



# Safe Recovery Falls Prevention (Managing Risk Taking Behavior)

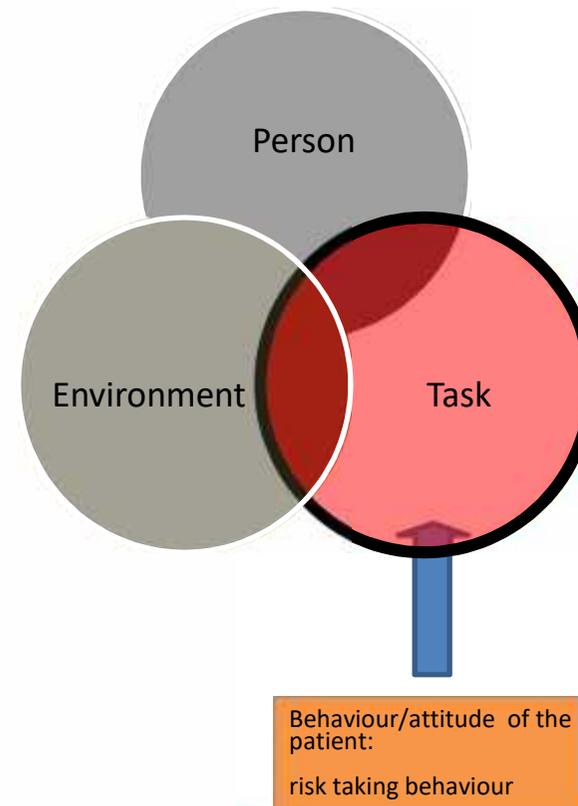
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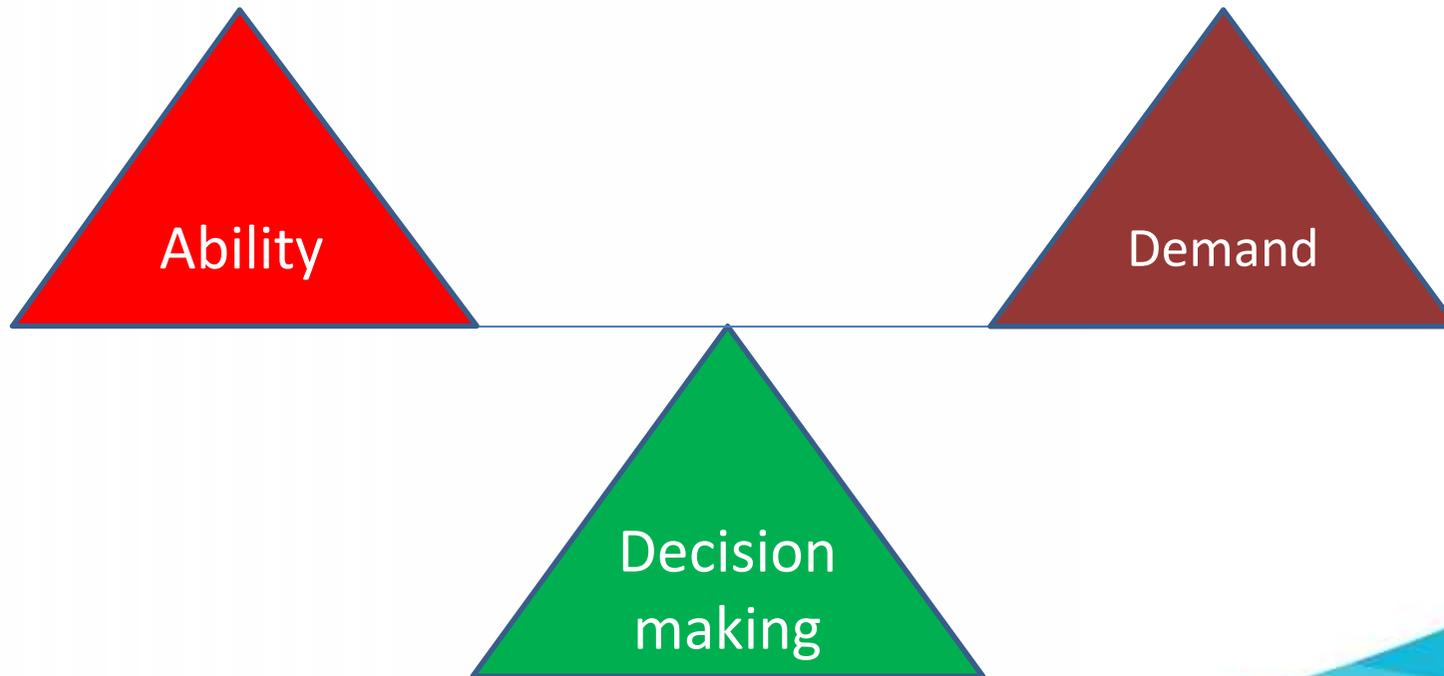
# Safe Recovery Program

