

**SPSP Acute Adult Programme Falls Reduction Change Package**

Improvement Hub

Enabling health and social care improvement

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# Introduction

Welcome to the falls change package

The aim of the falls change package is to provide evidence-based guidance to support the delivery of falls reduction for patients in acute hospital settings. A change package consists of a number of high-level outcomes supported by activities that when tested and implemented, bring about improvement. It brings together what is known about best practices and processes based on evidence from literature, research, and the experiences of others.

Why have we developed this change package?

This change package is for acute hospital teams participating in falls improvement work. It will support teams to use quality improvement methods to improve falls reduction in their service.

How it was developed?

This change package was co-designed and co-produced with clinical and quality improvement experts from NHS boards. The clinical experts were from a range of disciplines such as nursing, including Excellence in Care Leads, physiotherapy, occupational therapy and medicine. A Falls Expert Reference Group (ERG) was convened in October 2020 with representation from across NHS Scotland. A benefit of working in a virtual space was the inclusion and contribution from colleagues in remote, rural and island NHS boards.

# Contents and how to use the package

What is included in this change package?

* Driver diagram
* Change ideas
* Guides, tools and signposts to the supporting evidence and examples of good practice, and
* Guidance to support measurement

Guidance on using this change package

This change package is a resource to support NHS boards with falls improvement. It is not expected for teams to work simultaneously on all aspects of the driver diagram. It is designed to assist teams in the identification of areas for improvement relevant to their local context. The change ideas and measures are not exhaustive and it is expected that teams will develop their own to support their identified areas for improvement. We would encourage teams to seek support from their local quality improvement teams in the development of additional measures if required.

# Project Aim

Setting a project aim

All quality improvement projects should have an aim that is Specific, Time bound, Aligned to the NHS board’s objectives and Numeric, the acronym known as STAN.

The national aims for SPSP Acute Adult Falls are:

* reduce inpatient falls by 20% by March 2024
* reduce inpatient falls with harm by 30% by March 2024

NHS boards are encouraged to set their own local aims specific to their context.

Local Aim:

* reduce all falls by [*Insert Locally Agreed Percentage*] by March 2024
* reduce falls with harm by [*Insert Locally Agreed Percentage*] by March 2024

# Driver Diagram and change ideas

What is a driver diagram?

A driver diagram presents an organisation or teams’ theory of how an improvement goal will be achieved. It articulates which parts of the system need to change, in which way, and includes ideas of how to make this happen. It is used to help plan improvement projects and ensure team engagement.

The primary drivers are the key components of the system that need to change to deliver the aim. The secondary drivers are the processes that influence the primary drivers. Changing the processes outlined in the secondary drivers should change the primary drivers and deliver the aim.

Change ideas

Change ideas are specific practical changes the project team can make to alter the processes in the secondary drivers.

The following pages provide a list of change ideas for the early recognition and response for the prevention of falls. They are grouped by the primary driver that they influence. Project teams should select change ideas to implement. A range of change ideas will be needed to ensure there are changes to all primary drivers.

This change package does not contain an exhaustive list of change ideas. Project teams can also generate their own change ideas that will help drive change in the secondary drivers. One way of generating ideas is to use the question “How might we?” For example, “How might we engage with patients and their families to improve the experience of care when in hospital?”

# Falls Reduction Driver Diagram 2023

Aim:

National Aim:

* reduce all falls by 20% by March 2024
* reduce falls with harm by 30% by March 2024

Local Aim:

* reduce all falls by [*Insert Locally Agreed Percentage*] by March 2024
* reduce falls with harm by [*Insert Locally Agreed Percentage*] by March 2024

Primary Driver: Person centred care

### Secondary Drivers:

* Patient and family inclusion and involvement
* Individualised assessment
* Targeted evidence based falls risk interventions
* Regular review of falls risk interventions

Primary Driver: Promote safer mobility

### Secondary Drivers:

* Patient, family and/or carer involvement
* Maintain a safe environment
* Meaningful activity
* Maximise opportunities for supported positive risk taking

