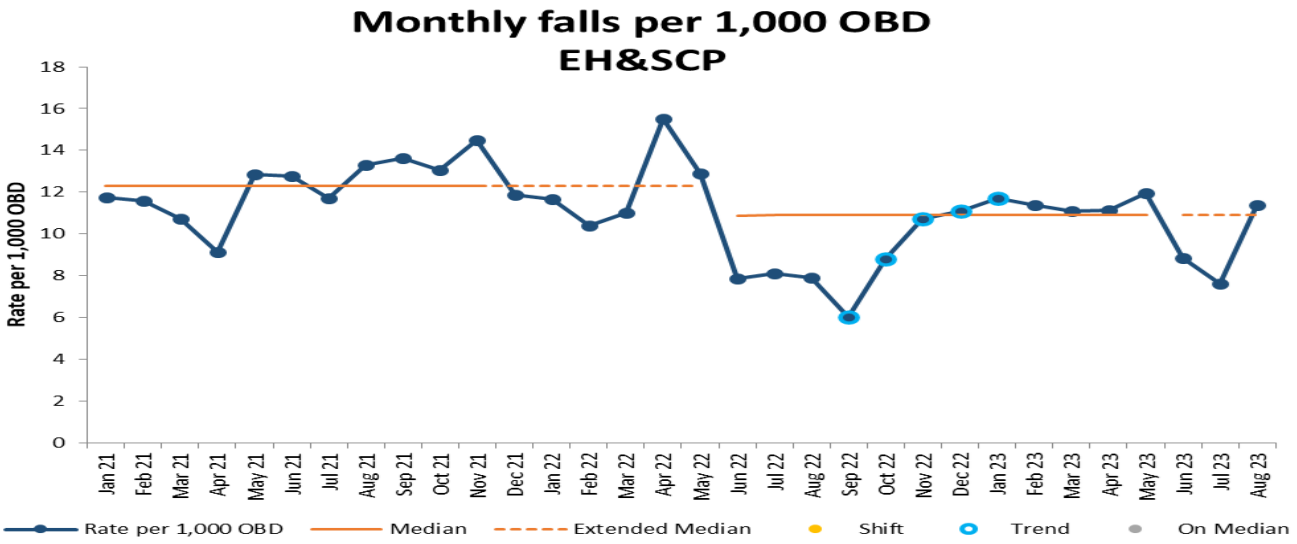
EH&SCP Falls Newsletter

Issue 3 August 23

18 – 24 September 2023

Falls Awareness Week

#ThinkFalls #ActionOnFalls



Falls Awareness Week

All Staff Update

'Let's talk Falls Lothian' is a new Teams channel to support Falls Awareness week which starts on 18th – 24th September.

There will be the opportunity to listen to lunch and learn sessions from Podiatry and Dietetics and how these link with Falls. It's also a forum to share all the great work that happens across Lothian to support and manage Falls.

You can access the Let's Talk Falls Teams Channel by clicking the link below. Make sure to join the Teams channel before Falls Awareness week so you don't miss the lunch and learn sessions.

Let's Talk Falls Channel

- **Type Lets Talk Falls into intranet search and its top of the page**
- **Mairi and Lorna have updated the EH&SCP intranet site with falls awareness week materials and the updated risk poster**

EH&SCP Falls Improvement Group

Members
Alison Glover - QI/Standards Lead & Co-Chair
Carrie McGill - OT Lead & Co-Chair
Meggan Hoy – SCN representing Rehab & MH
Kirsty MacFarlane – SCN representing Intermediate care
Samantha Wight – SCN representing HBCCC
Isla McGlashan –physiotherapy
Dr Tashfeen Chaudhry – Rehab
Dr Rosamund Ring - HBCCC Associate Specialist
Jacquie Brodie – QI and innovation, HBCCC/IC
Lorna Graham – Service Innovation nurse, Rehab
Philip Leung-Pharmacy

The above group meet quarterly in line with the NHS Lothian in patient delivery group, we review quarterly falls, feedback area improvements, share ideas from acute and other partnership areas and focus on any education gaps which are identified.

