

Prosper: Falls Driver Diagram

Outcome/Aim

Primary Driver

Secondary Drive

To achieve a 50% reduction in falls rate by December 2024

To reduce the number of days between falls to 45 days or greater by December 2024

Recognition & Assessment of Risk

Plan to address risk of falls

Act to reduce risk of falls

Review and monitor

Education/Training

- Pre assessment prior to admission
- Resident specific falls risk assessment within 24 hours of admission
- Understand local falls risk – where, when etc.
- Log falls in incident book/falls register/Safety cross for analysis

- Identification of risk for resident in their care plan
- Agree plan with resident and /or family or carers
- Agree timescales and review date
- Provide information about falls prevention
- Appropriate referrals for specialist assessments
- Identify mobility aids, equipment, tech, correct footwear

- Communication
- Intention rounding : SAFETY Walks
 - S** – Surface
 - A** – Availability of Aids
 - F** – Falls Risk
 - E** – Evaluation
 - T** – Tell
 - Y** – Your initials
- Environment
- Resident, family and carer involvement

- Review falls risk assessment/care plan
- Review compliance with care plan
- Continue to record and review falls register

- Falls prevention training
- Falls champion

Primary Driver	Secondary Driver	Key ideas for change (PDSA)
<p>Recognition & Assessment of Risk</p>	<ul style="list-style-type: none"> • Pre assessment prior to admission • Resident specific falls risk assessment within 24 hours of admission • Understand local falls risk – where, when etc. • Log falls in incident book/falls register/Safety cross for analysis 	<ul style="list-style-type: none"> • Analyse previous falls in home by time of day, location within home, resident demographics (age, long-term conditions) and fall severity/injury • Early identification of risk and assessment of risk at pre-assessment prior to admission – consider things such as current footwear, medication/last review of medication • Use agreed risk assessment documentation, specify review dates • Assess Residents usual habits at pre admission – usual sleeping arrangements i.e. bed against wall, double bed, light above bed, bedside table lamp to assess risk if habits changed • Look at environment of care home to assess local risk, furniture placement in resident’s room, placement of bedside light switches, how these compare to usual habits above. • Introduce a safety cross to record and analyse falls
<p>Plan to address risk of falls</p>	<ul style="list-style-type: none"> • Identification of risk for resident in their care plan • Agree plan with resident and /or family or carers • Agree timescales and review date • Provide information about falls prevention • Appropriate referrals for specialist assessments • Identify mobility aids, equipment, correct footwear 	<ul style="list-style-type: none"> • Development of individual care plan based on risk identified for resident • Make sure there is multi-disciplinary input into care plans • Medical review • Medication review / resident compliance/ withdrawal/ night sedation usage • Vision assessment – date of last prescription glasses • Hearing assessment • Nutritional review – balanced diet rich in calcium & vitamin d to help bone strength • Review provision and assessment of safe footwear for

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		residents, discuss with family/carer prior to admission <ul style="list-style-type: none"> • Functional assessment • Promote use of mobility /standing aids
Act to reduce risk of falls	<ul style="list-style-type: none"> • Communication • Intention rounding : SAFETY Walks <ul style="list-style-type: none"> S – Surface A – Availability of Aids F – Falls Risk E – Evaluation T – Tell Y – Your initials • Environment • Resident, family and carer involvement 	<ul style="list-style-type: none"> • Consider identifying Falls champions • Consider introducing Skin and Safety walk around <p>Surface</p> <ul style="list-style-type: none"> • Review the residents skin for pressure areas, especially heel area, could add to the risk of falls <p>Availability of aids</p> <ul style="list-style-type: none"> • Make sure mobility aids are within reach • Make sure call bell is within reach for resident • Make sure drinks are within reach for resident • Make sure moving and handling equipment is available <p>Falls Risk</p> <ul style="list-style-type: none"> • Make sure aids are within reach • Make sure areas are de-cluttered to promote a safe environment • Make sure footwear of resident is appropriate and safe • Make sure residents clothing is not causing a risk i.e. ill-fitting trousers, socks etc • Make sure continence is managed in a timely manner • Does the resident have a UTI? <p>Evaluation</p> <ul style="list-style-type: none"> • Consider introducing a Safety walk around • Introduce a falls checklist

