



IMPROVING POST FALL MANAGEMENT

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NHS GREATER GLASGOW & CLYDE

NHS Greater Glasgow & Clyde is the largest health board in Scotland serving 1.3 million people.





Role of the Hospital Falls Coordinator

Our 'Fall with harm review' process

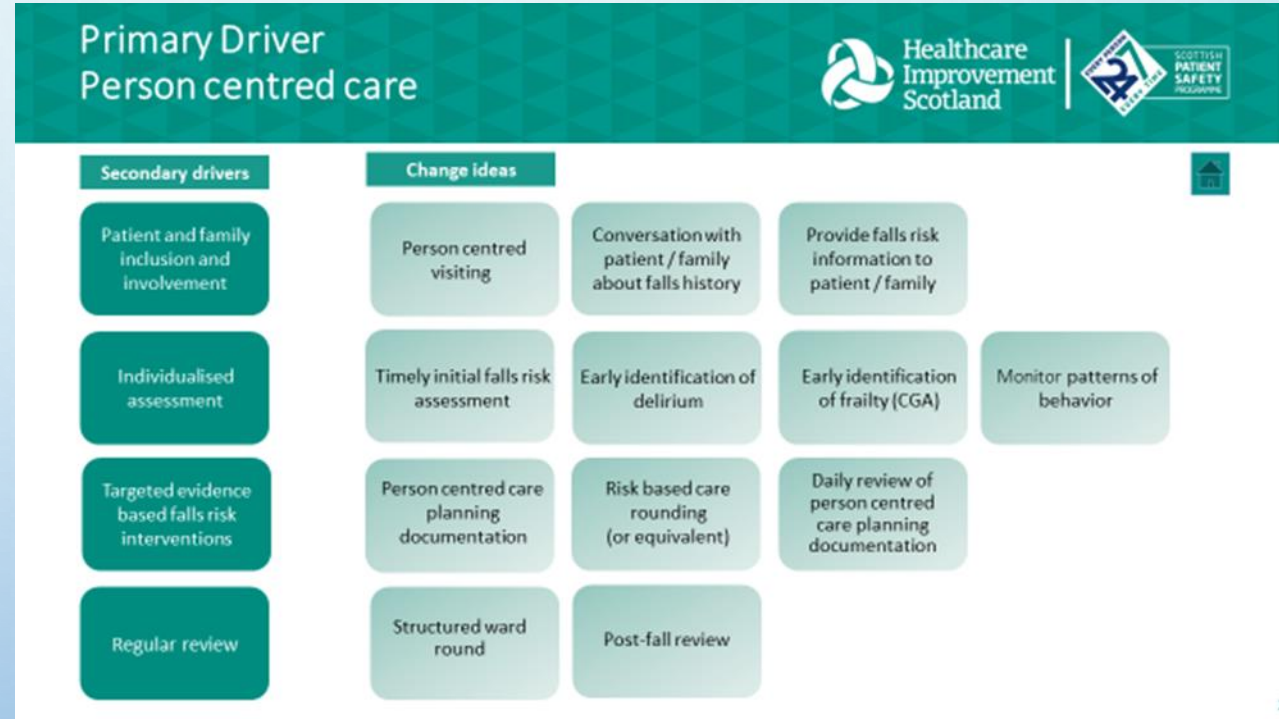
Learning from falls with harm – common themes



Background

NAIF

SPSP



Primary Driver Person centred care



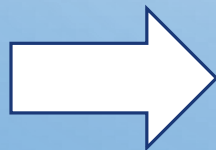
Healthcare
Improvement
Scotland



Secondary drivers



Regular review



Change ideas

Post-fall review

Our Aim

To devise a poster resource to improve post fall management within NHSGGC. In particular, using flat lifting equipment.

