

# REDUCING FALLS IN HOSPITALISED COGNITIVELY IMPAIRED PERSONS

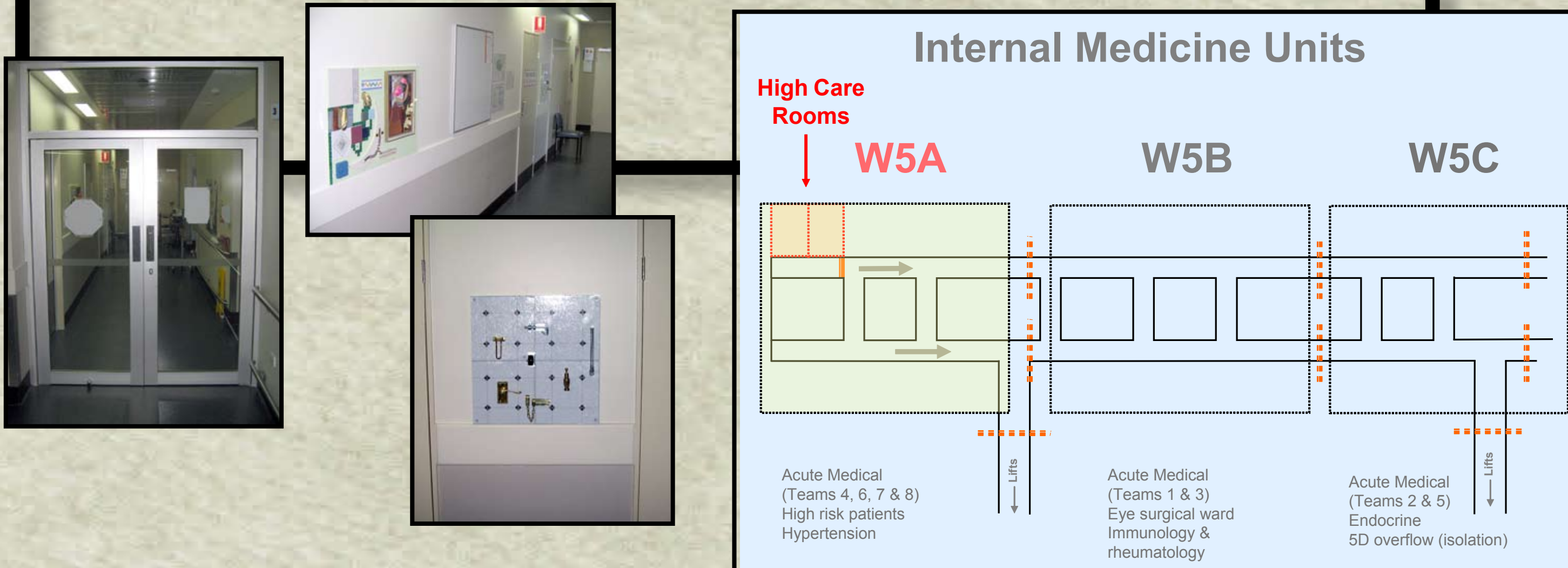
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## PROBLEM

- The Princess Alexandra Hospitals Internal Medicine Units found that 70% of falls occurred in patients with a cognitive impairment
- Falls were still occurring despite traditional strategies to reduce risk involving allocation of 1:1 nursing care
- A negative reputation, affecting recruitment and retention due to increased falls & aggressive events associated with caring for cognitively impaired patients

## ENVIRONMENT

- Installation of double glazed glass doors to offer a quieter more controlled environment
- Geographically located to a least busy area with fewest exits
- Location in medical unit to facilitate timely access to treating team