Primary Driver: Multidisciplinary Team intervention and communication

### Secondary Drivers:

* Management of communication in different situations
* Communication between primary and secondary care
* Multidisciplinary falls risk assessment and intervention

Primary Driver: Leadership to support a culture of safety

### Secondary Drivers:

* Psychological safety
* Staff wellbeing
* Safe staffing
* System for learning

# Essentials of Safe Care

Elements of SPSP Essentials of Safe Care are integrated throughout this driver diagram. The sections of this driver diagram which directly link to the SPSP Essentials of Safe care are:

Primary Driver: Person centred care

* Patient and family inclusion and involvement

Primary Driver: Promote safer mobility

* Patient, family and/or carer involvement

Primary Driver: Multidisciplinary Team intervention and communication

* Management of communication in different situations

Primary Driver: Leadership to support a culture of safety

* Psychological safety
* Staff wellbeing
* Safe staffing
* System for learning

For further information, please see the [Essentials of Safe Care](https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/spsp-essentials-of-safe-care/).

# Primary Driver: Person centred care

Secondary driver: Patient and family inclusion and involvement

### Change ideas:

* Provision of person centred visiting
* Conversation with patient and/or family about falls history
* Provide falls risk and safer mobility information to patient and/or family
* What matters to you conversations to inform patient care

Secondary driver: Individualised assessment

### Change ideas:

* Implementation of a locally agreed and reliable tool for early identification of frailty
* Implementation of a locally agreed and reliable tool for early identification of delirium
* Standard comprehensive assessment with multifactorial interventions
* Local policy and procedure to support commencement of enhanced observation or one to one care
* Monitor patterns of behaviour

Secondary driver: Targeted evidence based falls risk interventions

### Change ideas:

* Tailored Comprehensive Geriatric Assessment
* Implementation of a locally agreed and reliable tool to manage delirium
* Delivery of person centred care planning documentation

Secondary driver: Regular review

### Change ideas:

* Daily review of person centred care plan
* Post-fall review and care plan updated
* Structured ward round
* Local policy and procedure to support review of and stopping enhanced observation or one to one care

Primary Driver: Person centred care

## Secondary driver: Patient and family inclusion and involvement

### Change ideas:

* Provision of person centred visiting
* Conversation with patient and/or family about falls history
* Provide falls risk and safer mobility information to patient and/or family
* What matters to you conversations to inform patient care

### Evidence and Guidelines:

[Ciufo D, Hader R, Holly C. University of York. A comprehensive systematic review of visitation models in adult critical care units within the context of patient and family centred care [online] 2011; 9(4):362-387](https://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=12012011211&ID=12012011211)

[Luxford K, Axam A, Hasnip F et al. Improving clinician carer communication for safer hospital care: Study of 'TOP 5' strategy patients with dementia [online] 2015; 27(3):175-182](https://academic.oup.com/intqhc/article/27/3/175/2357330)

[Morris ME, Webster K, Jones C, Hill A M, Haines T, et al. Interventions to reduce falls in hospitals: a systematic review and meta-analysis [online] 2022;1;51(5)](https://pubmed.ncbi.nlm.nih.gov/35524748/)

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[Hyslop B. 'Not safe for discharge'? Words, Values, and Person Centred Care [online] 2020](https://academic.oup.com/ageing/article/49/3/334/5685757)

[NHS Education for Scotland. The Health Literacy Place, Tools and Techniques [online] 2021](https://www.healthliteracyplace.org.uk/toolkit/techniques/)

[NHS England. Always Events - Co production using the Always Events quality improvement](http://www.england.nhs.uk/always-events/)

[Picker. A toolkit for improving compassionate care [online]](https://picker.org/how-we-can-help/care-experience-tools/improving-compassionate-care/) 2017

[Scottish Government. Shared decision making in realistic medicine and what works [online] 2019](https://www.gov.scot/publications/works-support-promote-shared-decision-making-synthesis-recent-evidence/pages/1/)

