Falls Prevention and Management for Patients Policy

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What is in this policy?

The aim of this policy is to detail what measures can be taken by trust staff to identify patients who are at risk of falling, and to recommend proactive measures that can be introduced to reduce the incidence of hospital-related falls, minimise the number of resultant injuries and standardise the quality of falls/post falls care, and risk management across the Trust. The policy includes actions to take for recording and learning from patient safety incidents as described by the Patient Safety Incident Response Plan.

The policy implements a multi-faceted approach to falls prevention and management involving medical, environmental and other factors as recommended by guidance based on current evidence.

Document Change Control

Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
May 2018	8	Joint Clinical Lead For Falls	Moderate	Review and Refresh
March 2021	9	Clinical Lead for Falls	Minor	Review and Refresh
June 2023	10	Clinical Lead for Falls	Moderate	Review and Refresh SWARM huddles in line with PSIRF. Role of the Dementia, Delirium and Falls Steering Group. National Audit Inpatient Falls
September 23	10.1	Clinical Lead for Falls	Moderate	Review at Policy Assurance Group

Sign off Process and Dates

Groups consulted	Date agreed
Dementia Delirium and Falls Steering Group	19/07/2023
Patient Safety Group	16/08/2023
Clinical Quality Group	06/09/2023
Policy Assurance Group	18/09/2023

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.
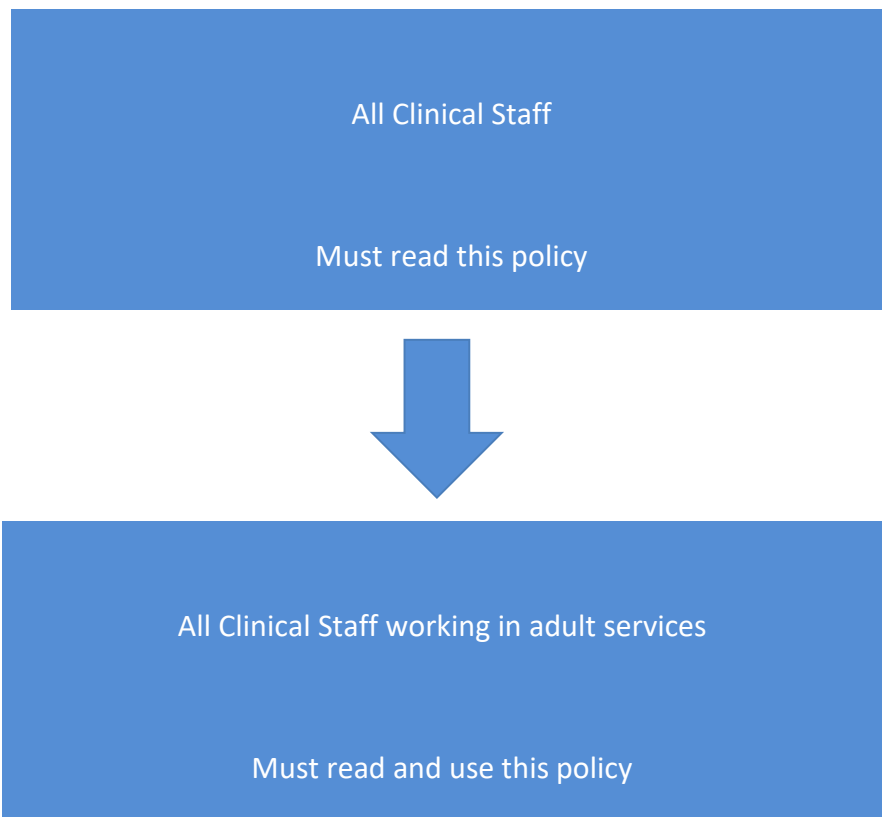
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Do I need to read this Policy?

All Clinical Staff

Must read this policy

All Clinical Staff working in adult services

Must read and use this policy

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1.   Introduction and Purpose

Inpatient falls represent a significant proportion of all patient safety incidents reported in University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).

The purpose of this policy is to ensure national policy and recommendations are implemented. The aim is to detail what measures can be taken by all clinical staff to identify patients who are at risk of falling. To recommend proactive measures that can be introduced to reduce the incidence of falls, minimise the level of harm, standardise falls care and risk management across UHBW. This policy implements elements of 'FallSafe' (Royal College of Physicians), a multi-faceted approach to falls prevention and management involving medical, environment and other factors as recommended by latest evidence (Royal College of Physicians, 2012 and National Institute for Health and Care Excellence, 2017).

