

Reducing Harm from Falls

13 March 2017

Southmead Hospital, Bristol



With thanks to Su Nanayakkara for taking photographs on the day

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. Established by NHS England in 2013, we are one of 15 AHSNs across England established 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.

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About the event

In March 2016, the West of England AHSN held a collaborative learning and sharing event focussed on reducing harm on falls. Output report from that event is available at <http://www.weahsn.net/news/falls-prevention/>

This event was a follow-up event. Attendees from the previous event were surveyed in autumn 2016 to identify what topics and sectors they would be interested in discussing. Based on this feedback, a small planning team planned the agenda for the event and expert speakers were approached at a national and local level.

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.

2 What our speakers said

All the presentations from our speakers are available online at <http://www.slideshare.net/secret/gh7FXvYFxtjUB>



Julie Whitney, NIHR Clinical Lecturer – physiotherapist, King's College Hospital



Julie Windsor, Patient Safety Clinical Lead, Medical Specialties/ Older People, NHS Improvement National Patient Safety Team



Teresa Stratton, Falls Prevention Specialist Nurse, Peterborough and Stamford Hospitals NHS Foundation Trust



Dr Seema Srivastava, Associate Medical Director, North Bristol NHS Trust



Lorraine Motuel, Quality Improvement Patient Safety Lead, North Bristol NHS Trust



Suzanne Crew, Site Nurse Practitioner for Hospital @ Night, North Bristol NHS Trust

3 Input from the room

51 attendees from 25 organisations including representatives from acute, academic, community, councils, industry, and voluntary sectors.

Storyboard walkthrough

In the storyboard walkthrough session, delegates shared their policies and protocols at four stages in the falls pathway.



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| <ul style="list-style-type: none">• Consider all patients over 65 to be "at risk" unless assessed otherwise.• Different risk assessments carried out by different professions (physio/ OT/ nursing) -- could there be a holistic assessment? Is there a consistent approach?• Involve patient's families, carers and support team in discussions on risk and actions.• Risk factors: patient on 4 or more medication, previous fall in last 12 months, multiple morbidities.• Make part of every health conversation - make every contact count.• Use other agencies, e.g. fire service home checks.• Patient information -- "staying steady" posters, AgeUK information, steady steps booklet. | <ul style="list-style-type: none">• Self management/ patients taking responsibility for own activities.• Equipment: low rise beds, pendant alarms, motion sensors, telecare, wrstbands.• Strength and balance classes to be widely available and accessible in the community -- non-health settings e.g. gyms, leisure centre.• Volunteers have a role in community and care homes. Also third sector, e.g. University of the Third Age.• Assessing patients within 6 hours of admission to ward and getting patients more active to prevent falls.• Public health messages -- what hooks? | <ul style="list-style-type: none">• Sticker prompt to re-assess after a fall.• Refer patients to a community strength and balance class after fall in hospital.• Consider further prevention and any changes to care plan.• First response including assessment head-to-toe, safe transfer back to bed is improving. | <ul style="list-style-type: none">• It is not acceptable to say "falls are accepted" or "this is a rehab patient" -- each fall to be investigated and any lessons identified.• Agency staff may not be familiar with procedures.• SWARM -- do immediately and including learning in safety brief/ team meetings.• Link to falls education and training.• Is this happening consistently for all falls in the community -- i.e. do we apply same investigation and learning to all falls wherever they occur?• Not everyone skilled in doing investigation -- get support if needed. |
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Training

In the afternoon session attendees discussed issues and solutions for training. Issues include releasing staff to attend training for a number of reasons, that training is not mandatory therefore not all organisations have this as a priority, and the fragmentation of different training depending on role/ professional group. The content of training packages was highlighted as an issue (not engaging/ too many facts and not enough practical actions to take) as well as accessibility for training.

Solutions discussed included:

- Cascade training (similar to the 600 in 60 days for sepsis 6 campaign in the region).
- E-learning with a mixture of mandatory information coupled with local / role specific information.
- Some trusts are finding simulation valuable in delivering training.
- Content to be more realistic, based on scenarios encountered in own area, use videos of patient stories, concise, and easily applicable into practice.

Resources

Resources that attendees would like to see included:

- Share any useful videos;
- National, interactive resources for training (see [Freda's Fall](#) – e-learning (2.5 hours), modular training: [CareFall](#) for nursing staff, and [doctors FallSafe](#) resources)
- 10 minute standard teaching session on topic
- Post-fall screening in care homes/ rehabilitation setting.
- What's working well in community services?
- Any information about how falls care plans set up in secondary care are continued in the community and back to secondary care if appropriate.
- Anyone interested in trialling a system to measure, monitor and improve balance
- Falls prevention training for new comers to an organisation at Induction.

Resources shared/ on offer include:

- GWH's competitive approach of bronze, silver, and gold training achievements.
- NHS Improvement Patient [Falls Improvement Collaborative](#)
- **Patient information:** Royal College of Physicians – [Falls Prevention in Hospital a Guide for Patients and their Carers](#); Royal Society for the Prevention of Accidents [video](#) and [Facing Up to Falls video](#); Sussex Community NHS Foundation Trust [Top Tips to Stop Falling](#); Bradford-on-Avon [Leg Club](#) and [Get Up and Go](#), a guide to staying steady
- **Prevention:** Devon County Council Falls prevention [resource pack](#) and [videos](#); Manchester [Fire Service Safe and Well](#) visits; Emergency Care Intensive Support Team's [#endPJparalysis](#)
- **Assessment tools:** [Lying and Standing BP](#) timeline, procedure and lanyard cards; [Bedside Vision Check](#)
- **Training:** [#EM3 Falls, Fracture and Trauma](#) training
- **Care homes:** [Living well through activity in care home](#) toolkit; [South West Ambulance Service](#) and [North West Ambulance Service](#) care homes videos and tools; NHS Scotland [managing falls in care homes](#)
- **Investigation:** Yorkshire AHSN falls [huddles](#); National Patient Safety Alerting System [video](#) and Safety Alert [re: falls from hoists](#)
- **How to optimise participation** • Optimise health / provide support – Medical management / pain control – Motivational coaching • Information – “This IS for me” – Might need to mention fall risk • Make it interesting – Different options available – Incorporate into lifestyle • Optimise access / safety – Options for home or group exercise – Local venues – Transport. Nymbbl Science who attended the day would like to add that Nymbbl offers an option that is fun and motivational for the user as it involves physical activity with games and questions on a mobile app whilst measuring, monitoring and improving balance, and capturing all the data automatically. This system is currently in clinical trials with a major medical teaching hospital in London and Nymbbl are looking for anyone who would like to trial the system in their work place. Nymbbl would provide full support. Trials so far have been highly successful in improving balance in just 3 weeks, 5 minutes a day. For more information, contact Caroline - caroline@nymbblscience.com 07895 504002