[Scottish Government. Hospital visiting guidance relating to Coronavirus (COVID -19) [online]](https://www.gov.scot/publications/coronavirus-covid-19-hospital-visiting-guidance/)

[Social Care Institute for Excellence. Care planning, involvement and person centred care](https://www.scie.org.uk/mca/practice/care-planning/person-centred-care) [online]

[What Matters To you?. A global movement to improve outcomes [online]](https://wmty.world/)

Primary Driver: Person centred care

## Secondary driver: Individualised assessment

### Change ideas:

* Implementation of a locally agreed and reliable tool for early identification of frailty
* Implementation of a locally agreed and reliable tool for early identification of delirium
* Standard comprehensive assessment with multifactorial interventions
* Monitor patterns of behaviour
* Local policy and procedure to support commencement of enhanced observation or one to one care

### Evidence and Guidelines:

[Graham C, Kasbauer S, Cooper R, King J, Sizmur S, et al. Health Services and Delivery Research. An evaluation of a near real time survey for improving patients’ experiences of the relational aspects of care [online] 2018](https://pubmed.ncbi.nlm.nih.gov/29595933/)

[Healthcare Improvement Scotland: SIGN. Risk reduction and management of delirium guidelines [online] 2019](https://www.sign.ac.uk/sign-157-delirium)

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[National Institute for Health and Care Excellence (NICE). Transition between inpatient hospital settings and community or care home settings for adults with social care needs - comprehensive geriatric assessment [online] 2016](https://www.nice.org.uk/guidance/QS136/chapter/Quality-statement-2-Comprehensive-geriatric-assessment)

[Royal College of Physicians. FallSafe resources original [online] 2018](https://www.bgs.org.uk/resources/fallsafe)

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[World Falls. Guidelines for falls in older adults [online] 2022](https://worldfallsguidelines.com/)

### Tools and Resources:

[Afezolli D, Akpan A, Ardagh M, Arendts G, Banerjee J, et al. Silver book II in holistic assessment of older people [online] 2021](https://www.bgs.org.uk/resources/resource-series/silver-book-ii)

[Dalhousie University. Geriatric Medicine Research: Clinical Frailty Scale [online]](https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html)

[Healthcare Improvement Scotland ihub - Delirium Resources [online]](https://ihub.scot/improvement-programmes/acute-care-portfolio/older-people-in-acute-care/delirium/)

[Healthcare Improvement Scotland ihub - Frailty Resources [online]](https://ihub.scot/improvement-programmes/acute-care-portfolio/older-people-in-acute-care/frailty-at-the-front-door/)

[James IA, Jackman L. Chapter 10 The Newcastle Model In James IA, Jackman L. Understanding behaviour in dementia that challenges (2nd edition) 2017. Jessica Kingsley Publishers [online]](https://www.researchgate.net/publication/340298479_The_Newcastle_Model)

[Royal College of Physicians. Acute care toolkit 3: Acute care for older people living with frailty [online] 2020](https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-3-acute-care-older-people-living-frailty)

[The 4at. Rapid Clinical Test for Delirium [online] 2022](https://www.the4at.com/)

Primary Driver: Person centred care

## Secondary driver: Targeted evidence based falls risk interventions

### Change ideas:

* Tailored Comprehensive Geriatric Assessment
* Implementation of a locally agreed and reliable tool to manage delirium
* Delivery of person centred care planning documentation

### Evidence and Guidelines:

[Coulter A, Entwistle V, Eccles A, Ryan S, Shepperd S, Perera R. Personalised Care Planning for Adults with Chronic or Long‐term Health Conditions. Cochrane Database of Systematic Reviews [online] 2015:(3)](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010523.pub2/full)

[Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH. Comprehensive geriatric assessment older adults admitted hospital. Cochrane Database of Systematic Reviews [online]](https://www.cochrane.org/CD006211/EPOC_comprehensive-geriatric-assessment-older-adults-admitted-hospital) 2017:(9)

