

# SPSP Acute Adult Collaborative Celebration Event

'A Collaborative Journey: Celebrating Learning Together'

Tuesday 26 March 2024 Golden Jubilee Conference Hotel & online



#### Welcome



Eddie Docherty
Executive Director of Nursing,
Midwifery and AHPs, NHS Lanarkshire



## Housekeeping



- Wi-Fi name: GJCH Public Wifi
- Organising team yellow lanyards
- If you hear a fire alarm, please proceed to the nearest exit
- During the meeting, please set mobiles to silent
- Recording & photography

## Aims



Celebrate the achievements of the collaborative teams

 Plan for life beyond the collaborative: how to sustain and build on falls and deteriorating patient improvement work

Connect with colleagues across Scotland to share learning

# Morning agenda...



Time	Topic	Lead	
10.00	Chair's welcome	Eddie Docherty, Executive Nurse Director, NHS Lanarkshire	
10:15	SPSP Acute Adult – Celebrating and sharing progress	Joanne Matthews, Associate Director of Improvement and Safety, HIS	
		Claire Mavin, Perinatal, Paediatric and Acute Care Portfolio Lead, HIS	
10:40	Falls introduction	<b>Dr Lara Mitchell,</b> National Clinical Lead Frailty (Acute), HIS	
10:50	Falls plenary: So you made it, now what?  Q&A	<b>Professor Brian Dolan OBE,</b> Director of Health Service 360, Honorary President of AGILE	
11:20	Introduction of first breakout session	Eddie Docherty	
11:25	Break and move to breakouts		

# ...morning agenda



	•	Breakout session on Falls (hybrid): Building on the momentum: the next step forward	Jackie Bartlett and Stephanie Frearson, NHS Ayrshire & Arran	
11:35			Prof Brian Dolan OBE, Prof Dawn Skelton, Dr Lara Mitchell	
	•	Breakout session on Deteriorating Patient (hybrid): Find your game changers	Dr Gregor McNeill, Lesley Morrow, Emma Hearn, Gillian McAuley, NHS Lothian	
			Dr Lynsey Fielden	
	•	<b>Breakout session on Wellbeing:</b> Prioritising wellbeing: self-care and supporting teams	<b>Dr Christopher Healey,</b> Airedale NHS Foundation Trust	
			Scott Hamilton, Healthcare Improvement Scotland	
	•	<b>Breakout session on Quality Improvement:</b> Scale up and spread	<b>Hazel Devlin and Emily Waite,</b> NHS Education for Scotland	
12:35		Lunch (50 mins)		

#### Welcome virtual audience



WebEx audience

Chat box to participate in Q&A's



#### Our reach today





- Clinical Staff
  - Nurses
  - AHP's
  - Doctors
- QI colleagues
- Nursing and AHP Students
- Scottish Government
- Care Inspectorate
- International

## Online delegate bag



- Agenda
- Speakers' information
- Storyboards
- Evaluation links
- Resources

#### After today:

- Video links
- Presentations





### **Acute Care Team**

@SPSP\_AcuteAdult
#SPSP247

## Celebrating and Sharing Success



#### **Joanne Matthews**

Associate Director Improvement and Safety Healthcare Improvement Scotland



### Scottish Patient Safety Programme





SPSP aims to improve the safety and reliability of care and reduce harm

#### **Core Themes**

**Essentials of Safe Care** 

SPSP Programme improvement focus Maternity, Neonatal, Paediatric Acute Care, Primary Care, Medicines and Mental Health

**SPSP Learning System** 

## Essentials of Safe Care (EoSC)



#### Aim

#### **Primary Drivers**

# Secondary Drivers

Person centred systems and behaviours are embedded and support safety for everyone Structures & processes that enable safe, person centred care

Inclusion and involvement

Workforce capacity and capability

Skills: appropriate language, format and content

Practice: use of standardised tools for communication

Critical Situations : management of communication in different situations

Psychological safety

Staff wellbeing

System for learning

Reliable implementation of Standard Infection Prevention and Control Precautions (SICPS)

Safe Staffing

To enable the delivery of safe care for every person within every system every time

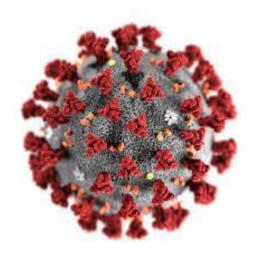
Safe communications within and between teams

Leadership to promote a culture of safety at all levels

Safe consistent clinical and care processes across health and social care settings

# In the beginning...Sep 2021









To learn together to improve the safety and reliability of care and reduce harm

# Creating Change - You have created a big opportunity





# Key enablers















Application of method

#### SPSP Acute Adult Collaborative



#### **Claire Mavin**

Perinatal, Paediatric and Acute Care Portfolio Lead

Healthcare Improvement Scotland



# Collaborative – creating change



Improving recognition and structured response for deteriorating patients

Reducing falls and falls with harm

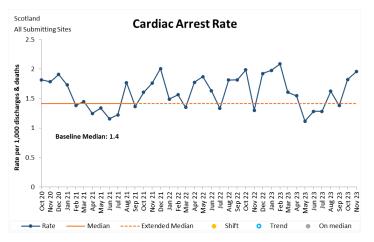


# **Impact**

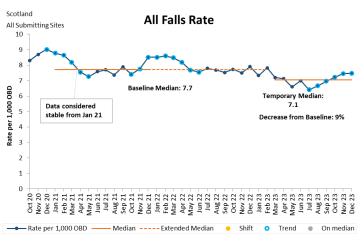




**Shifting Culture** 



Reduction in cardiac arrest rate in 3 hospitals



Reduction in falls rate in 8 hospitals



**Understanding Systems** 

# What has helped?

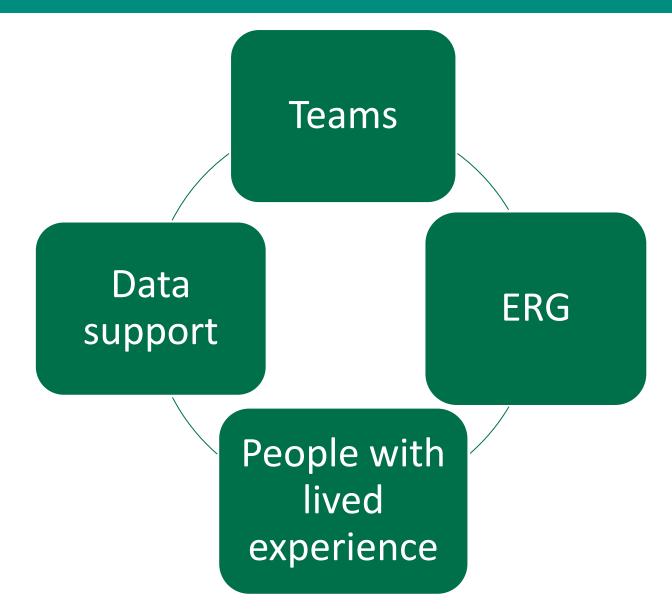


Readiness for change work is helping us
understand how to
support teams to
become self-sustaining

Opportunities to network across NHS Scotland, access to evidence-based change ideas and attendance at national learning events have been engaging and energising

# Thank you

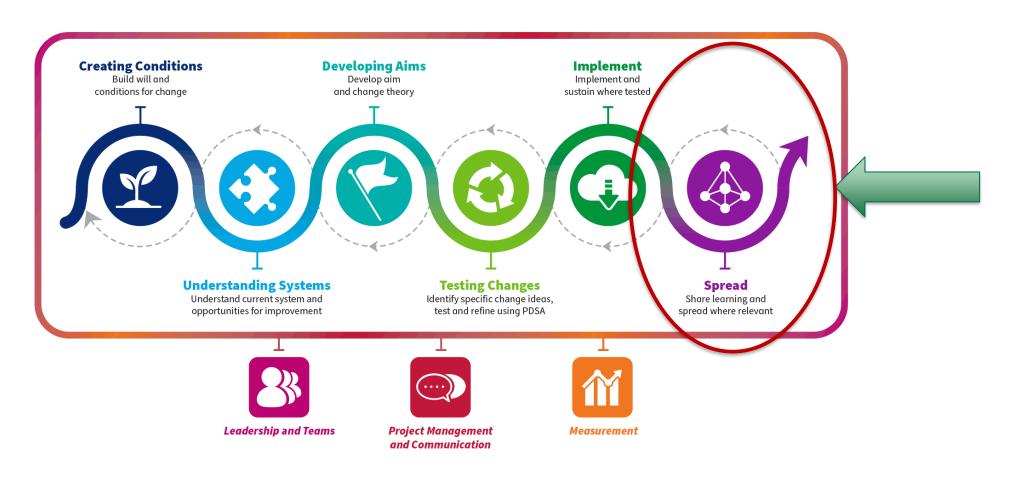




## Spread...



NES have described the necessary steps for quality improvement work



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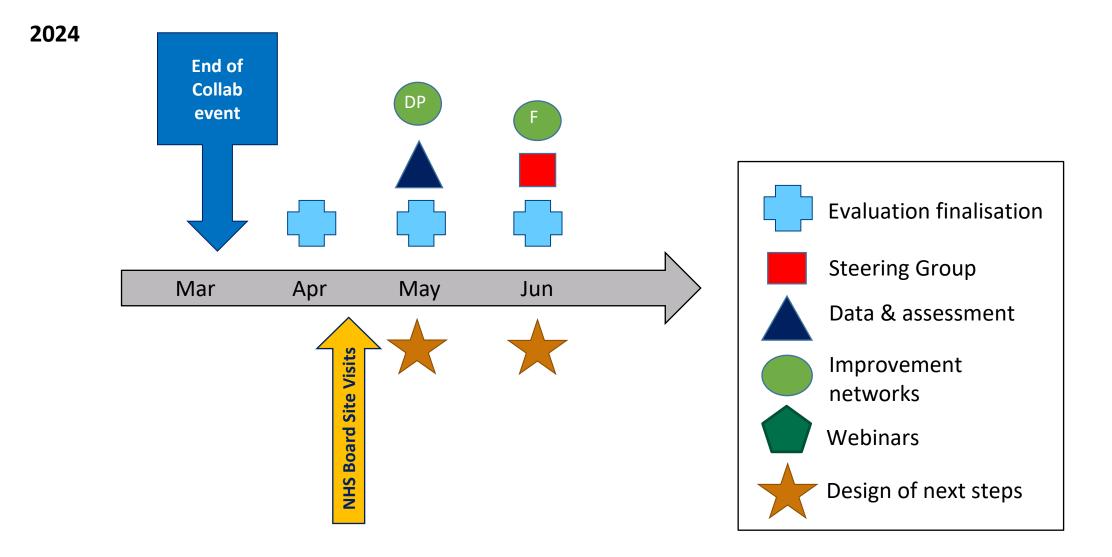
# Describe your improvement journey in one word



