

Recommendation	Actions	Timing	Who	Progress	Financial	Contingency	Action update	Evidence
							Executive Group via DHB communication plan	evidence of same
	To remove 'trial form' from patient care plan for the prevention of falls and roll out throughout the Waikato DHB (discussed/agreed with the Director of Nursing)	October 2009	Directorate of Nursing & Midwifery		Time		Completed	PDF of Patient Care Plan for the Prevention of Falls
	Make no changes to the Assessment and Management of Falls Protocol	October 2009	Directorate of Nursing & Midwifery	Next Protocol review date set for 2011	Time	Include in review of the patient care plan	*SQC & DON meeting., recommendation agreed Completed	Protocol review updated on Controlled Documents site
	Evaluate the Assessment and Management of Falls protocol once compliance reaches 80% consistently for	November 2010	Directorate of Nursing & Midwifery	Wards to complete monthly Q&R Falls audits until June 2010 or compliance reaches 100%	Time	Hold and re-evaluate in 6 months	*SQC & DON meeting., recommendation agreed Ongoing compliance audits	Quarterly area falls audits using Quality and Risk and Star Wards Tools submitted to Director of Nursing with

Recommendation	Actions	Timing	Who	Progress	Financial	Contingency	Action update	Evidence
	six months						into 2010	appropriate action plans.
	<p>Develop a more robust system of responsibility and accountability for documentation/star wards compliance</p> <p>Consolidate Q&R and Star Wards audit tools into one tool</p>	October 2009	Directorate of Nursing & Midwifery - Clinical Nurse Director of Community & Rural Services	Establish person/area responsible for collecting information and post on intranet	Time	<p>Risk of maintaining status quo</p> <p>Utilise existing tools</p>	<p>*SQC & DON meeting, recommendation agreed.</p> <p>Star Wards audit tools under review (Belinda Macfie and Judy Fitness)</p> <p>DON has re-launched Star wards, and the reporting/monitoring process - which firmly sits with CNM/CMM. Deficits and implementation of Star wards audit action plans will be monitored by DON and CNM/M reviews</p>	<p>Director of Nursing – minutes of Clinical Nurse Manager Forums</p> <p>Monitoring performance through quarterly submissions and league tables on intranet</p> <p>Recommendation and implementation of review of star wards and quality and risk tools</p>
	To ensure the practise of hourly nurse rounds is		Directorate of Nursing & Midwifery , CNM,	Incorporate into Patient Care Plan	Time	Hold and align with upcoming nursing	*SQC & DON meeting, recommendation agreed.	Star Wards – Documentation audits to reflect

Recommendation	Actions	Timing	Who	Progress	Financial	Contingency	Action update	Evidence
	robustly embedded into daily nursing care in line with the patient care plan		CMM	review		initiative/review		same
	<p>To create a campaign and education package that:</p> <ul style="list-style-type: none"> o educates staff about falls throughout the Waikato DHB o improves the reporting of falls characteristics, pending the introduction of an electronic incident management system o links the Patient Care Plan and the Assessment of Falls Protocol in amore robust manner 	<p>November – December 09, materials produced 2010 January – March ongoing rollout</p>	<p>Directorate of Nursing & Midwifery , Falls SQC's and Practise Development</p>	<p>Education package and/or campaign developed</p>	<p>Time and resource (SQC and Viscomm)</p>	<p>*SQC & DON meeting, recommendation agreed. SQC's to produce education materials/package, self directed learning materials, which will be delivered by Nurse Educators</p>	<p>Copy of education package Timeline of campaign roll-out Practice Development Unit and SQC - Attendance sheet for falls education forums Service area annual education calendar and subsequent attendance sheets</p>	

