

Assessment of Inpatient Post-Fall Reviews Against National Standards at DGRI: A Quality Improvement Project

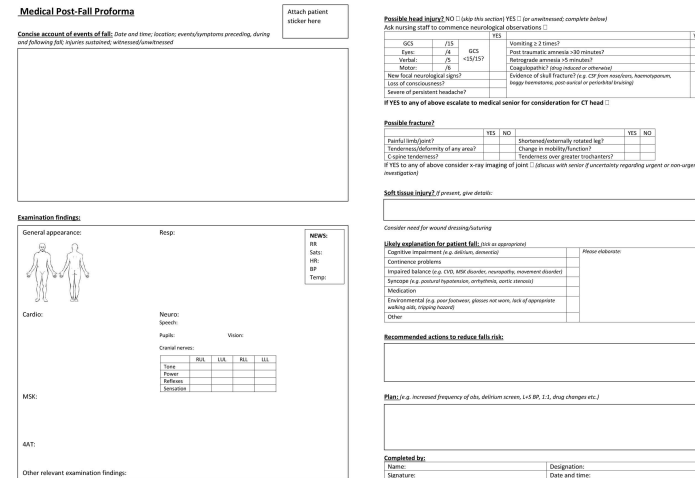
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Introduction

- The impact of inpatient falls is far reaching.
- They affect patients by leading to loss of confidence, increased length of hospital stay, additional treatment requirements, and potential reliance on additional equipment such as walking aids.
- They incur costs to the hospital including those associated with longer inpatient stay, additional equipment and treatment, and litigation.
- There is a time cost to healthcare professionals in assessing patients following a fall and completing lengthy datix forms.
- The annual financial cost of inpatient falls in the UK is around £630 million per year¹.
- Evidence suggests that multifactorial interventions can reduce falls by 25-30%¹.
- The number of falls in which patients have been harmed in DGRI has more than doubled in the past two years. This may in part be attributable to moving to a single room hospital but numbers are continuing to rise.
- Many hospitals have a falls proforma which is used to standardise falls reviews and safety net to ensure severe injury is not missed.
- The aim of this project was to establish how falls are assessed and documented and implement a falls proforma in the hope of quality improvement.

Methods

- The project was commenced on ward C4 which has the highest incidence of falls in DGRI.
- Guidelines from multiple sources including NICE falls guidelines², SIGN guidelines on delirium³ and head injuries⁴, BMJ best practice assessment of falls in the elderly⁵, and British Orthopaedic Association blue book⁶ were consolidated to establish key data collection points.
- Quality improvement officers with access to datix records, supplied CHI numbers of patients who had sustained inpatient falls and the time and date of those falls.
- Scanned notes were then accessed on Clinical Portal.
- For each cycle, data for falls within a 1 month period was collected.
- 5 patients were excluded from the first cycle, and 2 from the second as they had been discharged to community hospitals and notes had not yet been scanned.
- Data collected included: whether checks for injury were performed; fast-tracked assessment was requested appropriately (this was defined by NICE as someone who was highly vulnerable to injury, had signs of injury, or had been immobilised); whether neurological observations were commenced appropriately (i.e. in falls with head injuries or in unwitnessed falls where head injury couldn't be excluded); if a 4AT had been performed to screen for delirium; and 13 further key history and examination features.
- A post-falls proforma^{Fig 1} was developed with input from consultants and fellow junior doctors and implemented on the wards before data was reaudited.



The form is titled 'Medical Post-Fall Proforma' and includes sections for 'Attach patient sticker here', 'Concise account of events of fall', 'Possible head injury', 'Possible fractures', 'Soft tissue injury', 'Examination findings', and 'Recommended actions to reduce falls risk'. It contains various checkboxes and tables for recording clinical observations.

Figure 1: Medical Post Falls Proforma

Results

- 19 patients were included in the data collection. Average age of patients sustaining inpatient falls was 87. 58% of patients having falls were male.
- 37% of patients who had fallen were on anti-coagulation, of those, only 2 were noted to be on this. All of these patients had unwitnessed falls however only 29% had a GCS documented at any point following their fall.
- In cycle 1, time from time of fall to medical review could not be accurately audited as medical staff had not written a time on their medical note entry. Average time from fall to review for those available and requiring urgent review was 75 minutes. In cycle 2 average time from fall to review was 599 minutes, however in 50% of patients there was no documentation of whether a medical review had been requested.
- In cycle 1 likely cause of fall was documented for 12.5% of patients. In cycle 2, 27%.
- Uptake of proforma was poor with only 18% of post falls reviews utilising it.
- Of those however, all correctly identified patients on anticoagulation who were at increased bleeding risk, carried out and documented thorough examination including checking for possible injury and neurological and cardiac examinations, identified changes to reduce risk of further inpatient falls and identified likely contributing factors to the fall.
- Most commonly recorded reasons for falling were incontinence and cognitive impairment which provided additional information from datix records which stated "didn't call for help or use aids" for all patients in cycle 2.

Discussion

- Falls are a far-reaching, hospital wide issue and current practice is sub-optimal.
- Shortcomings include poor documentation to allow thorough analysis from auditable data and inconsistent management of patients following falls with some having urgent medical reviews requested and others waiting up to three days for review.
- Of particular concern was delay in time to medical review which should take place within 30 minutes if fast-tracked or 12 hours if routine of a patient falling, and patients on anti-coagulants who had unwitnessed falls where head injury could not be ruled out who did not have a documented GCS to monitor for deterioration.
- The likely cause of fall needs to be identified and recorded to implement change to reduce incidence of falls.
- It was hoped a standardised coloured proforma would ensure key history and examination components would not be missed and would streamline falls assessment and documentation process. Initial data suggests there could be some improvement by using a falls proforma however poor uptake has meant that there is insufficient data to prove this hypothesis.
- Next steps will include seeking feedback to establish why proforma uptake was poor and possibly consider alternative quality improvement ideas.

References

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