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# SPSP Acute Adult Collaborative





# Next steps

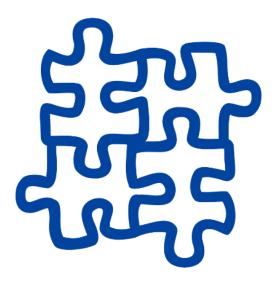




Delivery



**Evaluation** 



Design

# **Evaluation components**



Collaborative data collection and analysis

Social Network Analysis

**Economic analysis** 

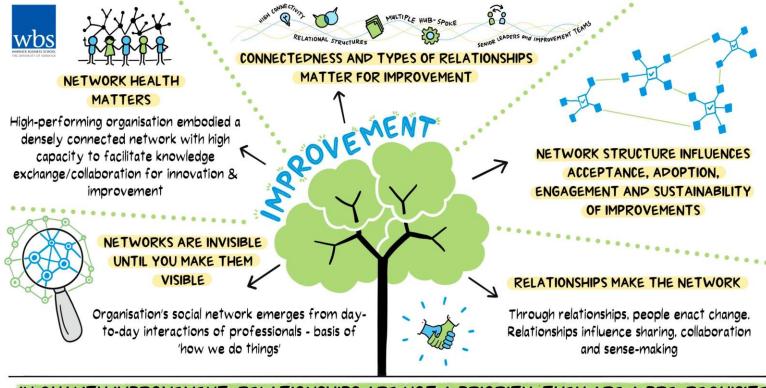
Drafting the final report

Publish Evaluation

January February March April May June July August

# Social Network Analysis

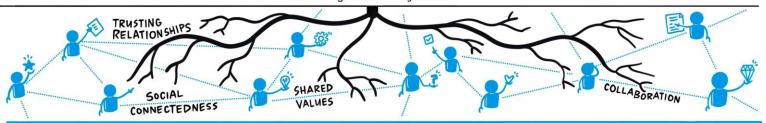






#### IN QUALITY IMPROVEMENT, RELATIONSHIPS ARE NOT A PRIORITY, THEY ARE A PRE-REQUISITE

- Nicola Burgess and Emily Rowe -



LEADING CHANGE ACROSS HEALTHCARE SYSTEM: HOW TO BUILD IMPROVEMENT CAPABILITY AND FOSTER A CULTURE OF CONTINUOUS IMPROVEMENT

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# What are you most interested to learn from the evaluation?



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### Scottish Government address



Jenni Minto MSP
Minister for Public Health
and Women's Health



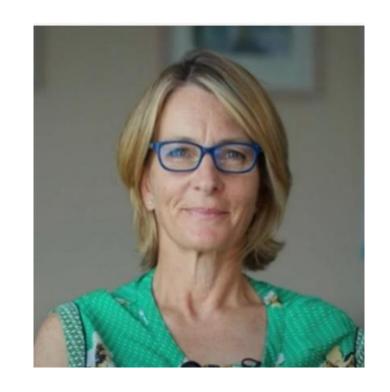




#### SPSP Acute Adult Falls



Dr Lara Mitchell
National Clinical Lead Frailty (Acute),
Healthcare Improvement Scotland



# Age UK study



#### 17,000 older people in Sept 2023

31% health is worse

26% rarely leaving their home

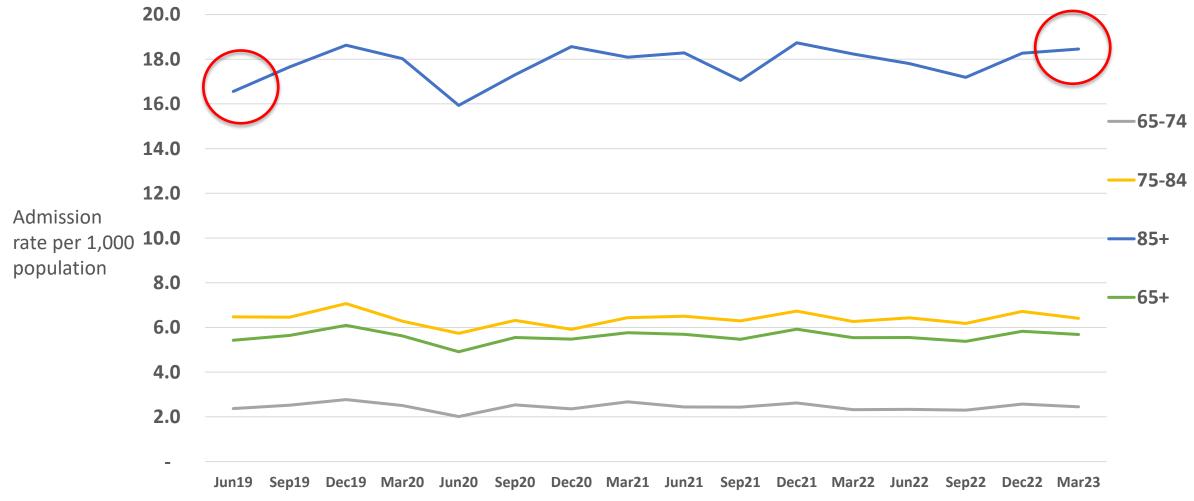
35% can't walk as far

58% not confident it would improve

# The context – community falls



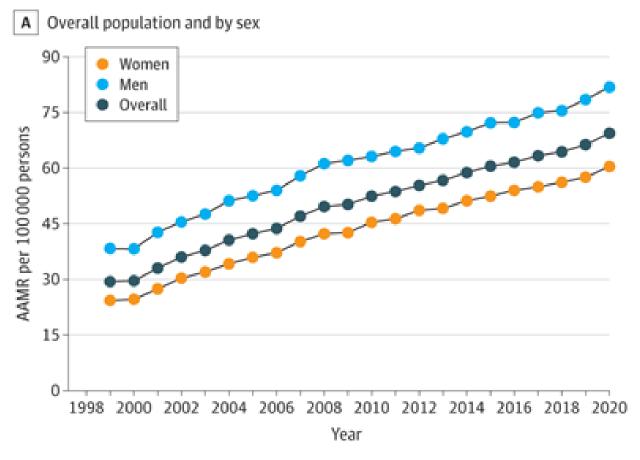
Emergency hospital admissions resulting from a fall by age group



#### And there's more...

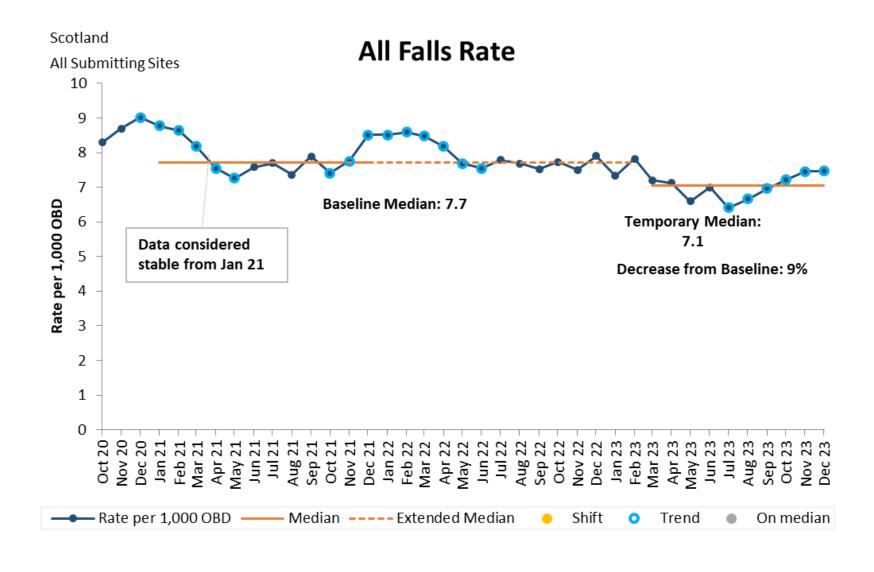


Trends in Deaths From Falls Among Adults Aged 65 Years or Older in the US, 1999-2020



