

Implementation Plan

8.0 Implementation Plan

Each Service Provider should develop locally devised Guidelines based on the minimum standards detailed in this document and implement them as soon as agreed.

Best practice for preventing falls in hospitals and residential aged care facilities include 4 key components:

- 1) Implementation of standardised fall prevention strategies as outlined in this guidance document;
- 2) Identification of those at risk of falling by use of standardised, multi-faceted falls risk assessment tools;
- 3) Implementation of interventions targeting risks to aid in preventing falls;
- 4) Prevention of injury to these people who do fall.

An overview of the national falls survey findings (Please refer to Appendix 10) in the context of the National Strategy for Falls and Bone Health is provided to build an understanding as to how services are currently organised. This information will be helpful to service providers in developing or refining their existing falls and bone health integrated care pathways. In addition, the survey findings in combination with evidence based best practice for falls and bone health prevention and management as outlined in this guidance will be used to inform four specific groups of recommendations for Executive Management Teams at regional level, Organisational Management including Clinical Leads at local level; Local Falls and Bone Health Implementation teams and Front line staff.

Implementation Plan

Please note that the following section of the Guidelines has been significantly informed by the “Guidelines for the prevention and Management of Falls” developed by the Dublin Hospitals Group Risk Management Forum Falls Management Subcommittee from 2009

8.1 Executive Management Teams at Regional Level

- Actively support the development of a national strategic implementation plan for falls and bone health prevention to ensure that people at risk of falls and fractures have access to integrated care that is individualised to their needs, timely and delivers quality outcomes reliably.
- Support the reorganisation of services needed to ensure a population based approach to falls and bone health, targeted particularly at those people who are vulnerable to falls and fractures.
- Collaborate with service providers and other relevant agencies to ensure that falls and bone health strategies are aligned with the HSE integrated Quality, Safety and Risk Framework and the Clinical Effectiveness programmes of the Quality and Clinical Care Directorate.
- Work to ensure appropriate resources are allocated, i.e. human, physical and technological resources to lead, implement and support falls prevention activities.
- Collaborate with service providers, relevant bodies and policy makers to increase awareness about the prevention of falls and fractures amongst individuals at risk, their supporters, communities and service providers.
- Support the development and redesign of all educational programmes and supporting materials to build the capability and competencies of all stakeholders in the prevention and reduction of falls and fractures.
- In standardising falls and bone health strategies amongst service providers consideration should be given to the research opportunities afforded, for example to investigate the efficacy of standardised multifactorial falls interventions, the impact of individual intervention components, the transferability of learnings to organisations with varying resources and the best targeting of resources to those at risk groups according to their needs. Given that controlled trials need large sample sizes to prove efficacy or otherwise, HSE funded organisations working together could potentially meet this important criteria, hence contributing significantly to the national and international falls and bone health research agenda.

Implementation Plan

8.2. Organisational Management including Clinical Leads

- Ensure that falls prevention policies and post falls management strategies are developed, communicated, implemented and embedded within a comprehensive organisational Risk Management Framework incorporated into the business structures of your organisation which aims to manage risk and prevent harm.
- Ensure that your organisation has a multi-disciplinary Integrated Fall and Fracture Prevention Programme to undertake falls and fracture assessment and intervention in accordance with evidence based practice and that your patient risk profile is consistent with the National Falls Strategy.
- Designate a suitable person to lead, establish and manage a multi-disciplinary Falls Prevention and Management Group to implement this guideline and these recommendations. Members of group to include Geriatrician/Medical Director, Falls/Clinical Nurse specialist, Occupational Therapist, Physiotherapist, Risk Manager, Dietician, Pharmacist. This Group should review, analyse and develop evidence based interventions and policy document.
- Support the development; use and monitoring of standard operating procedures in the referral, assessment, interventions and discharge processes, particularly where multiple stakeholders and different health and social care settings are involved.
- Support the development and implementation of outcome measurement strategies to support the delivery of safe, quality, reliable outcomes for service users and value for money.
- Ensure that falls assessment, prevention and management education and training is aligned with continuing professional development and performance management strategies. Actions could include appropriate staff orientation and training and ensuring policies are in place to establish the safety and effectiveness of new procedures.
- Ensure that location, design and layout of new/refurbished facilities are suitable for their stated purpose and comply with all relevant statutory provisions and building regulations. Such facilities need to be accessible, safe, hygienic, spacious and well maintained to reduce the risk of falls.
- Ensure that equipment purchases, adaptations made and preventative maintenance activities are of such a standard as to reduce the risk of falls.
- Housekeeping is sufficiently prioritised as to reduce the risk of falls.

