# Improving Post-Fall Care for Inpatients at NMUH

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## Background

Inpatient falls are common and can lead to serious and sometimes fatal injuries, as well as prolonged hospital stay which ultimately increases healthcare costs.

NICE guidelines recommends examination should be completed within a maximum of 12 hours or 30 minutes for serious injury. A structured approach is needed to enhance patient care and reduce fall-related complications.

NMUH has transitioned from using paper notes to digital documentation of falls. Initial audit shows there was a lack assessment post fall and management.

## Aim

We aimed to enhance the assessment, documentation, and management of inpatient falls by creating a memorable poster and by promoting use of a digital IP falls proforma both for nurses and doctors. This approach encourage consistent practices and improves patient safety.

## Method

We have used the PDSA method for this quality improvement project.

**Figure 1**

In cycle 1- initial data collected showed no clear documentation of fall and did not include CFS scoring, review of medications, pain management and LSBP measurement. These were the keypoints included on the CARE poster.

In cycle 2- CARE poster was launched together with the digital falls proforma. A short teaching was done on the geriatric ward to enhance the use of proforma and encourage resident doctors to prescribe analgesia. We audited the quality of falls documentation before and after the launch of CARE poster and compared if all relevant data are included.

In the next cycle, with the new batch of resident doctors: we aim to encourage doctors to complete each section of the proforma by distributing emails and face to face campaign on each ward for both doctors and nurses. We will broaden the teaching coverage which will now include all medical teams and surgical teams.

