

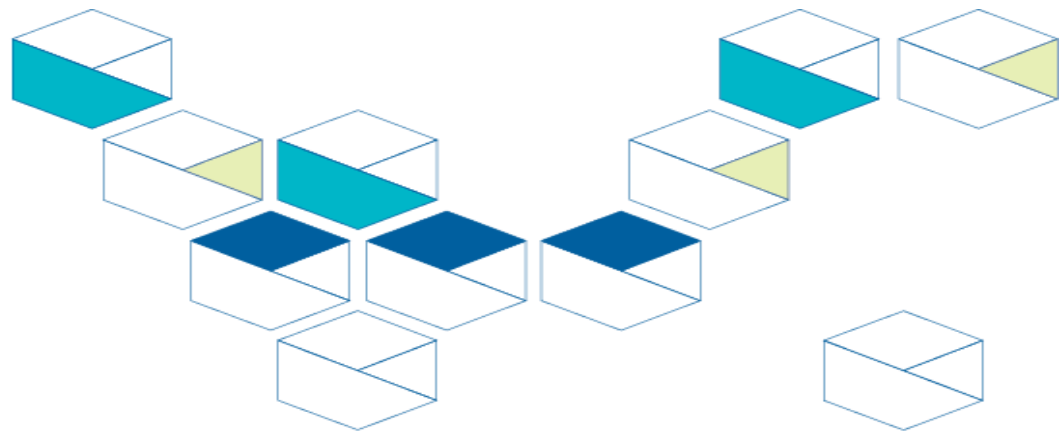
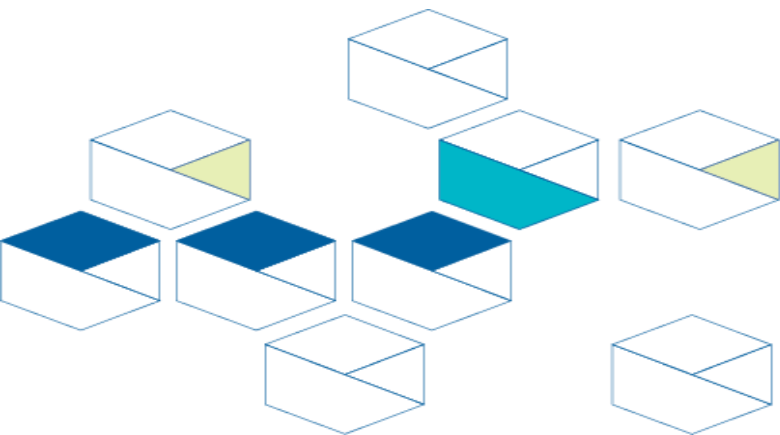


Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

SRS Falls Video

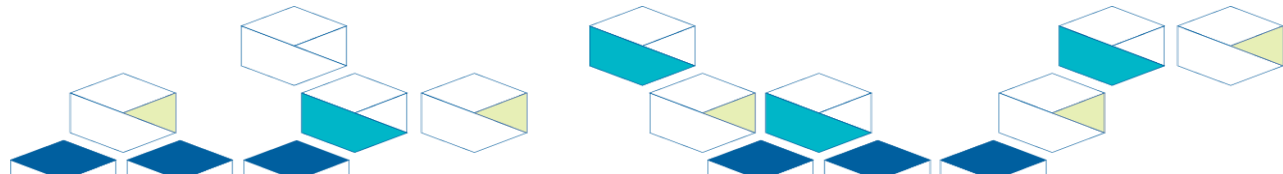
Nursing and Midwifery Service

Presented by Cathy Warburton CNS, SRS Neurology Rehabilitation
Fiona Stanley Hospital



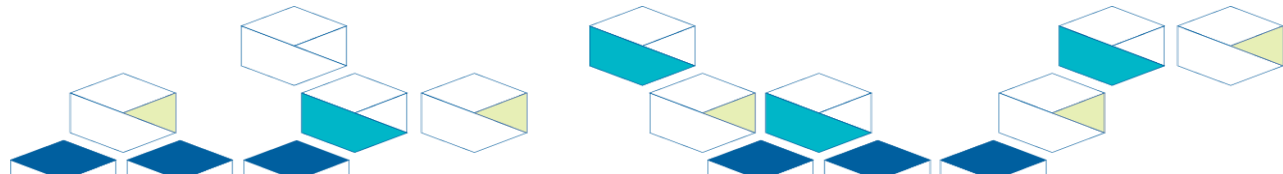
Objectives

- To **share initiatives** SRS has put in place to **decrease** number of **falls** and **share lessons learnt**.
- To **stimulate** discussion around falls and falls prevention.
- To **decrease** the organisational KPI for falls **and harm** from these falls.



