



HUNTER NEW ENGLAND
NSW HEALTH

NSW Health Management Policy
to Reduce Fall Injury Among Older People

**Acute/Subacute Working Party
Work Plan**

July 2007 – June 2010

Plan at a glance

Implementation of these strategies will be overseen by the Acute/Subacute Falls Injury Prevention Among Older People Working Party.



Figure 10: “Plan at a glance” – the Acute/Subacute Setting

Background and context

■ Actions occurring across NSW

NSW Health is coordinating a number of state-wide activities which will support the implementation of the policy across all Area Health Services.

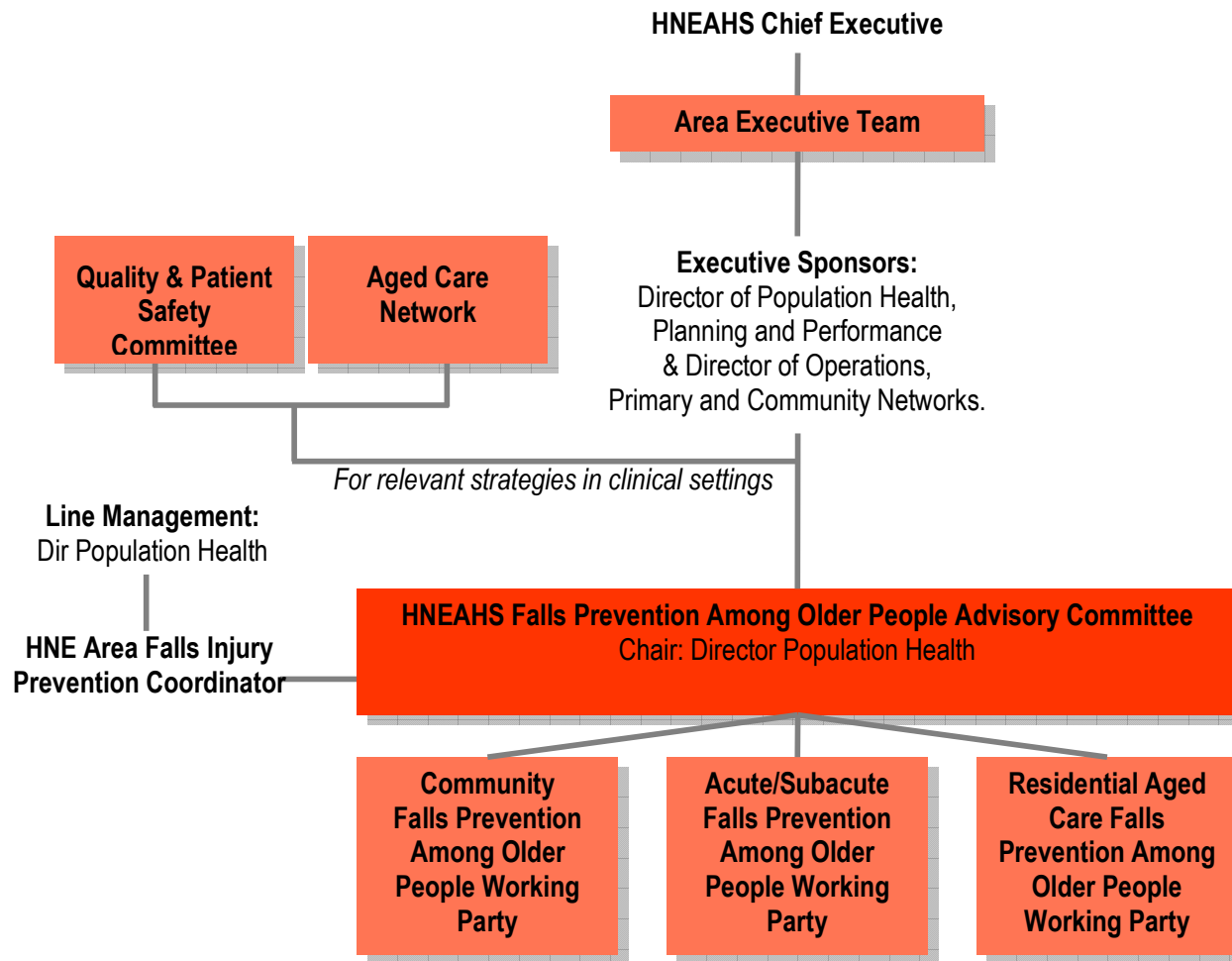
- The choice of screening and assessment tools has been the focus of much discussion across NSW. Whilst consensus on a single tool for use by all might be seen by some as ideal, it is unlikely because of the significant investments already made in many areas, and the different context of clinical services from busy metropolitan hospitals to small rural clinics. It is most likely that consensus will be reached on general quality criteria for tool selection, and a small number of specific tools recommended. The Falls Injury Prevention Coordinators across the State are discussing this in depth, and the Prince of Wales Medical Research Institute is providing expert input on tools for the emergency department setting in particular.
- The Australian Council for Safety and Quality in Health Care has released a resource kit of “Best Practice Guidelines for Australian hospitals and residential aged care facilities”. Known colloquially in clinical circles as “The Big Green Box”, this kit has been disseminated across the State. NSW Health is funding a rural telehealth pilot project to provide supportive training to clinicians in a number of sites including Tamworth and Taree. If this pilot is successful, additional training will be provided more widely to support its implementation.