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		<ul style="list-style-type: none"> • Make sure any changes are recorded on revised documentation. • Introduce the Falls Safety Cross or Safety Stick <p>Tell</p> <ul style="list-style-type: none"> • Make sure the appropriate people are aware of any changes i.e. staff, seniors, nurses, district nurses • Make sure staff sign documentation to say they have been made aware <ul style="list-style-type: none"> • Introduce safety briefings and focus on residents with increased risk of falling (new residents, residents who have sustained falls) • Utilise safety handovers / SBAR approach/ Safety Huddles • Use of visual cues at resident’s doors, handovers, safety briefings, safety crosses/sticks • Use of labels in clinical notes to alert doctor/pharmacists about falls risk to prompt medication reviews • Introduce a falls checklist • Regular checks of walking aids – walking frames/stick ferrules are not worn, walking frame height adjusters are not broken • Communicate risk to all staff and families • Introduce intentional rounding – consider frequency, by whom, involve all staff • Consider lighting levels at night • Trip hazards, flooring, space/clutter • Availability of calls bells/pendant alarms

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		<ul style="list-style-type: none"> • Other alert devices – assistive technology • Use of high/low beds/crash mats • Reduce inappropriate use of bedrails • Resident signage e.g. to toilet • Visibility of toilet seats (contrast colour) • Availability of chairs for resting • Develop resident and carer information leaflets i.e. what constitutes good footwear. • Encourage gentle exercise and focus on activities that challenge balance and strengthen legs i.e. stand on one leg for a count to 5, chair exercise bikes, Tai chi etc. • Good nutrition and hydration – prompt snacks and fluids
Review and monitor	<ul style="list-style-type: none"> • Review falls risk assessment/care plan • Review compliance with care plan • Continue to record and review falls register 	<ul style="list-style-type: none"> • Make sure the skills, knowledge and competency of your team are up to date. • Review risk assessments monthly or more frequently if residents condition changes or sustain a fall • Develop clarity about frequency and type of observations and actions to be recorded post fall (post fall review form) • Analyse falls data for patterns and trends, times of day, day of week – what else is going on at that time i.e planned activities, directly after meals.
Education/Training	<ul style="list-style-type: none"> • Falls prevention training • Falls champion 	<ul style="list-style-type: none"> • Utilise formal and informal learning opportunities to educate your staff • Consider 10 min power training sessions for care staff on duty on falls prevention

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		<ul style="list-style-type: none"> • Utilise E-learning • Use resident stories to educate, motivate and inspire staff. • Provide residents and families with information on risks of falls on admission or change in their condition • Educate residents and families on how they can help minimise falls. • Work with residents and families as co-partners in care • Review and update falls guidance • Create a falls champion make sure interventions and documentation is in place • Use visual displays as reminders for staff and families – falls check list on wall, safety cross prominently displayed, good footwear guide and reminder for families to check.

Resources

SBAR: Situation Background Assessment Recommendation is an effective and efficient way to communicate important information. SBAR offers a simple way to help standardize communication and allows parties to have common expectations related to what is to be communicated and how the communication is structured.

<https://www.ihl.org/resources/tools/sbar-tool-situation-background-assessment-recommendation> - SBAR tool kit

<https://www.nice.org.uk/guidance/cg161> **NICE** guidelines Falls: Assessment and prevention of falls in older people

<http://www.ageuk.org.uk/professional-resources-home/services-and-practice/health-and-wellbeing/falls-awareness-week-18-22-june-2012/> **Age UK** falls awareness resources including; FRAT (Falls risk assessment tool), foot and ankle exercises, healthy feet advice, boost your bones quiz and fact sheet, top tips for staying steady.

<https://www.bgs.org.uk/resources/falls-in-older-people-2022-update> **British Geriatrics Society** Falls in older people. An Age and Ageing journal themed collection.

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