Our last meeting was August 23, below are topics we continue to discuss and work on

- ⇒ Identification of high areas of falls and harm providing data breakdown and support with improvement. Currently 2 areas in scope for support.
- ⇒ Identification of falls priorities from monthly and 6 monthly assurance.
- ⇒ Developing a resource pack and inventory for falls aids and equipment.
- ⇒ Create a multifactorial risk poster
- ⇒ Post Falls guidance poster
- ⇒ Updated terms of reference
- ⇒ Represent EH&SCP on other falls groups
- ⇒ Kirsty sits on the NHS Lothian falls Education Group
- ⇒ Alison sits on the Falls Data group

A Hello from Belinda Wilson, Falls Programme Manager

In December 2022, I took up the role of Falls Programme Manager which is a Lothian wide role, and I will be working on developing the Lothian Falls prevention and management strategy. My background is in project management, and leadership and I have worked on a wide variety of programmes including digital transformation, wellbeing and most recently the East Region Recruitment Service.

Part of my new role will be to review and improve accessibility of Falls educational resources for all health and social care staff and following a Lothian wide staff survey that provided feedback on what staff need, we are currently developing a new Falls platform to support staff in their day-to-day roles. Our public facing Falls internet page is under development with a new landing page to support people with falls prevention information in their local communities and our strategy work has recently commenced with a brain storming event to lay the groundwork for the Lothian Falls strategy.

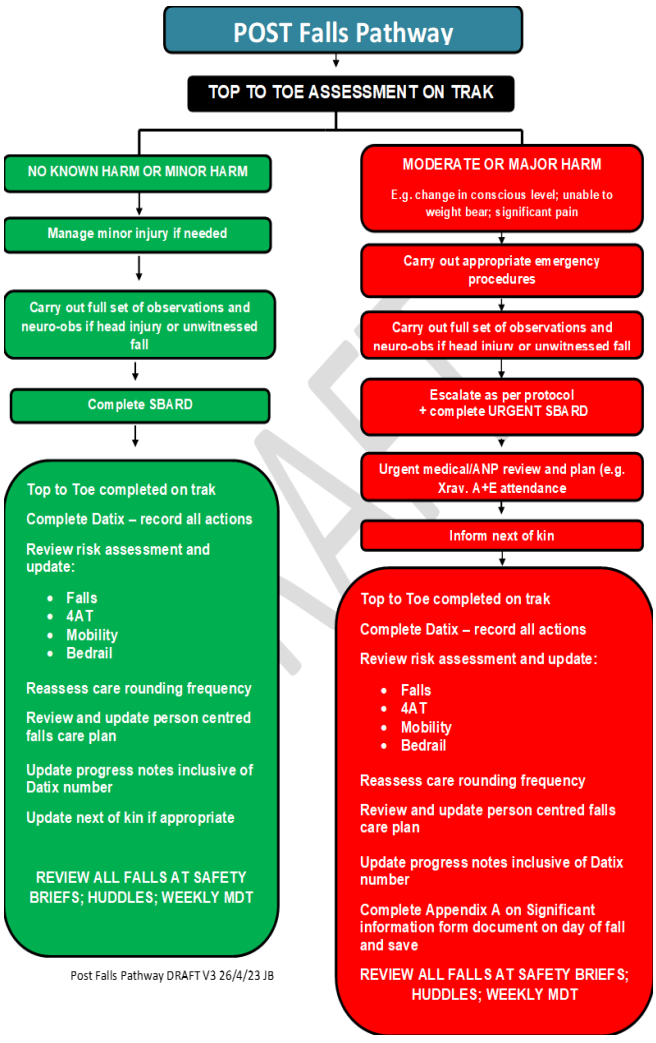
POST FALLS GUIDANCE

Why?

- We identified a lack of knowledge from staff feedback and assurance data.
- NHS Lothian post falls clinical pathway last updated 2014.

