

SPSP Acute Adult Programme Falls Reduction Change Package

Improvement Hub
Enabling health and
social care improvement

2023 Falls Reduction Driver Diagram



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**Essentials of Safe Care*

Primary Driver Person centred care



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Secondary drivers

Change ideas

Patient and family
inclusion and
involvement

Provision of person
centred visiting

Conversation with
patient / family
about falls history

Provide falls risk and
safer mobility
information to
patient / family

What matters to you
conversations to
inform patient care

Individualised
assessment

Implementation of
agreed tool for early
identification of frailty
*

Implementation of
agreed tool for early
identification of
delirium *

Standard comprehensive
assessment with
multifactorial
interventions

Local policy and
procedure to support
commencement of
enhanced obs/1:1

Monitor patterns
of behavior

Targeted evidence
based falls risk
interventions

Timely CGA

Implementation of
agreed tool to
manage delirium *

Delivery of person
centred care
planning
documentation

Regular review

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
obs/1:1

**Use of reliable tools*

Primary Driver

Promote safer mobility



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Secondary drivers

Patient / family /
carer involvement

Maintain a safe
environment

Meaningful activity

Maximise
opportunities for
supported positive
risk taking

Change ideas

What matters to
you conversations
to inform patient
care

Work station
positions for close
observation of
people at risk of
falls

Planned activity
delivered by use of
volunteers

Activities displayed
around ward e.g.
sit to stands at bed
space

Personal outcomes
discussions

Seats placed
around the ward
for patients to rest

Risk enablement to
encourage patient
mobility

Communication of
patient mobility
needs e.g I Can

Family involvement
in therapy sessions

Bed rail
assessment to
inform plan of care

Group based
exercise/activity
programmes

Daily plan for
patients to get up
and dressed

Promote
'reconditioning'
with patient /
family / carers

Test 'call don't fall'
initiatives

Individualised
prescribed mobility
plans with visual
exercise prompts

Primary Driver

Multidisciplinary Team intervention and communication



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Secondary drivers

Change ideas

Management of communication in different situations

Highlight falls related safety issues during hospital huddles

Ward safety briefs to highlight issues and concerns

Use of standardised communication tools * to reduce risk with transitions of care

Communication between primary and secondary care

Test mechanisms for all inpatient falls communicated via Immediate Discharge Letter

Standardised handover from ambulance to hospital

Joint primary and secondary care falls groups

Multidisciplinary Team falls risk assessment and intervention

Multidisciplinary Team standard comprehensive assessment

Multidisciplinary Team multifactorial interventions

Polypharmacy reviews e.g. adopt 7 steps

Multidisciplinary Team ward huddles

Assess concerns about falling *

Assess and treat orthostatic hypotension

**Use of reliable tools*

Primary Driver

Leadership to support a culture of safety



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Secondary drivers

Change ideas

Psychological
safety

Structured 1:1 time

Process to access
senior support and
discussion

Structured hospital
huddles to raise
concerns

Staff wellbeing

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

Safe staffing

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

System for learning

Post-falls staff
debrief

Quality improvement
and measurement
support

Involvement of falls
coordinators in
improvement work

Establish local falls
groups with MDT
representation

Contact details



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