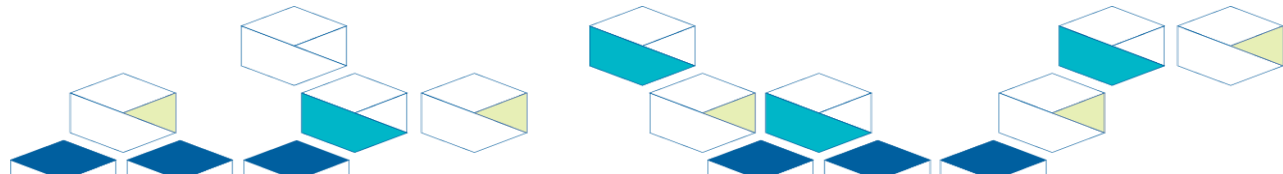
Biological Contributors to Falls

- Cognition
- Physical impairments
- Incontinence
- Hemianopia
- Aphasia, dysphasia, dysarthria



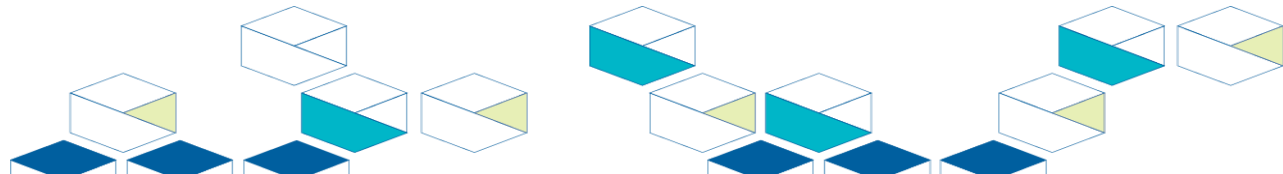
Social Contributors to Falls?

- Optimise independence by challenging a patients physical and cognitive abilities to maximise better discharge outcomes for patient and carer.
- Rehab occurs outside of therapy sessions
- Weekend Leave can increase risk of falling
- Partnering with Consumers and Comprehensive Care includes sharing of information of the falls video on admission(lack of knowledge leads to falls)



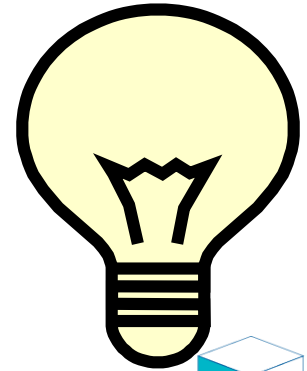
Why did we need to develop a strategy in SRS specifically ?

‘The Hospital Generic falls video was **not specific** in **meeting the needs** of **rehab patients** with **cognitive** and **physical deficit** and **impairments**.
The video did not highlight the risks to rehab’



Falls Initiatives in SRS

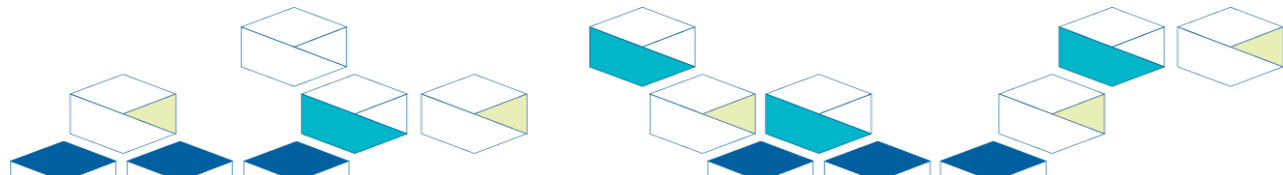
- IDT review of patient falls risk within 2 hours of admission to ward – see poster “**The joint Interdisciplinary admission assessment effect on falls rate in neurological rehabilitation patients**”
- Modified National Falls emblem that highlights severity of risk to each patient -placed in patients rooms and bathrooms. Reiterated on handover sheet and read back
- Falls risk education for all staff working in SRS – includes catering/hospitality/medical staff.
- Leaning forward poster
- Falls Video