■ Focus for HNE Health

Within this state-wide context, the focus of HNE Health in this setting will include the following.

- Efforts will be made to improve triage coding at the front desk of Emergency Departments (EDs) to improve the data describing ED presentations related to a fall. The validity and reliability of these data are essential not only to plan individual patient care, but to provide a larger picture of trends in fall injuries across the AHS.
- Appropriate protocols for falls risk screening in EDs will also be identified/developed and implemented. In recognition of the busy nature of EDs, the process will be kept minimal, with screening simply designed to identify high risk patients and make appropriate referrals for follow-up care. Follow-up may range from the referral of relatively low-risk people to population strategies such as physical activity groups to interventions for higher risk patients such as more detailed clinical assessment and treatment by general practitioners and/or community health services.

Inpatient care will be improved in two ways. Firstly, efforts will be made to improve the quality and consistency of data collected to describe inpatient falls. Again, this is necessary not only to improve individual patient care but also to provide a clearer understanding of trends across the AHS. Secondly, a number of strategies will be identified/developed to prevent and manage falls by inpatients. These will include screening on admission, more detailed clinical assessment of higher risk patients, targeted prevention strategies for high risk patients, and broader environmental strategies to protect all patients. Post-fall management will be improved when incidents do occur, and appropriate discharge planning protocols will be enacted. This set of strategies will require significant investment over time in the organisational change required for sustainable outcomes, from the endorsement and support of the AHS executive and relevant groups such as the Quality and Patient Safety Committee and Clinical Governance, to resource identification/development, staff training, compliance monitoring and performance feedback. All strategies will be delivered with appropriate reference to “Best Practice Guidelines for Australian hospitals and residential aged care facilities”. This setting in particular reflects the importance of the principles outlined earlier: that a long-term, coordinated approach is essential, and that investments in building capacity will be required to ensure sustainable outcomes.



Additional reporting linkages

Due to the multifaceted requirements of the HNE Falls Injury Prevention Action Plan and the interdisciplinary nature of the strategies, there are a number of reporting relationships. These include but may not be limited to:

- The HNE Area Executive Team
- The Clinical Excellence Commission via the NSW Leader, Falls Injury Prevention Program
- NSW Health via the Injury Prevention Policy Branch
- HNE Aged Care and Rehabilitation Clinical Network
- HNE Acute Network/Cluster Quality and Patient Safety Committees
- HNE Clinical Streams
- HNE Area Quality Use of Medicines Committee

Detailed strategies and actions

Strategy A1: Implement systematic data collection and screening protocols in Emergency Departments.

