Improving the risk assessment of multifactorial falls in the first 48 hours of admission

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Introduction:

Falls in elderly patients pose significant health risks and incur substantial healthcare costs[1].

They are associated with multifactorial risks which are often preventable.

Improving the risk assessment of multifactorial falls at the point of admission may help to ameliorate these risks and reduce admissions[2].

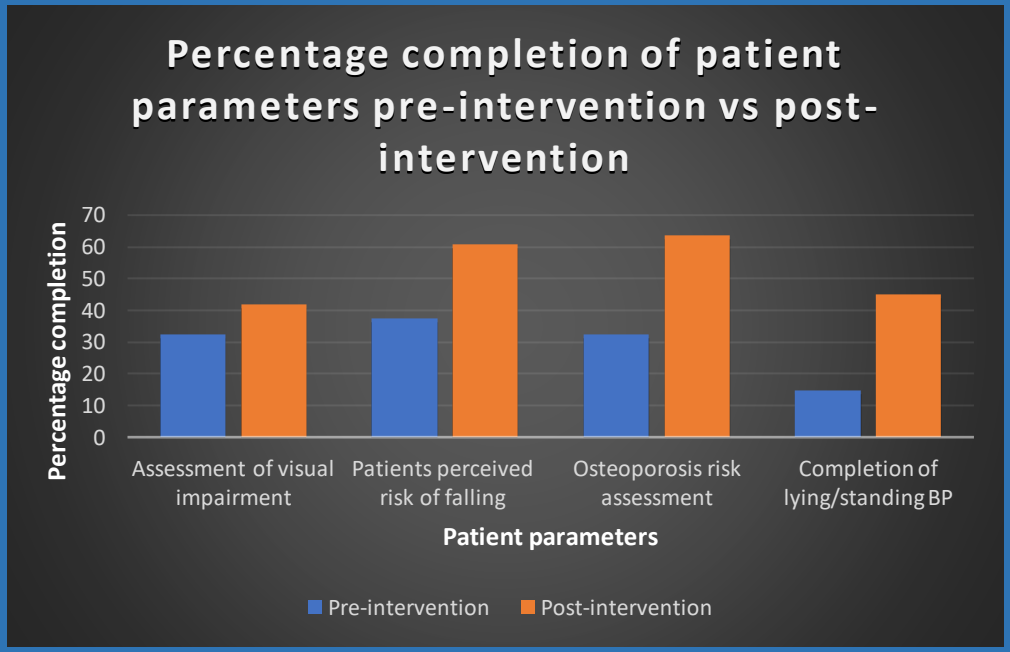
Methods:

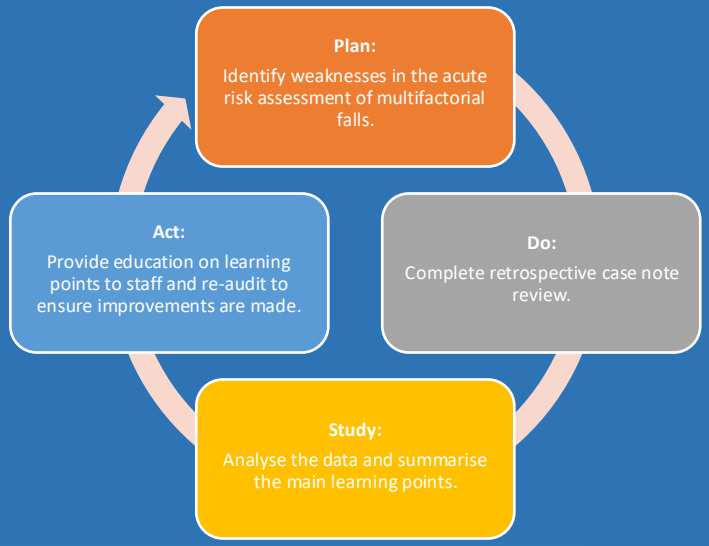
The aim of the Quality Improvement Project was to identify weakness in the acute risk assessment of multifactorial falls and to initiate improvement in these areas.

We completed a retrospective case note review for **68 patients** in their first **48 hours** of admission over the period of one month.

As an analytical framework, we adopted the NICE guidance: 'Falls in older people: assessing risk and prevention' [2] which details twelve key parameters of risk assessment.

For each patient we sought to determine whether these parameters were assessed or missed. After the first audit cycle we found four guidelines parameters which were commonly missed during the acute admission phase detailed in the centre graph.





Intervention:

An educational intervention was subsequently organised for medical staff in the form of departmental teaching. Corroborating posters were also placed around the acute areas of the hospital to re-enforce the four parameters which were suggested for improvement.

Two months later a second audit cycle was undertaken which assessed the same parameters and looked for improvement in their completion.

Results:

The results are demonstrated in the centre graph.

There was percentage improvement of each parameter from pre-intervention to post-intervention with the highest percentage improvement being the completion of lying/standing BP in the first 48 hours admission with a percentage increase of 205% completion in our sample.

Conclusions

This project identified four assessment parameters which were frequently missed during the first 48 hours of admission.

This project additionally suggests that an educational intervention and poster campaign has enhanced the assessment of multifactorial falls. This may improve falls management, potentially reducing falls-related morbidity and hospital admissions among elderly patients.

References:

1. Falls: applying all our health. Office for health improvement and Disparities. https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health [Accessed 22nd June 2023].

2. Falls in older people: assessing risk and prevention. NICE Clinical Guidelines. https://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations#preventing-falls-in-older-people-during-a-hospital-stay-2 [Accessed 22nd June 2023].