# The National picture...





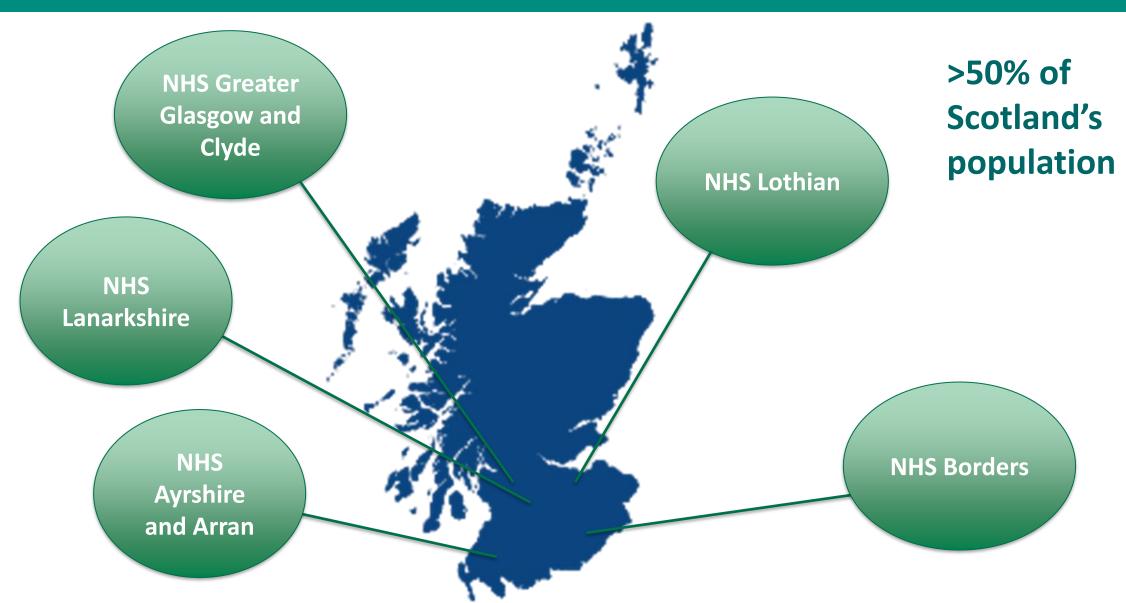


"A great accomplishment shouldn't be the end of the road just a starting point for the next leap forward"

Harvey Mackay

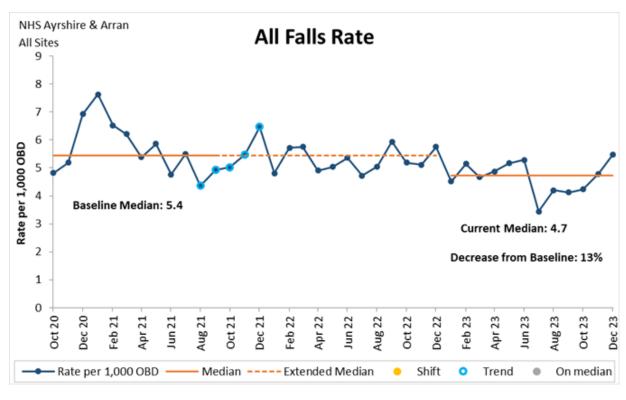
### Board-level reduction

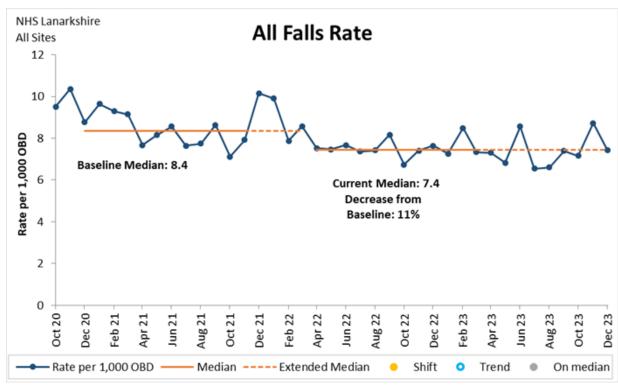




### Board-level reduction







### What are the factors for success?







Person centred care

Multidisciplinary working

Language matters

Integration



Co-design

Education and Coaching

Leadership and Teams

Culture

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Do these themes resonate with you?



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What would you add to that list?



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### What's been happening?



Safer Mobility, 'I Can', Active wards Individualised person centred care

Stress and distress, Cohort bays

QI boards

Falls strategy

Tailored support

Celebrate success

Visual communication

Staff and patient leaflets, 'Call don't fall'

Tea-trolley training,
Teams channels

### Reflections...





What is the key piece of advice you'd like to tell your former self at the beginning of your improvement journey?



"Goals are for people who care about winning once.
Systems are for people who care about winning repeatedly."

James Clear



### Professor Brian Dolan



Professor Brian Dolan OBE
Director of Health Service 360,
Honorary President of AGILE







# So, you made it. Now what?!

## Prof Brian Dolan OBE

FFNMRCSI, FRSA, MSc(Oxon), MSc(Nurs), RMN, RN

Director, Health Service 360 (UK)

Professor, Coventry University

Honorary Professor of Leadership in Healthcare, University of Salford

Honorary President AGILE: Network of Chartered Physiotherapists working with older people Honorary Adjunct Professor of Innovation in Healthcare, Bond University, SE Queensland







BRITISH MEDICAL JOURNAL 967

### THE DANGERS OF GOING TO BED

BY

R. A. J. ASHER, M.D., M.R.C.P.

It is always assumed that the first thing in any illness is to put the patient to bed. Hospital accommodation is always numbered in beds. Illness is measured by the length of time in bed. Doctors are assessed by their bedside manner. Bed is not ordered like a pill or a purge, but is assumed as the basis for all treatment. Yet we should think twice before ordering our patients to bed and realize that beneath the comfort of the blanket there lurks a host of formidable dangers. In "Hymns Ancient and Modern," No. 23, Verse 3, we find:

"Teach me to live that I may dread The grave as little as my bed."

It is my intention to justify placing beds and graves in the same category and to increase the amount of dread with which beds are usually regarded. I shall describe some of the major hazards of the bed. There is hardly any part of the body which is immune from its dangers.

Respiratory System.—The maintenance of one position allows the collection of bronchial secretions, which, stagnating in the

urinary tract can find difficulty in using a bottle—probably because of the horizontal position of the body coupled with the nervousness and embarrassment felt on attempting this unnatural, uncomfortable, and unfamiliar method of micturition. In older people this difficulty may lead to acute retention with overflow or to simple incontinence. Bed-sores may develop and keep the patient to bed, so initiating a vicious circle of bedridden incontinence. Prolonged incontinence leads to a deterioration of hygienic morale, and a patient may continue to be incontinent from sanitary sloth rather than urological disease. Getting a patient out of bed may turn him from an incontinent person to a clean one.

Alimentary Tract.—This too is not immune from the bad effects of rest in bed. After a few days minor dyspepsias and heartburn may be noticed; the appetite is often lost. Constipation occurs almost invariably, and even if not of grave significance is often a grievous worry to the patient. Its causes are, first, the absence of muscular movement; secondly, the change of environment (no one can say why this causes constipation, but it does); and, thirdly and most important, the difficulties of evacuating the bowel in a hospital bed-pan. On a bed-pan the patient is unable to use his abdominal muscles and his nearness to fellow-patients discomforts him. Precariously engaged in balancing himself, he sits there, poised unhappily above his own excrement in great dissatisfaction

### 9AMA - 1899 and 1944

### Liberation is NOT a new concept

"It means a great deal. . . to be put on their own feet in a short time, rather than be confined to bed, having their weak backs and general debility increase rather than disappear after the operation which was to cure them."—Dr Emil Ries,

JAMA 1899<sup>1</sup>

### THE ABUSE OF REST AS A THERA-PEUTIC MEASURE IN SURGERY

EARLY POSTOPERATIVE ACTIVITY AND REHABILITATION

JOHN H. POWERS, M.D. COOPERSTOWN, N. Y.

Rest, as a therapeutic measure, is fraught with hazard. Prolonged periods of recumbency in bed are anatomically, physiologically and psychologically unsound and unscientific. Conversely, early restoration of medical and surgical patients to normal life is an essential feature of modern convalescent supervision. Prompt postoperative activity and walking provide manifest, safe and agreeable modifications in customary convalescent care by which ready rehabilitation may be achieved in the realm of surgery.

The desirability of such a program for patients of advanced years has long been recognized; surgical wounds heal firmly even though early postoperative activity is encouraged. Infants and young children cannot be kept quietly at rest in bed after operation, yet postoperative hernias are not common. Utilization of this knowledge in the management of patients between the extremes of life promotes an equally uneventful convalescence. Early rising from bed and walking preclude the protracted period of inertia which traditionally follows in the wake of surgery and encourage the prompt resumption of normal activity.

## Florence Nightingale – 1870s

arrangements of the building. There could be no excuse for complacency. Even St Thomas's, with its pavilions of air, had been revealed, in a report of 1878, to be far from hygienic. 'It is now a well-known rule,' Florence had written in a note to herself: 'keep no patient in hospital a day longer than is absolutely necessary . . . And even this may be days too long. The patient may have to recover not only from illness or injury but from hospital.'

