A PRAGMATIC APPROACH TO DEVELOPING FALLS PREVENTION INTERVENTIONS IN A HOSPITAL SETTING

▶▶ PROBLEM

Despite evidence that some falls prevention interventions can work in hospitals, translation of evidence is difficult, possibly due to differences in settings, patient profiles and falls rates; high patient turnover, the perception that everything is being done, availability of resources and focus on screening rather than intervention. This project has developed and trialled a context specific falls prevention model to extract local data and select and implement interventions based on this data.

DESIGN

1. Develop context specific falls prevention model

2. 10 week data collection at each site about falls and fallers, falls prevention knowledge, staff work practices, patients' perception of falls risk and an environmental audit

3. Data analysed and findings used to generate optimal interventions

4. Site-specific interventions implemented and evaluated by frontline staff for 10 weeks.

THEMES & KEY FINDINGS

- Patients do not think they are at risk of falling whilst in hospital because nurses will keep them safe

- A roadmap for use in complex systems can achieve falls reduction in the hospital setting

- Staff can be engaged in collecting local data and in selecting and implementing strategies for their unit/ward based on that local data

- Falls prevention should be considered cyclical and ongoing inline with the local context.

RESULTS

- 77% of AMU patients and 60% of Ward 10 patients did not think they were risk of falling whilst in hospital

- Data was used by the frontline staff at each site to select and implement optimal interventions

- Interventions were very different at each site despite apparent similarities between wards

- AMU—focused on risk identification by patients and staff

- Ward 10—focussed on increasing supervision for cognitively impaired patients

- Both wards had a reduction in falls rates following implementation of the intervention

  - AMU— 14.2 falls to 4.5 falls per 1000 bed days
  - Ward 10—12.9 falls to 4.5 falls per 1000 bed days

Collaborators:
NARI, Austin Health, Melbourne Health.

NEXT STEPS

- 4 manuscripts are being written for peer review publication
- Awaiting the outcome of further funding to conduct a larger study
- Test this approach in other units, including units with lower falls rates
- Streamline the data collection process
- Consider conducting a definitive Randomised Control Trial.

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