Multiple factors identified

Short life working group

Clinical simulation

Post fall checklist sticker

MDT

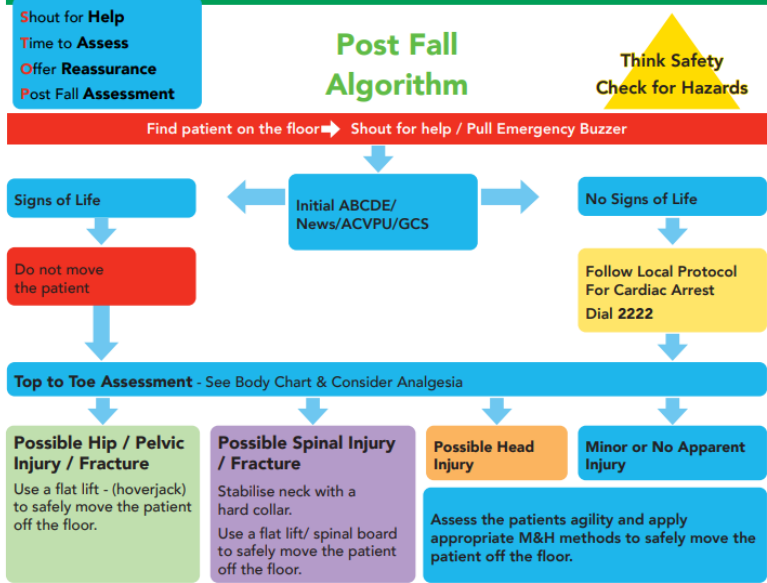
Brainstorming

QR codes

Learning from harms

Post Fall Poster

Post Fall Guidance



Post Fall Checklist	
* Update all risk assessments/care plan	* Ask medical staff/ANP/HANS to review
* Record accurately in nursing notes include time, M&H method used	* Medical staff to complete post fall review tool within 24 hours
* Complete a DATIX	* Inform SCN/Lead nurse
* Inform family	* Highlight patient as a falls risk at the safety brief
* Consider a post fall debrief	* What can we do to prevent another fall

Your nearest Flat Lift / Hoverjack is kept:

Neuro Obs - NICE Guidelines 232:

- * Half hourly for 2 hours
- * Hourly for 4 hours
- * Two hourly until no longer required as advised by medical staff
- * Any deterioration must be reported to medical staff and return to half hourly obs

Please scan to watch Post Falls Simulation Videos



Top to Toe Assessment Body Chart

A Top to Toe Assessment must be carried out at the time of the fall, PRIOR to moving the patient.

Did the patient hit their head?
Think Cognition
Was the fall witnessed/unwitnessed?
Is the patient on Anti-coagulant drugs?

Is the patient in pain? Administer prescribed analgesia prior to moving the patient. Ask medical staff to review/increase analgesia if a significant injury has been sustained.

Some common injuries from falls & what to look out for

Mouth - Check no teeth have been dislodged/ bitten tongue.
Ears / Nose - Check for bleeding.

Spinal Fracture / Injury - **Keep the patient still if they:**
Struck spine/neck
New/worsening symptoms
Pins & needles
Tingling/numbness/ weakness
Back/trunk/neck pain
Any loss of sensation – bladder/bowel
Urgent medical review required

Head Injury - Check for cuts/haematomas
Was there LOC? Reduced GCS?
Commence Neuro obs

Shoulders / Arms / Wrist Fracture / Dislocation
Any pain or reduced range of movement
Any deformities/swelling or bruising

Hip / Pelvis Fracture / Dislocation
Leg shortening (new) +/- or pain in reported in the groin or palpation of lateral aspect of the thigh
External rotation
Reduced range of movement
Unable to straight leg raise
Low back pain

Ankle / Tib / Fib Fractures -
Any deformities / bruising or swelling
Pain
Reduced range of movement

Apply immediate first aid to minor injuries / skin flaps / lacerations / grazes

Severity Four Major Harm
Any fracture except fingers and toes, Dislocation of Hips, Shoulders, knees and spine
Head injuries i.e. SDH, SAH
Loss of Vision