What we did

- Created a draft pathway based on datix classification
- Intended to be more about documentation post fall and not clinical guideline
- Pilot in 2 wards
- Asked for feedback from various groups including NHS Lothian falls education group



Feedback

- Liked visual
- Helpful to know the documentation to complete post fall
- Clinical guidelines need to be clearer
- Some staff may not know what classification it is, so might be better to have injury and non injury?
- Discussion around escalation post fall

Thoughts

- Change the title to focus on documentation
- Work with NHS Lothian education group to develop a standardised pathway for NHS Lothian

NEXT STEPS

- Discuss at next falls delivery group in December
- Work with Belinda Wilson and education team
- 2 members of EH&SCP staff are on the education group and will feedback
- Re-design focusing on documentation

UPDATED MULTIFACTORIAL RISK POSTER
Please share with staff in your areas

Falls Awareness Week
#ThinkFalls #ActionOnFalls

#ThinkFalls #ActionOnFalls
CONSIDER THE RISKS

HISTORY OF FALLS
- Recent falls
- Lack of confidence
- Clinical concerns
- Falls risk assessment
- Safety brief
- At a glance board
- Family/carers/friends input
- Discuss at MDT
- Ward placement
- Action findings

FEET & FOOTWEAR
- Loss of sensation in feet
- Pain in feet
- Appropriate footwear
- Well fitting footwear
- Podiatrist referral
- Orthotic referral

BALANCE AND MOBILITY
- Communication with physiotherapist/OT and/or medical staff
- Unsteadiness
- Mobility aids to transfer
- Mobility aids to keep moving
- Mobility aids in easy reach
- Mobility aids in good working order
- Brakes on the bed
- Correct position of bed and chair
- Items within easy reach
- Promote daily physical activity

SENSORY IMPAIRMENT
- Glasses check
- Hearing aid check
- Hazard free environment
- Reduce environmental noise
- Adequate Lighting
- Audiology/Optician referral

COGNITIVE IMPAIRMENT
- Enviromental
- Infection
- Malnutrition
- Pain control
- Dehydration
- Constipation
- Risk assessments (4AT)
- MDT review
- Previous patterns (WMTY/GTKM)
- Falls alarms
- Meaningful activity
- Visual orientation clues

DIZZINESS & FAINTING
- Lying and standing BP
- Medical review
- Pharmacist review
- Fluid intake
- Mobility support

DELIRIUM
- **"SQID"** : Single question in delirium
  Is this person more confused than normal?
  Ask the question to a friend, relative
- 4AT
- Medical review
- TIME bundle
- Environment
- Risk assessments review
- Effective communication
- Appropriate observations
- Review supervision

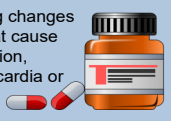
BLADDER & BOWEL
- BASIC tool if there is a worsening problem
- Infection
- Toileting regime
- Continence products
- Access to the toilet
- Medication review
- Bladder & bowel referral

FOOD, FLUID & NUTRITION
- Weight loss
- Loss of appetite
- Risk assessments -MUST, Nutritional profile
- Hydration
- Food and/or fluid chart
- Dietetic referral

NIGHT PATTERNS
- Normal night pattern
- Adequate night lights
- Reduce clutter
- Bed height (profiling beds)
- Bedrail review
- Personal items within easy reach
- Mobility aids within easy reach
- Observations frequency
- Calm environment
- Medication review
- Falls alarm

OSTEOPOROSIS
- Known diagnosis
- Risk review
- Medication review
- Dietary supplements

MEDICATION
- Medication review
- Side effects of drug changes
- Identified drugs that cause sedation, hypotension, bradycardia, tachycardia or periods of asystole

