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National Patient Safety Campaign

The Frances Healey reader

key ideas and references

Dr Frances Healey is a Registered Nurse (Adult, Mental Health) whose involvement in senior clinical and management roles in older persons' care (in acute general and mental health settings) led to an interest in falls as one of the most significant safety risks for this vulnerable group.

Her doctoral thesis encompassed an analysis of a national database (England and Wales) for inpatient falls and several multidisciplinary trials, which identified effective falls prevention interventions for national adoption. Her findings on the relationship between bed rail use and falls resulted in policy change nationally and internationally.

Frances' leadership in national improvement projects at the National Patient Safety Agency and National Health Service and her publications in falls prevention are relevant to New Zealand at both policy and practical levels. We have referenced her publications in many of the 10 Topics in reducing harm from falls, recognising her expertise in bringing together evidence and advocacy for critical thinking and clinical judgement in relation to an individual.

Frances is currently Senior Head of Patient Safety Intelligence, Research and Evaluation, Patient Safety Division, Nursing Directorate, NHS England. She met with the Health Quality & Safety Commission and other key stakeholders in Wellington on wider issues in patient safety while she was in New Zealand in April 2014. She was keen to learn from the approaches we're taking in New Zealand.

Striking a balance

It is important to recognize that many falls happen as a consequence of patients mobilizing as they recover from illness when not closely supervised by hospital staff. A short route to fall prevention would be to prevent anyone from mobilizing unsupervised, or worse, to restrain them or keep them in bed. It follows that there are 'acceptable' falls that are an inevitable consequence of promoting rehabilitation and respecting autonomy.

Oliver, Healey and Haines 2010: 647

> [A crucial organizational action for fall prevention is to recognise] …that 'zero falls' can only be achieved by unacceptable restrictions on patients' privacy, dignity and autonomy.
>
> *Oliver, Healey and Haines 2010:683*

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An individualised approach

The scale of the challenge can perhaps best be faced by setting aside the question, "How do we prevent patients from falling?" and instead repeatedly asking ourselves, "How can I prevent this patient from falling?".

Healey 2011

- Numerical risk prediction tools are not a vital part of falls prevention in hospitals – routine screening for modifiable falls risk factors such as poor mobility, confusion, sedative medication, or continence problems may be more effective.
- If you do use a numerical risk prediction tool, know its limitations – some patients who are scored at low risk of falling will fall, and most patients scored at high risk will not fall.

> Tools that claim to predict patients' risk of falling as 'high' or 'low' do not work well and may provide false reassurance that 'something is being done'.

- Identifying risk factors is pointless unless interventions to reduce or manage them are planned, implemented and evaluated.
- One size does not fit all – patients need interventions targeted at their individual risk factors, which will vary.
- Falls can be an important signal of deteriorating physical illness – always consider this as well as checking for injuries after a fall.
- Falls prevention is a multidisciplinary issue – nurses need to work with estates and facilities staff, medical colleagues, therapists, pharmacists and hotel services.

Oliver and Healey 2009:18

New technology use for falls prevention can help break the mindset that falls are inevitable. But the evidence base for their effectiveness often remains weak, and careful patient selection for technology use is needed to ensure it does not do more harm than good.

Healey for Patient Safety Federation 2011/12

Hourly rounding – if you use it, use it with common-sense, e.g. adapt checks to patients' needs. Be aware that for a patient with poor short term memory, 59 minutes is a very long time.

Healey for Monash Falls Prevention Conference 2014

Being in it for the long haul

Individuals who fall tend to have multiple interacting risk factors, and so we should not be surprised that fall prevention is a complex rather than a straightforward challenge. Previous fall prevention programs in the hospital setting have usually only been successful in reducing falls when multiple interventions were included; implementation of one part does not seem enough to improve outcomes. To be most effective, action needs to be taken both by leaders and by front-line staff, to be championed by all members of the interdisciplinary team including support workers, and tailored to the wishes and needs of individual patients.

Oliver, Healey and Haines 2010: 687

> I cannot promise you that you can prevent falls, but I can promise you there is always one more thing you can add to your falls prevention approach…
>
> *Healey for Monash Falls Prevention Conference 2014*

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Selected publications

- Healey F. 2014. Inpatient falls prevention in the UK: The 10 biggest challenges we all face, and some new ideas for tackling them. Presentation at seminar 3 April 2014. Knowledge to action in falls prevention across the care continuum, Centre of Research Excellence in Patient Safety, Monash University.
- Healey F, Lowe D, Darowski A et al. 2013. Falls prevention in hospitals and mental health units: an extended evaluation of the FallSafe quality improvement project. *Age and Ageing*, aft190.
- Healey F, Darowski A. 2012. Older patients and falls in hospital. *Clinical Risk* 18(5): 170–6.
- Healey F. 2011. Implementing a Fall Prevention Program. (URL accessed 10 July 2013).
- Oliver D, Healey F, Haines TP. 2010. Preventing falls and fall-related injuries in hospitals. *Clinics in Geriatric Medicine* 26(4): 645–692.
- Oliver D, Healey F. 2009. Falls risk prediction tools for hospital inpatients: do they work. *Nursing Times* 105(7): 18–21.
- Healey F, Oliver D, Milne A et al. 2008. The effect of bedrails on falls and injury: a systematic review of clinical studies. *Age and Ageing* 37(4): 368-378.
- Healey F, Monro A, Cockram A et al. 2004. Using targeted risk factor reduction to prevent falls in older in-patients: a randomised controlled trial. *Age and Ageing* 33(4): 390-395.

Selected projects

Frances has been leader or co-leader in these national (UK) projects:

- Using bedrails safely and effectively
- Slips, trips and falls in hospital
- Essential care after an inpatient fall
- Patient Safety First 'How to' Guide for Reducing harm from falls
- Large-scale pilot for a national audit in inpatient falls prevention
- FallSafe project, and associated quality improvement resource set and eLearning.