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**An integrated approach to falls
management
in Palliative Care & Care of the
Elderly Settings**



Why did we choose this project?

- **Accreditation Process**
 - **Palliative & Residential/Day Care Self Assessment Teams**
 - **Highest Numbers of Recorded Incidents**
 - **2005 = 94**
 - **2006 = 77**
 - **2007 = 150**
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Who has helped us so far?

Palliative Care

- ❑ Consultant in Palliative Medicine
- ❑ CNM2
- ❑ Physiotherapy Manager
- ❑ Occupational Therapy Manager
- ❑ Quality & Safety Co - Ordinator

Care of The Elderly

- ❑ CNM1
 - ❑ Physiotherapy Manager
 - ❑ Occupational Therapy Manager
 - ❑ Quality & Safety Co - Ordinator
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What progress have we made so far?

- Policy development
(Based on International Evidence Based Practice)
 - Environmental checklist
 - Education sessions
 - Falls Pathway (Care of the Elderly)
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What results have we achieved?

Increased knowledge of:

1	Best Practice
2	Contributing Factors
3	Value of Multidisciplinary team approach
4	Need for family involvement.



What have we learned from doing this project?

Measure

- **2 or more Intrinsic or Extrinsic Factors = Referrals generated**

Analyse

- **Rates of falls**
 - **Audit of number of Patients at risk vs. number of patients identified as at risk at the time of admission**
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What have we learned from doing this project?

Improve

- Introduced STRATIFY Risk Assessment Screening Tool on admission documentation.

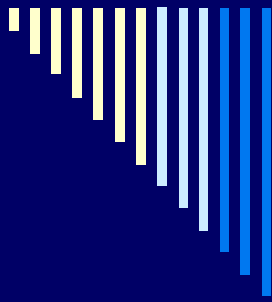
Control

- Directly inputting to CIS Database from early 2008
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What are the next steps for us?

- **Continuous Education**
 - **Falls Prevention Programmes**
 - **Means of electronic analysis by time, Day and Medical Record Number to identify those who are repeatedly falling**
 - **Re audit Schedule**
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Analysis of fall