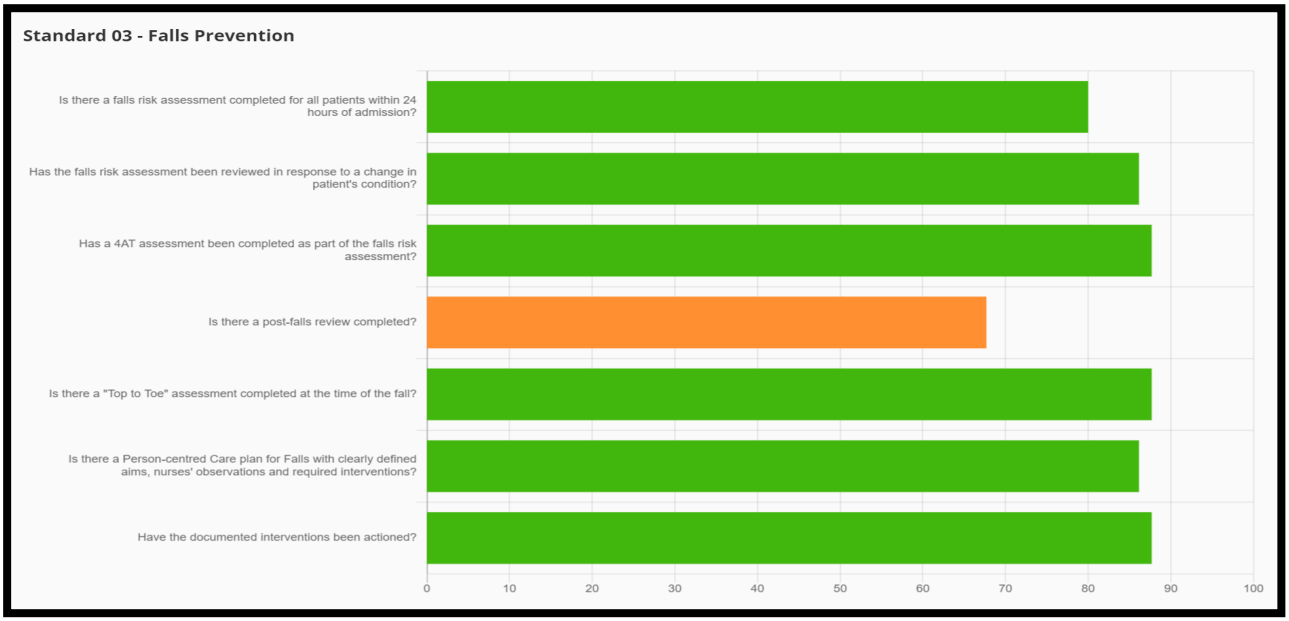


Falls Assurance

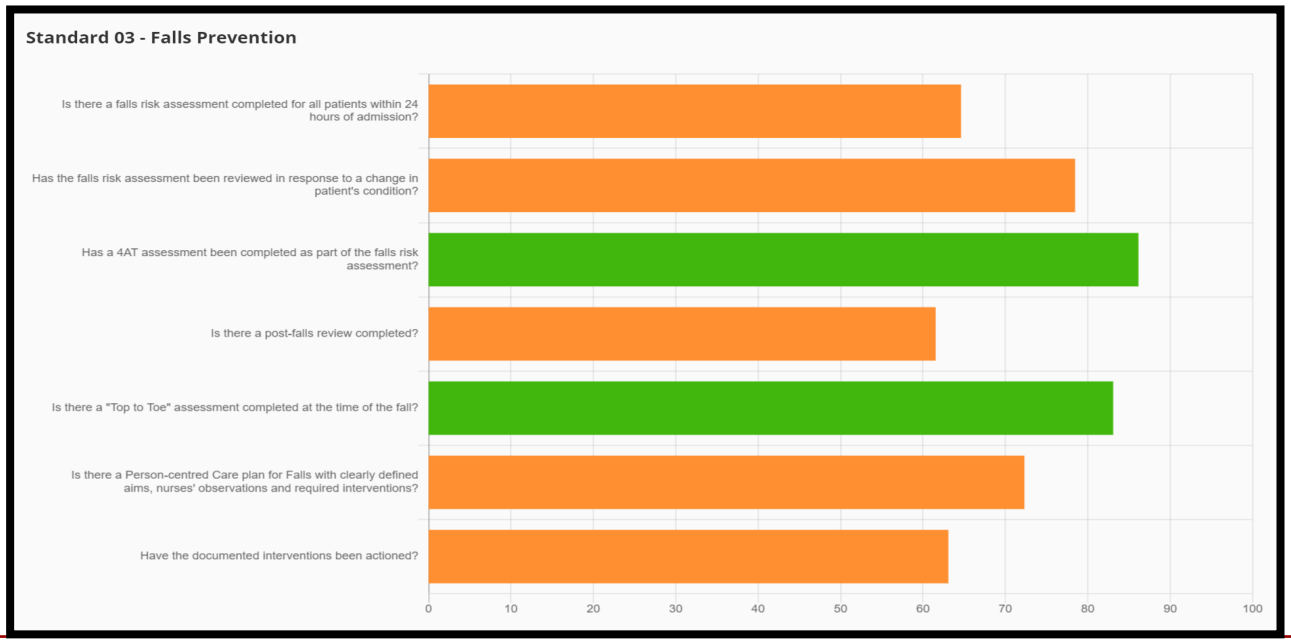
LACAS Comparison
Standard 3 Falls Prevention

