

“Think Yellow”

A local quality improvement initiative to reduce falls in A&E

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Yellow Visual Cueing Falls awareness kits in A&E



Introduction:

- The East Kent University Hospital Trust Fund is one of the largest in the UK. We have hospitals and several community clinics, serving more than 700,000 locals.
- Two major hospitals with 24-hour emergency departments and three emergency care centres open 12 hours a day.
- Large trauma centre, PPCi and Cardiac centre, several Renal satellite units that serve more people, and acute/rehabilitation stroke units.
- Ranked number one in clinical research. We play a key role in the training and development of future physicians, nurses and other healthcare professionals, including our extensive **FallStop** training program.
- Various multidisciplinary intervention strategies to effectively reduce falls and injuries.

However, there is always more we can do...



The patient journey begins at the front door



Why?

- Falls rates within our 24-hour Emergency departments has risen this is due, in part, to the rising numbers attending - however the rate of **severe harm** has also risen and that is what triggered the alarm bell for me. (Estimated costs to the NHS for one #NoF £26,000¹)
- Both 24-hour Emergency departments average around 6-8 falls per month. Which, compared to the 27,000 patients that attend the departments per month, is probably a drop in the ocean. However this should not be accepted as the norm. I was also aware of how upsetting this was to the staff after supporting them through several investigations.
- The emergency Department staff have repeatedly stated that they are unable to know at a glance if a patient is at risk of falling. Each nurse is assigned a number of patients to assess, treat and discharge or transfer. They have a handover in the morning however, patients change very quickly so, they have no idea which patients are at risk of falling unless they are assigned to their care.
- In 2020 EKHUFT recorded **FIVE** #NoF in A&E alone – approx cost to Trust £130,000



¹ National Institute for Clinical Excellence, Quality standard for hip fracture, August 2016



Why?

- The wards have the **FallStop** sign which can be used as a visual aid above the patients beds as well as several other harm prevention strategies.
- Signs have been trialled before in A&E and have proven not to work within the busy departments due to patients migrating around the department, going to and from Radiology or other departments for investigations. The signs get knocked or taken off the walls and trollies and lost.
- **Having worked within our busy Emergency departments and acute medical assessment units, I knew I needed something eye catching and unique to our busy A&E departments.**

Prevention is better than cure!



Purpose:

- The purpose of the yellow kit was to establish a highly visual cue in order to raise awareness within the busy A&E departments of those patients at risk of falling.
- Remind A&E staff that extra precautions need to be taken with the patient who has a yellow kit in place and to act if they see them attempting to get of the trolley or mobilise.
- Ensures as many pairs of eyes, clinical and non-clinical, are looking out for potential fallers.
- Provide reassurance to relatives that their loved ones are being well cared for and their falls risks are being managed to the best of the Emergency departments ability.
- Informs the ward staff that the patient has already been identified as a falls risk as soon as they enter the ward.
- This in turn triggers the staff into completing a thorough Falls Risk Assessment and implement any further risks identified (cuts out the “A&E never handed it over to us”).



What are the Yellow Falls Kits?

- The Yellow Falls kits contain a small 96 x 71cm yellow fleece blanket with a pair of yellow double tread falls prevention slipper socks.
- Designed to migrate with the patient within the hospital environment and can go home with the patient.
- **Who?** The kits are produced by **Medline** who provide the Trusts red non slip socks.
- **Cost:** £4.90 per pack.



Criteria:

Score 1 for each of the following risks (maximum score is 5):

1	Presenting due to a fall	
2	Acutely unwell (i.e. respiratory compromised, DKA, heart problems etc)	
3	<p>Patients with confusion due to dementia or delirium with any of the following features:</p> <p>Agitation Wandering Inability to use the call bell reliably Challenging behaviour Reduced safety awareness and disorientation</p>	
4	Likely to attempt to mobilise on their own and unsafe to do so	
5	Alcohol or drug misuse causing challenging behaviour	
	Total score	/5

If scores two or more provide a yellow kit



Study:

- Number of patients with yellow kits who fell in the ED
- Total number of falls in the ED
- % of patients with yellow kits (who were admitted to a ward) whose risk of falls was documented on transfer to the receiving ward
- % of patients with yellow kits (who were admitted to a ward) whose Falls Risk Assessment and Care Plan was completed within 6 hours of admission to the receiving ward
- Number of patients with yellow kits (who were admitted to a ward) who fell within 24 hours of admission to the receiving ward
- Number of patients with yellow kits (who were admitted to a ward) who fell during their inpatient stay
- Number of falls on the site

Results, A&E Stats only

- Number of patients with yellow kits who fell in the ED- **0**
- Total number of falls in the ED- **4** (patients who fell had no yellow kit in place)
- Number of patients with yellow kits (who were admitted to a ward) who fell within 24 hours of admission to the receiving ward- **0**
- Number of patients with yellow kits (who were admitted to a ward) who fell during their inpatient stay – **14** (patients socks had been replaced for red and yellow blankets sent to laundry)
- Number of falls on site - **78**



My findings:

- It never became more apparent than when I was assisting A&E with the trial, how much patients who are at risk of falling are neglected within our A&E departments with the staff left to just get on with it.
- During the trial I was able to review and recommend several harm prevention strategies for patients who were being admitted to the wards. Their journey was followed and not one of the patients I was able to review fell during their hospital stay.
- A&E will now have more signage with the falls team contact numbers on. I personally now make it my mission to attend each A&E department when I am on site to see if they would like a patient reviewed before being transferred to the wards or a community referral completed if going home (although HFDT will also provide this)

My findings:

- Over 80% of A&E staff have now received their **FallStop** training within the trust and know how to refer via the computer system
- A working group has now been set up to put a quick and easy falls risk assessment and the criteria onto the computer system, as well as complete an A&E trolley rail policy. Our departments are in the process of expanding so, the working group will look at the layout, equipment and source some trollies that are a bit more fit for purpose etc.
- The yellow kit project and working group has empowered the A&E staff to think and work differently, while listening to their problems, as well as made them feel unique because the wards won't be getting the yellow kits.....

Yet!

Thank you for your time

Q&A

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