Sub-strategy	Actions	Due date	Responsibility /Partners	Performance Indicators
<p>A1.1 Improve triage coding at the front desk to ensure there are valid and reliable data describing ED presentations related to a fall.</p>	<p>A1.1.1 Establish what the current practices and issues are across the AHS by Conducting CATI- Population health- Membership obtained for the ED Clinical Network Stream</p>	Feb 2008	Acute/Subacute Working Party- Chair to attend	Achieved
	<p>Develop CATI questionnaire</p> <p>Conduct CATI- Population health</p>	<p>January 2008</p> <p>March/April 2008</p>	<p>Population Health / CNC Aged Care / FIP Coordinator</p> <p>Population Health</p>	<p>Questionnaire Completed</p> <p>CATI completed</p>
	<p>A1.1.2 Identify/develop appropriate protocols for triage coding, for the endorsement of the Quality and Patient Safety Committee.</p> <p>Decide on appropriate protocols</p> <p>Develop/initiate the protocol</p> <p>Ensure compliance with PCP</p> <p>Approval from Advisory committee</p> <p>Approval from Quality and Patient safety committee</p>	2008/2009	<p>Ed Clinical Network Stream in partnership with Acute/subacute Working Party</p> <p>ED CNCs/NUMs</p>	

Sub-strategy	Actions	Due date	Responsibility /Partners	Performance Indicators
	A1.1.3 Work with relevant AHS units to ensure that organisational systems (eg IT) can support the new protocols.	2008/2009		
	A1.1.4 Identify/develop a process for monitoring compliance with the new protocols.	2008/2009	Clinical Governance, with strategic support as appropriate from Acute/Subacute Working Party.	
	<p>A1.1.5 Roll out new protocols, including the identification/development and delivery of training to ED staff.</p> <p>Seek funding for education/training</p> <p>Development of educational packages</p> <ul style="list-style-type: none"> • Decide on information to include • Format of package • Develop material • Ensure information reflects Policy Compliance Procedure <p>Approval of packages –Advisory committee</p> <p>Distribution of educational packages</p>	2008/2009	<p>Acute/Subacute Working Party to have strategic oversight and ensure communication and information sharing across the AHS.</p> <p>ED managers to take local responsibility for rollout, reporting up through usual management hierarchy (see page 3 of this plan).</p> <p>ED Nurse Educators/CNE ED CNCs ASET</p>	

Sub-strategy	Actions	Due date	Responsibility /Partners	Performance Indicators
	A1.1.6 Track compliance with protocols and changes in data collection over time, and feed this information back to individual EDs, hospital general managers and cluster managers.	2008/2009	Clinical Governance, with strategic support as appropriate from Acute/Subacute Working Party.	
	A1.1.7 Incorporate data in all relevant reporting frameworks throughout the AHS (including senior levels) to encourage increased attention to data quality and trends.	2008-2010	Required at multiple levels: <ul style="list-style-type: none"> • HNE Falls Injury Prevention Advisory Committee • Acute/Subacute Working Party • Falls Injury Prevention Coordinator • ED managers • Clinical Governance 	
	A1.1.8 Report against appropriate performance indicators for A1.1	2007/2008	Acute/Subacute Working Party with support from Falls Injury Prevention Coordinator	

Sub-strategy	Actions	Due date	Responsibility /Partners	Performance Indicators
	A1.1.9 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee (first due December 2007).	2007-2010	Acute/Subacute Working Party with support from Falls Injury Prevention Coordinator	
A1.2 Identify/develop appropriate screening tools, which are feasible to use in EDs.	<p>A1.2.2 Agree upon criteria for tool selection, for endorsement by Quality and Patient Safety Committee. (Although a single tool across the AHS is preferable, this may not be feasible. This proposes that different tools may be used but that all must meet the agreed criteria).</p> <p>Discuss criteria with responsible partners based on best practice guidelines</p> <p>Seek funding for Education /training</p> <p>Formulate list of tool selection based on CATI results</p> <p>Distribution of tool selection</p> <p>Approval from Advisory committee</p> <p>Approval from Quality and Patient Safety committee</p>	2008/2009	<p>Acute/Subacute Working Party to take leadership, with input from:</p> <p>ED Clinical Network Stream</p> <p>ED Data coders</p> <p>HNE Falls Injury Prevention Advisory Committee to ensure that there are appropriate linkages between all actions in this plan related to screening and assessment tools</p>	