Recommendation	Actions	Timing	Who	Progress	Financial	Contingency	Action update	Evidence
	<p>And, identify a nurse (or other appropriate vocation) administrator responsible for falls reduction/coordination in the hospital to support ward/service clinical leaders to:</p> <ul style="list-style-type: none"> ○ Identify falls champions or a falls group who oversee the collection, analysis and falls intervention planning for their ward/service ○ Run/support medical or clinical audits around mitigating the high risk factors or evaluating interventions of falls including medication reviews to reduce 	November 09 - ongoing	Directorate of Nursing & Midwifery and delegated Authority: CNM/CMM	Identification organisational falls champion	Time	Hold and/or align with rollout of productive wards	<p>*SQC & DON meeting, recommendation agreed. Belinda Macfie identified</p> <p>*DON to clearly delegate authority for development of falls champion/groups sits with CNM/CMM at local level/site</p> <p>* SQC & DON meeting, recommendation agreed.</p> <p>*DON to confirm delegation of the</p>	<p>Copy of education package</p> <p>Timeline of campaign roll-out</p> <p>Practice Development Unit and SQC - Attendance sheet for falls education forums</p> <p>Service area annual education calendar and subsequent attendance sheets</p>

Recommendation	Actions	Timing	Who	Progress	Financial	Contingency	Action update	Evidence
	<p>sedation, vitamin D, delirium, etc.</p> <ul style="list-style-type: none"> ○ Provide ongoing education to staff, patients and families in relation to falls ○ To incorporate and/or support the roll out of the falls component of Productive Wards as an ongoing and visual data collection tool for wards 						<p>recommendation with CMO</p> <p>*DON to clearly delegate authority for falls champion/groups sits with CNM/CMM at local level/site</p> <p>* DON in agreement with and will endorse the roll out of Visual data collection. Productive Wards roll out continues, OPRS/Rural hospitals in the next wave Productive Wards Manager to consult with falls SQC's</p>	
2. Reduce identified hazards/severity of	As below	March 2010	Chief Operating Officer	80% of products	Time and/or	Redefined reporting	*November 09: COO & DON	Copy of education

Recommendation	Actions	Timing	Who	Progress	Financial	Contingency	Action update	Evidence
harm throughout the Waikato DHB			Directorate of Nursing & Midwifery	trials, evaluated and available for purchase on IPROC	funding approval	period	endorsement of recommendation	package Codes for products uploaded onto IPROC
	To identify ultra 'low beds' for high incidence areas to purchase or hire	Commenced September 09 to date	Bed Project Manager/team, Director of Nursing & Midwifery Purchasing and Falls SQC	Low bed identified in IPROC for rental and/or hire	Funding approval	Redefined reporting period	DON in agreement with and will endorse the purchase and/or hire for high needs area. SQC met with H&S bed project to ascertain mitigation of risks for ultra low Invacare beds	Agreed rental process endorsed by Director of Nursing
	To identify track hoists for SCR builds		Purchasing and Falls SQC				Completed	Codes for products uploaded onto IPROC
	To identify cushioned flooring or mats for purchase or implementation in	March 2010	Purchasing and Falls SQC		Funding from area operati	Redefined reporting period	Not initiated as of yet.	Codes for products uploaded onto IPROC

Recommendation	Actions	Timing	Who	Progress	Financial	Contingency	Action update	Evidence
	new build				onal budgets			
	To identify sensor mats, non-slip socks, hip protectors for purchase, brake castors	Commenced September 09 to date	Purchasing and Falls SQC	Ongoing trials, evaluations January 2010	Funding from area operational budgets	Redefined reporting period	Purchasing have identified a mat that is currently being reviewed by Infection Control Evaluation of Sensor mats in use at Rural hospitals/facilities	Codes for products uploaded onto IPROC
	To reduce falls hazards/products e.g. alternatives lazy boys	March 2010	Purchasing and Falls SQC	Each area to identify through environmental audits	Funding from area operational budgets	Redefined reporting period	Cubro rehab tables brake castors are available. However, Health and Safety would prefer others trialled as staff bending over to put brakes on. Service Manager to evaluate risk and move forward.	Codes for products uploaded onto IPROC
	To develop a wider	On-going	Falls SQC	*Falls SQC Presented 09			Completed and	Thames AgeWise

Recommendation	Actions	Timing	Who	Progress	Financial	Contingency	Action update	Evidence
	community based approach to falls minimisation			<p>DHB Falls minimisation project to Thames Agewise forum.</p> <p>*Working with DHB Gerontology Nurse 'Julie Daltrey' and Community Services Managers to progress</p> <p>Provide to other groups as requested</p>			as required	Symposium Agenda October 2009