

Changing ward culture to prevent inpatient falls

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Aims

To implement the inpatient falls prevention care bundle on a variety of wards with fewer time and funding resources than the original project.

Methods

Nursing management in a single NHS trust was interested in implementing the inpatient falls prevention care bundle developed for the original 2-year FallSafe project. This was cascaded to senior management as well as ward managers. Wards were selected from a variety of specialties, with an identified 'champion' (usually a nurse) to lead the work. The champions were tasked with gathering a wider ward multidisciplinary team. A series of study days/sessions were planned over the 6 months at monthly intervals. Written material supported each session in the form of an updated overview of the project milestones, a monthly memo, and the data collection grid for that month. These study days included an opportunity to share experiences, successes, challenges and most significantly inventive ideas to overcome barriers.

An understanding of the culture change needed to engage all ward-based staff to engage with the FallSafe approach began to emerge during the 6 months during which the project was introduced.

Results

Auditing of care bundle implementation indicated a positive improvement in most elements across all wards. There were some variations in the achieved success levels and degrees to which they were sustained beyond the 6-month introduction period. Quantitative data on use of the care bundle elements showed a median (interquartile range) improvement from baseline of 6% (1–10%), lowest where practice was already embedded and ranging up to 30% when new work was introduced.

An exciting outcome was the ability of the champions to recognise where a part of a process was problematic and to come up with solutions as they selected bundle elements and worked to introduce them. This was especially the case where several different professional groups were involved. Many of their ideas were simple but practical.

Conclusions

- > Introducing this falls prevention approach into a variety of ward specialties is possible.
- > Engagement by all members of the ward team is essential.
- > A shared sense of responsibility for overall patient care and safety needs to extend beyond the nursing staff.
- > For successful implementation, leadership and coordination are required.

Conflict of interest statement

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