

Trent Falls Audit

At the Trent British Geriatric Society meeting on 20th October 2009 during the audit planning session there was discussion regarding the area of falls care and service that would be optimally assessed by a regional audit. It was acknowledged that there was an ongoing national audit programme assessing the care of patients who fall and fracture, as well as the organisation of falls services and, therefore, an audit of inpatient falls would avoid replication of planned national audits.

After an informative and wide ranging discussion it was agreed the areas to be audited would be the use of the inpatient falls risk assessment tool. It was agreed that there would be a collection of the current inpatients falls risk assessment tools from the Trusts in which the audit would be undertaken. There would also be an information gathering process regarding the literature and current information on inpatient falls risk assessment.

It was agreed that optimally 3 areas of each Trust would be audited for their use of the falls risk assessment tool which would include surgery and/or trauma and orthopaedics, medicine for the elderly wards and a medical ward other than medicine for the elderly. It was agreed that optimally 20 patient's notes from each of these areas would be audited. It was also agreed that these patients should all be over the age of 70 years of age.

It was agreed that, as this audit would also require the trainees undertaking this audit to liaise with different management areas within the Trust, this would be an excellent opportunity not only for undertaking an audit but to understand the management of risk within NHS Trusts.

The plan to take this forward was agreed by the group and this includes

1. All participating trainees to inform Dr Youde of their wish to participate in this audit.
2. All participating trainees to collect the falls risk assessment tool in their Trust by the end of November.
3. All trainees wishing to participate in this Trust to start to develop a plan for this audit to be undertaken which would include the recruitment of a Lead Clinician within the Trust to help with this audit, liaising with the Risk and Governance Department within the Trust and within the directorate that will be audited
4. By the end of January a proforma needs to have been drafted so that the audit can then be undertaken. Volunteers for this would be welcome.
5. Dr Wei Chua has kindly agreed to undertake the literature with regards to the inpatient falls risk assessment.