Building competent falls prevention teams in hospitals – the Falls Specialist Officer Project

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Background:

Falls in hospital remain a significant safety concern among older patients. They are the most commonly reported adverse event in hospitals, and can lead to serious injury, morbidity and mortality [1,2]. In 2008, over 12,000 falls were reported in Queensland Health facilities. The Best Practice Guidelines for falls prevention in Australian hospitals were introduced in 2005 [3]; however, falls continue to be a daily challenge for frontline staff.

Staff are a key component in preventing falls, yet little is known about their safety attitudes, knowledge and compliance with falls prevention strategies. A pilot 12-month education and awareness program was conducted to improve the attitudes, engagement, uptake and adherence with best practice strategies for falls prevention, using locally based Falls Specialist Officers to provide ongoing education and support.

Project objectives:

- To increase awareness of falls and falls prevention in the participating facilities
- To build the capacity of frontline staff in delivering best practice falls prevention strategies
- To improve the safety culture around falls prevention
- To increase the organisational involvement in falls prevention activities

Methods – how we did it:

Participants and setting: All frontline staff working in 11 wards at 3 south-east Queensland metropolitan hospitals – 6 acute and 5 sub-acute wards, ranging in size from 10 to 33 beds.

Staffing: Two Falls Specialist Officers (FSO) were recruited to lead the project for a period of 12-months. These officers were allied-health staff, recruited from within the local district.

Intervention: The FSOs undertook action research cycles to identify gaps in the knowledge, skills and attitudes of frontline staff towards falls prevention. These cycles guided the development and implementation of various program components to build the competencies of frontline staff in the prevention of falls, as outlined in Table 1. These components were tailored to the needs of each ward.

Project evaluation: The following measures were collected before and at completion of the project:

1. *Compliance with best practice* falls prevention risk assessment and environmental safety actions, using chart and bedside audits.
2. *Safety culture towards fall-prevention*, using a validated safety climate survey, the Patient Safety Climate in Healthcare Organizations survey [4]. Lower scores represent more positive safety climate.

Results – what we found:

Compliance with best practice strategies for falls prevention improved significantly post-project, as shown in Figure 1:

- 23 – 56% increase in appropriate use of falls risk screening strategies
- 7 – 32 % increase in appropriate use of environmental strategies

Improvement in safety climate scores:

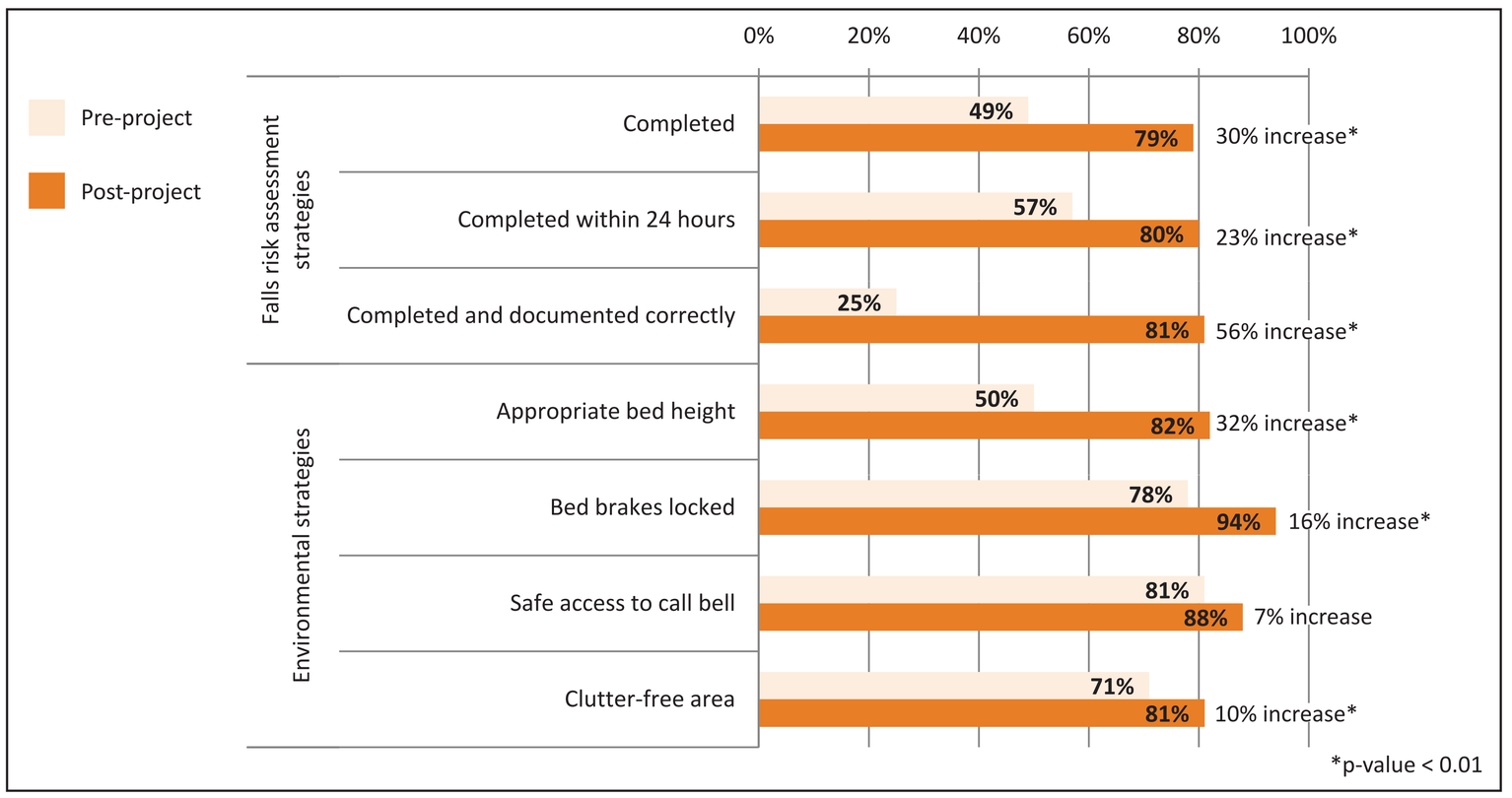
- Overall improvement in safety climate scores - pre: 16% vs post: 14% (p=0.48)
- *"Learning from mistakes"* dimension showed the greatest improvement post-project, which indicate that staff were more willing to learn from mistakes and make positive changes accordingly.
- Two dimensions remained problematic: *"Unit recognition and support"* and *"Provision of safe care"*. Additional strategies are required to build teamwork for falls prevention, facilitate open and blame-free communication and promote recognition and rewards for safe actions.

Table 1: The Falls Specialist Officer Project components*

Established a Falls Prevention Team in each hospital	Developed education resources	Delivered education sessions to all nursing, medical, allied-health and operational service staff	Conducted regular compliance audits and monitored falls rates	Provided consultation service to wards
• Comprised one nurse representative from each ward and chaired by the falls specialist officer; • Met monthly to discuss planning, delivery and evaluation of the project components.	• Presentations, quizzes and activities for education sessions; • Promotional items, including pens, display banners and posters; • Risk assessment reference charts; • Falls risk alert signs; • Footwear display boards and brochures.	A range of topics were included: • Falls risk factors; • Reporting falls; • Risk assessment and screening tools; • Best practice prevention strategies; • Appropriate footwear in hospital.	• Regular feedback provided to staff on compliance rates and number of reported falls; • Rewards and incentives were provided for practice improvement.	• Provided advice to staff relating to best practice strategies for falls prevention.

*components were selected and tailored for each ward

Figure 1: Compliance with best practice strategies for falls prevention – pre and post-project.



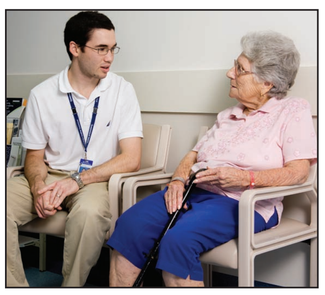
- The use of Falls Specialist Officers to provide ongoing, tailored education was effective in enhancing the capacity of staff in the prevention of falls, improving levels of compliance with safety actions and aspects of safety culture.
- Building a positive safety culture towards falls prevention is critical – to promote learning from mistakes, reward for safety efforts, and build open and blame-free communication. Further research is needed to identify additional strategies to enhance the safety culture towards falls prevention.
- The success of the project was also facilitated by enhancing the organisational support for falls prevention initiatives with the establishment of Falls Prevention Teams in each hospital.

What does this mean:

- While there is a strong focus on targeting patient risk factors for falls, it is also vital that education is provided to frontline staff to build competent falls prevention teams to improve patient safety.
- It follows from the findings of the project, that the key to building competent falls prevention teams is the influence of local, ongoing education and organisational support for falls prevention initiatives in hospitals.
- Reducing in-hospital falls remains a significant safety priority, and hospitals need to invest in educating, supporting and rewarding frontline staff for their efforts in preventing falls.

References:
[1] Hill, Vu et al. 2007; [2] Oliver, Connelly et al. 2007, [3] The Australian Council for Safety and Quality in Health Care 2005, [4] Singer, Gaba et al. 2003





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