

Inpatient Falls Resulting in Harm -

A retrospective audit looking at inpatient falls that resulted in harm between April-September 2023.
Assessing and identifying any modifiable risk factors

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NHS

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NHS Foundation Trust

Introduction

This audit retrospectively assessed patients who suffered harm as a result of an inpatient fall.

The following was assessed:

- Identification of those at risk of falling
- Assessment of any modifiable risk factors prior to the fall
- Assessment of any modifiable risk factors following the fall

Modifiable Risk Factors Assessed

Identifying Those at Risk

3 key questions:

- Fall in the last year?
- Reports unsteadiness?
- Fear of falling?

Medication Review

- Deprescription of falls risk increasing drugs (FRIDs)

Falls Assessment

Cardiovascular Assessment

- Lying – standing blood pressure
- ECG

Gait and Balance

- Physiotherapy
- Mobility aids

Why does it matter?

Fear of falling in the elderly

- Have negative effects on functional independence and quality of life
- Occur in 30% of over 65s annually

Morbidity and Mortality

- Leading cause of fatal and nonfatal injuries among older adults
- Falls are estimated to cost the NHS more than £2.3 billion per year

Prolonged Hospital Admission

- 33% of patients in this cohort medically optimized at the time of their fall
- Resulted in a total extended IP admission of 60 days for the patients in this audit alone

Pre-inpatient Fall Assessment

Falls risk
assessment
done in 67%
of patients

Of those 70%
identified as
high risk of falls



- Mobility assessment in 67%
- 2 patients only just arrived on ward



- Medical medication review/deprescribing = 20%



- LSBP = 40%
- 33% had a deficit – 100% were recognized and corrected



- ECG = 100%

Post-Fall Assessment and Intervention

Medication Review

- 53% of patients had a documented medication review
- 20% had FRIDs stopped
- However the average patient was discharged on 3 more medications than admission

Lying, Standing Blood Pressure

- 33% had a LSBP following their fall
- 7% had a documented reason why not
- 27% had lower limb fractures, however it was not done prior to discharge

Note – Bone Protection

73% of patients had a fragility fracture as a result of their inpatient fall

- Bone protection only considered in 40%

Results and Lessons Learned

This audit highlights areas of improvement in the recognition and management of patients at risk of falls.

Following these findings we plan to introduce a multicomponent intervention to test on admission wards.

Results following an initial 4 week period should be available later this year.