

3rd Annual Quality & Patient Safety Conference

Improving the Healthcare Journey for Patients & Staff



TITLE

Using the modified Cannard Falls Risk Assessment tool to change how we manage falls prevention on a medical ward

SUBMITTED BY

Surgical 2 Ward, Cavan General Hospital, Cavan and Monaghan Hospital

ABSTRACT

INTRODUCTION

Surgical 2 ward was chosen to participate in a Quality Improvement initiative to try and reduce the number of falls and harmful falls on the ward. The change ideas that are being tested includes:

1. Trialling a modified Cannard Falls Risk assessment which is being supported through ongoing education
2. Increasing awareness around falls prevention during the daily safety pause
3. Using the Cannard score when referring to Physiotherapist and Occupational therapy in order to expediate urgent reviews if at risk of falls
4. Detailed analysis of every fall that occurs on the ward to investigate causes/factors leading to falls

METHODOLOGY

The initiative is implemented using the Model for Improvement, working through numerous PDSA cycles.

AIM

The aim of the initiative is to reduce the number of falls per month on Surgical 2 ward and to avoid harmful falls by increasing awareness amongst staff about falls prevention.

CHANGE IMPLEMENTED

The current assessment structure includes the young person and their parents meeting with a complex pain consultant, nurse, occupational therapist, physiotherapist and psychologist for 90-120 minutes. The assessment covers their pain history; emotional, physical, social and family functioning; formulation and; education.

MEASUREMENT

Between June - December 2021, participants provided feedback by completing a questionnaire, post assessment, reflecting on 'hope for recovery' pre- and post- assessment using a likert scale;

'yes/no' questions; and qualitative questions.

RESULTS

Initial analysis of the small data set (total participants n=39) demonstrated an increase in 'hope for recovery' from pre- to post-assessment across participant groups including patient, mother, and father, with the largest increase in the patient group. Initial thematic analysis of qualitative data demonstrated participants valued receiving a plan for recovery (n=10); an explanation of pain (n=9); and feeling listened to/understood (n=8). New information acquired included understanding how pain works (n=11); and a biopsychosocial understanding of recovery (n=9).

VALUE

Patients experiencing chronic pain frequently report extensive medical histories, often resulting in unclear explanations about their condition and uncertainty about their recovery. The implementation of a new assessment structure demonstrated positive preliminary outcomes in patient experience of meeting a healthcare team in the domains of hope, explanations of pain and recovery planning.

SUSTAINMENT

MDT reviews will commence in March 2022 allowing for the opportunity to evaluate if sustained improvement in the participants' experience was achieved.

ADDITIONAL INFORMATION

There is scope for sharing this learning with medical teams working with families with complex medical histories, improving patient experiences.