- 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)

<http://www.med.monash.edu.au/physio/staff/haines.html>



# Balance between Ability and Demand



(Haines et al 2012)

# Safe Recovery Video & Written material content

## 3 Keys Messages:

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

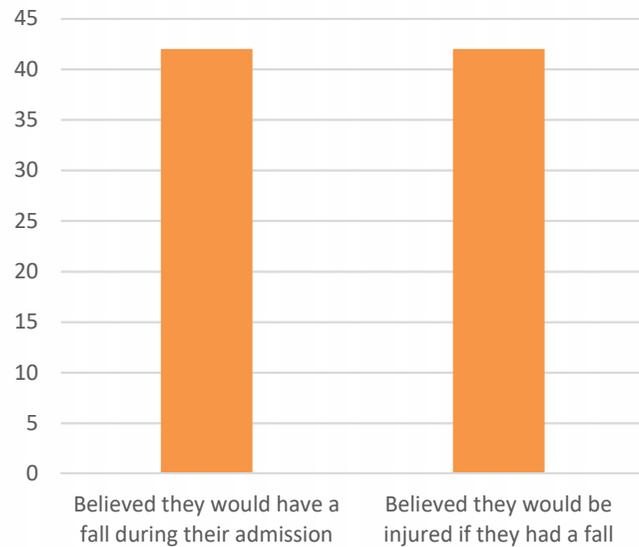
Review

Information Gathering

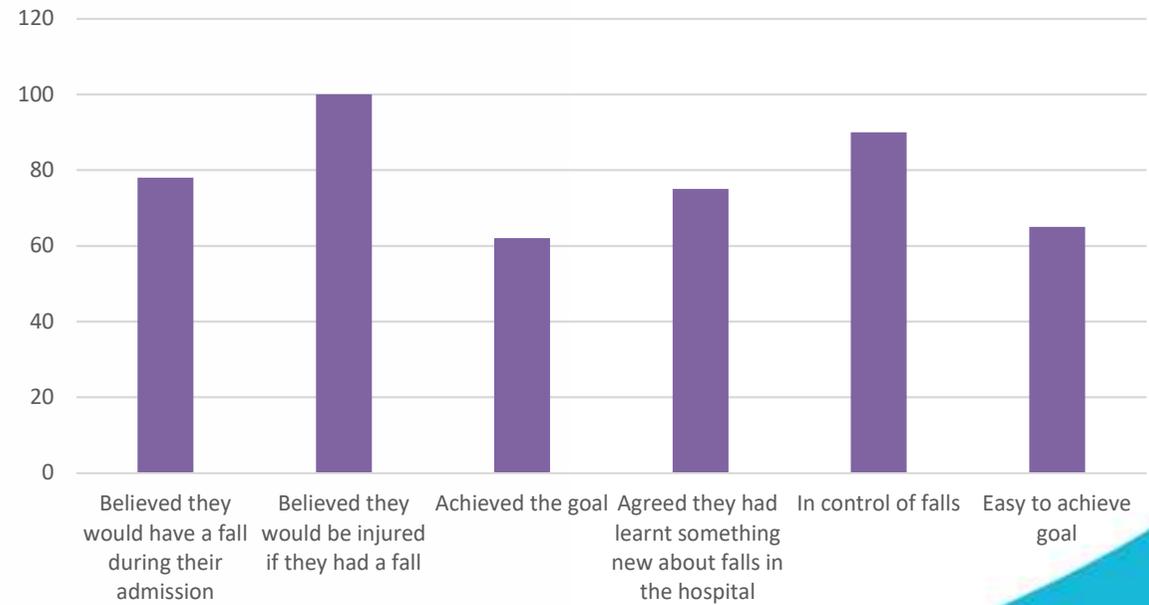
Information provision and Joint Problem solving

# Results (N=24)

Pre-Video



Post-Video



# 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





# Reference

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