

Falls Toolkit

XX2023



01 REF 503

What?

Hot Debrief:

- To ensure the patient and those involved in the patient's care are given an opportunity to provide their account of the fall
- To collect information about the circumstances surrounding the fall to inform an after-action review

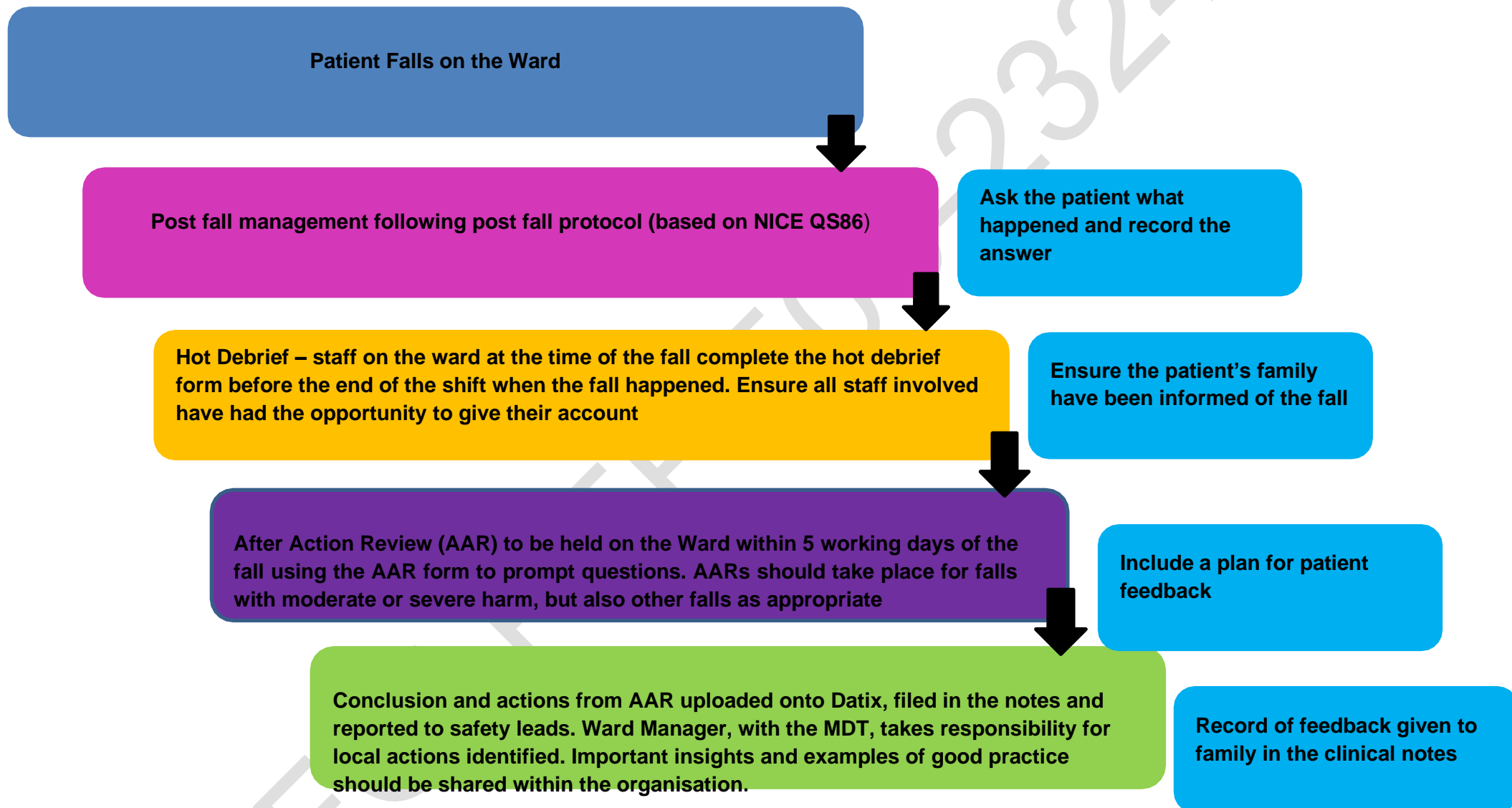
After Action Review:

For the multi-disciplinary team to participate in open discussion about the circumstances leading up to and the management of the fall

When?

The process of gaining insight from inpatient falls needs to start as soon as the patient is safe and stabilised. The process begins with a hot debrief, enacted within the same shift as the fall. A multi-disciplinary team MDT facilitated after-action review (if indicated) should take place within 5 working days of the fall.

How?



