A MULTI-FACTORIAL ASSESSMENT AND INTERVENTIONAL PROGRAMME CAN DECREASE INPATIENT FALLS: AN UPDATE

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Evidence-base: Each year approximately 282,000 inpatient falls are reported to the National Patient Safety Agency (NPSA). A significant number result in death, or moderate to severe injury.\(^1\) Research shows falls may be reduced by 18–31\% through multi-factorial assessments and interventions.\(^2\) If a fall cannot be prevented, the patient should receive a prompt and effective response to achieve the best possible recovery and avoidance of further falls.

Change strategies: Using ‘Plan-Do-Study-Act’ learning cycles, our aims were to decrease the inpatient falls rate in an Elderly Care ward by 20\% and to improve post-fall care. A baseline audit falls rate was 14.69 falls /1000 bed days, November 2010-October 2011.

A Falls Care Plan to highlight at-risk patients and allow adaptation of care, a Falls ‘Walking-Stick’ poster to encourage nursing staff, bed/seat alarms and post-fall guidelines were introduced. Feedback sessions with ward staff were organised subsequent to each intervention. Completion of the Falls Care Plan was monitored to improve compliance. A yearly re-audit was conducted to assess impact.

Change effects: Feedback was positive regarding the interventions described. Monthly monitoring of Falls Care Plans achieved a compliance rate of 89\% and highlighted up to 81\% were considered high-risk. The inpatient falls rate was 12.44 falls /1000 patient bed days, November 2011–October 2012; a 15.3\% reduction. The inpatient falls rate was 5.87 falls /1000 patient bed days, November 2012–October 2013; a 52.8\% reduction.

Conclusion: The continued implementation and re-auditing demonstrates a significant reduction in falls through use of a multi-factorial assessment and care plan and an incentive poster. A team approach is required for falls reduction.

References

1. NPSA, 2010.