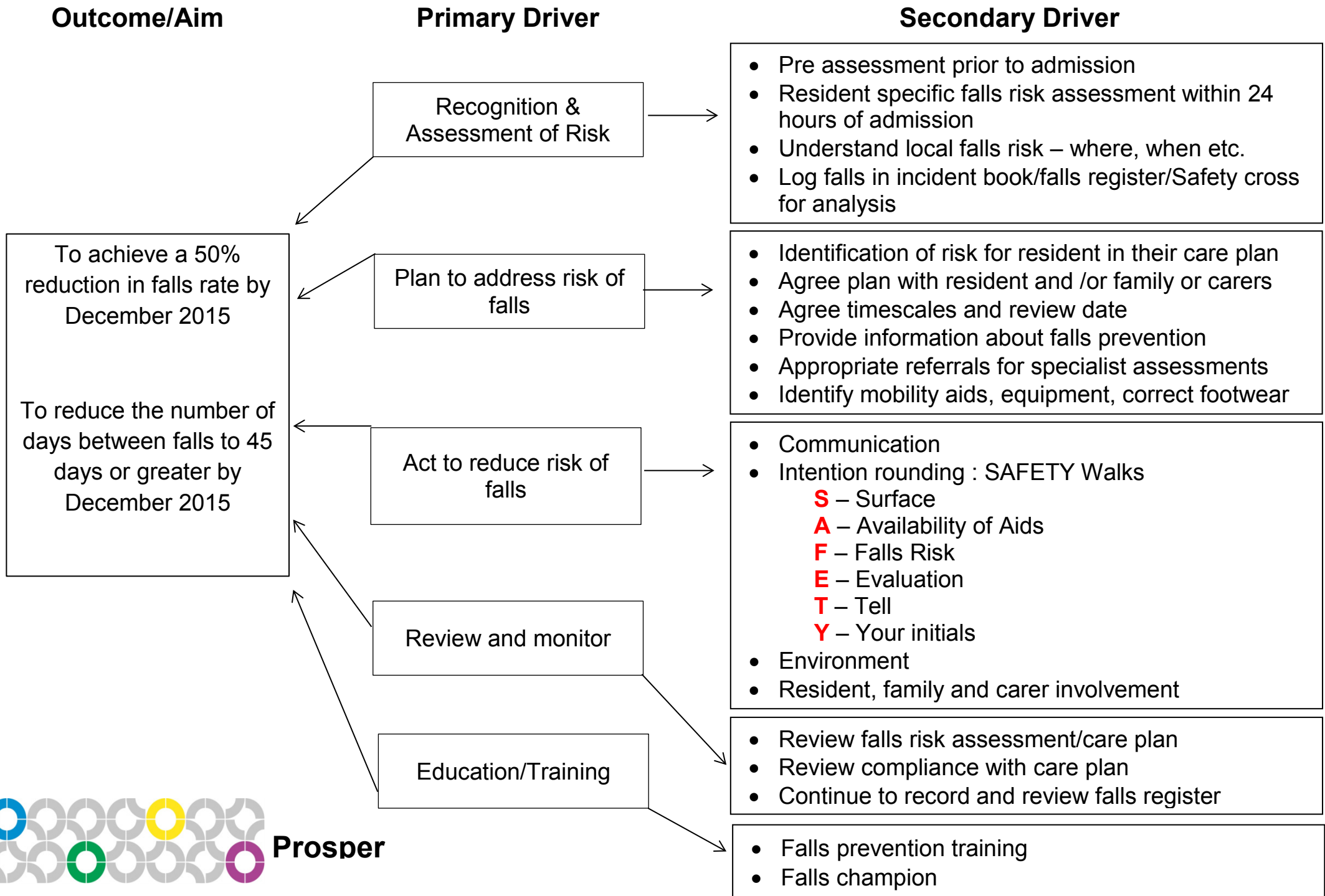


Prosper: Falls– Driver Diagram



Prosper

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Primary Driver	Secondary Driver	Key ideas for change (PDSA)
<p style="text-align: center;">Recognition & Assessment of Risk</p>	<ul style="list-style-type: none"> • Pre assessment prior to admission • Resident specific falls risk assessment within 24 hours of admission • Understand local falls risk – where, when etc. • Log falls in incident book/falls register/Safety cross for analysis 	<ul style="list-style-type: none"> • Analyse previous falls in home by time of day, location within home, resident demographics (age, long-term conditions) and fall severity/injury • Early identification of risk and assessment of risk at pre-assessment prior to admission – consider things such as current footwear, medication/last review of medication • Use agreed risk assessment documentation, specify review dates • Assess Residents usual habits at pre admission – usual sleeping arrangements i.e. bed against wall, double bed, light above bed, bedside table lamp to assess risk if habits changed • Look at environment of care home to assess local risk, furniture placement in resident’s room, placement of bedside light switches, how these compare to usual habits above. • Introduce a safety cross to record and analyse falls
<p style="text-align: center;">Plan to address risk of falls</p>	<ul style="list-style-type: none"> • Identification of risk for resident in their care plan • Agree plan with resident and /or family or carers • Agree timescales and review date • Provide information about falls prevention • Appropriate referrals for specialist assessments 	<ul style="list-style-type: none"> • Development of individual care plan based on risk identified for resident • Make sure there is multi-disciplinary input into care plans • Medical review • Medication review / resident compliance/ withdrawal/ night sedation usage • Vision assessment – date of last prescription glasses • Hearing assessment • Nutritional review – balanced diet rich in calcium & vitamin d to help bone strength

