FallSafe care bundles

The elements that were measured monthly as process measures are indicated with an asterisk*:

A The care bundle for all patients

- a history of previous falls* and of fear of falling* taken at the time of admission
- urinalysis during admission* (to consider the possibility of infection causing falls and delirium)
- avoidance of prescriptions of night sedation*
- ensuring that a call bell is in reach*
- ensuring that appropriate footwear is available and in use*
- immediate assessment for and provision of walking aids
- clear communication of mobility status
- personal items in reach
- no trip or slip hazards

B The care bundle for older and more vulnerable patients

Falls risk scores can be misleading and are not a necessary part of a hospital falls prevention policy.

In the FallSafe project, the age threshold we used for the cognitive assessment was over 70 years, as a compromise between the local policies of the hospitals involved, which used varying age thresholds. National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 21 defines older people as those aged 65 years or above, and hospitals introducing the FallSafe care bundles may wish to consider using 65 years as their threshold.

In the FallSafe project, all patients in wards for older people were counted as high-risk and received this bundle. For other wards we recommended that all patients with a history of falls or fear of falling, or who tried to walk alone although unsteady or unsafe, received it.

- a cognitive assessment (mini mental state examination (MMSE) or abbreviated mental test score (AMTS)) in all patients admitted aged >70yrs*
- testing for delirium (confusion assessment method (CAM)) in those at risk, as advised in NICE guidelines
- bedrail risk–benefit assessment and/or consideration of ultra low beds
- visual assessment (a basic check of ability to recognise objects from the end of the bed as a screen for severe eyesight problems, and fuller assessment as required)
- lying and standing blood pressure* taken with a manual sphygmomanometer to check for orthostatic hypotension, and pulse taken by hand to check for arrhythmias
- medication review for medication that can increase the risk of falls*
- observation, including bed position on the ward, and toileting assessment and plan (tailored to needs rather than standard two-hourly)
- medical review of falls risk factors and assessment for osteoporosis
- screen for depression

In partnership with:

C After a fall

A third bundle for after a fall was originally planned for by the FallSafe project but the need for it was superseded by the action required by the National Patient Safety Agency's (NPSA) *Rapid response report: Essential care after an inpatient fall*, that the FallSafe project helped write and which should be in place in all hospitals:

NHS
National Patient Safety Agency

Rapid Response Report

NPSA/2011/RRR001

From reporting to learning — **13 January 2011**

Essential care after an inpatient fall

Issue
Each year around 282,000 patient falls are reported to the NPSA from hospitals and mental health units. A significant number of these falls result in death, severe or moderate injury including around 840 fractured hips, 550 other types of fracture, and 30 intracranial injuries.

Evidence of harm
Analysis of patient safety incidents reported to the National Reporting and Learning System (in the 12 months prior to 25 March 2010) indicates that around 200 patients with fractures or intracranial injury after a fall in hospital experienced some failure of aftercare. Problems included:

- delayed diagnosis of fractures, ranging from several hours to several days after the fall;
- neurological observations not recorded at all or recorded at inadequate intervals, resulting in delayed diagnosis of intracranial bleeding;
- sling hoists used to move patients despite signs or symptoms of limb fracture or spinal injury;
- delays in access to urgent investigations or surgery.

Reducing the risk of harm
When a serious injury occurs as a result of an inpatient fall, safe manual handling and prompt assessment and treatment is critical to the patient's chances of making a full recovery. This RRR aims to ensure that local protocols and systems help staff to consistently achieve this.

For IMMEDIATE ACTION by all NHS organisations that have inpatient beds. The deadline for ACTION COMPLETE is 14 July 2011.

NHS organisations with inpatient beds should ensure that:

1. They have a post-fall protocol that includes:
   a) checks by nursing staff for signs or symptoms of fracture or potential for spinal injury before the patient is moved;
   b) safe manual handling methods for patients with signs or symptoms of fracture or potential for spinal injury*;
   c) frequency and duration of neurological observations for all patients where head injury has occurred or cannot be excluded (e.g. unwitnessed falls) based on National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 56: Head Injury;
   d) timescales for medical examination following a fall (including fast track assessment for patients with signs of serious injury, or high vulnerability to injury, or who have been immobilised).
2. Their post-fall protocol is easily accessible (e.g. laminated versions at nursing stations).
3. Their staff have access to clear guidance and formats for recording neurological observations using a 15 point version of the Glasgow Coma Scale (GCS) and that changes in the GCS that should trigger urgent medical review are highlighted.
4. Their staff have access at all times to special equipment (e.g. hard collars, flat-lifting equipment, scoops)* and colleagues with the expertise to use it, for patients with suspected fracture or potential for spinal injury.
5. Systems are in place allowing inpatients injured in a fall access to investigation and specialist treatment* that is equal in speed and quality to that provided in emergency departments and conforms to NICE Clinical Guideline 56: Head Injury.

** Community hospitals and mental health units without the equipment or expertise may be able to achieve this in collaboration with emergency services.*

Further information Supporting information on this Rapid Response Report is available at www.nrls.npsa.nhs.uk/alerts.
For further queries contact rrr@npsa.nhs.uk; Telephone 020 7927 9500

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