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[Healthcare Improvement Scotland. Care of older people in hospital standards [online]](http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/opah_standards.aspx) 2015

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[World Falls. Guidelines for falls in older adults [online]](https://worldfallsguidelines.com/)

### Tools and Resources:

[Bauernfreund Y, Butler M, Ragavan S, Sampson EL. TIME to think about delirium: improving detection and management on the acute medical unit. British Medical Journal Open Quality. 2018;7:(200) [online]](https://bmjopenquality.bmj.com/content/7/3/e000200)

[Healthcare Improvement Scotland. SPSP Acute Adult Collaborative – Falls resources [online]](https://ihub.scot/improvement-programmes/acute-adult/spsp-acute-adult-collaborative-1/additional-programme-information-falls/)

[My Home Life Scotland. Caring Conversations [online]](https://myhomelife.uws.ac.uk/scotland/caring-conversations/) 2021

[NHS Education for Scotland. Realistic medicine learning module [online]](https://learn.nes.nhs.scot/18350/realistic-medicine)

[NHS Education for Scotland. Enhancing person-centred care learning activities [online]](https://www.effectivepractitioner.nes.scot.nhs.uk/clinical-practice/enhancing-person-centred-care.aspx)

[Royal College of Physicians. Bedside vision check for falls prevention assessment tool [online]](https://www.rcplondon.ac.uk/projects/outputs/bedside-vision-check-falls-prevention-assessment-tool)

[The 4AT. Guide to delirium care: detection, treatment, and prevention tools [online]](https://www.the4at.com/deliriumguide/)

Primary Driver: Person centred care

## Secondary driver: Regular review

### Change ideas:

* Daily review of person centred care planning documentation
* Post-fall review and care plan updated
* Structured ward round
* Local policy and procedure to support review of and stopping enhanced observation or one to one care

### Evidence and Guidelines:

[Healthcare Improvement Scotland. Care of older people in hospital standards [online]](http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/opah_standards.aspx) 2015

[National Institute for Health and Care Excellence. Chapter 28 Structured ward rounds - Emergency and acute medical care in over 16s: service delivery and organisation [online] 2017](https://www.nice.org.uk/guidance/ng94/documents/draft-guideline-28)

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### Tools and Resources:

[Clinical Excellence Commission. Structured ward rounds – Patricia’s story (January 2015) [online video]](https://youtu.be/fExlkV5jlUI)

[Royal College of Physicians. Modern ward rounds [online]](https://www.rcplondon.ac.uk/projects/outputs/modern-ward-rounds) 2021

# Primary Driver: Promote safer mobility

Secondary driver: Patient, family and /or carer involvement

### Change ideas:

* What matters to you conversations to inform patient care
* Personal outcomes discussions
* Family involvement in therapy sessions
* Promote ‘reconditioning’ with patient, family and/or carers

Secondary driver: Maintain a safe environment

### Change ideas:

* Work station positions for close observation of people at risk of falls
* Seats placed around the ward for patients to rest
* Bed rail assessment to inform plan of care
* Test ‘call don’t fall’ initiatives

Secondary driver: Meaningful activity

### Change ideas:

* Planned activity delivered by use of volunteers
* Risk enablement to encourage patient mobility
* Group based exercise or activity programmes

Secondary driver: Maximise opportunities for supported positive risk taking

### Change ideas:

* Activities displayed around ward e.g. sit to stands at bed space
* Communication of patient mobility needs e.g. I Can
* Daily plan for patients to get up and dressed
* Individualised prescribed mobility plans with visual exercise prompts

Primary Driver: Promote safer mobility

## Secondary driver: Patient, family and/or carer involvement

### Change ideas:

* What matters to you conversations to inform patient care
* Personal outcomes discussions
* Family involvement in therapy sessions
* Promote ‘reconditioning’ with patient/family/carers