Links to SRS falls videos

<https://youtu.be/mB6l9V0eHcU>

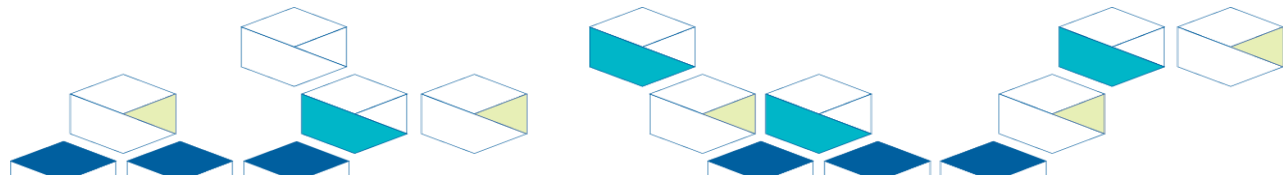
https://www.youtube.com/watch?v=U_vuncQSADE&feature=youtu.be-Amputee



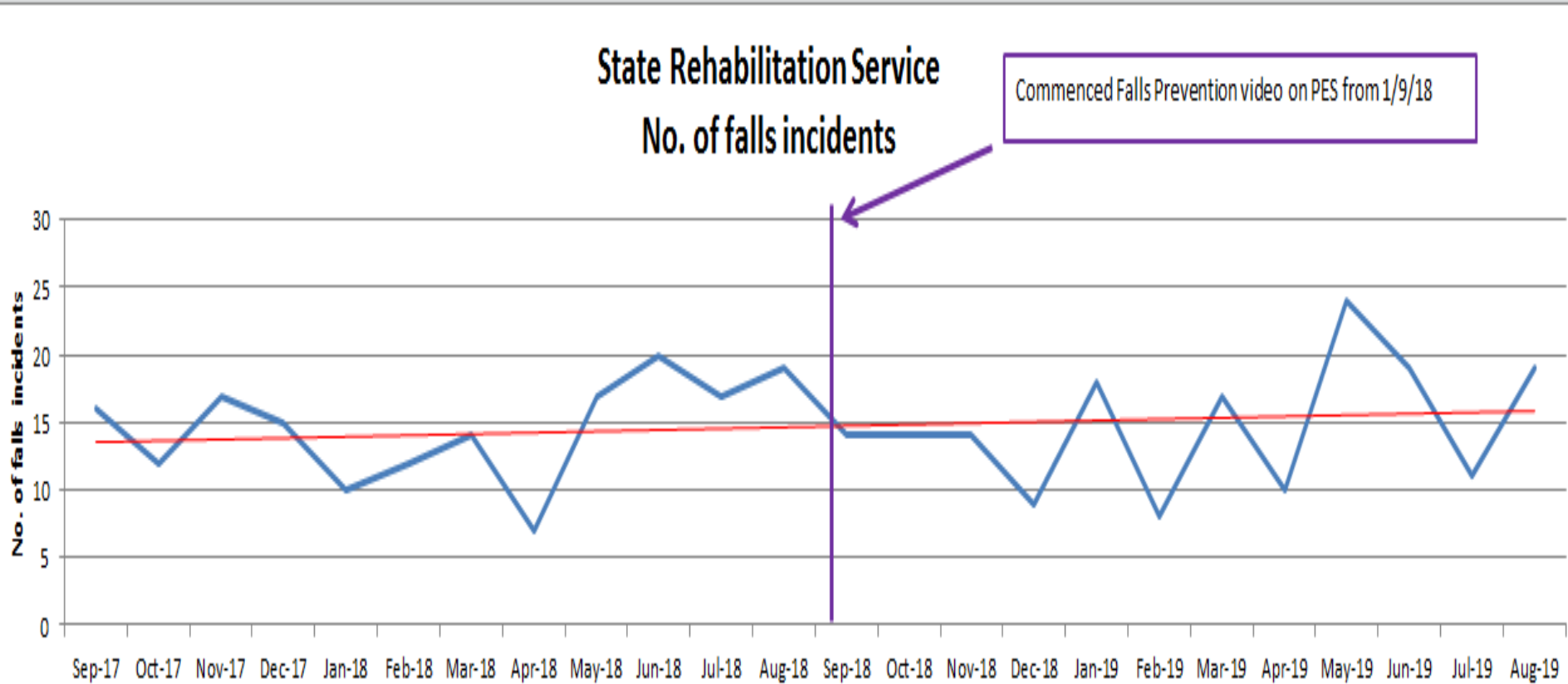


Audit Outcome Pre (May 2019) and Post Video (July 2019)

- Call bells located in Bathroom increased from **2.5%** pre education to **100%**
