



Delivering patient and population benefits

Reducing Inpatient Falls on Hospital Wards

Background

Falls are a common and serious problem estimated to cost the NHS more than £2.3 billion per year.¹

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Impact can also be seen on family members and carers of people who fall.

Inpatient groups who are seen as being at most risk of falling are:

- All patients aged 65 and older
- Patients aged 50 to 64 who are judged by a clinician to be at higher risk of falling because of an underlying condition.

Inpatient falls can lead to hip fractures and other injuries, whilst even falls without harm can lead to loss of confidence and increased length of stay.

Through our Improvement Academy, the AHSN is working with 20 frontline teams across the region to reduce patient falls. The work has resulted in impressive results, including:

- Teams achieving a significant reduction in inpatient falls evidenced by at least one step change reduction in run charts plotting 'falls per week'. A group of four wards has reduced the combined average number of falls per week by 60%.
- Sustained periods of time without any falls. One ward has moved from an average of one fall per week to repeatedly achieving 30 days between falls and up to 60 days.

A preliminary health economics evaluation is showing this work as providing savings of £185k, with costs of running the programme at £39k. Work to scale this programme is already underway. In March 2015, a falls summit in collaboration with three other AHSNs in the north was held. The event was attended by over 200 delegates.

Why is this work important?

NHS England has identified the need for harm reduction associated with falls. The Francis report highlighted the importance of culture when addressing the safety of patients.

Among older adults, falls are the leading cause of both fatal and nonfatal injuries.²

¹NICE Falls: Assessment and Prevention of Falls in Older People (CG161). London: Nice 2013.
www.nice.org.uk/guidance/cg161

²Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed August 15, 2013



Our contribution

- Hands on support to frontline staff to test implementation interventions with staff supported in the introduction of daily safety huddles to identify patients at risk of falling.
- Assessment of teamwork, safety culture and measurement support of impact is provided. Analysis of small test of change using PDSA cycles and easy to understand visual display of data for teams.
- Celebrating success and positive reinforcement of actions by recognising achievements.
- The AHSN also provides a forum for different teams to link and learn from each other through regular meetings and communication.



What's next?

In 2014 a Health Economics Evaluation was conducted on the safety huddle intervention provided by the AHSN Improvement Academy. This showed that the intervention had sustained a reduction in falls over a period of six months. The evaluation calculated the cost of the intervention at £38,704 annually, with over 50% of that being additional time for the safety huddle to take place in order to staff on patients at risk of falling. Total annual savings from the evaluation were calculated at £185,690, giving an ROI of 388%. Sensitivity analyses indicate the expected ROI is robust to changes in event rates, costs and savings.

Due to the impact this work has had, the AHSN is scaling it up in the region and beyond so that 80% of organisations within the region engage with the project, including Acute, Mental Health and Primary Care providers.

The Improvement Academy is working in partnership with Leeds Teaching Hospitals NHS Trust to be part of the Health Foundation Scaling Up Improvement Programme. The Scaling Up Improvement Programme will run for 2.5 years and receive up to £500,000 of funding to support the implementation and evaluation of the impact of the patient safety huddle work at whole hospital level.

Beyond the Yorkshire & Humber region the work on scaling up has commenced: a recent falls prevention summit was held in conjunction with the three other AHSNs in the north of England attended by over 200 delegates. Meanwhile, the Improvement Academy has been engaged with Kent, Surrey and Sussex AHSN as part of a training programme that showed the impact of the safety huddle intervention and how it could be used to improve patient safety culture and impact on a much wider scale beyond falls prevention.