## PATIENT FLOW

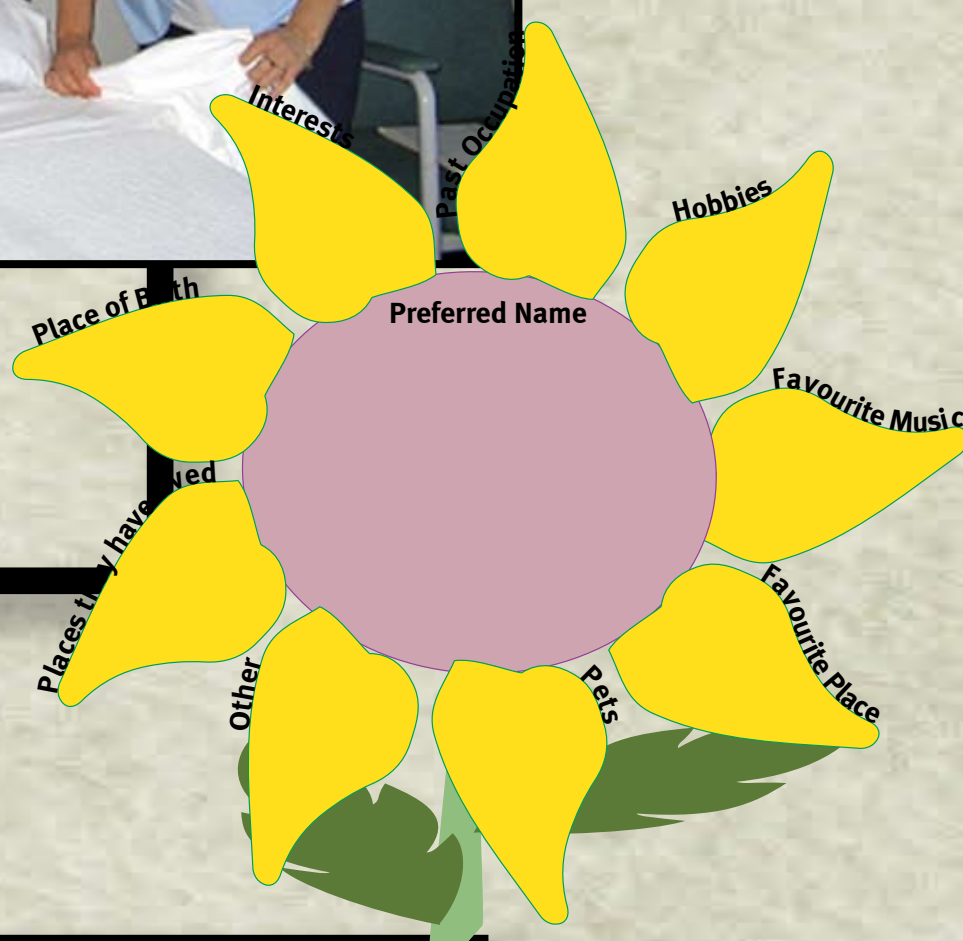
- Development of admission & discharge criteria
- Relocation of patients normally requiring 1:1 nursing care to the high care environment
- Streamlined referral & assessment processes

## STRATEGY

- Development of a high care environment & interventions with the aim to reduce patient agitation via:
- Relocation of high risk patients to a tailored environment situated within the treating unit
  - Provision of specialised care within a quiet controlled environment equipped with specialised resources
  - Trial introduction of a specialist nursing role, CNC Dementia & Delirium to:
    - Provide expert advice & care planning
    - Develop organisation wide evidence-based assessment tools, policy/procedural guidelines and sustainable, transferrable education packages

## MODEL OF CARE

- Increased staffing 1:2 ratio (8 beds: 4 staff)
- Constant supervision
- Person Centred Care