**Figure 1 (below): Flow chart showing the 'PDSA' cycles of this Quality Improvement Project.**

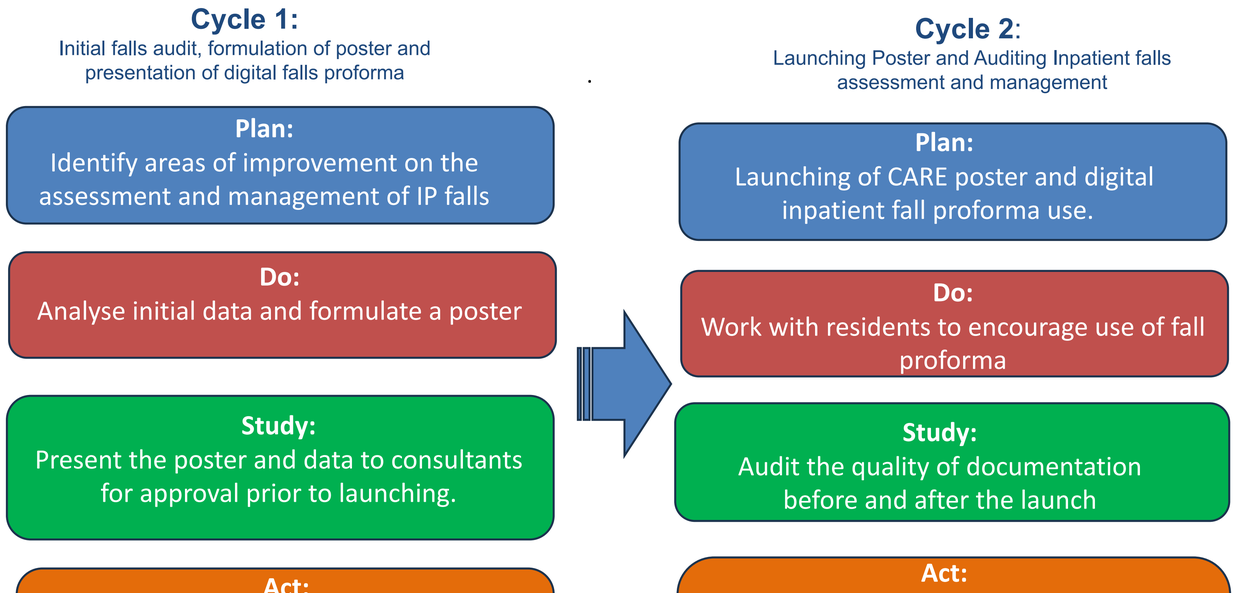
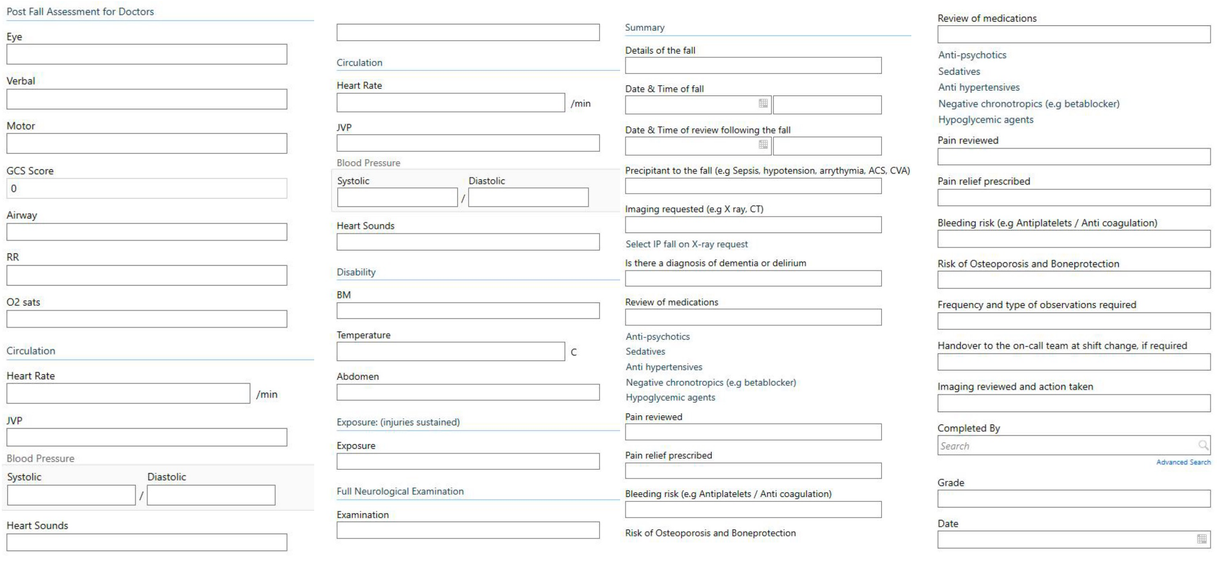
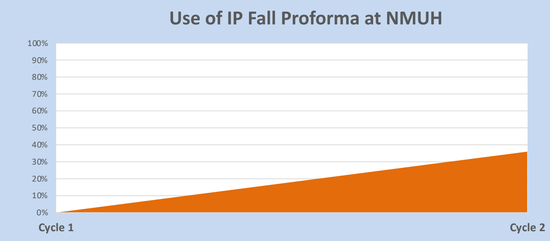



**Figure 3 (below) Digital Post Falls Assessment Proforma for doctors.**

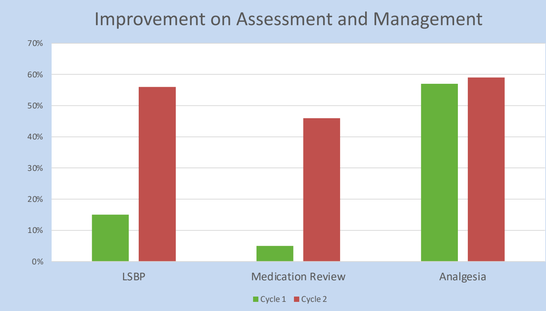



## Results

**Graph 1 (below): The first cycle showed all data were documented through medical review notes. The second cycle showing implementation of use of digital fall proforma, with 36% use of the proforma.** ***Poor usage could be related to lack of implementation. We have only done teaching across geriatric wards, however our data included falls on all departments including surgical wards and AE.***




