

A Practical Guide to Reducing

Inpatient Falls

& Harm from Inpatient Falls

*Implementing the recommendations
from the National Audit of Inpatient Falls*

Wednesday 18 May 2016 Colmore Gate Conference Centre, Birmingham



Chair and Speakers Include:

Dr Shelagh O'Riordan

Falls Clinical Lead

National Audit of Inpatient Falls

Professor Tony Elliott

Clinical Director

South Staffordshire and Shropshire Mental
Health NHS Trust

A Practical Guide to Reducing **Inpatient Falls** **& Harm from Inpatient Falls** *Implementing the recommendations* *from the National Audit of Inpatient Falls*

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"Inpatient falls are common and remain a great challenge for the NHS. Falls in hospital are the most commonly reported patient safety incidents, with more than 240,000 reported in acute hospitals and mental health trusts in England and Wales every year (that is over 600 a day).¹ All falls, even those that do not result in injury, can cause older patients and their family to feel anxious and distressed. For those who are frail, minor injuries from a fall can affect their physical function, resulting in reduced mobility, and undermining their confidence and independence. Some falls in hospital result in serious injuries, such as hip fracture (more than 3,000 per year) and serious head injuries, and these injuries can result in death. Falls in hospitals are financially expensive, as they increase the length of stay and may require increased care costs upon discharge. In 2007, inpatient falls were thought to cost trusts alone £15 million, and will be more expensive now...Tackling the problem of inpatient falls is challenging. There are no single or easily defined interventions which, when done on their own, are shown to reduce falls. However, research has shown that multiple interventions performed by the multidisciplinary team and tailored to the individual patient can reduce falls by 20–30%."

National Audit of Inpatient Falls audit report 2015

With an opening address from Dr Shelagh O'Riordan, Falls Clinical Lead for the National Audit of Inpatient Falls 2015 & Consultant Geriatrician at East Kent Hospitals NHS Trust, this conference focuses on reducing inpatient falls, implementing the recommendations from the 2015 National Audit of Inpatient Falls. Through national updates and practical case studies focusing on the individual recommendations from the national audit the conference will provide a step by step guide to implementing the multiple interventions that have been proven to reduce falls in your service.

Follow conference developments on twitter #NHSFalls

10.00 Chairman's Introduction

10.10 Learning from the National Audit of Inpatient Falls

Dr Shelagh O'Riordan

Falls Clinical Lead National Audit of Inpatient Falls 2015
Consultant Geriatrician
East Kent Hospitals NHS Trust

- learning from the national audit of inpatient falls
- recommendations for reducing inpatient falls
- an update from the falls and fragility audit programme
- monitoring progress in falls reduction
- current developments

10.40 Reducing falls and harm from inpatient falls in practice

Dr Wallace Tan

Chair Falls Group
Consultant Geriatrician
Croydon University Hospital NHS Trust

- developing a multifaceted approach to reducing inpatient falls
- reviewing and improving multifactorial risk assessment and management across the Trust
- the development of falls prevention teams and falls champions across the trust
- improving the dissemination of learning from falls root cause analysis
- our experience and the impact on falls and harm from falls

11.10 Question and answers, followed by coffee and exhibition

11.50 Monitoring the implementation of the 2015 Quality Standard in an inpatient setting

Alison Doyle Lead Nurse, Falls and Fractures Prevention
with **Wendy Madden** Falls Nurse Specialist
University Hospital Birmingham NHS Foundation Trust

- improving quality in falls services and developing measurable quality indicators and metrics
- setting up and running an effective falls steering group and multidisciplinary working group
- learning from investigations to improve quality
- real time learning from incidents how to improve clinical teams
- ownership of falls prevention

12.20 Delivering individual post fall protocols to care for any older person who has fallen during their stay

Jo Jennings Falls Prevention Co-ordinator
Northampton General Hospital

- implementing an individual post fall protocol in practice as outlined in the NICE Quality Standard
- checks for signs or symptoms of severe injury and safe manual handling
- how can we learn from falls incidents?
- using the simulation suite to educate staff
- learning from incidents using 'spot the errors' video

12.50 Question and answers, followed by lunch and exhibition

14.00 Falls and Mental Health: reducing falls in older people with dementia

"Falls teams should work closely with dementia and delirium teams (if present) to ensure team working for these high-risk patients."
Inpatient Falls Audit 2015

Prof Tony Elliott

Clinical Director
South Staffordshire and Shropshire Mental Health Trust

- why are people with dementia at higher risk of falls
- falls and medications management
- assessing and managing falls risk
- reducing falls in dementia

14.30 EXTENDED SESSION: Broomfield Dignified Throne Toolkit Preventing falls in hospital toilets and bathrooms and developing continence care plans that take into account the risk of falling

Carrie Tyler Falls Practitioner

with **Angela Wade** Professional Development Lead Nurse and
Dignity Lead
Broomfield Hospital, Mid Essex

- analysis of falls in hospital bathrooms and toilets
- causes of falls in hospital toilets & bathrooms
- collaboration of existing work streams, falls, infection control and dignity
- achieving the 10 point dignity challenge
- innovation to achieve patient hygiene and dignity
- presentation of the Dignified Throne audit
- how this was achieved and the practical application of the toolkit

15.30 Question and answers, followed by tea

16.00 Medication Review

"We recommend that all patients aged over 65 years have a medication review, looking particularly for medications that are likely to increase risks of falling." Inpatient Falls Audit 2015

- assessing medications within falls services and clinics
- understanding which medications contribute to falls
- working with falls services to improve practice

16.30 Auditing the use of bed rails

Dr Ruma Dutta Consultant Geriatrician

with **Joanna Logan** Professional Development
Worcestershire Acute Hospitals NHS Trust

"We recommend that trusts and health boards regularly audit the use of bed rails against their policy and embed changes to ensure appropriate use" Inpatient Falls Audit 2015

- ensuring frontline staff understand the safe and effective use of bed rails
- auditing the use of bed rails
- communicating information about bed rails to patients
- bed rails and falls: our experience

17.00 Question and answers, followed by close

Reducing Inpatient Falls

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Venue

Colmore Gate Conference Centre, DeVere Venues, 5th Floor Colmore Gate, Bull Street Entrance Birmingham B3 2QD. A map of the venue will be sent with confirmation of your booking.

Date

Wednesday 18 May 2016

Conference Fee

- ☐ £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
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The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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