Provision of a uniform: Hospital Volunteers have a high standard of presentation. A uniform is provided for all volunteers. All volunteers agree to wear the hospital uniform when volunteering. A locker is also provided should you wish to change into the uniform on arrival. It is expected that volunteers wear black trousers (men) and black skirts (women) plus black shoes. WHF will supply uniform tops that apply to the areas you are volunteering in.
- Specific training associated with your role as a volunteer

WORKFORCE PLANNING & PERFORMANCE MANAGEMENT

The voluntary work for this position is planned between the jobholder and the Manager, Volunteer Services. It will relate to the Key Accountabilities outlined in this position description, together with the objectives set for the volunteer service as outlined by WHF.

Any significant change of duties, relocation to a new environment or alteration to shift hours will be by consultation/negotiation between the jobholder and the Manager, Volunteer Services.

Full opportunity will be given for the jobholder and the Manager, Volunteer Services to discuss issues of work performance based on this job description.

Authorisation of Job Description

This job description has been authorised by:

MANAGER, VOLUNTEER SERVICES:

DATE:

Signed by:

NAME OF JOB HOLDER:

DATE:

Signed by: