HARM FREE CARE PROGRAMME: FALLS WORKSTREAM: Using a Quality Management systems approach

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BACKGROUND

- Reducing harms from falls is key priority of Trust Quality strategy.
- · Nice Falls guidance highlighted gaps in our Falls proforma.

WORKSTREAM AIM

Aim for a Falls rate at 4.0 from baseline of 4.8 by 2024

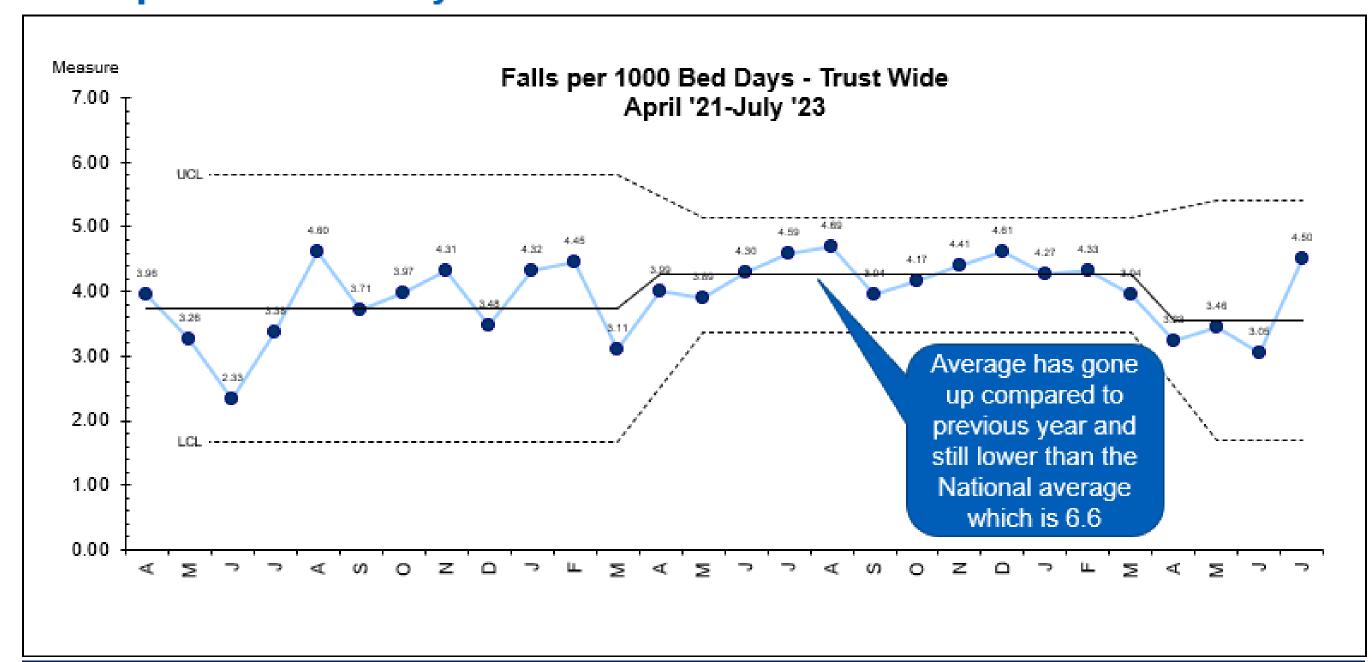
THE APPROACH

- Model for Improvement and Lean principles combined
- Quality
 management
 system
 approach to
 support
 workstream



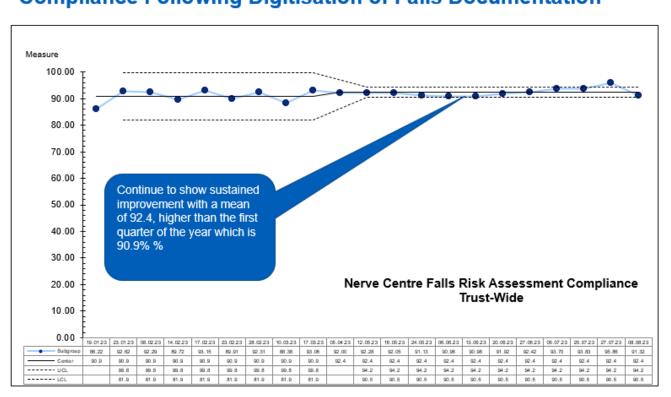
THE IMPACT

Falls per 1000 Bed days – trust-wide

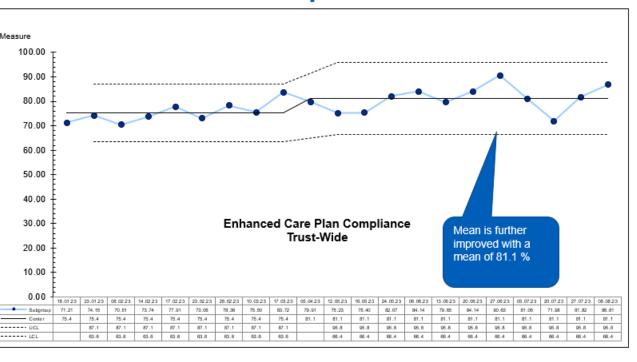


Falls are reported nationally as a rate per 1000 bed days. Nationally, average is 6.6, Trust falls rate is currently 4.3. Our aim target is 4.0

Compliance Following Digitisation of Falls Documentation



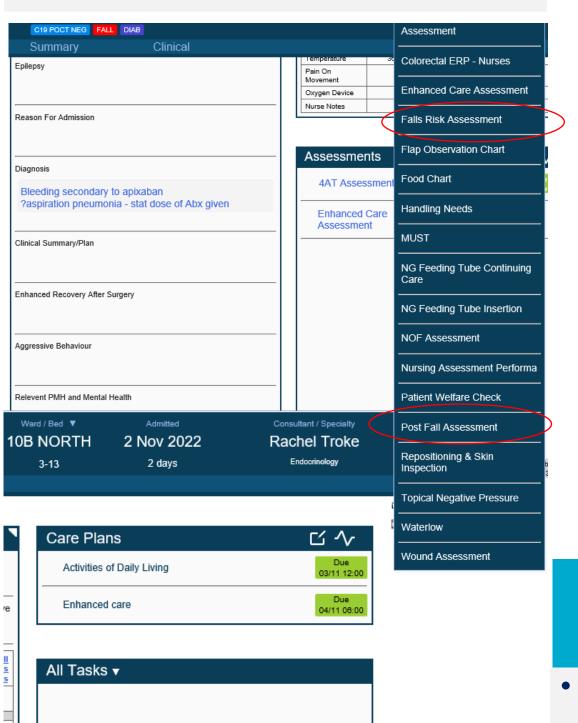
Enhanced Care Plan Compliance Trust-wide



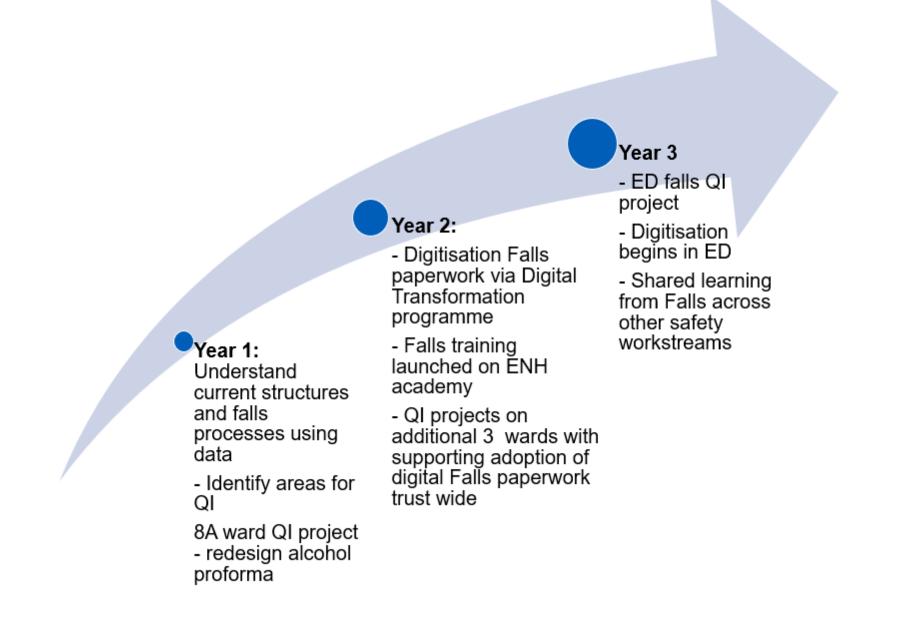
DRIVER DIAGRAM

Change ideas Change drivers MDT engagement sessions trust Enhance Falls profile through wide e.g.: Corporate rolling days stakeholder FY1/FY2 sessions, quality and engagement AIM ward huddles from 2024 Improving communication QI work through KOPS digital Through huddles and digital programme documentation by Ward based bitesize session Identification and management of high-risk patients e.g.: needing SI panels, round tables learning Baywatch **9**4.8 - Ward based QI projects rate of Rollout falls training on ENH academy Φ baseline Improving falls awareness and education Bitesize ward-based teaching sessions Co design falls service with Co-produce falls information patient and carer leaflet

Falls documentation –
Nerve Centre



THE FALLS JOURNEY SO FAR





- Continue falls QI work in ED, identify other areas.
- Re-introduce Falls Prevention Group.
- Increasing Impact of Falls Champions
- Shared learning across other safety workstreams and our ICS

QI/LEADERSHIP LEARNING

QI gave me the knowledge and skills to deliver changes. It has made the falls service more productive and empowers us to be our best. It has taught me how a system can be made effective and efficient at the same time.