

## Cashmere and Aotea Home: Falls Prevention Initiatives

Cashmere and Aotea Homes participated in the Aged Related Residential Care mini-collaborative<sup>1</sup> to reduce harm from falls. The collaborative was established by the Health Quality and Safety Commission in conjunction with the Accident Compensation Corporation and three Wellington based district health boards.

### About Cashmere and Aotea

Cashmere and Aotea are part of the Enliven Group. Both are located in Johnsonville, in the Wellington area. Aotea provides rest home level care. Cashmere offers rest home, hospital and specialist dementia unit care.

### Cashmere and Aotea's approach

Cashmere and Aotea collected falls data prior to the falls prevention initiative. They recognise the importance of falls prevention and effectively manage the risk of falls for residents in the dementia unit. The homes have a quality monitor and benchmark through QPS audits. An incident report is prepared after each fall and there is a planned approach for anyone who is at high risk of falls.

The clinical coordinator went to the first session with two of the registered nurses, one of whom worked night shifts. The subsequent sessions were attended by the registered nurses.

The staff who were chosen to go were selected to broaden their experience:

*"We wanted to give some of our RNs some experience. They see the falls happening and it's good for them to get a session from outside. It gives them a different look and different ideas. Reinforces that there is something they can do to prevent the falls."*

The nurses who went to the falls prevention sessions came back and shared their experience and learnings with other nurses as part of the journal club.

### Examples of Cashmere and Aotea's responses

Since attending the Learning Sets the interviewed registered nurse said she had made some changes to build on what they already had in place. Changes included:

- Adding mobility information to the care plans
- Monitoring more systematically the results of the initiatives that are in place such as falls mats, sensors, hip protectors
- Introducing regular toileting regimes at night
- Giving priority to answering the bells promptly at night

Falls crosses and maps are not currently used but are being considered.

### How the falls prevention mini-collaborative helped

The manager considered that:

*"Going was good for the staff – it reinforced for them that falls can be prevented. Not for everyone but for some. It established a routine."*

*"It was good for the staff to go to something different and have it reinforced by an outside agency."*

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<sup>1</sup> <http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/projects/arcc-mini-collaborative/>

The clinical coordinator described the first Learning Set that she attended as very good.

*“It put forward ideas and the why which was really great.”*

*“We learnt new things. We had the foundation there already. The seminar gave impetus to what [the nurse] did. The focus was on what we need to do. If we keep the concept going we will do much more. After the seminars the two nurses thought outside of the square.”*

The nurses attending the falls prevention Learning Sets found it very worthwhile to go.

One of the nurses reported that the number of falls had reduced. She felt that they were achieving good results because although they had monitored falls before the initiative, they were now more systematic, regular and planned in their approach.

*“It’s a good reinforcement for our work.”*

The opportunity to meet and share was valued:

*“Very good chance to meet and share. I appreciate the time to meet staff from other facilities. It’s a good chance for us.”*

Especially for the night nurses.

*“Sometimes the night shift nurses don’t get the chance to mix so much.”*

The manager noted that registered nurses working in elder care are

*“...much more isolated in this environment that they are in hospital. There is only one RN on at any time. All the chains have different policies – for them to be able to chat between them about how they do things is great.”*

And the clinical coordinator noted that:

*“We need more seminars like this open to the aged care sector. This sort of learning could improve collaboration and you make contacts.”*

## Keeping going

Attending the Learning Sets built on what was already in place.

*“Falls assessment is important so it will keep going.”*

One of the nurses who took part noted that she uses the website to catch up on information from the Learning Sets.

A follow-up session would be helpful:

*“A follow up session to recap on what people are doing would be good. It would be good to hear about the impact it has had. Has it reduced costs?”*