Preventing falls is the responsibility of everyone within the Trust. All inpatients, in all clinical areas over the age of 65 or identified as at risk of falls must have a multi-factorial risk assessment and care plan completed within 6 hours of admission. This must be reviewed when there is a change in the patient's condition, following transfer to another area or following an inpatient fall. All patients will have appropriate risk management strategies employed to reduce the risk of falls as far is reasonably practicable.

The falls care plan actions must be reviewed on a daily basis to ensure consistent delivery of falls prevention strategies, the Prevention and Management of Falls in Hospital patient information leaflet will be provided to patients and/or their carer.

Where a patient has fallen, patient safety incidents will be recorded and reviewed in line with the Recording and Reviewing of Incidents SOP. The policy incorporates SWARM huddles as a learning response method for falls.

Where staff have concerns regarding the standard of care provided to patients, they have an obligation to raise their concerns in the first instance with their line manager and subsequently, if necessary, through the procedure laid out in the Trust Freedom to Speak Up Policy.

Falls prevention and management frequently requires a careful balance between any restrictive intervention and respecting the activity level, rights and dignity of the patient, this policy ensures this balance is maintained.

Compliance to practice will be assured through regular monitoring, audit of practice and participation in the National Audit of Inpatient Falls as outlined in ███████.

Further background information on risk factors for falling is given in ████████

2.   Scope

This policy relates to all patients and permanent and temporary employees, students, volunteers and agency staff across the Trust. The policy is however of particular relevance to (list of names in dissemination box, ███████

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3.   Definitions

3.1   Fall

A fall is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. Falls, trips and slips can occur on one level or from a height (World Falls Guidance, 2022)

4.   Duties, Roles and Responsibilities

4.1   Board of Directors

(a)   Board of Directors must maintain, approve and be accountable for the Trust falls agenda. This should include robust reporting structures for falls, appropriately trained staff and transparency about falls within the organisation.

(b)   Monitor compliance against the national target for Falls which is measured per 1000 bed days (5.6 per 1000 bed days) and the Trust target (4.8 per 1000 bed days).

4.2   Chief Nurse and Midwife

(a)   Overall responsibility for patient falls.

4.3   Director of Allied Health Professionals

(a)   Chair the Falls Steering Group.

(b)   Have strategic overview of the Falls Team.

(c)   Accountable on behalf of the Chief Nurse and Midwife for ensuring national quality and environmental standards are achieved.

4.4   Trust Falls Steering Group

(a)   Chaired by Director of Allied Health Professionals to provide leadership and strategic overview.

(b)   Support and advise the divisions on in-patient falls prevention and management to ensure good standards of care in line with national, regional and local guidelines.

(c)   All falls or assisted falls must be reported using Datix, the incident reporting system. Falls related incidents will be monitored by the Clinical Lead for Falls and Divisional Leads to identify any patterns or trends. The Falls Steering Group will oversee this process.

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(d) Monitor and review information on in-patient falls and recommend appropriate actions to the divisions.

(e) Audit adherence to national and local standards as indicated.

(f) Make recommendations to the Patient Safety Group (PSG).

(g) Oversee local implementation of falls prevention and management policies, and monitor performance indicators (e.g., number of falls per 1,000 bed days).

(h) Devise the annual programme of work to address these objectives, including the trust policy on patient falls prevention and management.

(i) Contribute to the quality account on falls prevention and management within the Trust.

4.5 Divisional Boards

(a) Deliver the Trust's annual falls work plan including divisional actions identified from incidents.

(b) Ensure the appropriate delegation of performance management of individual wards and departments where required.

4.6 Clinical Lead for Falls

(a) Operational leadership for implementation of this strategy and policy.

(b) Provide clinical advice for prevention and management of falls.

(c) Lead on national inpatient falls audit.

(d) Raise issues or concerns to appropriate staff and forums.

4.7 Directors of Nursing/Midwifery and Professions and Divisional Managers

(a) Leadership for delivery of divisional actions in support of the Trust's annual falls work plan.

(b) Ensure the timely implementation of devised action plans following environmental and patient risk assessments.

(c) Implementation of this policy within their clinical area, ensuring that staff understand their accountability and their responsibility for compliance with this policy.

(d) Ensure that staff have the knowledge, skills and competence commensurate with the roles defined in this policy.

(e) Incorporate falls prevention and management awareness and training into local induction programmes and continued professional development for all staff.

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4.8   Divisional or Delegated Representative

(a)   Representation at Falls Steering Group meetings, ensuring timely feedback to divisions of falls data and subsequent action plans.

(b)   Receive serious untoward incident information related to falls and to act accordingly.

(c)   Support divisional activity to build patient safety and improvement knowledge related to falls incidents.

(d)   Monitor implementation of this policy via audit and review.

(e)   Ensure that staff have access to relevant guidelines and resources.