- Footwear to prevent falls increased in bare feet from **36%** to **64%**, non slip shoes from **95%** to **100%**
- Where to get more information from **55%** to **72%**
- Where to find video on PES **35%** to **72%**
- **92 %** thought it was helpful(Post)
- **96%** knew of the Video (Post)

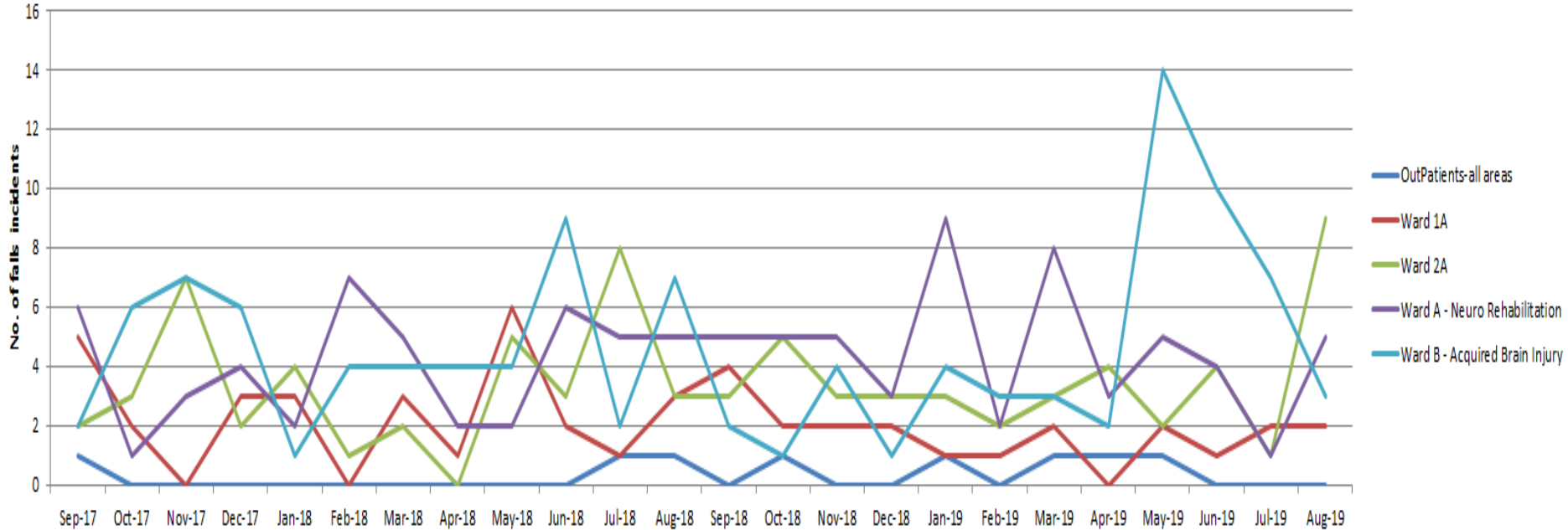


Overall Falls Data for SRS



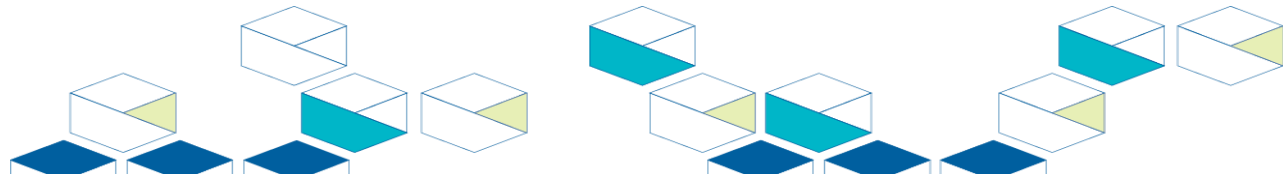
2 Year Data on SRS - Ward Specific.