FOI REF 503-2324

HOT DEBRIEF

Leading Response Lead (s):	Ward XX
Divisional Quality and Safety Manager:	XX
Date report completed:	XX XX 2023
Date of Divisional Sign Off:	XX XX/2023
Date of Corporate I Sign Off:	XX XX/2023
Date of Executive I Sign Off:	Click here to enter a date.

Document Control

Version Number	Name of Person Updating	Date of Version
1	XX	XX XX/23

Date of Incident	XX XX 2023
Time of Incident	12.00
Datix ID Number	309248
Datix Reference Number	Ref306708
STEIS Reference Number	2023/15303
Name and Unit Number	XXXXXX
Level of Harm	Severe
Injury Sustained	XX XX XX
Ward	XX

Date of Fall: XX 2023	Time of Fall: 12.10	Datix ID Number: 309248
Questions about the Fall		
1. What did the patient say happened?	2. What did staff say happened?	
<p>Patient reported that she was walking to another patient and suddenly XX XX XX and fell to the XX side. She was keep on saying that in pain and feeling discomfort while lying on the floor.</p>	<p>On the day of fall, the nurse assigned to the cohort bay was providing assistance to another patient in the same bay who needs care for incontinence. The staff member was behind the curtain, and few minutes later, just heard a loud noise and noticed that the patient had a fall towards their right side. Then she alerted the emergency bell for assistance. Staff also documented and summarised that patient all the times.</p>	
3. Was the fall witnessed by ward / department staff?	4. Was the patient on their own at them of the fall?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> By someone else, if so who?	<input type="checkbox"/> The patient was on their own <input type="checkbox"/> The patient was with a member of staff / staff in close proximity <input type="checkbox"/> The patient was in a bay with other patients <input checked="" type="checkbox"/> The patient was on enhanced observations Observation Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>	

5. What was the patient doing at the time of the fall?	/ trolley: 5a. Was the bed height appropriately configured for safe transfer?
<input type="checkbox"/> Lying / sitting in bed <input type="checkbox"/> Lying / sitting on trolley <input type="checkbox"/> Sitting in a chair <input type="checkbox"/> Climbing out of bed <input type="checkbox"/> Climbing off a trolley <input type="checkbox"/> Using a commode <input type="checkbox"/> Transferring between bed /chair /commode <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Walking on the ward <input type="checkbox"/> Using toilet / bathroom <input type="checkbox"/> Not on the ward at the time of the fall <input type="checkbox"/> Not known – fall was unwitnessed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low bed in use <input type="checkbox"/> Not documented <input checked="" type="checkbox"/> N/A – not in bed
If the fall was from the bed: 5b. Was an appropriate bed rail prescription in place at the time of the fall?	If the fall was from the bed: 5c. Was the bed rail prescription plan in place at the time of the fall?
<input type="checkbox"/> Bed rails recommended <input type="checkbox"/> Bed rails not recommended <input type="checkbox"/> Trolley rail protocol displayed and referred to in documentation <input type="checkbox"/> No assessment <input checked="" type="checkbox"/> N/A – not in bed	<input type="checkbox"/> Prescription being followed <input type="checkbox"/> Prescription not being followed <input type="checkbox"/> N/A – no prescription <input checked="" type="checkbox"/> N/A – not in bed
6. Were the following actions in place at the time of the fall?	
a. The patient was given a call bell and told how to use it	b. The patient was advised to request help before moving
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not appropriate <input type="checkbox"/> Unable to determine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Unable to determine
c. Was an alternative strategy put in place as the patient was deemed unable to ask for help or use the call bell	A walking aid was situated within the patients reach (if aid was indicated in the mobility plan)?

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not appropriate <input type="checkbox"/> Unable to determine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Unable to determine
Was the mobility plan in the risk assessment book being followed?		Was the patient using a walking or mobility aid at the time of the fall?	
<input type="checkbox"/> Mobility plan was followed <input checked="" type="checkbox"/> Mobility plan was NOT followed <input type="checkbox"/> No mobility plan or mobility plan unclear <input type="checkbox"/> Unknown		<input type="checkbox"/> No mobility aid indicated in mobility assessment <input type="checkbox"/> Recommended aid was being used <input checked="" type="checkbox"/> Recommended aid was NOT being used <input type="checkbox"/> Mobility aid requirement not documented Type of aid required: Rollator frame	
9. Did the patient have a continence care plan and was it being followed at the time of the fall?		10a. If the patient showed signs of confusion/delirium was a 4AT completed?	
<input type="checkbox"/> No continence problems identified at assessment <input checked="" type="checkbox"/> Continence care plan was being followed <input type="checkbox"/> Continence care plan was NOT being followed <input type="checkbox"/> No continence plan or plan unclear		<input checked="" type="checkbox"/> 4AT completed <input type="checkbox"/> 4AT not completed <input type="checkbox"/> 4AT not required	
10b. Was the patient's mental capacity assessed?		11. Was the falls bundle completed every 2 hours?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11a. When was the most recent lying / standing blood pressure recorded?		11b. If there was a lying / standing blood pressure recorded, did the patient have orthostatic hypotension?	
<input checked="" type="checkbox"/> Prior to fall <input type="checkbox"/> Post fall <input type="checkbox"/> Lying/standing BP not recorded <input type="checkbox"/> Lying/standing BP not appropriate		<input type="checkbox"/> The patient had orthostatic hypotension on the most recent measurement Last result: Lying..... Standing (1 min).....	

