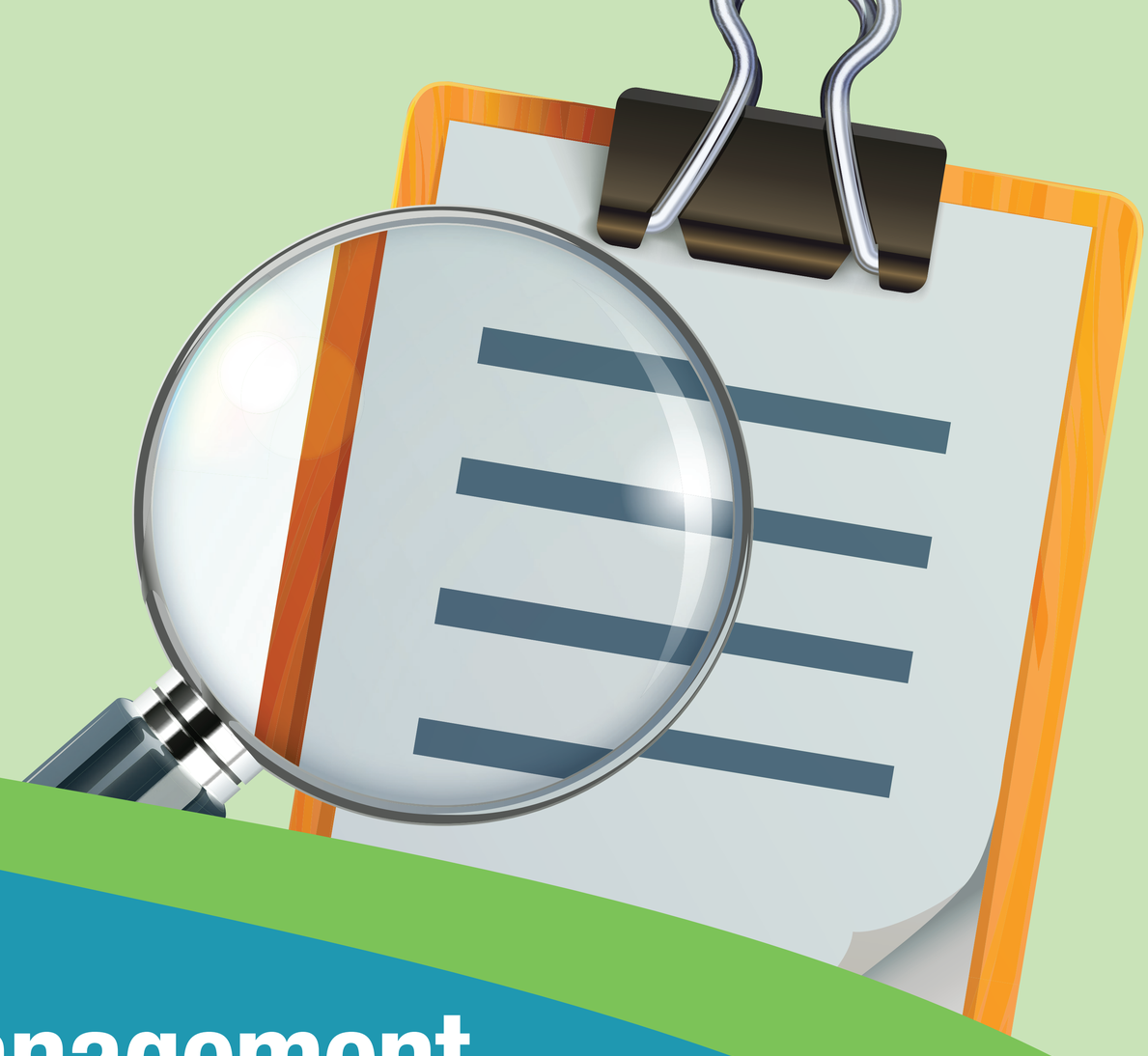
Strathcarron HOSPICE



Falls Prevention and Management in a Hospice In-Patient Unit: Evidencing Best Practice and Documentation

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Background

1. Falls prevention and management was integral to care in the Hospice but was not well evidenced.
2. Documentation of falls risk assessment, prevention and management was inconsistent
3. Staff awareness of falls risk assessment, prevention and management was variable.

Aim

- To evidence best practice and documentation for falls risk assessment and management

What did we do?

- Identified a risk assessment tool for falls
- Developed a care plan for falls prevention and management
- Identified 10 quality standards

How did we implement this?

- Delivered practice-based learning for all nursing staff
- Piloted the risk assessment and care plan in one of the nursing teams
- Adapted the care plan
- Implemented across the whole ward
- Supplementary education on falls retrieval for all nursing staff
- Integrated the risk assessment and care plan into E-health record (Crosscare)
- Adapted the generic Incident Reporting Forms to capture falls risk assessment and fall prevention

Audit

- Conducted an Audit to measure compliance one year after implementation
- Data was collected prospectively for 40 consecutive patients admitted to In-patient Unit between February and April 2015.
- Each case was followed for an eight day period.
- Compliance was measured by reviewing documentation and observing practice.

Audit Results

Standard	All 40 patients	Compliance
1.	All falls risk assessment will be carried out for all patients within 24 hours after admission.	100%
2.	All five individual risk areas in the assessment tool will be correctly identified for all patients.	85%
3.	Every patient will have their risk assessed weekly.	95%
14 patients were identified to be at risk of falls		
4.	All patients with a falls risk score of 2 or more will have a falls prevention care plan initiated on the day of admission.	85%
12 of the 14 patients had a Falls Care Plan		
5.	All patients with a score of 2 or more will have their care plans reviewed daily.	75%
6.	The care plan will identify interventions which reflect individual risks.	92%
7.	There is evidence that all identified interventions have been implemented.	92%
3 of the patients fell during the audit period		
8.	Every patient will be re-assessed for falls risk following a fall.	100%
9.	Every patient will have the care plan reviewed following a fall.	100%
10.	An incident form will be completed within 24 hours for all patients who fall.	100%

Overall Impact

- The programme of falls risk assessment and management is embedded in the process of care.
- Staff are aware and proactive about assessing, preventing and managing falls
- Documented evidence of this can be consistently found in the health record

Next Steps

- Improve areas of lower compliance with standards
- Develop falls ‘champions’ across the nursing team (trained and untrained)
- Identify the extent to which the Falls Assessment and Prevention Programme has reduced the number of falls.
- Explore best practice for management of specific risk factors i.e. Delirium/cognitive deficits