Sub-strategy	Actions	Due date	Responsibility /Partners	Performance Indicators
	<p>A1.3.1 Identify/develop written protocols for the endorsement of the Quality and Patient Safety Committee which describe:</p> <ul style="list-style-type: none"> • Screening protocols and who will be responsible for this • Referral response (including a focus on what is appropriate and feasible) • Record keeping <p>Develop Policy Compliance Procedure based on NSW Health PD2005_353 Management policy to reduce Fall injury Among Older People</p>	June 2008	<p>Acute/Subacute Working Party FIP Coordinator Ed Clinical Network Stream</p>	<p>Publication of PCP and distribution to target audience</p>
<p>A1.3 Identify/develop and implement appropriate protocols for screening and referral in the ED setting.</p>	<p>A1.3.2 Identify/develop written resources to support implementation of protocols. Seek funding for education/training Develop Policy Compliance Procedure based on NSW Health PD2005_353 Management policy to reduce Fall injury Among Older People</p>	June 2008	<p>Acute/Subacute Working Party to take leadership, with input from:</p> <ul style="list-style-type: none"> • ED managers • ED nurse educators • Nurse Educators • ED data coders • IT staff <p>FIP Coordinator Ed Clinical Network Stream</p>	<p>Publication of PCP and distribution to target audience</p>

Sub-strategy	Actions	Due date	Responsibility /Partners	Performance Indicators
	<p>A1.3.3 Identify/develop a process for monitoring compliance with the new protocols.</p> <p>Develop and implement Falls Monitoring audit</p> <ul style="list-style-type: none"> • Decide on criteria for audit • Develop falls monitoring audit tool • Approval from Advisory committee 	2008/2009	<p>Acute/Subacute Working Party to take leadership, with input from:</p> <p>FIP coordinator ED Clinical Network Stream</p> <ul style="list-style-type: none"> • ED managers • ED nurse educators • Nurse educators • ED data coders • IT staff • CNCs in aged care positions • ASET nurses 	

Sub-strategy	Actions	Due date	Responsibility /Partners	Performance Indicators
	<p>A1.3.4 Roll out new protocols, including the identification/development and delivery of training to ED staff.</p> <p>Seek funding for Education/training</p> <p>Development of educational packages</p> <ul style="list-style-type: none"> • Decide on information to include • Format of package • Develop material • Ensure information reflects Policy Compliance Procedure <p>Approval of packages –Advisory committee</p> <p>Distribution of educational packages</p>	2008/2010	<p>Acute/Subacute Working Party to have strategic oversight and ensure communication and information sharing across the AHS.</p> <p>ED managers to take local responsibility for rollout, reporting up through usual management hierarchy (see page 3 of this plan).</p> <p>ED CNCs</p> <p>ED Nurse educators</p>	
	<p>A1.3.5 Track compliance with protocols over time, and feed this information back to individual EDs, hospital general managers and cluster managers.</p>	2008/2010	<p>Clinical Governance, with strategic support as appropriate from Acute/Subacute Working Party.</p> <p>ED Clinical Network Stream</p>	
	<p>A1.3.6 Report against appropriate performance indicators for A1.3</p> <p>Formulate performance indicators in conjunction with work plan</p>	2008/2009/2010	<p>Clinical Governance, with strategic support as appropriate from Acute/Subacute Working Party.</p>	

Sub-strategy	Actions	Due date	Responsibility /Partners	Performance Indicators
	A1.3.7 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee (first due December 2007).	December2008, 2009;June 2010	Acute/Subacute Working Party with support from Falls Injury Prevention Coordinator	

Strategy A2: Improve the quality and consistency of data collected to describe inpatient falls.

Sub-strategy	Actions	Due Date	Responsibility/Partners	Performance indicators

Sub-strategy	Actions	Due Date	Responsibility/Partners	Performance indicators
<p>A2.1</p> <p>Ensure that the data collected describing inpatient falls (eg through IIMS) are valid and reliable.</p>	<p>A2.1.1 Review the current data collection protocols across the AHS and identify issues of concern.</p> <ul style="list-style-type: none"> ▪ Data Collection Working Group commenced 	<p>2008/2009</p> <p>October 2007</p>	<p>Acute/Subacute Working Party to take strategic leadership and ensure communication and information sharing across the AHS</p> <p>Patient Safety Officers to take local leadership and responsibility, reporting up through usual management hierarchy (see page 3 of this plan).</p> <p>Additional input to be sought from:</p> <ul style="list-style-type: none"> • General Managers • Quality and Patient Safety Committee • Nursing Unit Managers • Clinical Governance • Other relevant positions as appropriate <p>NB a review process being undertaken at the wider State level will inform this process</p>	