### Evidence and Guidelines:

[Avanecean D, Calliste D, Contreras T, Lim, Y, Fitzpatrick A. Effectiveness of patient-centered interventions on falls in the acute care setting compared to usual care: a systematic review. JBI Database of Systematic Reviews and Implementation Reports. 2017;15(12):3006-3048](https://journals.lww.com/jbisrir/Abstract/2017/12000/Effectiveness_of_patient_centered_interventions_on.14.aspx)

[Harvey JA, Chastin SFM, Skelton DA. What happened to my legs when I broke my arm? AIMS Medical Science. 2018;5(3):252-258](http://www.aimspress.com/article/10.3934/medsci.2018.3.252)

[Lui B, Moore JE, Almaawiy U, Chan WH, Khan S, Ewusie J, et al. Outcomes of Mobilisation of Vulnerable Elders in Ontario (MOVE ON): a multisite interrupted time series evaluation of an implementation intervention to increase patient mobilisation. Age and Ageing. 2018;41(1):112-119](https://academic.oup.com/ageing/article/47/1/112/3970847)

[Rossiter C, Levett-Jones T, Pich J. The impact of person-centred care on patient safety: An umbrella review of systematic reviews. International Journal of Nursing Studies. 2020;109](https://www.sciencedirect.com/science/article/abs/pii/S0020748920301425)

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### Tools and Resources:

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[Health Service 360. The Last 1000 days [online] 2022](https://www.healthservice360.co.uk/last1000days/)

[Moving Medicine. Hospital Associated Deconditioning [online]](https://movingmedicine.ac.uk/consultation-guides/condition/adult/hospital-associated-deconditioning-2/)

[Realistic Medicine. Shared decision making, reducing harm, waste and tackling unwarranted variation [online] 2023](https://www.realisticmedicine.scot/)

[Royal College of Physicians. Falls prevention in hospital: a guide for patients, their families and carers [online]](https://www.rcplondon.ac.uk/projects/outputs/falls-prevention-hospital-guide-patients-their-families-and-carers)

[What Matters To You?. A global movement to improve outcomes [online]](https://wmty.world/)

Primary Driver: Promote safer mobility

## Secondary driver: Maintain a safe environment

### Change ideas:

* Work station positions for close observation of people at risk of falls
* Seats placed around the ward for patients to rest
* Bed rail assessment to inform plan of care
* Test ‘call don’t fall’ initiatives

### Evidence and Guidelines:

[Cameron I D, Dyer S D, Panagoda C E, Murray G R, Hill K, et al. Interventions for Preventing Falls in Older People in Care Facilities and Hospitals [online] 2018; 2018(9)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6148705/)

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[Royal College of Physicians and Clinical Medicine. Morris R, O'Riordan S. Prevention of falls in hospital. Clinical Medicine. 2017;17(4):360-362](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6297656/)

### Tools and Resources:

[Ali U M, Judge A, Foster C, Brooke A, James K, et al. Do Portable Nursing Stations within Bays of Hospital Wards Reduce the Rate of Inpatient Falls? An interrupted time-series analysis [online] 2018](https://academic.oup.com/ageing/article/47/6/818/5054440)

[Royal College of Physicians. Fall Safe Resources Bed Rail Assessment [online] 2022](https://www.rcplondon.ac.uk/guidelines-policy/fallsafe-resources-original)

[UK Government. Bed Rails: Management and safe use [online] 2021](https://www.gov.uk/guidance/bed-rails-management-and-safe-use)

Primary Driver: Promote safer mobility

## Secondary driver: Meaningful activity

### Change ideas:

* Planned activity delivered by use of volunteers
* Risk enablement to encourage patient mobility
* Group based exercise or activity programmes

### Evidence and Guidelines:

[Liu B, Moore J, Ummukulthum A, Wai-Hin C, Khan S, et al. Outcomes of mobilisation of vulnerable elders in Ontario (MOVE ON): A multisite interrupted time series evaluation of an implementation intervention to increase patient mobilisation [online] 2018; 47(1) 112-119](https://academic.oup.com/ageing/article/47/1/112/3970847)