In the last phase of her working life. Florence would redouble her

## 'Is the patient safe for admission?'...

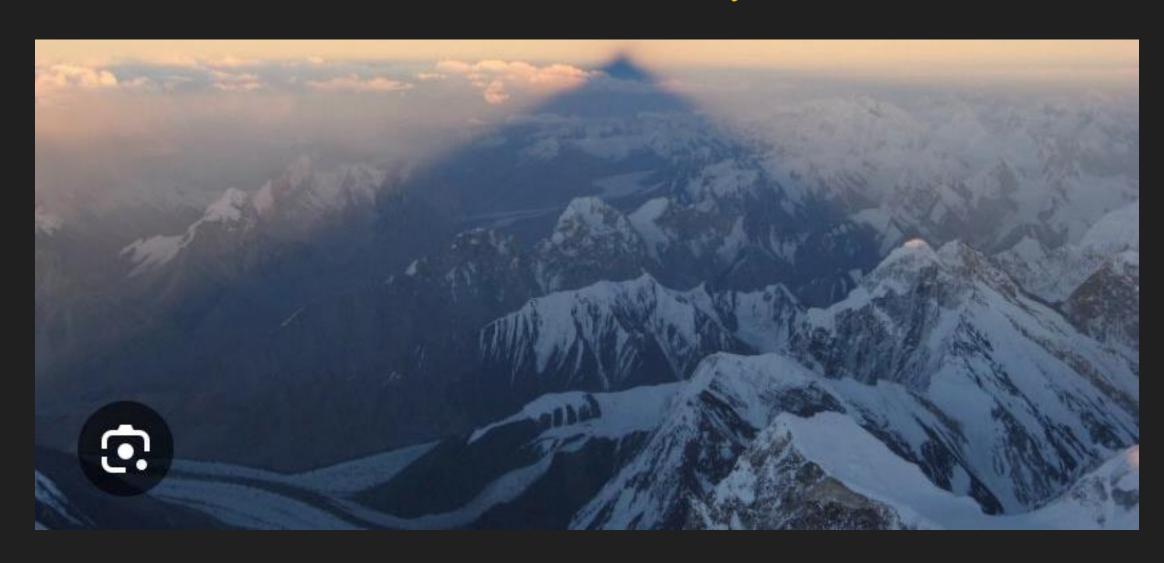
...may sometimes be a better question than 'Is the patient safe for discharge?'

Falls are often thought to be a problem of mobility

They're actually a problem of immobility



# The Shadow of KZ

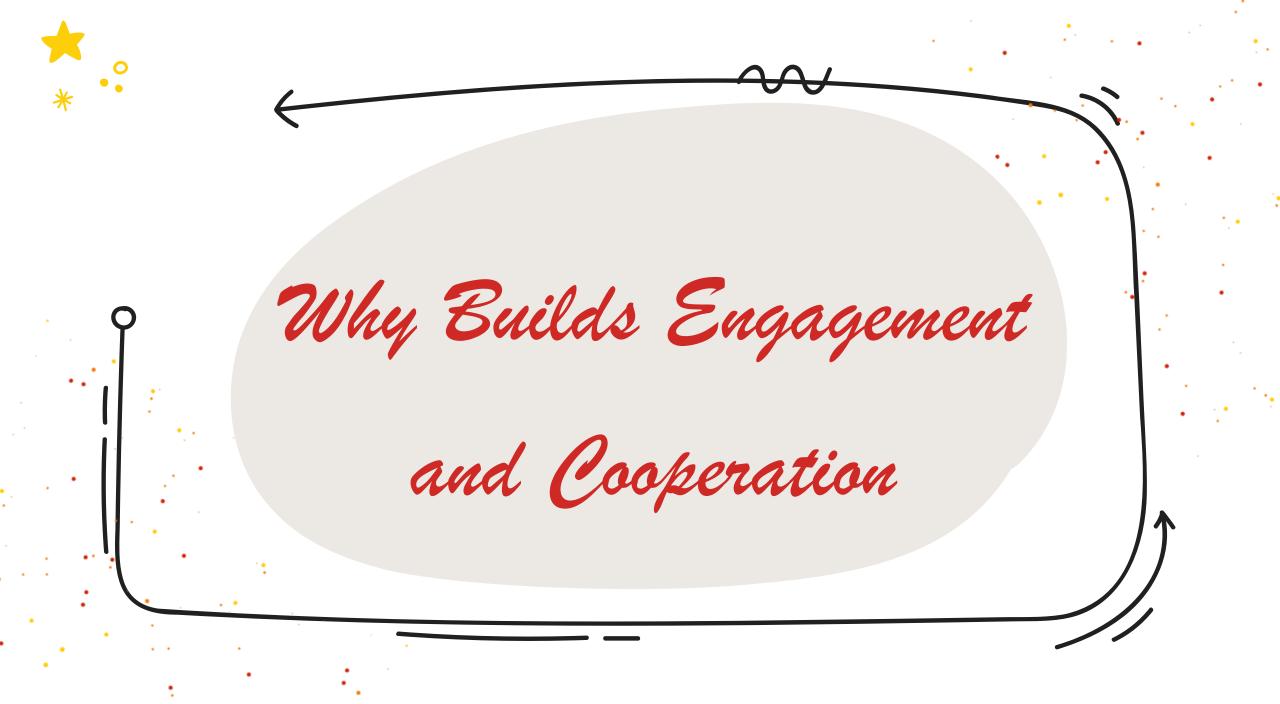


### There is no 'no risk' or 'safe' There is 'lower risk' or 'safer'











# Our shared purpose: #EndPJParalysis



### Our

Patients Nurses

Families

Physios

Senior Leaders

Doctors

Care Assistants

Students

### Shared

Anger and outrage at older patients deteriorating when we can do something about it.

### Purpose

To make sure that every person in a hospital bed gets mobilised when they are ready (clinically and personally) and that every person gets choice and a chance for the future life they want.



#EndPJParalysis
HORIZONS

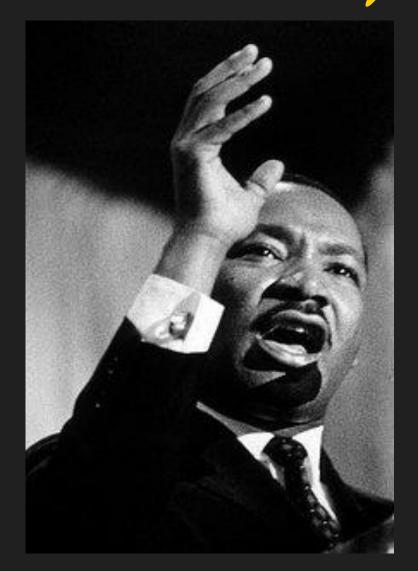


### Rosa Parks

A life long activist for black and particularly black women's rights



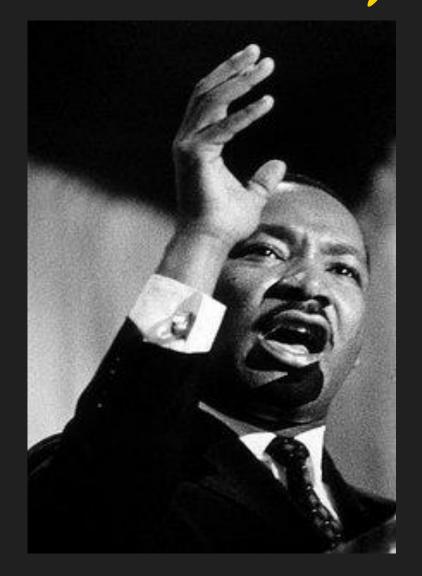
## Building A Social Movement

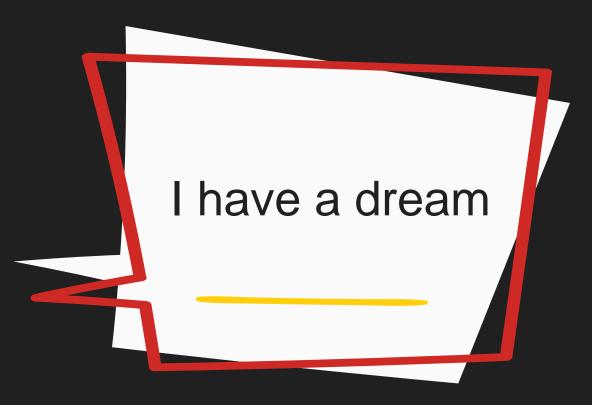


If Dr Martin Luther King was a manager

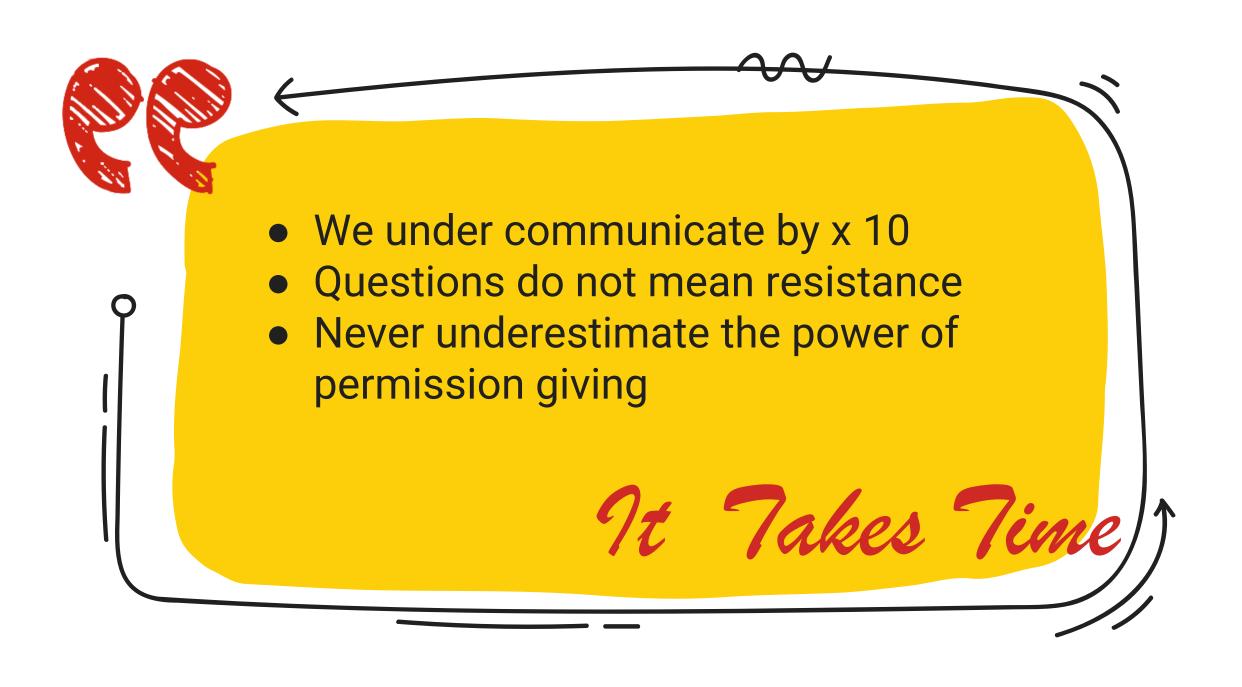


## Building A Social Movement





This works!
Hearts as well as minds



### Need a compelling story?

## Here's

- 1. Patient's time is the most important currency
- 2. 48% of people over 85 will die within a year of a hospital admission (Clark et al 2014)
- 3. If you had 1,000 days to live, how many of them would you choose to spend in hospital?