Sub-strategy	Actions	Due Date	Responsibility/Partners	Performance indicators
	<p>A2.1.2 Identify/develop recommendations for improving data collection for the endorsement of the Quality and Patient Safety Committee, including written protocols for the collection, retrieval and reporting of data. This should include regular (eg monthly) detailed reporting at the ward level to highlight issues to staff and encourage problem solving for future prevention.</p> <p>Strategy A2- Data Collection Working Group</p>	<p>2008/2009</p> <p>October 2007</p>	<p>Clinical Governance with strategic support as appropriate from Acute/Subacute Working Party</p>	
	<p>A2.1.3 Identify/develop support resources as required (eg but not limited to written manuals, tools, intranet site etc).</p> <p>Seek funding for education/training</p> <ul style="list-style-type: none"> • Decide on information to include • Format of package • Develop material • Ensure information reflects Policy Compliance Procedure <p>Approval of packages –Advisory committee</p> <p>Develop Policy Compliance Procedure based on NSW Health PD2005_353 Management policy to reduce Fall injury Among Older People</p>	<p>2008/2010</p>	<p>Clinical Governance, with strategic support as appropriate from Acute/Subacute Working Party.</p>	

Sub-strategy	Actions	Due Date	Responsibility/Partners	Performance indicators
	<p>A2.1.4 Identify/develop a process for monitoring compliance with protocols.</p> <ul style="list-style-type: none"> • Decide on criteria for audit • Develop falls monitoring audit tool • Approval from Advisory committee 	2008/2009	Clinical Governance, with strategic support as appropriate from Acute/Subacute Working Party.	

Sub-strategy	Actions	Due Date	Responsibility/Partners	Performance indicators
	<p>A2.1.5 Deliver workforce development strategies to implement new protocols and ensure compliance. These may include:</p> <ul style="list-style-type: none"> • Staff training • Written resources • Performance monitoring and feedback • See also A2.1.3 <p>Need to seek funding for education/training</p>	2008/2010	<p>Acute/Subacute Working Party to take strategic leadership and ensure communication and information sharing across the AHS.</p> <p>Patient Safety Officers to take local leadership and responsibility, reporting up through usual management hierarchy (see page 3 of this plan).</p> <p>Additional input to be sought from:</p> <ul style="list-style-type: none"> • General Managers • Quality and Patient Safety Committee • Nursing Unit Managers • Clinical Governance • Other relevant positions as appropriate • See also A3.7.3 – may be appropriate to tie these activities together 	

Sub-strategy	Actions	Due Date	Responsibility/Partners	Performance indicators
	A2.1.6 Track compliance with protocols in each facility, providing ongoing feedback individual units, hospital general managers and cluster managers.	2008/2010	Clinical Governance, with strategic support as appropriate from Acute/Subacute Working Party.	
	A2.1.7 Incorporate IIMS data in all relevant reporting frameworks throughout the AHS (including senior levels) to encourage increased attention to data quality and trends.	2008/2010	Required at multiple levels: <ul style="list-style-type: none"> • HNEAHS Falls Injury Prevention Advisory Committee • Acute/Subacute Working Party • Falls Injury Prevention Coordinator • Patient Safety Officers • Clinical Governance 	
	A2.1.8 Report against appropriate performance indicators for A2.	2008	Falls Injury Prevention Coordinator + Acute/Subacute Working Party and Clinical governance	
	A2.1.9 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee (first due December 2007).	December 2008, 2009; June 2010	Acute/Subacute Working Party + Falls Injury Prevention Coordinator	

Strategy A3: Improve the prevention and management of falls injuries in inpatients.