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[Tricco A, Thomas SM, Veroniki AA, et al. Comparisons of interventions for preventing falls in older adults: A systematic review and meta-analysis [online] 2017; 318(17):1687-1699](https://jamanetwork.com/journals/jama/fullarticle/2661578)

### Tools and Resources:

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[Care Opinion, McInally L. Improving Patient Activity in Hospital [online] 2017](https://www.careopinion.org.uk/blogposts/646/improving-patient-activity-in-hospital)

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[McInally L, Black F. Using activity passports to support people to improve their health and wellbeing [online] 2018](https://www.careopinion.org.uk/blogposts/753/thinkactivity---using-activity-passports-to-s)

[Public Health England, UK Government. Active Hospitals [online] 2020](https://www.gov.uk/government/case-studies/active-hospitals)

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[The King’s Fund Volunteering in Health and Care [online] 2013](https://www.kingsfund.org.uk/publications/volunteering-health-and-care)

Primary Driver: Promote safer mobility

## Secondary driver: Maximise opportunities for supported positive risk taking

### Change ideas:

* Activities displayed around ward e.g. sit to stand at bed space
* Communication of patient mobility needs e.g. I can
* Daily plan for patients to get up and dressed
* Individualised prescribed mobility plans with visual exercise prompts

### Evidence and Guidelines:

[Hartung B, Lalonde M. The use of non-slip socks to prevent falls among hospitalized older adults: A literature review [online] 2017; 38(5):412-416](https://pubmed.ncbi.nlm.nih.gov/28285830/)

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### Tools and Resources:

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# Primary Driver: Multidisciplinary Team intervention and communication

Secondary driver: Management of communication in different situations

### Change ideas:

* Highlight falls related safety issues during hospital huddles
* Ward safety briefs to highlight issues and concerns
* Use of standardised and reliable communication tools to reduce risk with transitions of care

Secondary driver: Communication between primary and secondary care

### Change ideas:

* Test mechanisms for all inpatient falls communicated via Immediate Discharge Letter
* Standardised handover from ambulance to hospital
* Joint primary and secondary care falls groups

Secondary driver: Multidisciplinary Team falls risk assessment and intervention

### Change ideas:

* Multidisciplinary Team standard comprehensive assessment
* Multidisciplinary Team multifactorial interventions
* Polypharmacy reviews e.g. adopt 7 steps
* Multidisciplinary Team ward huddles
* Assess concerns about falling using a locally agreed and reliable tool
* Assess and treat orthostatic hypotension

Primary Driver: Multidisciplinary Team intervention and communication

## Secondary driver: Management of communication in different situations

### Change ideas:

* Highlight falls related safety issues during hospital huddles
* Ward safety briefs to highlight issues and concerns
* Use of standardised and reliable communication tools to reduce risk with transitions of care

### Evidence and Guidelines:

[Jones K, Crowe J, Allen J, Skinner A, High R, et al. The impact of post fall huddles on repeat fall rates and perceptions of safety culture: A quasi experimental evaluation of a patient safety demonstration project [online] 2019, 19:650](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4453-y)

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Primary Driver: Multidisciplinary Team intervention and communication

## Secondary driver: Communication between primary and secondary care

### Change ideas:

* Test mechanisms for all inpatient falls communicated via Immediate Discharge Letter
* Standardised handover from ambulance to hospital
* Joint primary and secondary care falls groups

### Evidence and Guidelines:

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Primary Driver: Multidisciplinary Team intervention and communication

## Secondary driver: Multidisciplinary Team falls risk assessment and intervention

### Change ideas:

* Multidisciplinary Team standard comprehensive assessment
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* Polypharmacy reviews e.g. adopt 7 steps
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* Assess concerns about falling using a locally agreed and reliable tool
* Assess and treat orthostatic hypotension