	Standing (3 min) <input checked="" type="checkbox"/> The patient does not have orthostatic hypotension (no deficit) <input type="checkbox"/> N/A – no lying / standing BP recorded
11 c. If the patient had orthostatic hypotension, was any action taken to address this?	12. Has the patient had a medication review since admission?
<input type="checkbox"/> Yes – please describe <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A - no orthostatic hypotension	<input checked="" type="checkbox"/> Yes – date XX XX/23..... <input type="checkbox"/> No <input type="checkbox"/> N/A
The Fall	
Was the patient checked for signs or symptoms of potential spinal injury and fracture before they were moved?	14. What moving and handling method was used to move the patient following the fall?
<input type="checkbox"/> Yes - Injury suspected <input checked="" type="checkbox"/> Yes - No injury suspected <input type="checkbox"/> No	<input checked="" type="checkbox"/> Flat lifting equipment / scoop hoist <input type="checkbox"/> Standard hoist / other lifting equipment <input type="checkbox"/> Ambulance service equipment <input type="checkbox"/> Assisted to get up with help from staff <input type="checkbox"/> Got up immediately <input type="checkbox"/> Not recorded
15. Did the patient have a medical assessment after the fall?	16. What level of harm will/have you attribute (d) to the fall?
<input checked="" type="checkbox"/> Assessment by medically qualified professional <input type="checkbox"/> Assessment by other healthcare professional <input type="checkbox"/> Assessment requested but not yet completed <input type="checkbox"/> Assessment not requested Name and role of person completing the assessment:.....	<input type="checkbox"/> Death <input checked="" type="checkbox"/> Severe Harm <input type="checkbox"/> Moderate Harm <input type="checkbox"/> Low Harm <input type="checkbox"/> No Harm <input type="checkbox"/> Near Miss

17. Have the patient's next of kin been contacted?

- Yes
- The patient had requested not to contact NOK
- No NOK or NOK not contactable

Immediate Actions

18. Patients who have had a fall are at increased risk of falling again. What immediate actions have been taken to reduce the risk of further falls?

Already in cohort bay.
Transferred to RSUH for further management.

FOI REF 503-204

AFTER ACTION REVIEW

Date of AAR:31/8/23	Time of AAR:10.29
MDT Member	Role
	DQSM
	SSR XX
	SSR Quality and Safety
	SSR Quality and Safety
	DSR XX

Section 1: What happened?

Summary of Event. Examples might include: the patient was feeling better so had started to walk more, the patient had a long inpatient admission and had not had a repeat multifactorial fall risk assessment despite their condition changing significantly (more confused, started different medications etc.).

The patient was transferred to Ward XX on XX XX/23 as a XX XX as XX XX XX XX XX as she constantly XX Xx XX XX. Upon admission, the patient presented Xx XX and aXX XX XX XX, and treated for aXX XX. The patient was admitted to the cohort bay and placed under close monitoring, as per the requirements of level 3 observations. MCA and Dols were in place. Patient was known to the XX XX with frequent admissions. Staff noticed that patient was XX XX and XX XX XX XX XX XX XX. Patient XX XX XX in the cohort bay, and didn't prefer XX XX XX XX. If staff approached, she XX XX XX XX on these occasions. Therefore, staff always close monitored her and prompted to use the mobility aid to ensure her safety. On the day of fall, staff didn't see her walking in the cohort as they were busy with another patient in the cohort bay. Patient also seen by OT/PT team on ward and recommended to mobilise with MH0+Frame. However, patient XX XX XX with mobility aid and XX XX XX XX all the time. Multifactorial falls risk assessment, bed rails assessment, mobility assessment completed on admission and patient was on two hourly falls bundle and ward staff had good compliance with it. Following the fall, patient had XX XX XX Xx and XX XX XX and transferred to RUSH A&E for ortho review on the same day. The incident impacted with long hospital stay, treatments and therapy

input.