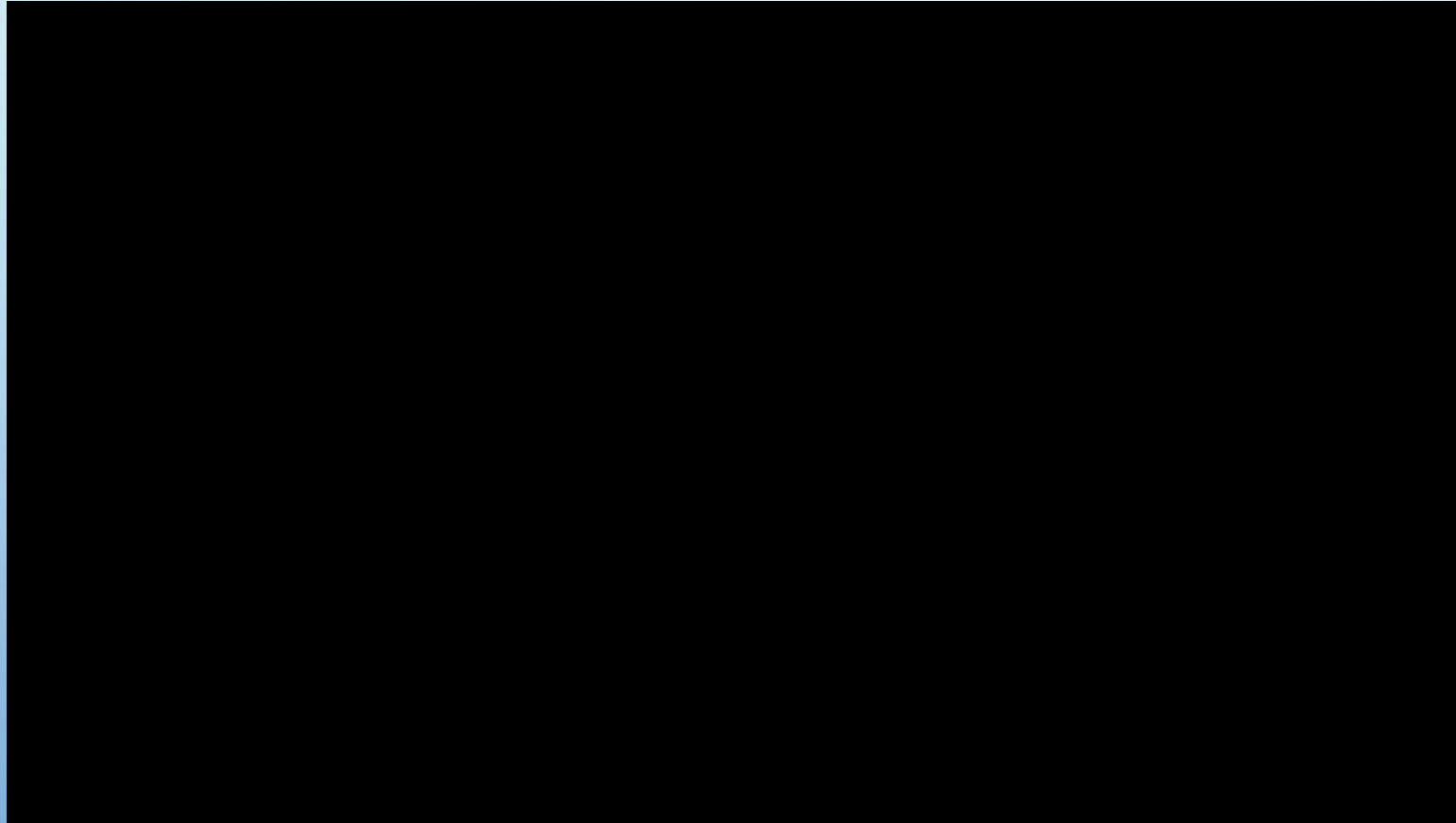
Severity Five Extreme Harm
Death or permanent incapacity

* All falls must have a post fall medical review within 24 hours
* Severity 4/5 injuries, should be reviewed immediately

If the patient has sustained a significant injury (fracture / head injury) they must be referred to Hospital Falls Co ordinator via Trak Care