State Rehabilitation Service
Place of falls incident



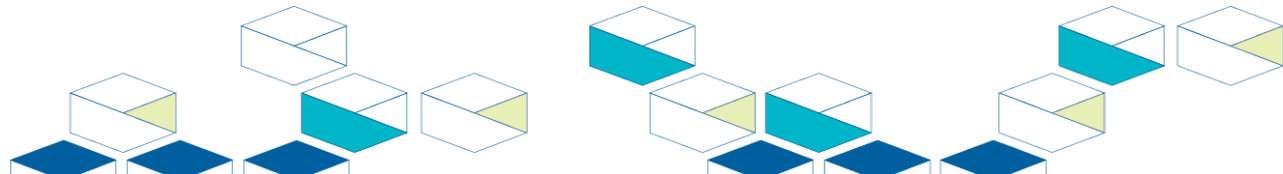
The Future of falls in SRS

- Falls will always occur on SRS, however we recognise there are areas for improvement and endeavour to expand our efforts to reduce the number of preventable falls in the future.
- Most successful fall prevention programmes reduce fall rates by 30-40% suggesting that many falls cannot be prevented” (Miake-Lye et al. *In patient fall prevention programmes as a patient safety strategy. 2013*).
- Problems identified-difficulty of the patients finding the video on the PES SYSTEM- 65 % said wouldn't remember how to find it, 35 % said they could.
- At the moment accessing the video for most patients is staff facilitated.
- Progress to the patient initiating their own prevention strategies e.g., patient asking the staff for the call bell, shoes, etc.



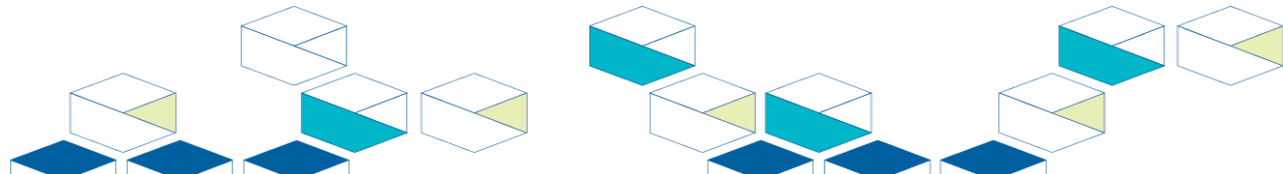
What do we want to achieve??

- Falls **reduction** or at the very least prevent an increase
- Falls is **everybody's** business
- Consumer **empowerment** through **partnering**



Moving Forward

- To write a guide and include in the orientation folders on the wards.
- Have long term patients review video every month- Family/Carers facilitated.
- Improve patient ease of use of the PES system.
- Put on Hospital TV's



References

- Hanger, H.C., & Wills, K.L., Wilkinson, T. (2014). Classification of stroke in rehabilitation: not all falls are the same. *Clinical Rehabilitation*, 28(2), 183-198 doi: 10.1177/0269215513496801
- Hill, A.M., Francis- Goad, J., Haines, T.P., ...McPhail, S. (2016). My independent streak may get in the way: How older adults respond to falls prevention education in hospital. *BMJ Open*, 6:e012363. doi:10.1136/bmjopen-2016-012363
- Hill, A., McPhail, S., Waldron, N., Etherton-Beer, C., Ingram, K., Flicker, L. B., ... Haines, T. (2015) Fall rates in hospital rehabilitation units after individualised patient and staff education programmes: a pragmatic, stepped-wedge, cluster-randomised controlled trial. *The Lancet*, 385(9987), 2592-2599. [doi: 10.1016/s0140-6736 \(14\)61945-0](https://doi.org/10.1016/s0140-6736(14)61945-0)

Questions