(f)   Monitor falls key performance indicators (KPIs) for ward and develop action plans where falls KPIs are not achieved, within agreed timescales. Monitoring may be undertaken by the Falls Link for that area.

4.9   Falls Link Role

(a)   Liaise with Divisional delegated representative to support implementation of this policy.

(b)   Raise awareness of falls prevention and management within their clinical area.

(c)   Provide falls related education and support to colleagues and patients.

(d)   Support with clinical audits

4.10   Clinical Staff (Nursing and Allied Health Professionals - AHPs)

(a)   Use patient focused falls prevention operating procedures and documentation.

(b)   Support sisters/charge nurses/lead AHPs in the implementation of this policy.

(c)   Undertake SWARM huddles following identification of a patient fall, in line with the SWARM Huddle SOP.

(d)   Record falls incidents and learning outcomes from SWARM huddles on Datix in line with Incident Recording & Reviewing SOP.

(e)   Where an unexpected death attributed to a fall is identified, this must be reported to the Patient Safety Team for an incident review in line with the Rapid Incident Review Meetings SOP.

(f)   Day-to-day leadership for delivery of falls prevention and management at a local level.

(g)   Ensure that patients are assessed as required and that multi-factorial risk assessment and care plans are completed and implemented.

(h)   Escalate concerns and actions not implemented to the relevant matron.

(i)   Ensure that any patient fall that occurs in their area is reported and acted on in accordance with Trust policy and is closed in a timely manner. The management and closure of incidents must occur within 30 days.

(j) Complete a multi- factorial risk assessment within 6 hours of admission and updating all associated care plans when the patient is transferred between wards, their condition changes or following a fall.

(k) Complete a multi-factorial risk assessment and care plan, mobility assessment and manual handling (MH1) care plan with a review on transfer to another ward, following an in-patient fall or as a minimum every seven days. Paediatric equivalent documentation needs to be completed for children identified at risk of falling.

(l) Assess for suitability and provide an appropriate walking aid.

(m) Therapy Team to review and complete an assessment within 24 hours of any one that comes in to hospital following a fall.

(n) Communicate all patients identified at risk of falling at all handover reports, patient safety briefings/board rounds with multi-disciplinary team and on transfer to other wards or departments.

(o) Identify patients using the falling star symbol on the patient status at a glance boards (yellow background falling star symbol to identify those patients 'At Risk'; red background falling star magnets to identify patients who have had an in-patient fall(s) during current admission or admitted with a fall).

(p) Use bed rails in accordance with the bed rails and bumper risk assessment.

(q) Ensure on-going environmental checks are undertaken and associated actions are implemented to minimise hazards that could increase falls risk e.g. suitable levels of lighting, obstacles, wet floors, change of location etc.

(r) Review those patients at risk from falls for referral to inpatient services for example; physiotherapy, occupational therapy and Dementia, Delirium and Falls Team.

(s) Review those patients at risk from falls for referral to community falls service.

(t) Follow the inpatient Post Falls Guidance in the event of a fall.

4.11   Medical Staff

(a) The Trust consultant lead for the Falls Steering Group will act as the medical advisor and medical representative for the group. They will help deliver the group objectives, support with development of strategy, guidelines and other falls related documentation.

The doctor will:

(b) Have responsibility to review those patients identified to them by nursing or therapy staff who are at risk of falling with regard to potential reversible risk factors identified within the care plan.

(c) Review patients that have fallen in accordance with the post fall protocol guideline.

(d) Review contributory factors and potential reversible risk factors as outlined in the care plan; including a review of medications which may increase falls risk and a review for bone health (osteoporosis) treatments.

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(e) Communicate relevant information to primary care/general practitioner (GP) on discharge especially if patient has fallen during their inpatient stay.

4.12 Pharmacy Staff

(a) Support medical and clinical staff in carrying out pharmacological reviews of at risk patients.

5. Standards and Key Performance Indicators

5.1 Applicable Standards

(a) FallSafe programme – Royal College of Physicians

(b) NICE Falls Guidance 2013 (Currently under review)

5.2 Measurement and Key Performance Indicators

(a) Trust threshold ratio of 4.8 falls per 1,000 bed days or less.

6. References

This policy is driven and informed by national and local policy and priorities including:

(a) NHS England (2022) Patient Safety Incident Response Framework. Available at: NHS England » Patient Safety Incident Response Framework

(b) Royal College of Physicians (2012) Fallsafe: care bundles and resources to reduce inpatient falls. Available at: FallSafe resources - original | RCP London

(c) National Institute for Health Care and Excellence (NICE) CE QS86 (2017) Falls in Older People. Available at: Falls in older people (nice.org.uk)

(d) NICE CG161 (2013) Falls in older people: assessing risk and prevention. Available at: Overview | Falls in older people: assessing risk and prevention | Guidance | NICE

(e) Montero-Odasso, M. et al (2022) 'World guidelines for falls prevention and management for older adults: a global initiative', Age and Ageing, Volume 51 (9) Available at: https://academic.oup.com/ageing/article/51/9/afac205/6730755?login=false

7. Associated Internal Documentation

Further supporting documentation can be found on the falls section of Connect (the Trust intranet).