**Graph 2 (below): Comparison of Management between 2 cycles. This graph showed significant increase in assessment of LSBP and medication review ; however marginal improvement on offering analgesia post CARE protocol.**




**Graph 3 (below): This shows the average time patients were reviewed post fall on both cycles, which meets the NICE guidance of 12H maximum.**

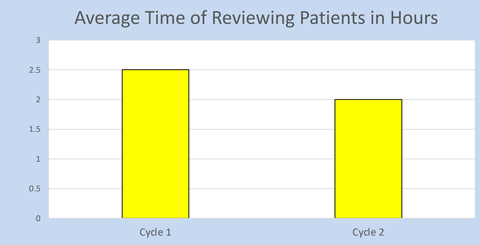
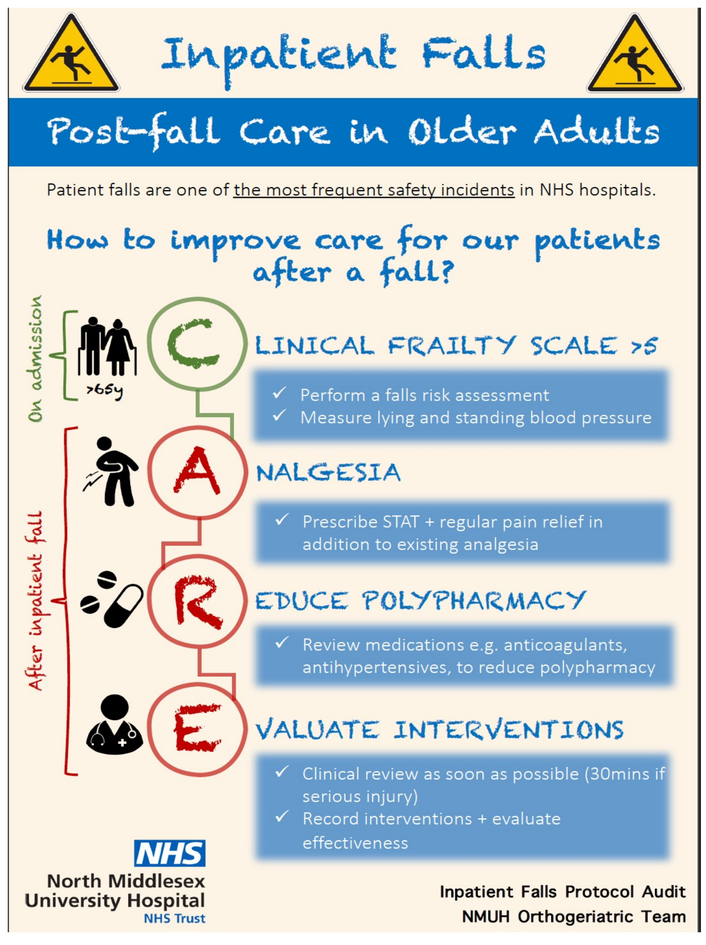



**Figure 2 (below): Poster sent across emails and printed for each ward**




## Conclusion

The CARE poster and digital falls proforma ensure comprehensive falls risk assessment including LSBP, blood sugar checks, and complete physical examination. It also outlines necessary management steps such as requesting appropriate investigation, administration of analgesia and minimising polypharmacy.

This project has shown a significant improvement of documentation of LSBP and medication review by at least 40%.

The analgesia care has only improved marginally by 2% despite 85% of patients having injury post fall hence we would need to work hard on educating the doctors and nurses to review this.

This QIP is currently on its 3rd Cycle with ongoing implementation mentioned on the method section and awaiting 3rd audit for its completion. We are optimistic that this QIP will not only improve our clinical practice but will also uphold the trust value of Patient First.