### Evidence and Guidelines:

[Delbaere K, Close JCT, Mikolaizak, S, Sachdev PS, Brodaty H, et al. The Falls Efficacy Scale International (FES I): A comprehensive longitudinal validation study. Age and Ageing [online] 2010; 39(2):210-216](https://academic.oup.com/ageing/article/39/2/210/40898)

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# Primary Driver: Leadership to support a culture of safety

Secondary driver: Psychological safety

Change ideas:

* Structured 1 to 1 time
* Process to access senior support and discussion
* Structured hospital huddles to raise concerns

Secondary driver: Staff wellbeing

Change ideas:

* Listening to the workforce and identifying areas for improvements
* Test ideas for improvements in a timely manner
* Celebrate success
* Use of standardised feedback tools e.g. iMatter

Secondary driver: Safe staffing

Change ideas:

* Staff education and awareness
* Mechanism for effective rostering
* Process for mitigation of staffing shortfalls
* Process to escalate staffing shortfalls which impact on safe delivery of care

Secondary driver: System for Learning

Change ideas:

* Post-falls staff debrief
* Quality improvement and measurement support
* Involvement of falls coordinators in improvement work
* Establish locals falls groups with MDT representation

Primary Driver: Leadership to support a culture of safety

## Secondary driver: Psychological safety

### Change ideas:

* Structured 1 to 1 time
* Process to access senior support and discussion
* Structured hospital huddles to raise concerns

### Evidence and Guidelines:

[Grailey KE, Murray E, Reader T, Brett SJ. The presence and potential impact of psychological safety in the healthcare setting: an evidence synthesis. BMC Health Services Research [online] 2021;21(1):773](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06740-6)

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Primary Driver: Leadership to support a culture of safety

## Secondary driver: Staff wellbeing

### Change ideas:

* Listening to the workforce and identifying areas for improvements
* Test ideas for improvements in a timely manner
* Celebrate success
* Use of standardised feedback tools e.g. iMatter

### Evidence and Guidelines:

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[The Scottish Social Service Council Coaching for Wellbeing Resources [online]](https://news.sssc.uk.com/news/coaching-for-wellbeing)

Primary Driver: Leadership to support a culture of safety

## Secondary driver: Safe staffing

### Change ideas:

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### Evidence and Guidelines:

[Griffiths P, Recio Saucedo, Dall’Ora C, Briggs J, Maruotti A, et al. The association between nurse staffing and omissions in nursing care: A systematic review journal of advanced nursing [online] 2018; 74(7):1474-1487](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6033178/)

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Primary Driver: Leadership to support a culture of safety

## Secondary driver: System for learning

### Change ideas:

* Post-falls staff debrief
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# Measurement

Measurement is an essential part of improvement as it helps the project team understand if the changes they are making are leading to improved care. Below you will see an outline of three types of measures used in improvement and a link to the measurement framework.

## Outcome measures

Outcome measures are used to understand if the changes are resulting in improvements towards the aim.

## Process measures

Process measures demonstrate that change ideas are improving the underlying processes that contribute towards falls prevention.

## Balancing measures

Balancing measures are used to determine if the changes are affecting things elsewhere in the system (unintended consequences).

More detailed information can be found in the measurement framework on the [ihub website](https://ihub.scot/media/10114/20230531-falls-measurement-framework-v10.pdf).

# Contact

You can get in touch to provide feedback or share your plans for using the Falls Driver Diagram and change package by:

Email: [his.acutecare@nhs.scot](mailto:his.acutecare@nhs.scot)

Twitter: [SPSP Acute Adult twitter profile](https://twitter.com/SPSP_AcuteAdult) [ihub twitter profile](https://twitter.com/ihubscot)

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If this accessible version of our driver diagram does not fulfil your needs, please get in touch with us via email at [his.acutecare@nhs.scot](mailto:his.acutecare@nhs.scot)

[To find out more, visit the ihub website](https://www.ihub.scot)

# END

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