Sub-strategy	Actions	Due date	Responsibility/Partners	Performance Indicators
<p>A3.1 Identify /develop appropriate screening and assessment tools which are feasible to use in the inpatient setting.</p>	<p>A3.1.1 Identify current practice across the AHS and consult key stakeholders. Screening = stratifies patients to High/Low etc CATI Questionnaire development Conduct CATI- Population health</p>	<p>January 2008 March/April 2008</p>	<p>Population Health / FIP Coordinator Acute/Subacute Working Party Falls Leadership Group Population Health</p>	
	<p>A3.1.2 Agree upon criteria for tool selection, for endorsement by Quality and Patient Safety Committee. (Although a single tool across the AHS is preferable, this may not be feasible. This proposes that different tools may be used but that all must meet the agreed criteria). Seek funding for education/training Discuss criteria with responsible partners based on best practice guidelines Formulate list of tool selection based on CATI results Distribution of tool selection Approval from Advisory committee Approval from Quality and Patient Safety committee</p>	<p>2008/2009</p>	<p>Acute/Subacute Working Party FIP Coordinator <i>NB:</i> HNEAHS Falls Injury Prevention Advisory Committee to ensure that there are appropriate linkages between all actions in this plan related to screening and assessment tools</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
<p>A3.2</p> <p>Identify/develop appropriate protocols for screening on admission.</p>	<p>A3.2.1 Identify current practice across the AHS and consult key stakeholders.</p> <p>CATI Questionnaire development</p> <p>Conduct CATI- Population health</p>	<p>January 2008</p> <p>March/April 2008</p>	<p>Population Health / FIP Coordinator</p> <p>Acute/Subacute Working Party</p> <p>Falls Leadership Group</p> <p>Population Health</p>	
	<p>A3.2.2 Identify/develop written protocols for the endorsement of the Quality and Patient Safety Committee which describe the screening process and record keeping</p> <p>Develop Policy Compliance Procedure based on NSW Health PD2005_353 Management policy to reduce Fall injury Among Older People</p>	<p>2008/2010</p>	<p>Acute/Subacute Working Party</p> <p>Falls Leadership Group</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
<p>A3.3 Identify/develop targeted strategies to prevent falls and falls injuries in patients identified as being at high risk.</p>	<p>A3.3.1 Identify current practice across the AHS and consult key stakeholders. CATI Questionnaire development</p> <p>Conduct CATI- Population health</p>	<p>January 2008</p> <p>March/April 2008</p>	<p>Population Health / FIP Coordinator Acute/Subacute Working Party Falls Leadership Group</p> <p>Population Health</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
	<p>A3.1.2 Identify/develop written protocols for high-risk patient care, for the approval of the Quality and Patient Safety Committee. This may include identification of individual high-risk patients and/or entire wards, as appropriate. Protocols may include:</p> <p>More detailed clinical assessment of individuals to specifically identify which risk factors require clinical attention.</p> <p>Specific strategies tailored to identified risk (mobility care, physiotherapy etc).</p> <p>Additional routine clinical prevention practices for all patients in high-risk wards.</p> <p>Seek funding for Education/training</p> <ul style="list-style-type: none"> • Development of area wide High Falls Risk Plan • Format High Falls Risk Plan • Approval from Advisory Committee • Endorsement from Quality and Patient Safety committee • Approval Area forms Committee 	2008/2009	<p>Acute/Subacute Working Party</p> <p>Falls Leadership Group</p> <p>Nurse Educators</p> <p>CN Educators</p> <p>General managers</p> <p>Nurse Unit Managers</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
	<p>A3.5.2 Identify/develop written protocols for the approval of the Quality and Patient Safety Committee. These may include:</p> <p>Reporting process</p> <p>Clinical review</p> <p>Identify/develop a clinical management plan</p> <p>These protocols will be consistent with all existing policies.</p> <p>Develop Policy Compliance Procedure based on NSW Health PD2005_353 Management policy to reduce Fall injury Among Older People and other appropriate Policy Directives</p> <p>Approval from Advisory committee</p> <p>Approval from Quality and Patient Safety committee</p>	2008/2009	<p>Acute/Subacute Working Party and</p> <p>Falls Leadership Group and</p> <p>Input from:</p> <p>General managers</p> <p>Quality and Patient Safety committee</p> <p>Patient Safety Officers</p> <p>Nursing Unit Managers</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