Lothian Accreditation and Care Assurance Standards (LACAS) are completed 6 monthly by SCN/DCN for each ward. These questions review local compliance and identify areas for improvement. The summary incorporates datix and Person Centred Assurance (PCAT) data. The graph below is for all EH&SCP In-patient beds.

Cycle 5 July 23



Cycle 4 Dec 22



PCAT Data January - July 23

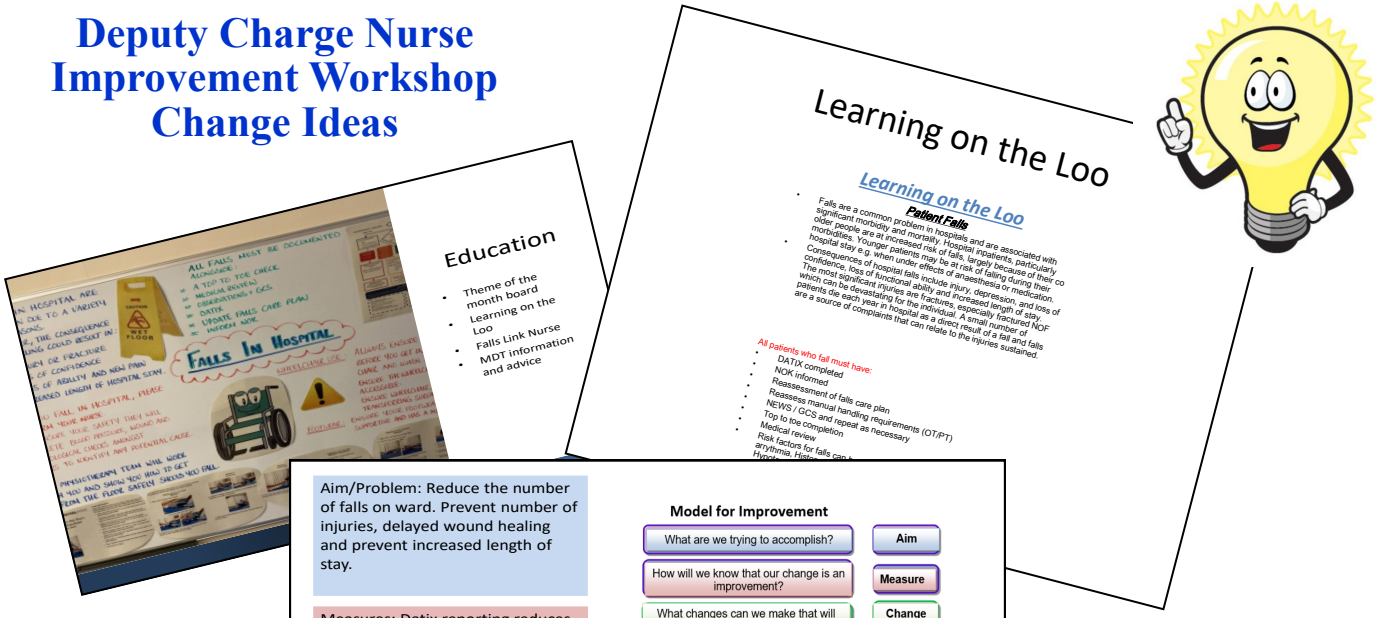
Person Centred Assurance Tool (PCAT) is completed monthly by the SCN or DCN. 5 patients records will be reviewed, falls is one of the assurance questions.