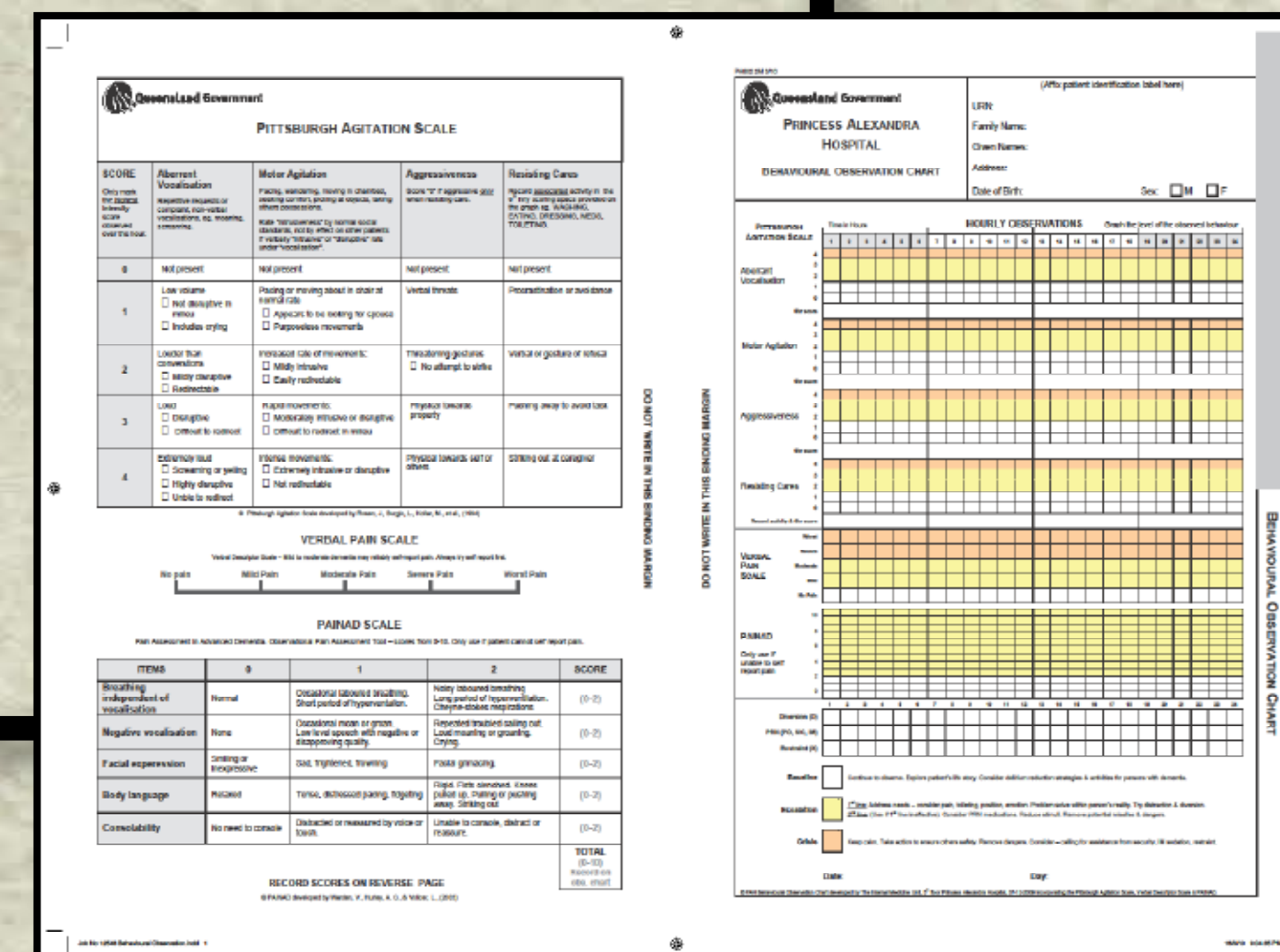


## HIGH CARE STRATEGY

New Model of Care  
Cognitively Impaired Persons with  
High Risk Behaviours

## SPECIALISED ASSESSMENT

- Development of Behavioural Observation Chart, a tool that incorporates the Pittsburgh Agitation Scale & specialised pain assessment scales (including PAINAD)



## DISTRACTION DEVICES

- IVC Decoy
- IDC Decoy
- Fiddle Blanket



## TRAINING

- Specialised training in dementia & delirium care for licensed & unlicensed clinicians
- Education program delivered utilising ward-based computer workstations
- Focussed, sustainable education required for fewer staff (40 rather than 120) due to location of high care area within a specific organisational unit

## RECREATIONAL ACTIVITIES

- Themed fiddle boxes
- Activities relevant to past occupations
- Reminiscence activities
- Sorting activities

