Reducing Harm from Falls Output report

Workshop 3 March 2016

1 Overview

About the West of England Academic Health Science Network

The West of England AHSN is delivering positive healthcare outcomes locally and nationally by driving the development and adoption of new innovations and making a meaningful contribution to the economy.

We are one of 15 AHSNs across England, established by NHS England in 2013 to spread innovation at pace and scale.

As the only bodies that connect NHS and academic organisations, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

@WEAHSN www.weahsn.net and newsletter sign-up: http://www.weahsn.net/news-views/newsletter-sign-up/

About the South West Academic Health Science Network

The South West AHSN is driven by a core of experts, a company limited by guarantee, which empowers the members to make and share the best changes. We do this by supplying insights, skills, resources, access to funding and capacity to connect innovative solutions to needs.

The goal of the Network is to improve and sustain the healthcare system in Devon, Cornwall and the Isles of Scilly and Somerset for current and future generations of patients.

We prioritise finding solutions for problems which affect the largest numbers of patients and put the greatest stress on our healthcare system in the South West.

@sw_ahsn http://www.swahsn.com/

About the event

Following the previous work on falls in the south west of England, the two AHSNs were asked to support local organisations to collaborate to reduce harm from falls locally. The aims of the workshop were to:

- Further develop the collaborative approach to prevention and better management of falls
- Create a forum to share best practice and learn from each other
- Encourage networking of like-minded colleagues across the West of England and South West Academic Health Science Networks
- To embrace the Quality Improvement methodology to effect changes and drive improvement.
- To encourage organisations to develop their own plans and ideas on how to reduce harm from falls in their region.

2 Input from the room

86 attendees from 35 organisations were in the room with attendees from the West of England (51), South West (29) and Wessex (6) AHSN regions. There were a range of roles in the room including occupational therapists, physiotherapists, nurses, falls leads, rehabilitation nurses, falls specialists, and ward managers.

Helen Blanchard, Director of Nursing and Midwifery, Royal United Hospitals Bath NHS Foundation Trust opened the day and then attendees selected their own agenda of topics to discuss using Open Space methodology. Output notes as follows:

Topic	Key points from group discussions	What next?
Commissioning/ falls strategy	Lack of system wide strategy How do we get buy in to develop? Pathway? Peninsular wide What priorities for CCG	Share resources what's happening? AHSN
Community falls	Referrals from the ambulance service do not declare the referrals How do we identify patients who are at risk of falling even if they haven't fallen yet? Frequent fallers – are these identified between agencies Who is responsible for providing education? SPA for falls – MH records, community records Clinical judgment should be used to identify referrals rather than scoring tools but what if there is not the experience to have clinical judgement? What guidance should be given? Stumbling block in primary care – does the information get directed onto the correct person/ team? How do we positively manage risk and ensure they are safe at home? How do we make this shared decision making?	Key information output: What happened with…? Where was it, e.g. bathroom What have you found? E.g. large meds list, postural job North Somerset completed ambulance: RR pilot to respond to fallers. What was the outcome? Evaluation?

Topic	Key points from group discussions	What next?
Dementia falls prevention	This is me – meaningful interaction for the individual Environment – kings fund audit, flooring, hip hop study, home rails/ handles Dementia care mapping ® – identify triggers Waling aids – coloured frames, visual awareness, colour coded, assistance required Pet therapy – pat dogs can be boring! Footwear – no slip slipper slocks falls guidance – for patients/ carers/ relatives/ expectations Johns campaign improved interaction Fear of falling – reduction in activity. isolation	Introduce or review pre-existing interventions Revamp and relaunch
Dementia falls prevention (continued)	Nutrition 'finger foods' general vs specific Handovers – safety briefing and board rounds Hip protectors – new evidence for reviews and increase tech Senior alarms – technical advances – proactive not reactive sensors Occupations activity – purposeful activity Nothing ventured, nothing gained – risk taking Comfort rounding and increasing observations – complete notes in patient areas Medication – reviews invest in pharmacy and involve in board rounds etc. Early planning to reduce length of stay	**Ideas:** Warning indicators to highlight **What next?** Review pre-existing interventions Revamp and relaunch
Dementia inpatient management – DOLS / Safeguarding	Maintaining reduction of falls Electronic monitoring of patient vital signs Link between DOLS – people remaining in their own space in an acute/ community hospital Conflict between ward routine and person centred care Mental capacity Conflict between pressure care/ falls prevention equipment Getting patients out of bed / structure and routine	**Ideas:** Automatic monitoring patient – falls prevention (pattern of obs) Enhanced recovery approach MCA and DOLS films (NHS England) **What's next:** Look at films DOLS and MCA
Engagement of falls leads/ repeat falls	Link in with Dementia Strategy Group Making data real – taking to the leads to share – reward taking to Board level Detail shared back Repeat falls – SWARM Definition of fall – to near miss	
Engaging falls leads	FAT: Falls action team Measurement is a gift – split into day and night, break it down, re-examine Example of looking at data to change practice e.g. time of breaks at night Toilet tagging Commode tagging Falls champions – topic of the quarter; all disciplines	