Compliance	Falls compliance by question
86.2%	If the person has identified goals of care, have these been documented in a person-centred way?
95.7%	Have the aims of care been clearly documented?
89.0%	Have the nurse's observations on assessment been documented clearly?
89.0%	Have the required interventions to improve outcomes and prevent harm been clearly documented?
98.7%	Have the documented interventions been actioned?
97.4%	In your clinical judgement, are the documented interventions appropriate?
33.3%	Has a clear rationale for the reason a care plan is not required been recorded?

Governance

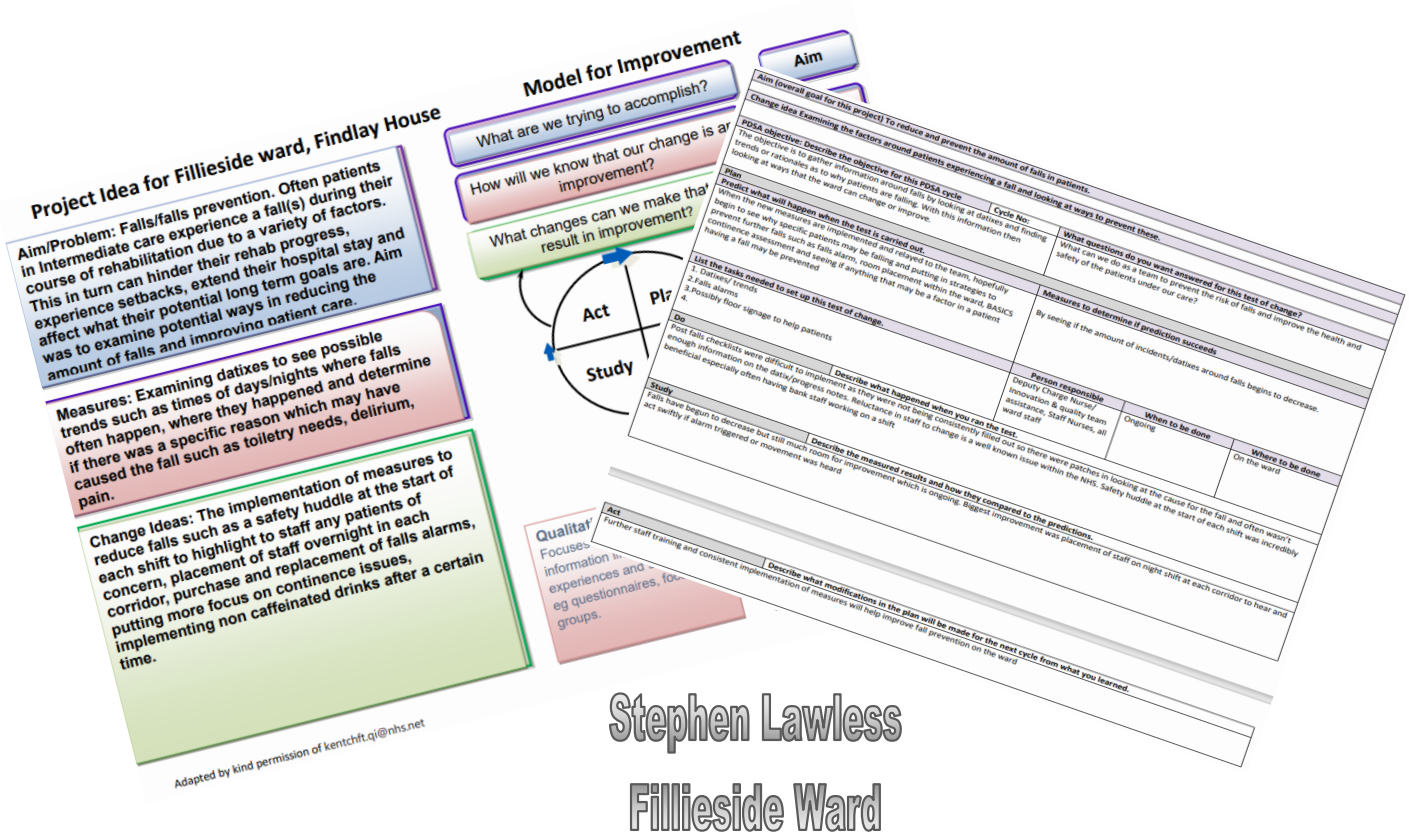
- Quarterly meetings HBCCC/REHAB
  - Harms Data
  - SAE
- Falls Improvement Group EH&SCP
- SCN 1:1

