

A Change Initiative to Improve Patient Safety in Inpatient Fall Management through Enhanced Compliance with the Post Fall Medical Assessment (PFMA) Document

D Vinnakota¹; J Ragunathan²
Bolton NHS Foundation Trust, U.K



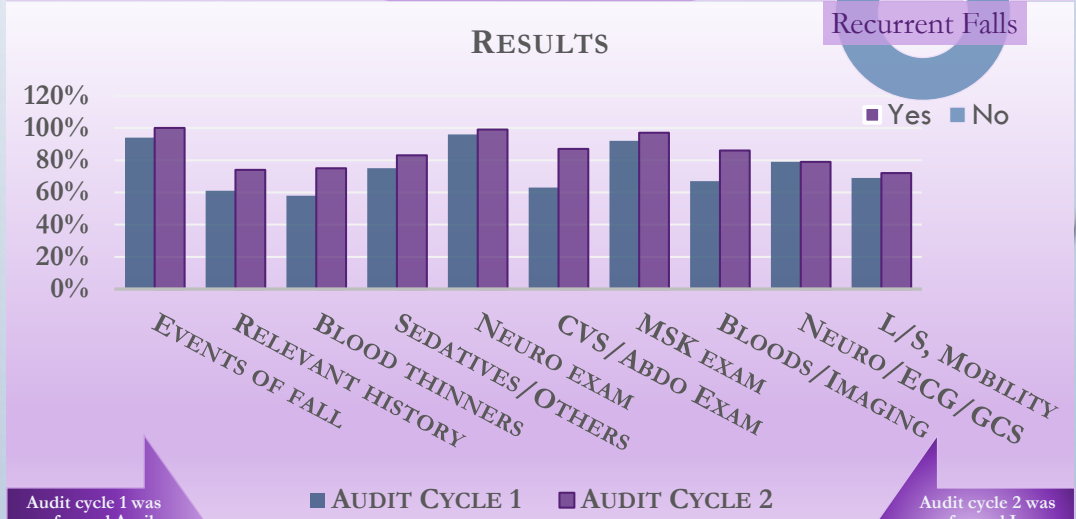
Background: Conducting an analysis of inpatient falls management is essential due to the high risk of injury, potential impact on psychosocial well-being and independence, and the opportunity it provides to identify and mitigate preventable risk factors.

The local issue tackled was the suboptimal compliance with the PFMA document on the Electronic Patient Record due to assessments being completed on alternative electronic documents

OBJECTIVE
To improve patient safety by increasing PFMA compliance by resident doctors when reviewing adult inpatient falls

METHODOLOGY
- Retrospective analysis of incident reports for inpatient falls across complex care wards to review the PFMA document/fall reviews
- Intervention being teaching sessions for incoming resident doctors at induction to raise awareness of the document
- Re-audit performed after one year to review for increase in compliance

RESULTS
- Increase in use of the PFMA document with a 100% compliance in recording fall events
- Improvements seen in review of different sections in the PFMA document
- Overall increased compliance with the PFMA document but recurrent falls occurring in 14% of patients



Audit cycle 1 was performed April-June 2023 with data from March 2022 to March 2023



Inpatient falls may contribute to prolonged hospital stay and increased morbidity

Audit cycle 2 was performed June-July 2024 with data from March 2023 to March 2024

Post Fall Medical Assessment Form
In order to comply with Trust record keeping policy all sections must be completed including sections where the patient is asymptomatic

What happened before the fall? (How was patient/confused/unwell/location)

What happened during the fall? (Witnessed/associated symptoms/loss of consciousness/injuries)

What happened after the fall? (Amnesia/drowsy/vomiting)

Relevant past medical history (previous falls/delirium)

Drug History (please tick relevant medication or list others)

Anticoagulation
 DOAC Warfarin Siroquinol Treatment Dose Enoxaparin Other

Antiplatelet
 Aspirin Clopidogrel Ticagrelor Prasugrel Dipyridamole Other

Anti-hypertensives

Sedatives

Other

Number of medications

Examination

Eye Response	Verbal Response	Motor Response
<input type="checkbox"/> Spontaneously	<input type="checkbox"/> Oriented	<input type="checkbox"/> Obeys commands
<input type="checkbox"/> To speech	<input type="checkbox"/> Confused	<input type="checkbox"/> Localises to pain
<input type="checkbox"/> To pain	<input type="checkbox"/> Inappropriate words	<input type="checkbox"/> Withdraws to pain
<input type="checkbox"/> None	<input type="checkbox"/> Incomprehensible sounds	<input type="checkbox"/> Abnormal Flexion
	<input type="checkbox"/> None	<input type="checkbox"/> Extension to pain
		<input type="checkbox"/> None

GCS Score

Head Exam (Crick / detail as appropriate)

Bleeding / Bruising

Signs of basal skull fracture

Pupils equal / size

Spine tenderness

Chest / Heart/ Abdominal Examination (complete as appropriate)

Chest / Heart/ Abdominal Examination

Management Plan

Neuro observations as per protocol Bloods
 ECG Imaging
 Lying and standing BPs Mobility assessment
 Review if any falls in GCS Day/Ward Team review - include visual assessment

Other comments/Plan

LIMITATIONS

- All inpatient falls were being recorded as incident reports despite some being slips or near misses
- Did not look as to whether patients were appropriately assessed in subsequent 48 hours with regards to deprescribing/falls reduction measures

ACTION PLAN

- There is a requirement of continuous training to improve awareness of the PFMA. This will be performed by conducting regular teaching sessions for all grades of resident doctors within the trust
- Regular auditing of the PFMA on EPR to ensure compliance

RECOMMENDATIONS

- Sustainable methods of increasing awareness of the PFMA such as discussion at multi-disciplinary staff inductions and welcome pack
- Further quality improvement work looking at other aspects of inpatient falls assessment such as deprescribing