Topic	Key points from group discussions	What next?
Enhanced care enablement project training HCAs	Falls – sensors “double-edged sword” Risk assessment Weston Alarm sounds Enhanced care Levels Activity charts RUH – enable programme for 1 year, sustain? Swapped emails, mobility chart Digital screen for use – group activity Sharing of falls presentations – North Devon	
Falls and frailty in the community	same multi-factorial risk assessment across organisation record sharing is key Falls champion meetings (reps from teams all grades) Eyes right Thomas Pocklington Trust Virtual wards to discuss patients known to many	Strength and balance vs. functional physio Need experienced staff – think laterally Need to check BP properly – recognise over-treatment
Falls prevention with dementia and DOLS / safeguarding	Safe environment Safeguarding and DOLS Discharging from acute into care difficulty in acute hospitals assessing care and support needs prior to discharge Care planning and use of ABC charts	**Ideas:** Use multi-factorial falls assessment Tools to Assessment risk “enhanced care tool in obs” Level of obs Time of day ABC chart Meaningful activity to promote mobility Pool activity level **What’s next:** Share information with group Multi fac. Risk Assessment Pool activity level Enhanced care tool (Levels 1 – 4) Look at NHS Protect site
FRAX and FRAT -- Joining things together	Two members same area not aware each other’s admission Admission ED fallers do they all get assessed with FRAX? No!	Survey all those here want arrangements (locally) for assessing fracture risk in patients that fall? (Ann Remmers)
How do we identify frailty?	How do we identify frailty? Care homes – need to manage anxiety (residents and carers) – all residents are frail/ at risk of falls Telecare – prevent falls and manage falls Provide sensor matts, GPS track chair occupancy monitors Need medication review – pharmacist or doctor used Different names for frailty pathway from ED Pilots of Rockwood frailty scale Different models of “falls specialists” can be postcode lottery	Rural areas – unfulfilled packages of care How do we address safeguarding/ deprivation of liberty? What is the EFI being piloted by GPs? How do we stop patients falling between visits?

3. Outcomes and next steps

In the afternoon attendees worked on organisations action plans. As part of the evaluation attendees were asked what they would do as a result of today – with many committing to take actions back within their own organisations:

Word cloud from attendee comments "As a result of today…"

4 What our participants said

There was a 50% response rate and 91% of attendees said the overall rating of the event was "good" or "excellent". Word cloud from comments "What worked well…"

Comments from attendees:

"Great to hear good practice from other organisations"

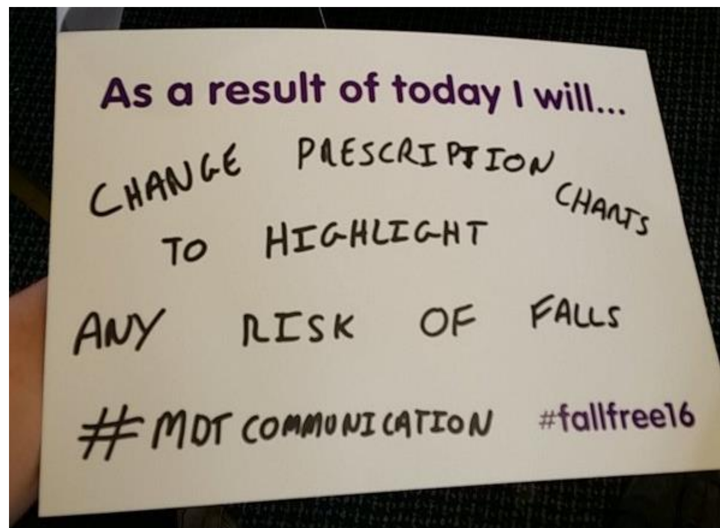
"Really interesting and diverse collection of ideas and projects

"Informal approach was lovely"

"Good to have opportunity to plan way forward as a team"

As well as participation in the event, there were discussions on Twitter using #fallfree16

Dave Anderson @DaveThePhysio Mar 3 Really good ideas around falls safety at the @WEAHSN conference in Taunton. Just one from today. #fallfree16



Joanna Bates @paramedicjoanna Mar 3 Some fantastic conversations @weahsn #fallfree16 event. Making connections and sharing beat practice.

SWASFT ECS @swasFT_ECS Mar 3 We're at @WEAHSN's #fallfree16 event in Taunton today with @paramedicjoanna discussing falls prevention & management

Kevin Hunter @pskevh Mar 3 Session 1 in 'fall' swing #fallfree16

Dave Evans @qi_dave Mar 3 Dementia falls prevention - sharing ideas and practice to reduce patient falls. #fallfree16

Other resources mentioned include Mrs Andrew's story https://youtu.be/Fj_9HG_TWEM

Thank you to everyone involved in the day!