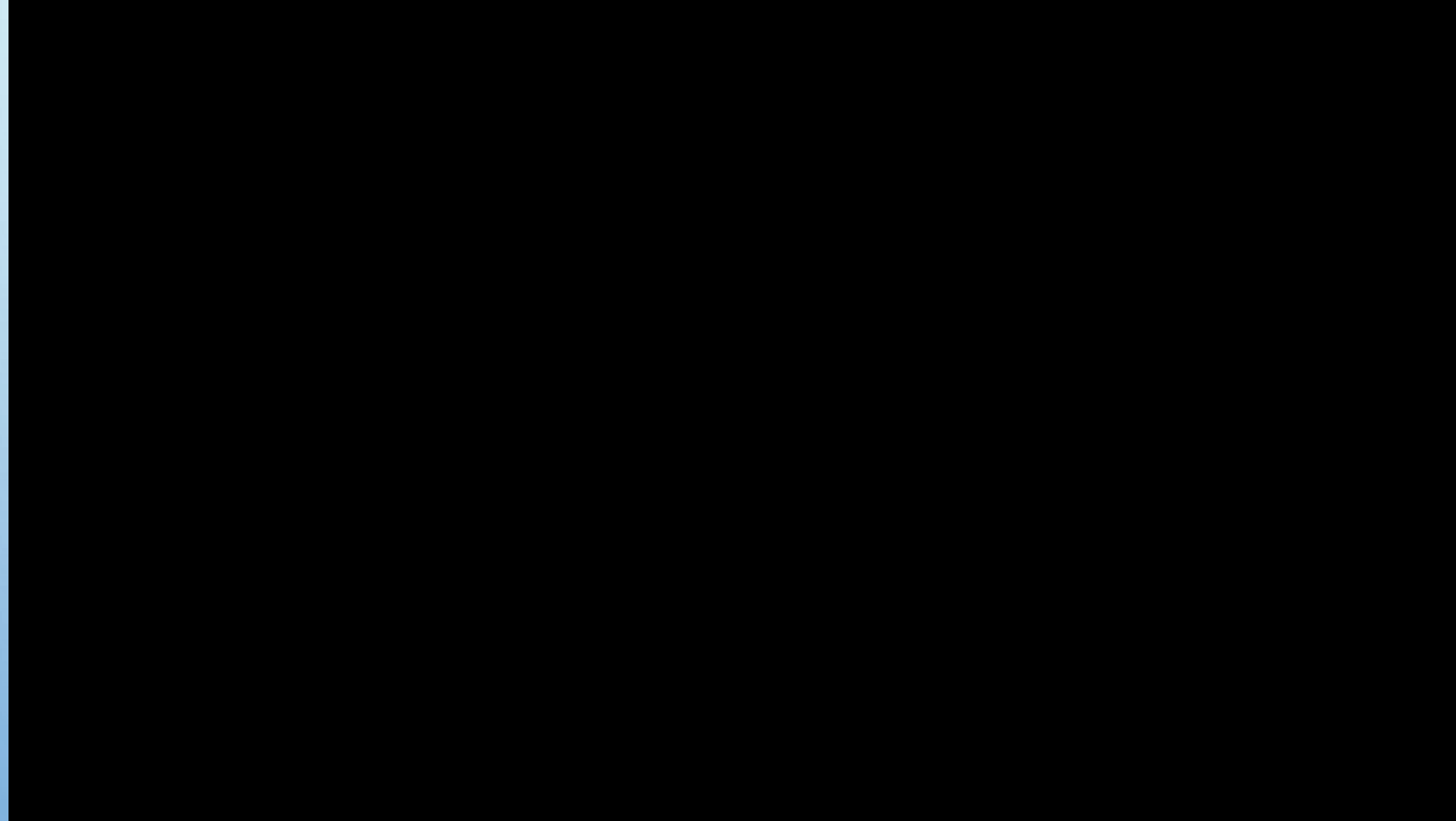
If the patient has had more than one fall, consider referral to the Hospital Falls Co ordinator via Trak Care

CLINICAL SIMULATION – Post fall Moving & Handling



<https://youtu.be/D5tOWfE53mk?feature=shared>

CLINICAL SIMULATION – Post fall Moving & Handling



<https://youtu.be/SRwxPvHWM0Q?feature=shared>

Post Falls Checklist - Apply sticker to patient's notes

ALL Sections MUST be Completed, Date & Signed

Incident	Date	Sign
Date of fall: / / Time of fall: Specific location of fall:		
Head to toe assessment PRIOR to moving the patient. THINK pain.		
M&H method used to move patient from the floor/chair. Hoverjack / Hoist / Staff / Other		
Medics/HAN informed @: ____ hrs Patient seen @ ____ hrs. Post Fall Medical Review completed:		
Datix completed. YES / NO Datix no:		
Family informed (date/time): Update communication sheet to reflect this.		
Update nursing documentation: <ul style="list-style-type: none"> • Falls Risk Assessment, including the Intervention Checklist • Care Plan to reflect falls risk & new care needs of the patient • 4AT & the TIME Bundle if score = 4 or more • Bedrail Risk Assessment. THINK are bedrails still safe to use. • M&H chart. • Review Care Rounding prescription. • Consider using Patient Monitoring Chart Update nursing notes re injuries sustained & investigations required. THINK what can we do to prevent another fall.		
Add patient to the Ward Safety Brief & safety board.		
How many falls has this patient had: ____ ** If 2 or more falls or has sustained a severity 4/5 harm, refer to Hospital Falls Coordinator via Trak Care.		
Commence a briefing note if sev 4/5 harm & inform SCN/Lead Nurse.		
Were bedrails up at the time of the fall? YES / NO		
What height was the bed at the time of the fall? Lowest / Higher		
What footwear did the patient have on at the time of the fall?		
Did the patient have their walking aid at the time of fall? YES / NO Circle aid: walking stick(s) / Zimmer Frame / Elbow crutches / Rollator		

NEXT STEPS

- **Roll out of the Post Fall Poster to all wards/areas within NHSGGC**
- **Gather data on the effectiveness of the Post Fall Resources & evaluate**
- **The poster guidance forms part of the new Inpatient Falls Guidelines to be issued within NHSGGC**
- **Review of the Post Fall Medical Review Tool**

Acknowledgements

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- Our Medical Illustrations Team - NHSGGC



QUESTIONS?