

Identifying the costs associated with changing the clinical management of falls (Moore's 2015)

Inputs

Investment (2015 values)

- For £13,742 investment the Trust has developed a process that has significantly reduced the number of falls causing harm (fractures).
- The annual maintenance costs are £948.00 pa.

Resources

Staff: Multidisciplinary staff from one ward piloted the tool.

Travel: The pilot was localised to one ward and required minimal travel.

Equipment: Development of Statistical Process Control charts was required to give ward managers meaningful ward data.

The Service

Journey through Service

The Problem:

The costs of one fall resulting in fracture femur was found to be £34,258 (2015 values).

These costs were not borne in SSSFT.

What we did:

Improve the process - Used best practice falls indicators. Developed a check list and process. Care planned specific interventions to manage assessed falls risk.

What difference did it make?

- › Improved quality of care for service users.
- › Improved staff awareness of what happens across economy, post fall in a mental health setting.
- › Appropriate and timely referral to Allied Health Professional for assessment and interventions to manage risk of falling.

Summary of Benefits

For people who use inpatient mental health services who may be at risk of falling.

A 23.6% reduction in the number of falls causing harm. Personalised care planning to reduce/manage risk of falling, maintain/improved quality of life and independence/autonomy. Less chance of pressure ulcers, clots and infections associated with surgical procedures.

For healthcare system - avoidance of falls leading to fracture. **Costs avoided by preventing just one fracture (femur - 2015 values) = £34,258. Costs avoided by preventing 9 fractures (i.e. 9x £34,258) = £308,322.**

For SSSFT - Provision of meaningful falls data for staff. Use of simple accurate checklist on admission. Staff trained and supported to identify and manage falls risk effectively.

For social care system - cost avoidance of transfers to Elderly Mental Illness (EMI) beds following surgical procedures average £23k for 18 month stay.

Opportunities for service development - improve staff awareness of impact of falls on families and wider economy.

SSSFT to consider training more clinical staff in Economic Assessment.

Consider using principles learned to support other improvement methodology used eg PDSA, LEAN.