Safe Recovery Falls Prevention
(Managing Risk Taking Behavior)

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Safe Recovery Program

- Developed in 2001-2002 at Peter James Centre (Terry Haines)

- Increasing patient’s awareness of risk factors for falls and teaching them strategies to prevent falls reduce the risk of falls in the hospital setting (Cameron et al 2012; Cochrane database systematic review)

- Patient education (multimedia) appears to decrease falls in cognitively intact patient (Haines, Hill et al. 2010)

Balance between Ability and Demand

(Haines et al 2012)
3 Keys Messages:

• Know if you need help (Getting out of the bed, toilet, walking)
• Ask for help
• Wait for help

• Mixture of text, color graphics, photographic images
• Addresses participants with different learning styles – auditory, visual
• Can be used by participants with low functional health literacy

https://www.youtube.com/results?search_query=Safe+Recovery+Terry+Haines
Background to the QI project

- Patients admitted to GEM ward are predominantly elderly patients with multiple comorbidities

- Falls history and/or risk of falls is one of the major risk factors impacting admission and length of stay on GEM ward

- In 2014-15 GEM ward had highest number of % of falls within Werribee Mercy Hospital with close to 50 falls in one year

- Literature review has revealed that traditional falls prevention education and strategies (such as verbal education, non-slip socks, low-low beds, chair/bed alarms etc.) has not shown significant improvement in the reduction of falls rate on sub-acute wards

- Opportunity was identified to trial the Safe Recovery model
Aims

• Implement Falls Prevention Education Program - Safe Recovery

• Minimise falls rate; in particular prevent or minimise falls rate in those patients who participated in the education program

• Improve patients awareness of falls risk and improve patients risk taking behaviour towards falls while in hospital
Inclusion Criteria

• At risk of falls /have history of falls
• Demonstrate risk taking behaviour
• Require assistance with mobility and transfers
• MMSE 23 or more (Preferably)
Methods

• Focus Groups
• Staff education
• Patient questionnaire – (Pre and post video education)
• Delivery of Safe Recovery

• Patient feedback
• Observation of patient risk taking behaviour
• Staff feedback
Process

- Background Information/Set up Environment/Build rapport
  - Identify Leverage point, Falls history, Mobility approach, Threat appraisal
- Show video/workbook and Review threat appraisal
- Identify strategies and set goals
- Review

Information Gathering

Information provision and Joint Problem solving

Terry Haines, Safe Recovery Video 9, https://www.youtube.com/watch?v=1JJ-7V-HPcY
Results (N=24)

Pre-Video

- Believed they would have a fall during their admission: 40%
- Believed they would be injured if they had a fall: 40%

Post-Video

- Believed they would have a fall during their admission: 20%
- Believed they would be injured if they had a fall: 100%
- Achieved the goal: 80%
- Agreed they had learnt something new about falls in the hospital: 60%
- In control of falls: 80%
- Easy to achieve goal: 20%
Consumer Comments

• ‘Did not learn anything new, but reinforced information on reducing risk of fall’
• ‘I’m now aware of the mistakes I was making and know not to repeat them’
• ‘I was reminded so many times by all staff members’
• ‘I felt in control of my own safety’
• ‘I strongly agreed with what the video says’
Conclusion

• An innovative method for reducing falls risk and falls rate

• Addresses the risk taking behaviour of the patients

• Helped in improving the patients awareness of falls in hospitals and also prevented falls in those patients who participated in the program

• Though effective, the program is time consuming and requires significant amount of staff time to implement

• Only effective in those patients who are cognitively intact and patients who are motivated
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- Patients
Reference

- [https://www.youtube.com/results?search_query=Safe+Recovery+Terry+Haines](https://www.youtube.com/results?search_query=Safe+Recovery+Terry+Haines)
- Haines TP et al. Why do hospitalized older adults take risks that may lead to falls? *Health expectations* 2012; 18: 233-249
- Lee DA et al. They will tell me if there is a problem: limited discussion between health professionals, older adults and their caregivers on falls prevention during and after hospitalization. *Health education research* 2013; 6: 1051-1066