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	<ul style="list-style-type: none"> • Identify mobility aids, equipment, correct footwear 	<ul style="list-style-type: none"> • Review provision and assessment of safe footwear for residents, discuss with family/carer prior to admission • Functional assessment • Promote use of mobility /standing aids
<p style="text-align: center;">Act to reduce risk of falls</p>	<ul style="list-style-type: none"> • Communication • Intention rounding : SAFETY Walks <ul style="list-style-type: none"> S – Surface A – Availability of Aids F – Falls Risk E – Evaluation T – Tell Y – Your initials • Environment • Resident, family and carer involvement 	<ul style="list-style-type: none"> • Consider identifying Falls champions • Consider introducing Skin and Safety walk around <p>Surface</p> <ul style="list-style-type: none"> • Review the residents skin for pressure areas, especially heel area, could add to the risk of falls <p>Availability of aids</p> <ul style="list-style-type: none"> • Make sure mobility aids are within reach • Make sure call bell is within reach for resident • Make sure drinks are within reach for resident • Make sure moving and handling equipment is available <p>Falls Risk</p> <ul style="list-style-type: none"> • Make sure aids are within reach • Make sure areas are de-cluttered to promote a safe environment • Make sure footwear of resident is appropriate and safe • Make sure residents clothing is not causing a risk i.e. ill-fitting trousers, socks etc • Make sure continence is managed in a timely manner • Does the resident have a UTI? <p>Evaluation</p> <ul style="list-style-type: none"> • Consider introducing a Safety walk around • Introduce a falls checklist • Make sure any changes are recorded on revised

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		<p>documentation.</p> <ul style="list-style-type: none"> • Introduce the Falls Safety Cross or Safety Stick <p>Tell</p> <ul style="list-style-type: none"> • Make sure the appropriate people are aware of any changes i.e. staff, seniors, nurses, district nurses • Make sure staff sign documentation to say they have been made aware <ul style="list-style-type: none"> • Introduce safety briefings and focus on residents with increased risk of falling (new residents, residents who have sustained falls) • Utilise safety handovers / SBAR approach/ Safety Huddles • Use of visual cues at resident’s doors, handovers, safety briefings, safety crosses/sticks • Use of labels in clinical notes to alert doctor/pharmacists about falls risk to prompt medication reviews • Introduce a falls checklist • Regular checks of walking aids – walking frames/stick ferrules are not worn, walking frame height adjusters are not broken • Communicate risk to all staff and families • Introduce intentional rounding – consider frequency, by whom, involve all staff • Consider lighting levels at night • Trip hazards, flooring, space/clutter • Availability of calls bells/pendant alarms

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		<ul style="list-style-type: none"> • Other alert devices – assistive technology • Use of high/low beds/crash mats • Reduce inappropriate use of bedrails • Resident signage e.g. to toilet • Visibility of toilet seats (contrast colour) • Availability of chairs for resting • Develop resident and carer information leaflets i.e. what constitutes good footwear. • Encourage gentle exercise and focus on activities that challenge balance and strengthen legs i.e. stand on one leg for a count to 5, chair exercise bikes, Tai chi etc. • Good nutrition and hydration – prompt snacks and fluids
Review and monitor	<ul style="list-style-type: none"> • Review falls risk assessment/care plan • Review compliance with care plan • Continue to record and review falls register 	<ul style="list-style-type: none"> • Make sure the skills, knowledge and competency of your team are up to date. • Review risk assessments monthly or more frequently if residents condition changes or sustain a fall • Develop clarity about frequency and type of observations and actions to be recorded post fall (post fall review form) • Analyse falls data for patterns and trends, times of day, day of week – what else is going on at that time i.e planned activities, directly after meals.
Education/Training	<ul style="list-style-type: none"> • Falls prevention training • Falls champion 	<ul style="list-style-type: none"> • Utilise formal and informal learning opportunities to educate your staff • Consider 10 min power training sessions for care staff on duty on falls prevention • Utilise E-learning • Use resident stories to educate, motivate and inspire staff.

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		<ul style="list-style-type: none">• Provide residents and families with information on risks of falls on admission or change in their condition• Educate residents and families on how they can help minimise falls.• Work with residents and families as co-partners in care• Review and update falls guidance• Create a falls champion make sure interventions and documentation is in place• Use visual displays as reminders for staff and families – falls check list on wall, safety cross prominently displayed, good footwear guide and reminder for families to check.

Resources

SBAR: Situation Background Assessment Recommendation is an effective and efficient way to communicate important information. SBAR offers a simple way to help standardize communication and allows parties to have common expectations related to what is to be communicated and how the communication is structured.

<http://www.ihl.org/resources/Pages/Tools/SBARToolkit.aspx> - SBAR tool kit

<https://www.nice.org.uk/guidance/cg161> **NICE** guidelines Falls: Assessment and prevention of falls in older people

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<http://www.ageuk.org.uk/professional-resources-home/services-and-practice/health-and-wellbeing/falls-awareness-week-18-22-june-2012/> **Age UK** falls awareness resources including; FRAT (Falls risk assessment tool), foot and ankle exercises, healthy feet advice, boost your bones quiz and fact sheet, top tips for staying steady.

<http://www.patient.co.uk/doctor/prevention-of-falls-in-the-elderly-pro> Falls resource; **Patient Plus** articles are written by UK doctors and are based on research evidence, UK and European Guidelines

http://www.bgs.org.uk/index.php?option=com_content&view=article&id=365:falls&catid=12:goodpractice&Itemid=106 **British Geriatrics Society** Good Practice Guide on falls