The after-action review should take place on the ward where the fall occurred and must include representation from the multi-disciplinary team (MDT). It should take place within 5 working days of the fall so that the event is fresh in the minds of the team. This meeting is not designed to generate paperwork or reports. Its aim is to generate discussion, reflection and identify actions required for this particular patient or themes which can be considered for future action to improve safety. Use the information from the hot debrief to contribute to this review. The meeting should be facilitated by a multi-disciplinary team with expertise in facilitating discussion-based exploration of incidents. File this form in the patient records and upload to Datix.

Section 2: Fall prevention activity prior to the fall

Multi-factorial fall risk assessment – consider these questions in the next stage of the discussion

Did the patient have a multi-factorial fall risk assessment (MFRA)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vision assessment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
How many days was the MFRA done prior to the fall?	10 days	Visual impairment identified:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Had the patient already fallen during the same admission?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lying-standing blood pressure measurement:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Had the MFRA been reviewed following any previous falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	Orthostatic hypotension:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was the MFRA being followed at the time of the fall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medication review:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was the MFRA updated if there was a change in the patient's condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> n/a – No change in patient condition	Continance care plan:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
		Delirium assessment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
		Mobility assessment:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a
		Enhanced supervision:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a

Section 3: Immediate post fall management

Was the patient checked for signs or symptoms of potential for spinal injury OR fracture before they were moved?	<input type="checkbox"/> Yes – Injury suspected <input checked="" type="checkbox"/> Yes - No injury suspected <input type="checkbox"/> No
Appropriate moving and handling method was used to move the patient following the fall:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How long after the fall was the medical assessment?	Immediately post fall
Did the patient have prompt access to analgesia?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known Nurse states given XXI prior to transfer to with Hoverjack. Then XX XX administered.
Was appropriate action taken to inform the next of kin (NOK)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No NOK <input type="checkbox"/> Patient requested not to contact <input type="checkbox"/> Not documented
Was all of the blue section of the post falls proforma acknowledged and signed by a consultant or registrar?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Transferred to stoke
Were neurological observations completed following the post falls protocol for a full 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4. Duty of candour

Verbal duty of candour completed: Yes

Date completed: XX XX/23

Completed by: XX

Does the patient/carer/family wish to receive outcome duty of candour? No They have declined

Discuss any concerns raised by the patient or their family.

➤ Family informed on the day of fall, and the medical plan updated by DRs on ward XX XX /23.

No concerns escalated by family, NOK was agreed with plan and transferred to RSUH on the same day.

Section 5. Conclusion of the meeting

Areas of good practice (Delete as appropriate):

- Lying and standing blood pressure taken
- 4AT complete
- Neurological observations completed for full 24 hours following unwitnessed fall/fall with head injury
- Suitable footwear worn
- Patient nursed in high visibility bed space
- Hover jack used to move patient
- Falls core questions completed
- Falls bundles completed 2 hourly with comfort rounds
- Bedrail assessment completed
- Mobility assessment completed
- A multifactorial risk assessment was completed
- A STOP 5 hot debrief tool was used following the fall
- Nursed in a cohorted bay

Areas for improvement (Delete as appropriate):

- Ensure neurological observations are completed alongside a full set of observations.
- Ensure staffs understand the risks of going behind curtains in the cohort bay, meaning they are not able to observe all patients.

What has the team identified as key issues related to fall prevention and post fall management in this case?

- The lady was not mobilising with her frame due to confusion and non-compliance.
- The nursing assistant for the cohorted bay had gone behind a curtain to attend to another patient.

Assurance

Activity Number	Tool/ measure and frequency of audit, d	Responsibility for oversight (e.g. sponsor/ individual)	Planned review annually	Date approved a

FOI REF 503-2304



Types of Safety Recommendations

Category	Definition	Example
Fix	Resolve problems in reliably doing what we said we would do. These were usually issues that could be resolved with rapid operational changes.	<i>E.g., if you identify that there are conflicting local policies which meant a clinician was confused with the task, then the fix would be to resolve the confusion by rewriting the policy</i>
Improvements	Find better ways of delivering standard care; improve what is currently being done.	<i>Where improvement need to be made in an already defined process. This may be linked to a Quality Improvement (QI) project and should involve metrics to measure improvements.</i>
Changes	Significant changes in clinical or operational practice.	<i>Where a system, process, or pathway needs to change. N.b. this should be based on multiple cases of evidence, rather than being linked to one case. Where change is needed, an output may be a task and finish group, and this will involve multiple stakeholders.</i>
Further insight	Where investigations have resulted in more questions relating to a safety issue, it may be appropriate for a safety recommendation to involve gaining more insight	<i>If you do an investigation for a particular safety risk but are not sure of the scale of the problem or the mechanism of action then collecting further data may then help identify safety recommendations later.</i>