# Sharing message with patients



# Keeping active while you are in hospital

Information for patients, family members and carers





















Ok @BrianwDolan the #endPJparalysis playlist is live - it's collaborative (obvs!) so people will be able to add:

Ok @BrianwDolair tree (obvs!) so people will be able to add:	~ ~
I Like To Move It (feat. The Mad Stuntman) - Radio Ivization of the Italian Stuntman, Visnadi, Alex Natale Experience of the playlist by Michelle Smith	
Like To Move It (feat. The Mad Stuntman) - Radio Mix	3:41
1 Reel 2 Real, The Mad Stuntman, Vishodi, Vishod	2:27
Helen Shapiro	4:09
3 Get Up Offa That Thing James Brown	3:19
Get Up, Stand Up  The Wailers	3:57
Take Me Out Franz Ferdinand	5:07
6 Sunday Forgettable Okay(K)	4:19
7 Do Your Thing Basement Jaxx	2:59
Here It Goes Again  8 OK Go	4:53
We Don't Have To Take Our Clothes Off  Jermaine Stewart	
Dressed For Success	4:09
10 <sub>Roxette</sub>	5:09
11 Walk This Way Run-D.M.C., Aerosmith	4:12
You Can Leave Your Hat On  Joe Cocker	
Van Maar It Mall	طام ا
#EndP.IParalysis - the playlist	

A playlist featuring Reel 2 Real, Helen Shapiro, James Brown, and oth...



## Playlist



### **Bohemian Rhapsody – the #EndPJparalysis Originator's Cut**

Is this the real life
Or PJ fantasy?
Caught on a Patslide
No escape from reality

Open your eyes
Loose up my gown ties and see,
I'm just a poor boy, I need some sympathy
Because it's easy come, not easy go
Bed bound, poor flow
#Red2Green the beds flow, it really, really matters, to me, to me

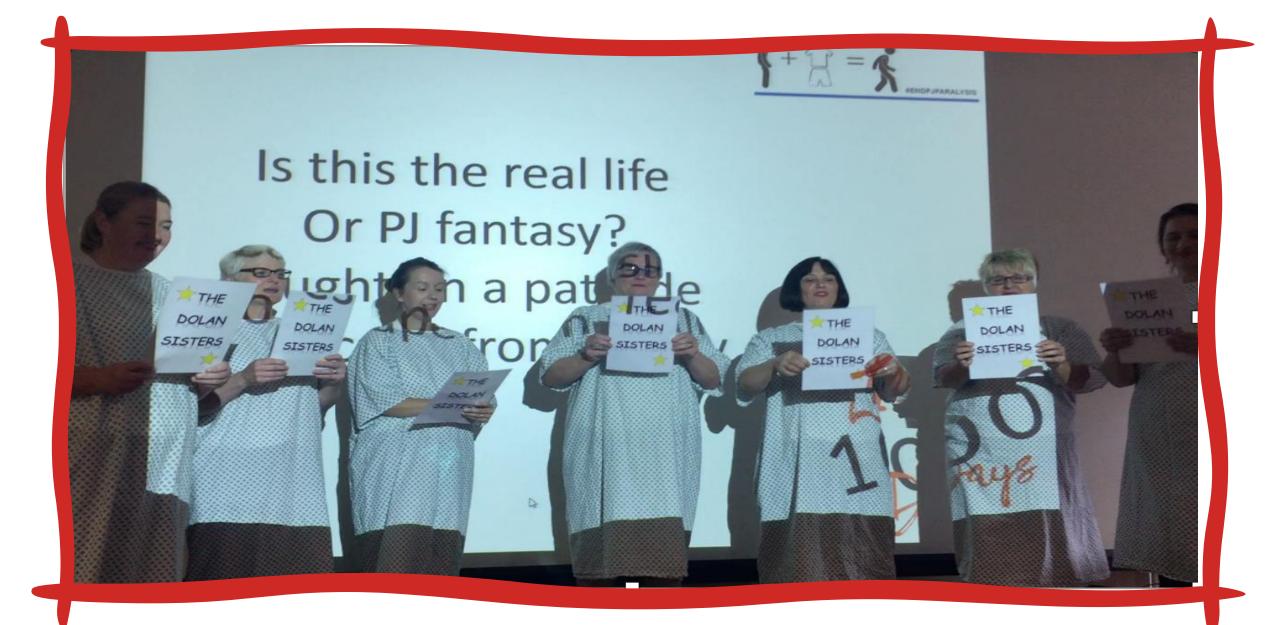
Pyjamas... just killed a man
Put some PJs on his bed,
Made him stay there now he's dead.
Mama, life had just begun, now I've gone and thrown PJs away
Mama, ooh...

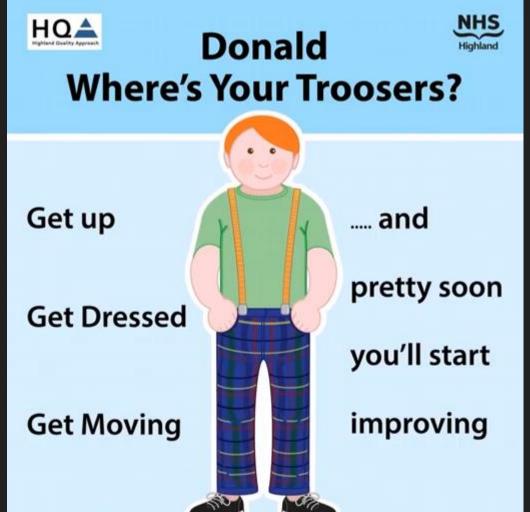
Didn't mean to make you cry

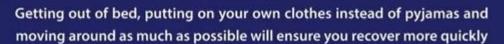
If I'm not back from M&S tomorrow, carry on, carry on

Cos day clothes really matter.

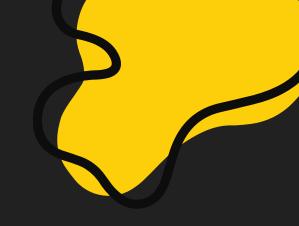




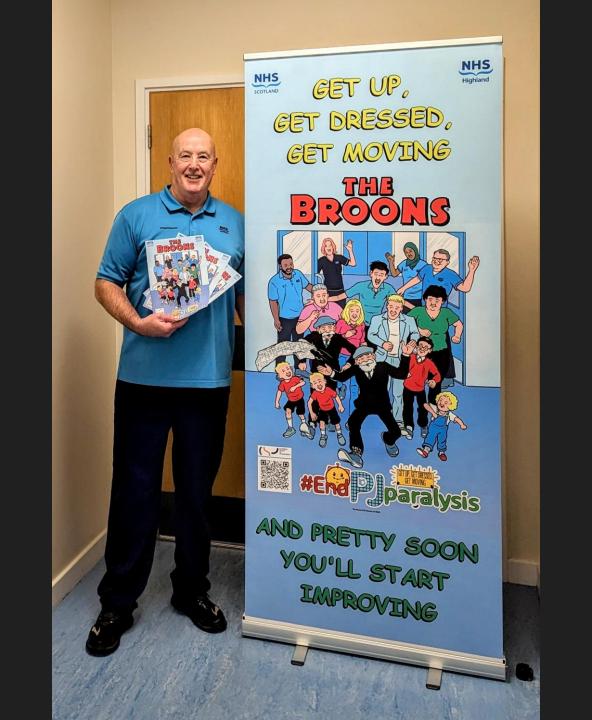


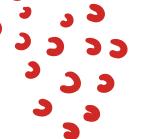




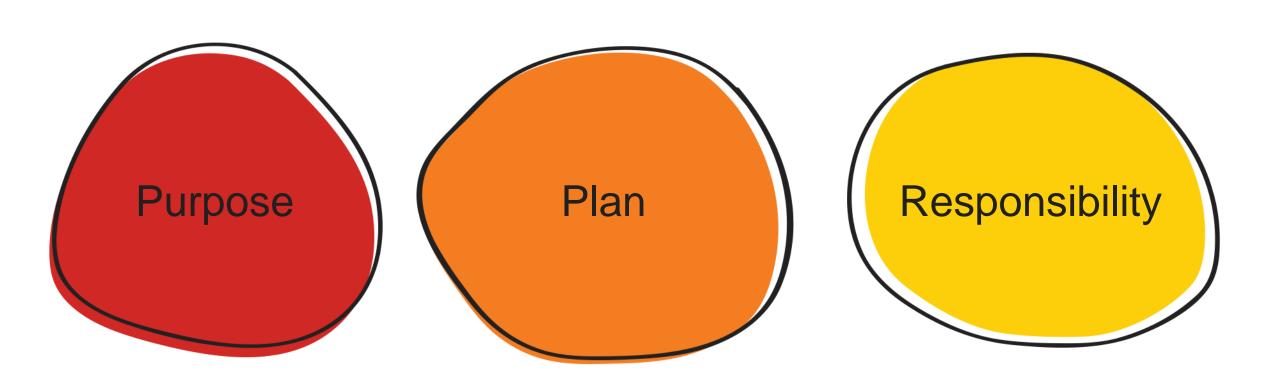








### Followers Need Clarity



"You can't fatten a cow by weighing it"

Palistinian Proverb





# Improvement is <u>NOT</u> just about measurement...

...but you can't improve something without measuring it!