<p>A3.6 Identify/develop appropriate discharge planning protocols.</p>	<p>A3.6.1 Identify current practice across the AHS and consult key stakeholders. CATI Questionnaire development</p> <p>Conduct CATI- Population health</p>	<p>January 2008</p> <p>March/April 2008</p>	<p>Population Health / FIP Coordinator Acute/Subacute Working Party Falls Leadership Group</p> <p>Population Health</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
	<p>A3.6.2 Identify/develop written protocols for the approval of the Quality and Patient Safety Committee. These may include:</p> <p>Recommended clinical follow-up</p> <p>An appropriate process for referral to additional services (including a focus on what referral is feasible and available).</p> <p>Develop Policy Compliance Procedure based on NSW Health PD2005_353 Management policy to reduce Fall injury Among Older People and other appropriate Policy Directives</p> <p>Approval from Advisory committee</p> <p>Approval from Quality and Patient Safety committee</p>	2008/2009	<p>Acute/Subacute Working Party and Falls Leadership Group to take strategic leadership</p> <p>Input from:</p> <p>General managers</p> <p>Quality and Patient Safety committee</p> <p>Patient Safety Officers</p> <p>Nursing Unit Managers</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
<p>A3.7 Implement change management strategies to support sustainable the delivery of strategies A3.1 – A3.6.</p>	<p>A3.7.1 Identify/develop written resources as required to support the implementation of all strategies described above</p> <p>Seek funding for education/training.</p> <p>Develop Policy Compliance Procedure based on NSW Health PD2005_353 Management policy to reduce Fall injury Among Older People and other appropriate Policy Directives</p> <p>Approval from Advisory committee</p> <p>Approval from Quality and Patient Safety committee</p> <ul style="list-style-type: none"> • Decide on information to include • Format of package • Develop material • Ensure information reflects Policy Compliance Procedure <p>Approval of packages –Advisory committee</p>	<p>2008-2010</p>	<p>Acute/Subacute Working Party to take strategic leadership.</p> <p>Input from:</p> <p>General Managers</p> <p>Quality and Patient Safety Committee</p> <p>Patient Safety Officers</p> <p>Nurse educators</p> <p>Nursing Unit Managers</p> <p>Other relevant positions as appropriate</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
	<p>3.7.2 Identify/develop a process for monitoring compliance with all new protocols.</p> <p>Falls Audit tool</p> <ul style="list-style-type: none"> • Decide on criteria for monitoring • Identify/Develop falls assessment audit • Format Audit • Approval from Advisory Committee 	2008-2010	<p>Acute/Subacute Working Party to take strategic leadership. Input from:</p> <p>General Managers</p> <p>Quality and Patient Safety Committee</p> <p>Patient Safety Officers</p> <p>Nurse educators</p> <p>Nursing Unit Managers</p> <p>Other relevant positions as appropriate</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
	<p>A3.7.3 Roll out new protocols. Support strategies for this process may include:</p> <ul style="list-style-type: none"> Seeking funding for Education/training Identified leadership at the local and AHS level (“change agents”) Written policies and protocols for action Tools to support implementation (eg written resources) Workforce development strategies Routine performance monitoring and feedback <p>NB Consider an AHS-wide rollout process as per Smokefree Policy.</p>	2008-2010	<p>Acute/Subacute Working Party to take strategic leadership</p> <p>NUMs and Patient Safety Officers to take local leadership and responsibility, reporting up through usual management hierarchy</p> <p>Additional input to be sought from:</p> <ul style="list-style-type: none"> General Managers Quality and Patient Safety Committee Clinical Governance Other relevant positions as appropriate 	
	<p>A3.7.4 Track compliance with protocols over time, and feed this information back to individual units, hospital general managers and cluster managers.</p>	2008-2010	<p>Clinical Governance, with strategic support as appropriate from Acute/Subacute Working Party.</p>	

Sub-strategy	Actions	Due date	Responsibility/Partner	Performance Indicators
	A3.7.5 Report against appropriate performance indicators for A3.1-3.7	2007-2010	Acute/Subacute Working Party with support from Falls Injury Prevention Coordinator	
	A3.7.6 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee (first due December 2007).	Dec2007,2008,2009,June 2010	Acute/Subacute Working Party with support from Falls Injury Prevention Coordinator	