Implementation Plan

8.3 Falls and Bone Health Management Implementation Team

- Membership should be representative of appropriate multidisciplinary stakeholders as outlined above, and should include a service user representative.
- Chair / Lead person should be appointed to take overall responsibility for leading the implementation process.

Suggested Terms of Reference for the Implementation Team include but are not limited to:

- Standardise a multifaceted prevention and management strategy in order to develop a Falls prevention and management policy in line with National Strategy or other National Guidance
- Select and implement a standard falls risk assessment tool (s) that is most suitable to the organisation's service user risk profile needs and pilot in one unit prior to rolling out throughout the organisation;
- The Falls Risk Assessment Tool(s) suitable to your service user risk profile and setting should be integrated into the usual visit/admission processes for each service user.
- Develop an action plan for the implementation, communication and evaluation of the falls prevention policy throughout the organisation
- Consider all appropriate educational requirements as a robust educational programme is essential to the successful implementation of falls prevention AND management within your organisation.
- Develop a system for the review of falls incidents so that emerging patterns in relation to falls and bone health are identified in relation to the number of incidents, resultant injuries, time of day, location on ward, etc.;
- Falls and bone health screening of all over 65 years and those considered at risk should take place at least annually; Hospital admissions and fracture clinics are valuable opportunities to ensure that this is happening.
- Provision and or guidance must be considered in relation to medical reassessment following a first fall as falls can also be an indication of an underlying illness or that the patient's condition has deteriorated. Unless a first fall leads to a review, including medical assessment, the patient is likely to fall again.
- The policy should include guidance and/or direction for falls prevention and management (see RAP 10 Falls Prevention and Risk Reduction Algorithm) as early detection and measurement of fractured neck of femur and head injury is associated with reduced mortality so early effective treatment is essential.

Implementation Plan

- Provision should be given to an individualised discharge plan for each patient which includes falls prevention strategies for the patient and/or family.
- Link the falls and bone health policy to related policies within your organisation e.g. admissions, moving and handling, pressure ulcer prevention, risk management, wandering patient, continence management, medication management, discharge etc.
- Consideration to be given regarding the process for provision of clear records for the GP and Community team, who will require clear records and discharge summaries detailing patients/service users at risk of falling and the interventions recommended.
- Service providers need to ensure that those considered at risk can access falls and bone health services regardless of their first point of contact. Clearly defined referrals pathways need to be agreed and communicated to all stakeholders involved to ensure a seamless pathway of care. *The referral and intervention process for patients who have fallen while in hospital and following discharge should be clearly stated as they may need support from a Social Worker, Occupational Therapist and Physiotherapist to help them return home safely. They may need a home safety assessment and alterations, equipment to improve their safety, installation of emergency call systems, check calls or visits and advice as to how to get up safely after a fall and how to contact the hospital and/or falls service if required.*(National Falls Strategy)
- Ensure that adequate consultation takes place in the implementation process and that the final policy is communicated in accordance with your internal communications policy and governance structures.

Implementation Plan

8.3.1. Acute Hospitals should:

- Consider identification of one department/ward/unit within as a specialist fall and bone health centre of excellence.
- Have a falls prevention and management policy in place,
- Have mechanisms to report hip fractures, such as STARSWeb reporting system if under care, otherwise falls database.
- Have documented evidence of the percentage of residents who have received yearly assessments for falls and bone health and appropriate interventions and outcomes of same.
- Develop auditable programmes and service user feedback mechanisms in place to ensure safe, reliable quality outcomes for service users.

8.3.2. Specialist Hospitals and Residential care settings should have

- A falls prevention and management policy in place,
- Mechanisms to report hip fractures, such as STARSWeb reporting system if under care otherwise falls database,
- Documented evidence of the percentage of residents who have received yearly assessments for falls and bone health and appropriate interventions and outcomes for same.
- Auditable programmes and service user feedback mechanisms in place to ensure safe, quality reliable outcomes for service users.

Implementation Plan

8.3.3 Frontline staff should:

- Collaborate with the ongoing development of multidisciplinary integrated falls and bone health services within your organisation to improve service user participation in falls prevention strategies.
- Provide peer support to 'champions' within your organisation.
- Ensure that all falls prevention strategies that you are involved with are patient focussed, evidence based and outcomes oriented.
- Create and seek opportunities to influence service development, to network with other organisations to share learning and to attend, develop or promote sustainable education activities to build capacity for falls prevention.

Each Service Provider should develop locally devised Guidelines based on the minimum standards detailed in this document and implement them as soon as agreed.