WHAT DO WE WANTS EVIDENCE-BASED CHANGE WHEN DO WE WANT IT? AFTER PEER REVIEW

# Focus on what you can control

Explore what's possible

## Culture change combines hearts, heads and hands









We connect with stories – it's the why



Heads

Strategy is context and plans – the what and how



#### **Hands**

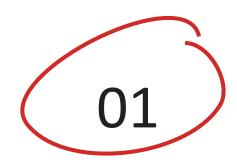
'OK, I want to be part of this' – the who



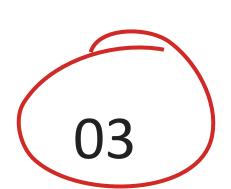
# "Hope is the conviction that despair will never have the last word'



### Hopeful Thinking:



The future will be better than the present



There are many paths to my goals



I have the power to make it so



None of them is free of obstacles



### People belong when they feel:

- 1. Seen & Heard
- 2. Connected
- 3. Supported
- 4. Proud





We are, as a species, addicted to story. Even when the body goes to sleep, the mind stays up all night, telling itself stories.

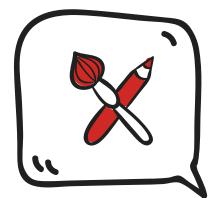
- Jonathan Gottschall,

The Storytelling Animal





### Deconstructing Stories



What Stories Do I Regularly Tell?

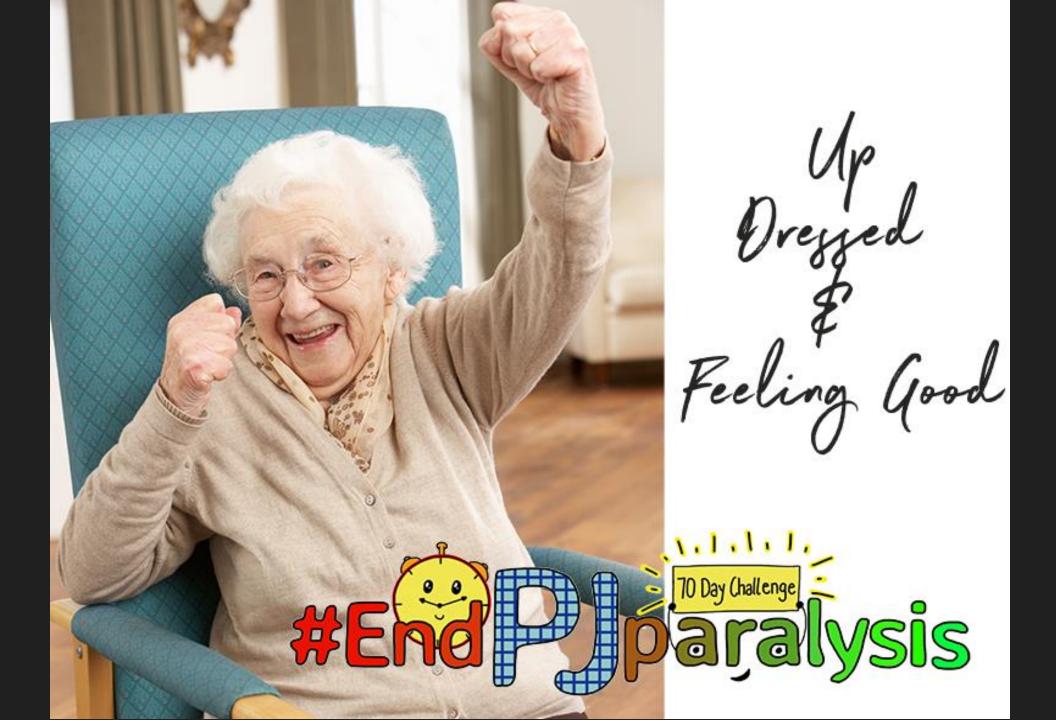


Is It True?



Does It Serve Me?







Join the NHS 70-day, 1 million patient day, #EndPJparalysis Challenge

17 April 2018 – 26 June 2018



Perception becomes reality



### Valuing patients' time

Why care will always be more important than cure





#### Brian Dolan 03E

brian@dolanholt.co.uk

👽 @BrianwDolan

# Thank You

www.healthservice360.co.uk Endpjparalysis.org/join





#### Breakout session round 1



#### Sessions begin at 11:35

- Falls: 'Building on the momentum: the next step forward' (main plenary room Arcoona and Webex for online attendees)
- Deteriorating Patient: 'Finding your game changers' (Inspiration Suite and MS Teams for online attendees)
- Wellbeing: 'Avoiding burnout and supporting wellbeing' (Creation Room)
- QI: 'Scale and spread' (Innovation Centre)



#### SPSP Acute Adult Collaborative Celebration Event 2024

#### **Falls Breakout Session**





#### Welcome



Dr Lara Mitchell
National Clinical Lead Frailty (Acute),
Healthcare Improvement Scotland



#### Breakout agenda



Time	Topic	Lead
11:35	Welcome	<b>Dr Lara Mitchell,</b> National Clinical Lead Frailty (Acute), Healthcare Improvement Scotland
11:40	Spotlight on NHS Ayrshire & Arran: Falls Improvement – A game of two halves	Jackie Bartlett, Falls Coordinator, NHS Ayrshire & Arran
		Stephanie Frearson, Quality Improvement Lead Acute, NHS Ayrshire & Arran
11:55	Q&A	Dr Lara Mitchell
12:05	Panel discussion	<b>Professor Brian Dolan,</b> Director of Health Service 360, Honorary President of AGILE
		<b>Professor Dawn Skelton,</b> Professor in Ageing and Health, Physiotherapy and Paramedicine, Glasgow Caledonian University
12:30	Next steps	All
12:35	Lunch	

#### Aims



- Hear from NHS Ayrshire & Arran about their Falls improvement work as part of the Collaborative
- Discussion with our expert panel on the future of safer mobility, and sharing insight and learning from Falls improvement work around the world
- Discuss your next steps for sustaining and scaling

#### Spotlight on NHS Ayrshire & Arran





Stephanie Frearson
QI Lead, Acute,
NHS Ayrshire and Arran



Jackie Bartlett
Falls Coordinator
NHS Ayrshire and Arran



### **Stephanie Frearson**QI Lead Acute Services

Jackie Bartlett
Falls Coordinator

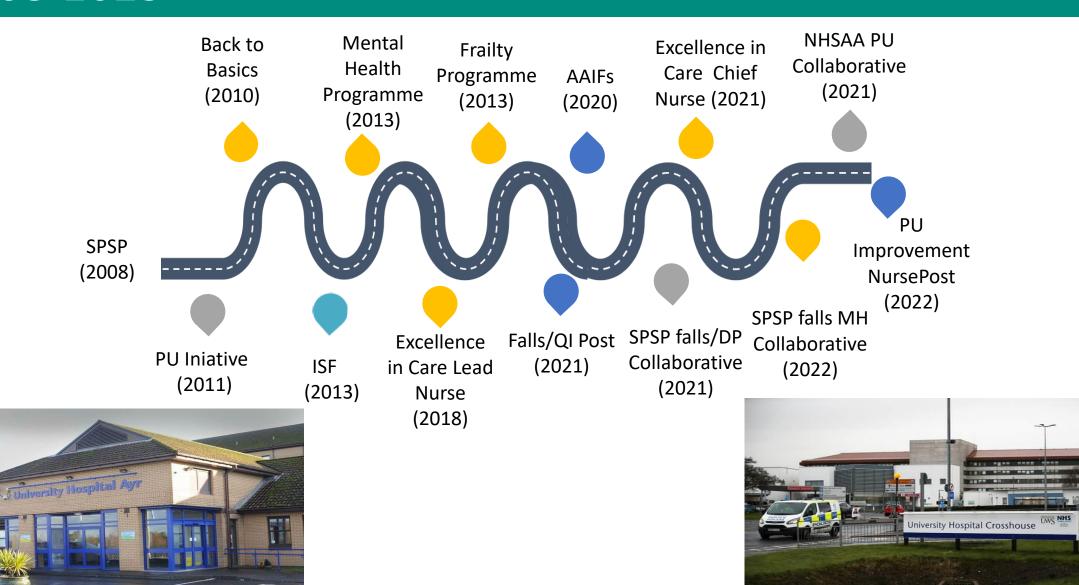


Falls/QI in Action



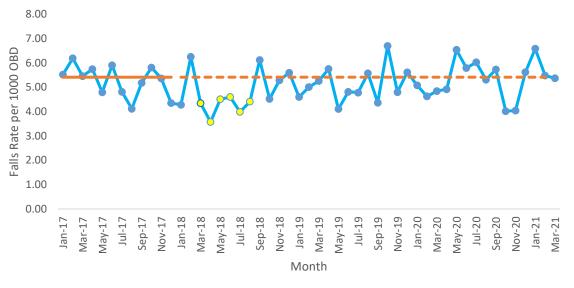
When 2 Worlds Collide - It all 'Falls' into Place