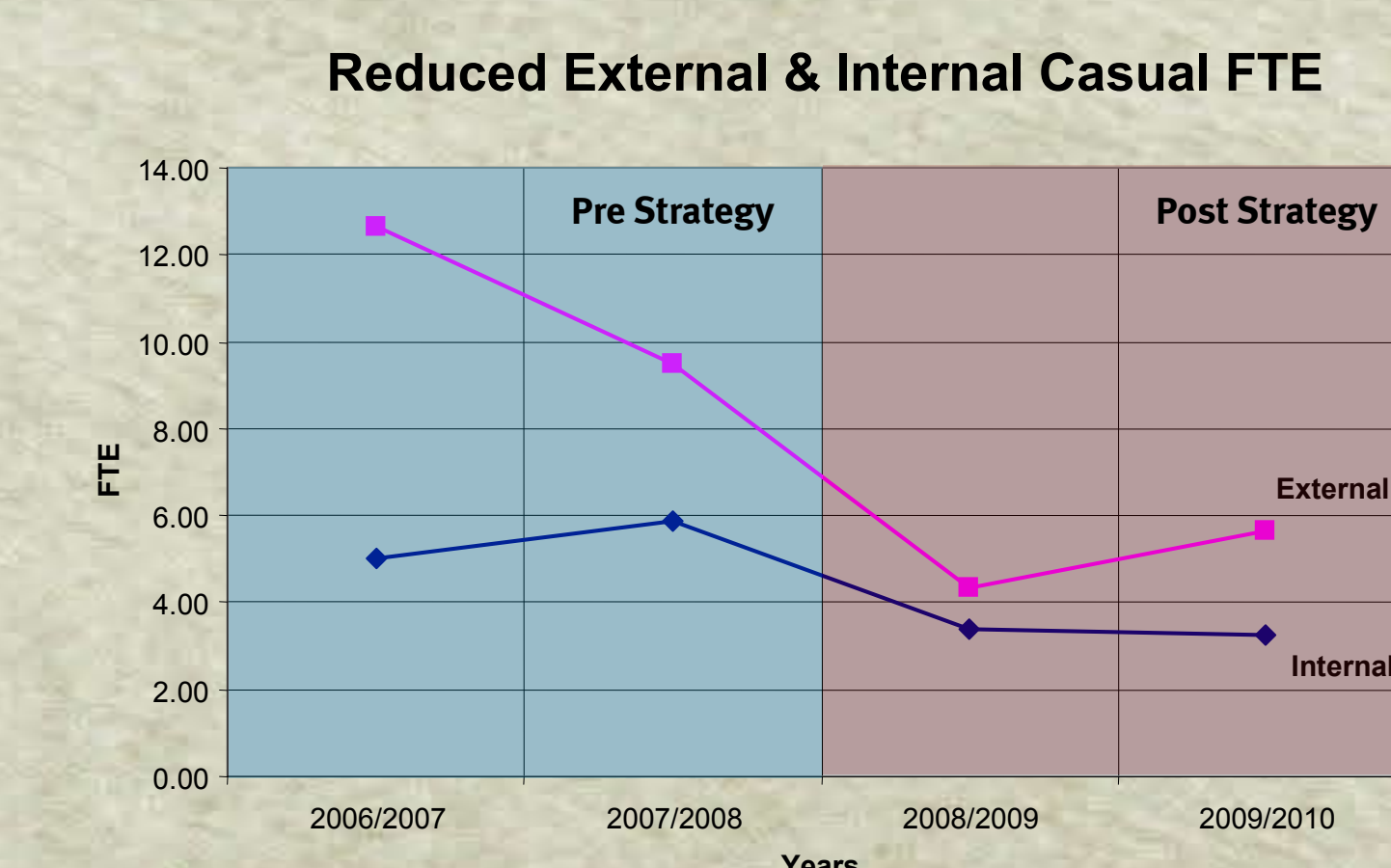
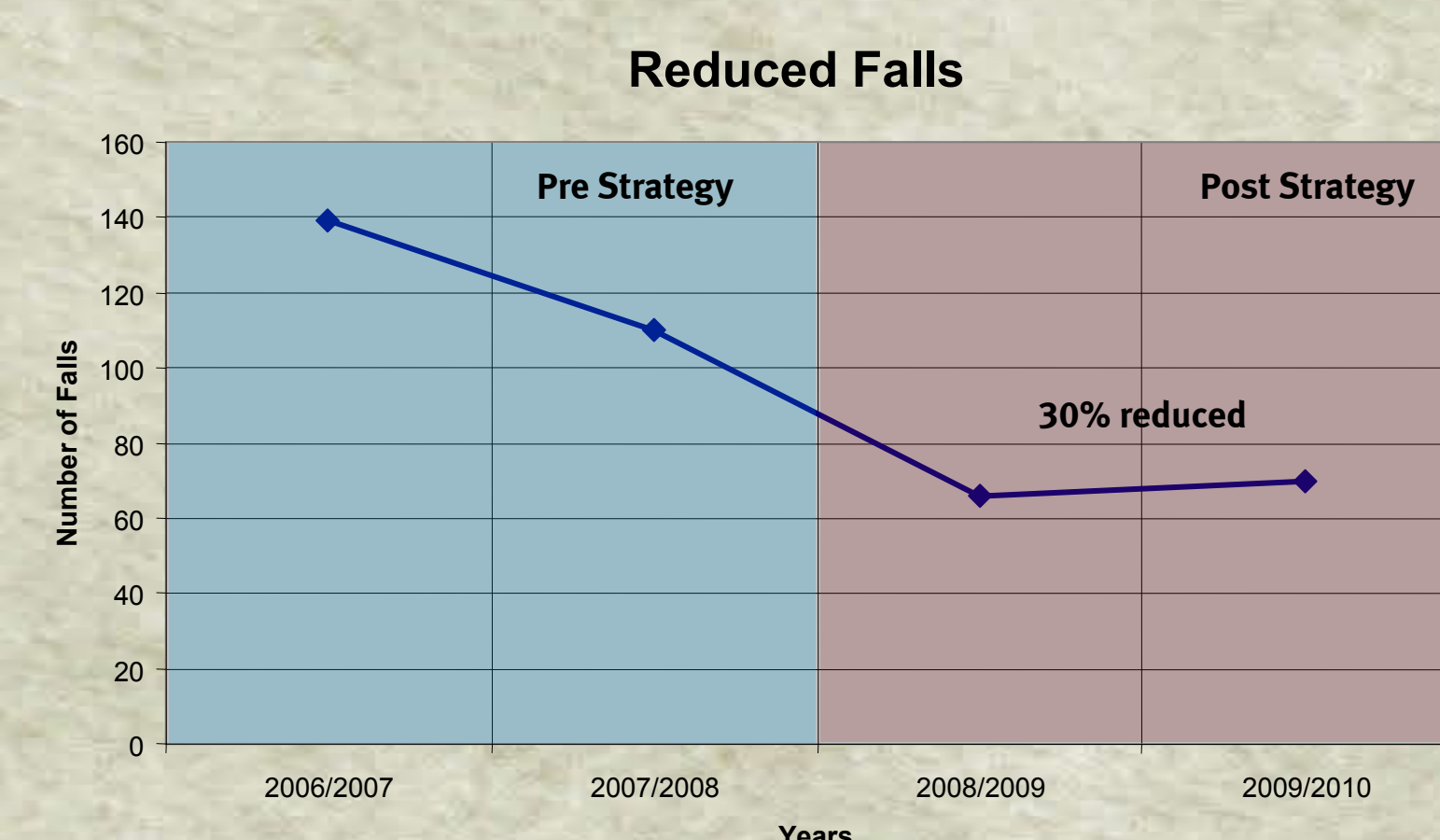


## CONCLUSION

The introduction of the high care strategy has reduced falls, improved patient focussed care, improved staff retention and provided a cost effective model of care. This strategy provides a solution to acute care facilities that are constantly challenged to provide safe, quality care for cognitively impaired persons. It is cost effective, requiring minimal environmental and organisational change and could therefore be easily replicated by other facilities.

## OUTCOMES

- Reduced falls by 30% ( $p < 0.001$ )
- Increased staff retention (wards now at full FTE)
- Improved staff morale, measured by successive workplace culture surveys (from *reactionary* culture to that of *success*).
- Reduced workforce costs due to reduced external & internal casual staff use, attributed to:
  - A 62.7% ( $p < 0.001$ ) reduction in 1:1 special use
  - Less staff leave & vacancy due to improved workplace culture
- Improved quality of care due to reduction in transient & casual workforce<sup>1</sup>
- Creation of a permanent CNC role for the whole hospital



## REFERENCE

1. Duffield, C., Roche, M., O'Brien-Pallas, L., Aisbett, C., King, M., Aisbett, K. & Hall, J., (2007) Glueing it Together: Nurses, Their Work Environment and Patient Safety. University of Technology Sydney, sponsored by New South Wales Department of Health, Australia.

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