

NHS GGC Falls Reduction Storyboard

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Creating

Conditions

Creating the Conditions

- 10 Test sites participating across all 4 Acute Sectors
- Set up Acute Falls Improvement group to drive forward improvement which bi-monthly
- Improvement work on data quality



Understanding your system

Carried out initial meetings with the MDT on selected wards. Discussed Driver Diagram and identified areas for targeted nderstanding improvement. Results can be seen below.

Areas of identified improvement



Testing

Changes

To reduce falls and unavoidable falls with harm by 10% by Sep 2023

Change ideas

SBAR

Fails info board

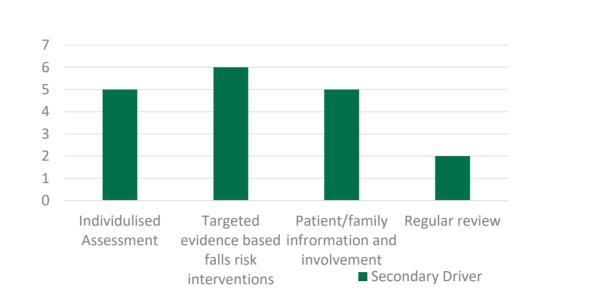
Testing Changes

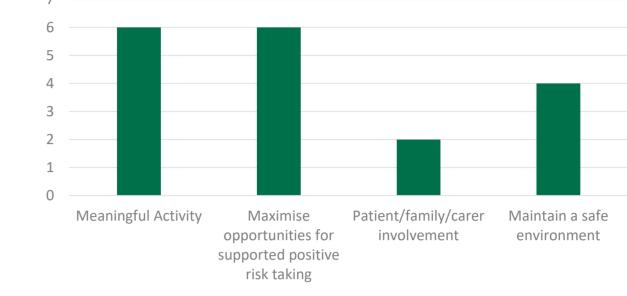
Aim

Following benchmarking exercise, the following change ideas were identified

Staff Education

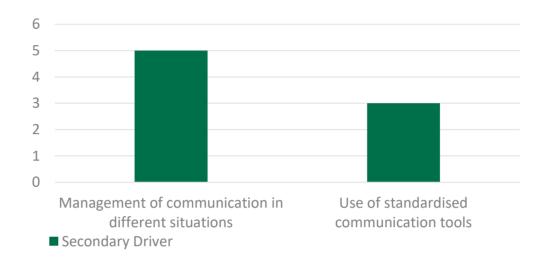
- Inclusion of Active Wards principles into link worker training and new CAS standards
- Running of Senior Staff and HCSW development days
- Focus on all wards producing a Falls Information board
- Formation of new MDT Clinical Inpatient Falls Guidelines

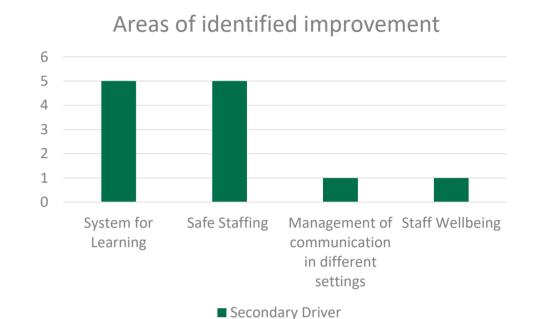




Secondary Driver

Areas of identified improvement





Data



Staff

education

We have achieved a sustained reduction in our rate of falls as per chart below.



and New board Falls Strategy

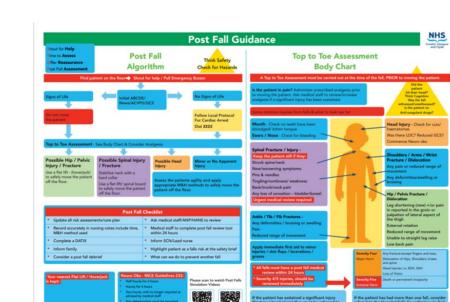


- **Patient/Family information**
 - Coproduced new falls information leaflet with feedback from staff and patients/family members

Post fall Resources

- Debrief tool Coproduced with clinical staff and linked to staff welfare resources
- Post Falls checklist sticker
- Post Falls guidance poster with embedded simulation

videos



8	6 -	Baseline Median: 8.0									New Median: 7.0							
per 1,000 OBI	5 -												Decre	ase fr	om			
e per	4 -												Baseli	ine: 1	3%			
Rate	3 -																	
	2 -																	
	1 -																	
	0 4														~	~	~	
	Oct 20	Dec 20	Feb 21	Apr 21	Jun 21	Aug 21	Oct 21	Dec 21	Feb 22	Apr 22	Jun 22	Aug 22	Oct 22	Dec 22	Feb 23	Apr 23	Jun 23	
			_			-	-	_	_			~	-		_			



Implementation and spread

- Focus on "Once for GGC" Approach to aid consistency
- Use of updated Intranet Falls Page and communication Implement strategies
 - Encourage QI capacity across all teams working to reduce falls



Enablers for success

- **Coproduction of resources**
- Raising awareness using multiple communication channels
- An improvement focus on the learning from falls investigations



- Use of Yellow Visual Cuing Kits
- Stay in the Bay " improving cohort nursing and encouraging meaningful activity

Challenges we encountered

- Clinical staff engagement
- Financial constraints
- Falls Team clinical pressures

Next Steps

- Continue with Acute Improvement Group
- Focus on reducing Rate of Falls with Harm working on investigation processes and sharing of learning
- Align improvement priorities to key drivers within new Falls Strategy