### NHS Ayrshire and Arran QI Journey 2008-2023



#### Our why?



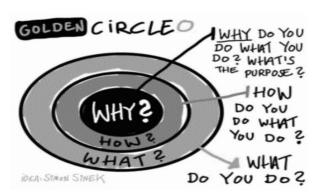


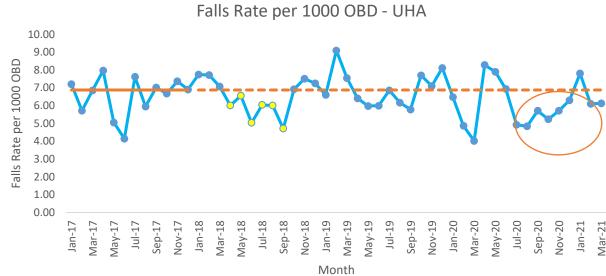


Scottish median rate 6.63 per 1000 OBD's

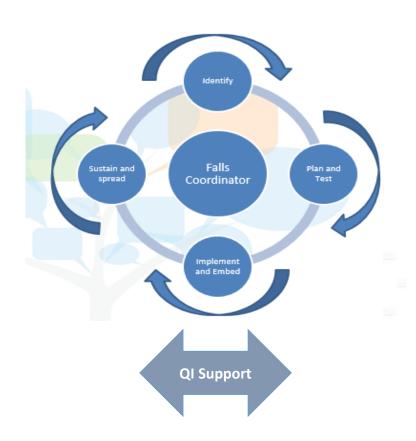


#### **Start with Why!**





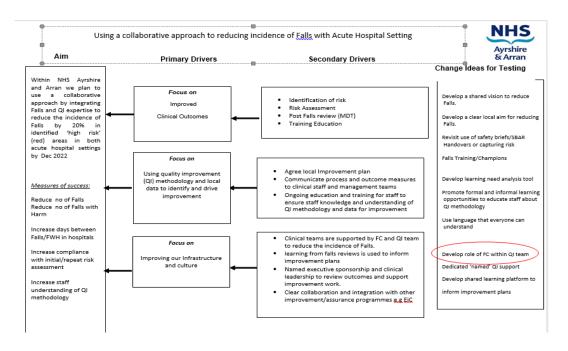
#### Our Vision



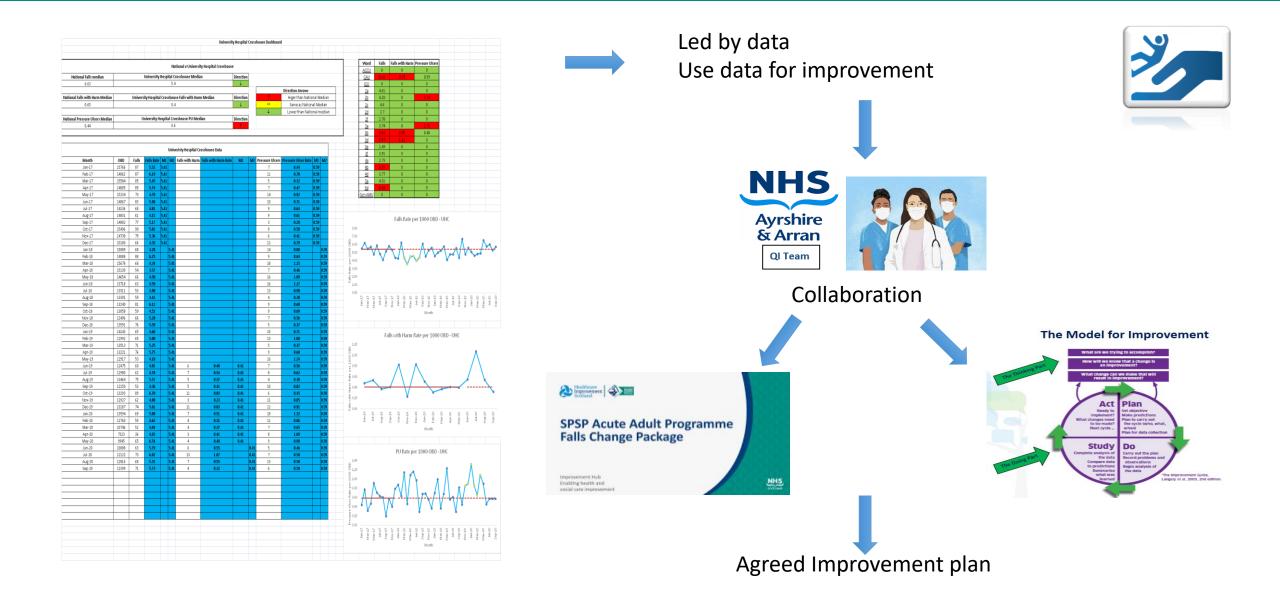
'Our vision is to provide a consistent and collaborative approach to falls prevention and management to improve patient experience and outcomes.'

#### Slightly Different Falls Coordinator Role





#### Implementation and measurement



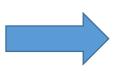


The Role of the Falls Coordinator in NHSAA

### Focus on falls



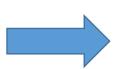
April 2021: Falls
Coordinator commenced
role within QI team



SPSP Falls Driver diagram Launched Sep 2021



Top 10 priorities and mapping falls driver and change ideas







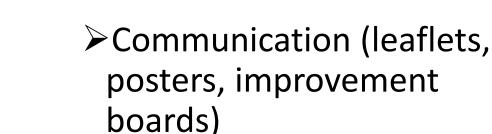




## Top 10 priorities

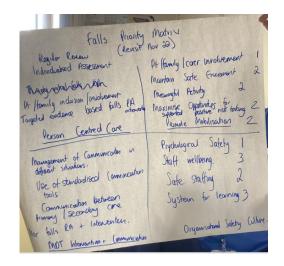


- ➤ Scoping
- **≻**Data
- ➤ Hotspot areas and themes
- ➤ Post fall management and harm review process
- ➤ Referral process
- **≻**Documentation
- **≻**Equipment
- **≻**Education





➤ Map new SPSP Driver diagram

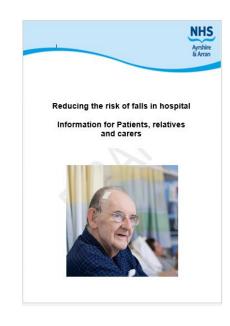




#### Person centred care

#### "Provide falls information to patient and family"

- Update Patient leaflet: Reducing the risk of falls in hospital
- Test leaflet content with staff, patients and family
- Encourage honest conversations with patients and families
- Involving family in care
- Falls champions input
- Staff training and compliance
- Approved and roll out planned









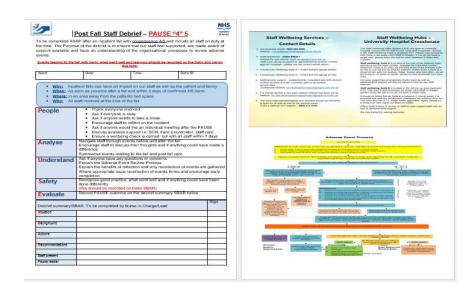




## Organisational Safety Culture

#### "Post falls- staff debrief"

- Falls have an impact on our staff and the organisation
- Staff stories
- Staff survey
- Staff care and risk management
- Develop a post fall debrief tool and pathway of support







		0						
NHS	Monthly Falls Hotspot	SBAR						
Ayrshire	Mouth and many							
& Arran	Month and year: Location:							
	Location: Total falls to date 2024:							
	Total Cons 4/5 harm to date 2024:							
Situation	Inpatient falls and falls with harm continue to be an organisational priority. The aim is to							
onunción .	reduce the numbers and falls with harm							
Background	It is key that we identify areas with	high numbers of f	alls, understand the da	ta and provide				
_	support to these areas. The Falls Co							
	identifying wards with 7 or more	falls. The aim is	to highlight patterns a	and themes by				
	sharing findings with SCN/QI and							
Assessment	had inpatient falls during the	month of A	breakdown of these fal	ls				
	highlighted:							
	Datix review							
	Falls on same day Patients with more than one fall							
	Consequence 4/5 harm							
	Fall while on HLS							
	Time of fall	-						
	7am-12pm	1						
	12pm-7pm	1						
	7pm-12am	1						
	12am-7am	1						
	Contributing factors		Number					
	Attempting to mobilise unassisted							
	Attempting to access toilet							
	Mobilising without designated wa							
	Inappropriate footwear							
	Previous history of falls							
	Episode acute confusion/disorient							
	Unable to comply with call system							
	Insufficient staffing for observation							
	Fall from walking							
	Fall from bed							
	Fall in hathroom							
	Witnessed falls							
	Unwitnessed falls							
	Controlled falls							
Recommendations		findings with staff						
accommendadons	Encourage greater focus on themes							
	Refer high risk patients to the Falls		MS/Trabcara					
	Contact Falls Coordinator/OI to m							
Shared with:	Emailed to SCN, CNM, OI advisor		a support	l				
Signed and date:	Falls Coordinator	and Dead Nurse						
oigned and date:	Falls Coordinator							

### Resources

relevant box to right) encing:				Monitoring potential requirements for higher level supervision  Monitoring during higher level of supervision							CHI Number: Affix patient data label			
				Step down	or removal o	of higher leve	of supervision	1						
	y of behaviou h behaviour a	rs and as a	in aid to the l	evel of super		ed to ensure	ample and code patient's safety		ourly day a	nd night or whe	en behaviou	r chan		
Ì	08.00≎	10.00☆	12.00\$	14.00≎	16.00☆	18.00≎	20.00 €	22.00 €	00.00€	02.00 €	04.00 €	06.00		
	2	4	1+2	3	2	3+4	7	1+3	6	1+2	1+2	1+2		
I														
I														

☐ Risk of falls/mobilising without required assistance/walking aids

☐ Stress and distressed behaviours

A suide to stepping down or removal of higher level suservision (if applicable). Evelor to NHS Ayrchine 3 Arran Higher Level Suservision Guideline. Look for patterns of settled behaviour and following discussion with the MOIT Constant Cohort can be withherenow at these trens. Ensure that the patient is in the best available room for observation, the nurse call bell and belonging are close to hand and prescribe a high frequency of care and comfort rounding which is reflective of need. Consider if supervision is required in the bathroom and discuss the plan, interventions and rationals at ward handwrightedlien's safety brief and with the patient and their family/NOK. This chart should only be discontinued when there is evidence of settled behaviour and is agreed by the nurse in charge/MDT. Record net balance, combinating factors and safety interventions in place within the rursing records.