Other relevant policies include:

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(a) Patient Safety Incident Response Plan ▮

(b) Patient Safety Incident Response Policy ▮

(c) Incident Recording & Reviewing SOP ▮

(d) SWARM Huddle SOP ▮

(e) Rapid Incident Review Meetings SOP ▮

(f) Freedom to Speak Up Policy ▮

(g) Enhanced Care Observation And Meaningful Activities Policy in Adult Services ▮

(h) In-Patient Post Falls Guideline ▮

(i) Bed Rail and Bed Bumper Risk Assessment ▮

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8.   Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table.

Objective	Evidence	Method	Frequency	Responsible	Committee
Risk assessments carried out within 6 hours of admission	Monthly audit of falls assessment completion	AMaT data collection	Monthly	Falls Steering Group	Divisional Governance Group
Falls resulting in harm	Monthly data on number of falls resulting in harm.	BI Team Data from Datix	Monthly	Falls Steering Group and Divisional Governance Group	Patient Safety Group
Falls activities and follow up actions	Report on number and location of falls, results of SWARM huddle outcomes, Patient Safety Incident Investigations and thematic analysis.	Incident data collection from Datix and inductive thematic analysis.	Bimonthly	Falls Steering Group	Patient Safety Group

9.   Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Clinical Lead for Falls
Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:	A
If answer above is B: Alternative documentation this policy will replace (if applicable):	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	Nurses Sisters Charge Nurses

Plan Elements	Plan Details
	Matrons Patient Safety Team Directors of Nursing and Professions Medical staff Allied Health Professionals Pharmacy staff
Method of dissemination:	Newsbeat Via Falls Champions and Leads in each Division
Is Training required:	Yes
The Training Lead is:	Clinical Lead for Patient Falls

Additional Comments	
[DITP - Additional Comments]	

10. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:

████████████████████████████████████

Query	Response
What is the main purpose of the document?	The main purpose of this policy is to reduce the incidence of avoidable hospital related falls.
Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)	Add ☑ or ☒ **Staff** ✓ **Patients** ✓ **Visitors** **Carers**✓ **Others**

Could the document have a significant **negative** impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		x	
Disability (including physical and sensory impairments, learning disabilities, mental health)		x	
Gender reassignment		x	
Pregnancy and maternity		x	

Race (includes ethnicity as well as gypsy travelers)		x	
Religion and belief (includes non-belief)		x	
Sex (male and female)		x	
Sexual Orientation (lesbian, gay, bisexual, other)		x	
Groups at risk of stigma or social exclusion (e.g., offenders, homeless people)		x	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		x	

Could the document have a significant **positive** impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		x	
Will it help to get rid of discrimination?		x	
Will it help to get rid of harassment?		x	
Will it promote good relations between people from all groups?	x		Policy standards apply to all clinical staff to work together to promote safe, high quality care.
Will it promote and protect human rights?	x		Safeguard patients through promoting safe and high quality care.

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some	Very Little	NONE	Very Little	Some	Significant

Will the document create any problems or barriers to any community or group?   NO

Will any group be excluded because of this document?   NO

Will the document result in discrimination against any group?   NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Is a full equality impact assessment required?   NO

Date assessment completed: 30th June 2023.

Person completing the assessment: ▮▮▮▮▮▮▮

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11.   Appendix D – Risk Factors for Falling

Risk factors include:

- Age over 65
- A history of falls
- Conditions that affect mobility or balance
- Under the influence of, or withdrawing from alcohol or drugs
- Environmental hazards
- Acute confusion, delirium or dementia
- Polypharmacy, or the use of psychoactive drugs
- Fear of falling
- Autonomic function: Incontinence, or orthostatic hypotension.
- Disease history: Parkinsons, Cardiovascular disorders, Depressive disorders.
- Sensory function; visual impairment, hearing impairment, or dizziness/vestibular
- Acute illness (World Falls Guidelines, 2022)

For each patient that sustains a fall, adverse outcomes in addition to any physical injury, may include:

- Psychological problems, for example a fear of falling and loss of confidence in being able to move about safely.
- Loss of mobility leading to social isolation and depression
- Increase in dependency and disability, leading to a reduced quality of life
- Increased length of stay resulting from injury or psychological trauma after the fall
- Increase risk of fracture (NICE, 2013)

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