Audit and Re-Audit of Post-Falls Documentation on an Old Age and Complex Needs Ward

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Introduction

- **The old age psychiatry ward** facilitates patients with physical health needs alongside mental health needs, deeming them **high risk for falls**.
- **Best practice suggests a doctor should perform a medical review following a fall.**
- Audit cycle 1 **revealed incomplete documentation or the absence of a review.**
- A **post-falls proforma** was implemented and a **re-audit** was performed **1 year later**.

Method

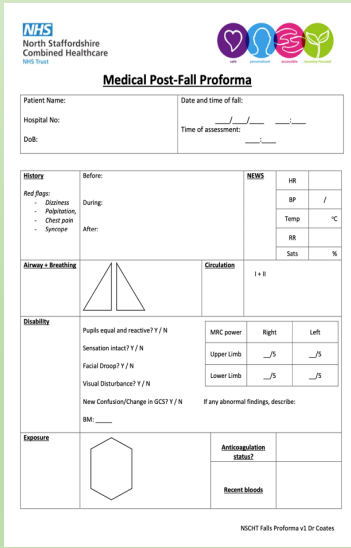
- **Cycle 1** - data gathered over a 1 month period in 2020.
- **Cycle 2** - data gathered over a 1 month period in 2021.

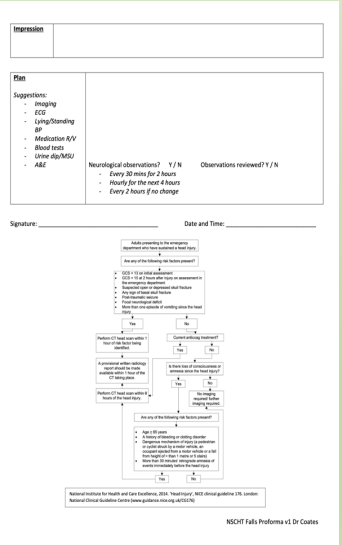
	Cycle 1	Cycle 2
Number of falls	31	10
Within normal working hours (Mon-Fri 9am-5pm)	7 (23%)	6 (60%)
Outside of normal working hours	24 (77%)	4 (40%)
Witnessed	12 (39%) (8 (67%) occurred outside of normal working hours)	6 (60%) (1 (17%) occurred outside of normal working hours)
Unwitnessed	19 (61%)	4 (40%)
Reviewed by doctor with documentation of brief history and assessment	26 (84%) (2 (6%) falls had no documentation and 3 (10%) falls had some form of documentation)	10 (100%)
Number of head injuries	8 (26%)	4 (40%)
Documentation of anticoag status following head injury	8 (100%)	1 (25%)
Neuro obs following head injury	7 (88%)	2 (50%)

Results

The first cycle showed a total of 31 falls. Insufficient documentation was recorded in 5 falls (16.1%), including 2 falls (6.5%) with no documentation of a physical assessment. A head injury was recorded following 25% of falls, with anticoagulation status documented in 100% of cases.

The re-audit showed a total of 10 falls. All falls (100%) were reviewed by a doctor with documentation recorded, including a brief history and assessment. A head injury was recorded in 4 cases (40%), with anticoagulant status only being documented in one case (25%).





Conclusion

- Implementation of a **falls proforma improved post fall documentation**.
- Cycle 2 identified the **need for proforma digitalisation and junior doctor education at induction**.