

Minimum Data Set for Post Falls Incident Review (IR)

(Falls resulting in **Moderate** or more severe harm)

This is the Minimum Data Set for HSC Trust Post Falls Review as agreed by the Regional Inpatient Falls Prevention Group. Please contact (FallSafe Coordinator) via e-mail or telephone and inform him/her of incident.

A post falls review should be carried out within 10 working days exclusive of bank holidays.

Y/ N/ NA will be used to reflect YES/ NO/ NON APPLICABLE answers respectively. NN refers to nursing notes, MN refers to medical notes.

Demographics

Ward where incident took place:

Date of Post Fall Review:

Lead Reviewer Name:

Lead Reviewer Designation:

Lead Reviewer Contact Tel No:

Staff present during review:

Patient name and gender of patient:

Patient D.O.B. / age:

H/C number:

Consultant:

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| | |
|---|--------------------------------|
| | |
| Admission information | |
| Date and time of admission? Did patient transfer to other locations of care during this admission, prior to fall that is being investigated? Please include ward/ site details as required: | |
| | |
| Reason for admission/ Diagnosis on admission: | |
| | |
| Has the patient had recent admissions to hospital resulting from a fall in their home setting? Has the patient had falls in the past six months in their home setting? | |
| | |
| Name of nursing staff who admitted patient: | |
| | |
| Incident information | |
| Is this the patient's first fall on this admission? If no, please record how many falls, when and on what ward: | |
| | |
| Datix incident number, date and time of fall and specific location of fall being reviewed. Please include any relevant detail from datix/ patient notes: | |
| | |
| Was the fall witnessed? By whom? | |
| | |
| Type of injury resulting from fall being reviewed (include investigations/ x-rays performed): | |
| | |
| Assessment | |
| Was the below completed within 6 hours of admission (Answer Y/N/NA)? | |
| Falls Risk assessment | |
| Bed rail assessment | Moving and Handling assessment |

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If the above were completed, were there any specific, or more detailed directions of care recommended e.g. one to one supervision, nurse patient in bay?

- Was the patient asked about history of falls in past 12 months?

- Was the patient asked about fear of falls?

- Was a urinalysis performed (if applicable)?

- Was a new prescription of night sedation avoided?

- Was the call bell in sight and reach and did patient understand how to use this?

- Did the patient have safe footwear on feet at time of incident?

- Is there clear communication regarding patient's mobility status recorded? Include, if relevant, if walking aid was being used by patient as recommended post assessment:

- Were the patient's personal items within reach at time of incident?

- Were there any slips/ trips/ hazards around the patient at time of the fall?

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FallSafe Bundle Part B

- Was a cognitive screening carried out on the patient?

- Was a lying and standing blood pressure record on the patient?

- Was a full medication review requested on behalf of the patient?

- Was a bedrails risk assessment performed on the patient?

Other information

If appropriate, do you have documented evidence that the patient was given written/verbal advice on falls prevention before and after fall being reviewed? Include dates and times as necessary:

Were immediate referrals made to the appropriate members of the multidisciplinary team at time of admission e.g. physiotherapist, occupational therapist? Were there any plans of care/ recommendations in place post assessment and were they being adhered to at the time of the incident that is being reviewed e.g. walking with recommended frame as per physiotherapist?

Was the patient assessed for urinary continence/ frequency/ urgency on admission?

Do you have documented evidence when the patient's Falls risk assessment, / care plan, bed rail and moving and handling assessments were last reviewed for the below occurrences (Answer Y/ N/ NA):

1. Transfer from another ward?
2. When the patient's condition changed (e.g. deteriorating health, or development of confusion)?

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| Post fall information | |
|--|---|
| Was a body check completed to assess for harm/ injury prior to moving patient post fall? | |
| | |
| What was the immediate post fall management in terms of how the patient moved? | |
| | |
| Had a post fall assessment been completed by medical staff in medical notes? Include date, time and staff details: | |
| | |
| Was a medical treatment plan implemented? If so, provide details: (ensure appropriate clinical observations/ investigations are carried out e.g. CNS obs) | |
| • | |
| Post Fall were the Following risk assessments reviewed and updated: Falls risk assessment and care plan and bed rail and moving and handling assessments. | |
| Was there an entry in the nursing evaluation notes to record a summary of the fall being reviewed? (Answer Y/N/NA) | |
| Falls Risk assessment Bed rail assessment Entry in evaluation notes | Falls care plan Moving and Handling assessment |
| Was the incident discussed with patient's next of kin? | |
| | |
| Was the Post-Falls protocol /process followed? (as per BHSCT Falls Reduction and Prevention Policy Flow chart) | |
| | |
| Is a multidisciplinary team meeting required post this fall? | |
| | |
| Following your review of care provided, what do you think were the contributory factors to the falls incident? | |
| | |

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Date of recording on datix:

Date FallSafe Co-ordinator notified:

Date Health and Safety notified:

Correct severity of harm recorded by reporter?

Returned FallSafe audit in last quarter? (include comment on compliance)

| | Compliance - Part A | Compliance - Part B |
|---------|---------------------|---------------------|
| Apr-19 | | |
| May -19 | | |
| Jun-19 | | |

Positive feedback for ward when incident reviewed:

Learning/ points of concern from incident:

Actions:

DATE INCIDENT REVIEW AND SHARED LEARNING FORWARDED TO WARD MANAGER:

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