If a situation is unmanageable or unsafe, escalate to Line Manager/ Page Holder

Behaviour Monitoring Chart:

(Please tick

Week comm

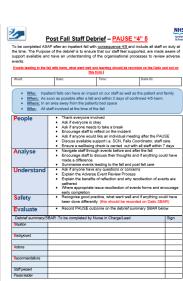


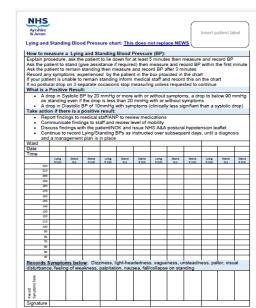
Immediate I	Post Fal	I Che	eck	list			NH
Nurse to complet	e <u>all</u> section	is and	place	in n	ursing rec	ords	Ayreb Si Acr
Hosp:	Ward:		Di	atix N	lumber:		
Date/time of fall:			W	itnes	sed 🗌 Un	witnes:	sed
A-E assessment	before movi	ng 🔲	If no	why			
Post fall NEWS:	Post f	all GC	S:		*Neuro o	bs: Y I	ı N
Injury sustained/s	suspected/si	ite of p	ain:	_			_
Doctor informed	☐ ANP ii	nforme	ed 🖂	Tim	e contacte	ed:	_
Our residence level							
Supervision level	pre raii.		Be	edrail	s at time:	0 1	- 2
		e floo	1 -				
Method of recov	ery from th		r: (tic	k all	that apply	). A str	aigl
Method of recov	ery from th	hip/sp	r: (tic	k all leck	that apply	). A str	aigl
Method of recov	ery from th	hip/sp	r: (tic	k all leck	that apply injuries i.e	). A str	aigl
Method of recov lift must be used Talked off floor	ery from th	hip/sp jack	r: (tic	k all leck Hois	that apply injuries i.e	). A str	aigl
Method of recoviring must be used Talked off floor (no assistance)	rery from the for potential Hover	hip/sp jack oilise/	r: (tic	k all leck Hois	that apply injuries i.e st+Sling	). A str	aigl
Method of recoviift must be used Talked off floor (no assistance) Assistance	rery from the for potential Hover	hip/sp jack pilise/ logroll	r: (tic	k all leck Hois	that apply injuries i.e st+Sling	). A str . hove	aigl
Method of recov lift must be used Talked off floor (no assistance) Assistance How many:	rery from the for potential Hover Immot collar/	hip/sp jack pilise/ logroll	r: (tic	k all leck Hois Hois	that apply injuries i.e st+Sling st+Scoop	). A str . hove	aigi
Method of recovered from the state of the st	ery from the for potential Hover   Immot collar/Intation: Y	hip/sp jack pilise/ logroll	r: (tic	k all leck Hois Hois	that apply injuries i.e st+Sling st+Scoop	). A str hove	aigi
Method of recoviift must be used Talked off floor (no assistance) Assistance How many:  Update docume Falls risk assessi	rery from the for potential Hover Hover Collar/Intation: You ment	hip/sp jack pilise/ logroll	r: (tic	k all leck Hois o)	that apply injuries i.e st+Sling st+Scoop N/A (not ap	). A str . hove	aigl
Method of recovirit must be used Talked off floor (no assistance) Assistance How many: Update docume Falls risk assessi M&H risk assessi 4AT (think Deliriu Falls safety stick	rery from the for potential Hover, Hover, Immot collar/Intation: Y ment ment	hip/sp jack bilise/ logroll (yes)	N (n Falls Bedr TIME	k all leck Hois o) le care ail ris bun	that apply injuries i.e st+Sling st+Scoop N/A (not ap plan sk assessi idle (if 4A) fety brief	). A str. hove	aigl
Method of recov lift must be used Talked off floor (no assistance) Assistance How many: Update docume Falls risk assessi M&H risk assessi 4AT (think Deliriu	rery from the for potential Hover, Hover, Immot collar/Intation: Y ment ment	hip/sp jack bilise/ logroll (yes)	N (n Falls Bedr TIME	k all leck Hois o) le care ail ris bun	that apply injuries i.e st+Sling st+Scoop N/A (not ap plan sk assessi idle (if 4A)	). A str. hove	aigl

Completed by:

Date/ time:

Neuro Observation audiance; Half-hourly for 2 hours - 1 hourly
or 4 hours - 2 hourly thereafter until medical review indicates no
onger required. If GCS drops at any time revert back to half hourly
and ask for further review. \*\*Consider red flags (Guideline 0073)
Refer to Falls Coordinator if ham sustained or ongong concerns

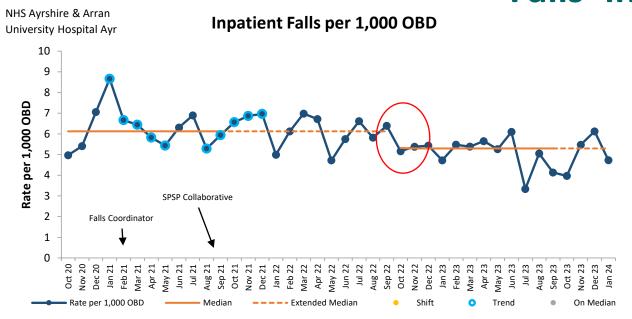


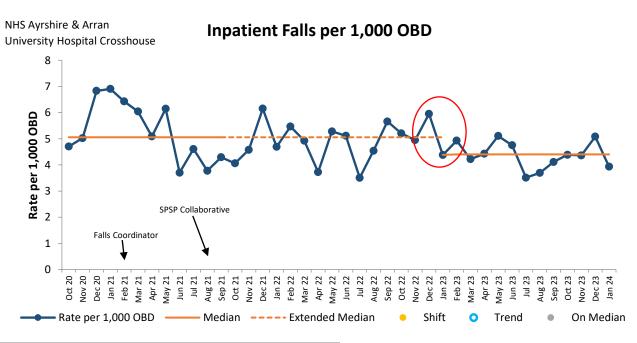


Version 1: October 2022 DRS 6356



# When 2 Worlds Collide— it all 'Falls' into Place





		Comparison with	Overall sustained change (from initial		Emerging change (within last 18		
		national falls	baseline to latest)		month	ıs)	
Site/ward	Median	median of 7.6	Status	Change	Direction	Status	
All Acute sites	4.7	•	Reduction	5.4 to 4.7	Sustained reduction	Concluded	
University Hospital Crosshouse	4.4	•	Reduction	5.1 to 4.4	Sustained reduction	Concluded	
University Hospital Ayr	5.3	<b>T</b>	Reduction	6.1 to 5.3	Sustained reduction	Concluded	

## Successes and Challenges

#### **Challenges**

- > Engagement difficult at times
- Drawn in few different direction
- > Victim of our own success!



#### **Successes**

- ➤ QI/FC approach works well
- Sustained Improvement (site/board data)
- > Shared Learning:

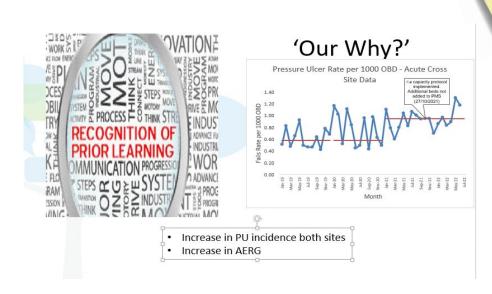
**European** 

**Nationally** 

## Key learning points

- Executive sponsorship/support
- Alignment with Operational Management structure
- Alliance with National Improvement Programmes (SPSP, EiC)
- Collaborative Approach

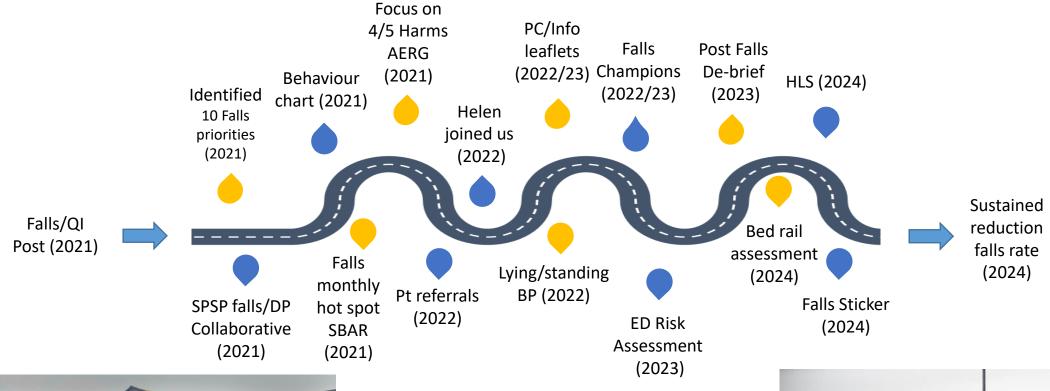
Recognition of Prior Learning



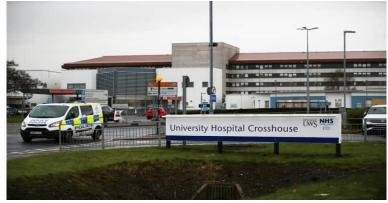




# NHS Ayrshire and Arran QI Journey 2021 - 2024







## Thank you







## Get in touch





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#### **Professor Brian Dolan**

Director of Health Service 360, Honorary President of AGILE

#### **Professor Dawn Skelton**

Professor in Ageing and Health, Glasgow Caledonian University

## 'I like, I wish, I wonder...'





## Lunch





Please return back here at 1.25pm!