Deputy Charge Nurse Improvement Workshop Change Ideas



Calum Dickson

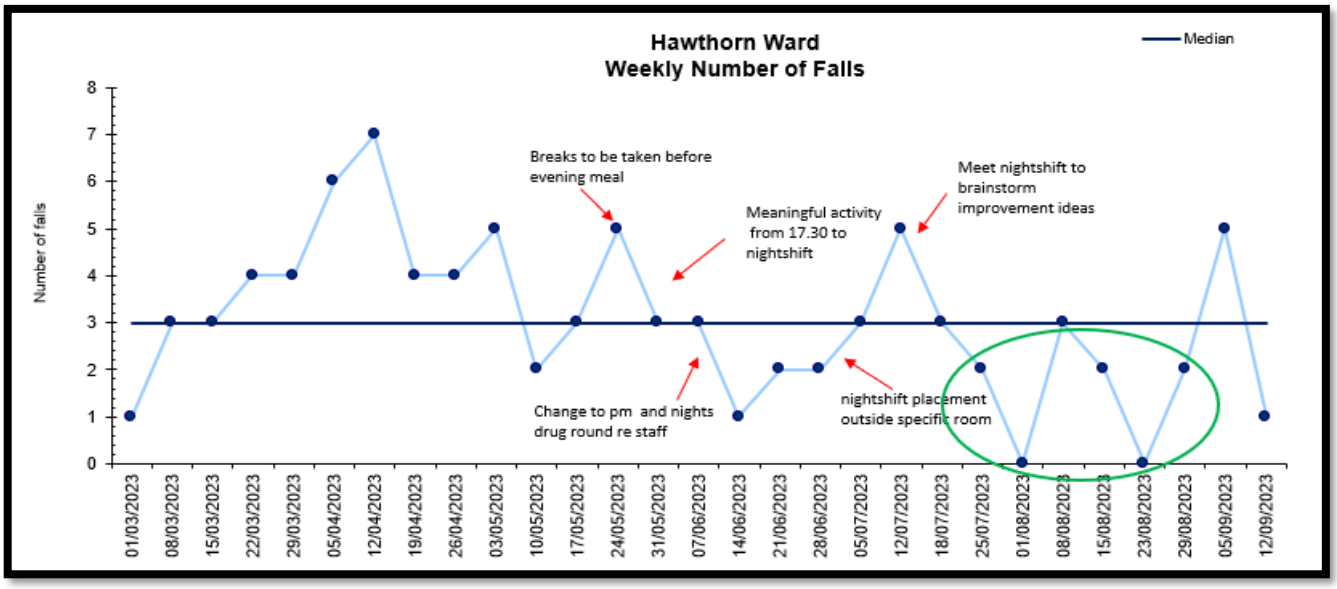
Sutherland Ward



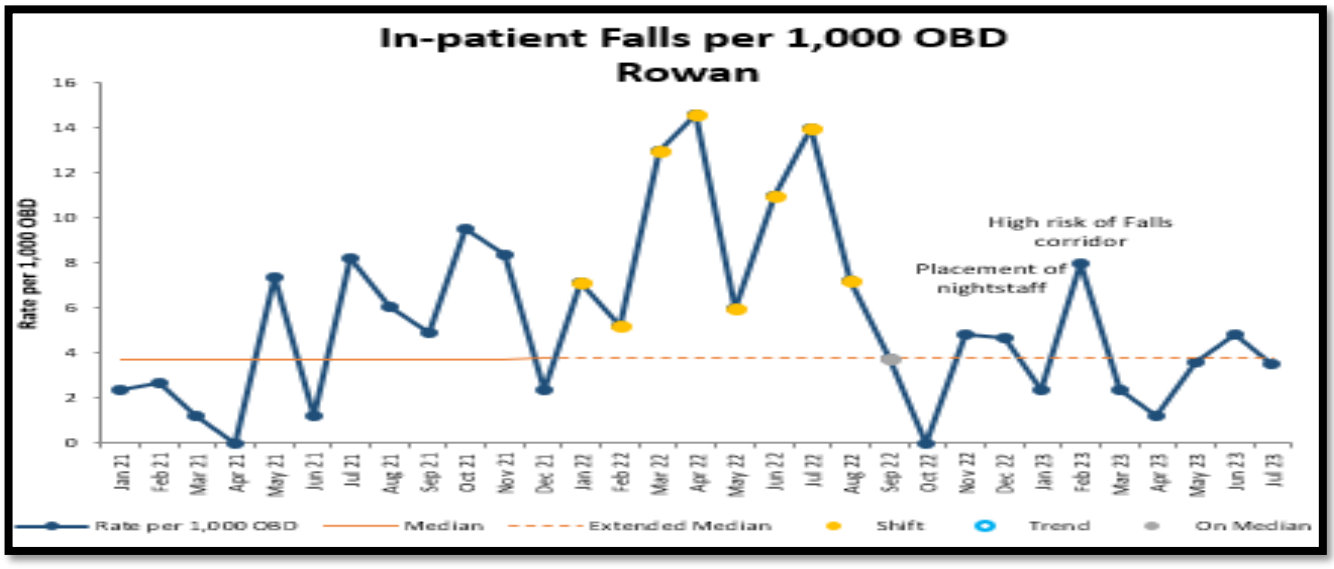
Stephen Lawless

Fillieside Ward

LOCAL IMPROVEMENTS



Lots of great work going on in Hawthorn included in the chart above. Focusing on improvement around the times of high falls. The team are now looking at tests of change around falls on nightshift.



Rowan Test of Change

Placement of patient at high risk of falls together in one corridor.

- Falls reduced
- Less noise in relation to alarms

LOCAL IMPROVEMENTS

Physiotherapy

Band 2 study day was recently held for the Unit as part of Physio teaching regarding education around falls and positioning when mobilising a patient and also, where possible, joint sessions with new staff and CSW's on the ward when starting to mobilise patients on the ward, so physio can feed-back to them on their positioning with the patient. This was in response to discovering that several falls has occurred when patients were being walked on the ward by new members of staff, particularly those who have not worked in inpatient settings before, not fully understanding where to position themselves to provide 'assistance' or 'supervision' and so were often following with a wheelchair rather than walk beside them.

Occupational Therapy and Medical collaboration

The above group within intermediate care would like to better understand patients concerns about falling when they are admitted, looking at interventions to reduce these concerns and measuring if these concerns are reduced. This may involve testing an new tool to measure these concerns. This is at an early stage of QI planning so watch this space.

IF ANY MEMBER OF THE MDT ARE INTRODUCING A LOCAL TEST OF CHANGE WHICH YOU HOPE WILL IMPROVE FALLS/MOBILITY, JACQUIE, LORNA OR ALISON ARE HAPPY TO SUPPORT YOU.

PLEASE SHARE YOUR IMPROVEMENT WORK