Improving Post Fall Recovery of Fallen and Injured Patients

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Why did we do it

National Patient Safety Agency Rapid Response Report NPSA/2011/RRR0001

> “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 Rapid Response Report aims to ensure that local protocols and systems help staff to consistently achieve this”.

NPSA (2011)Essential care after an in-patient fall RRR. Rapid Response Report NPSA/2011/RRR0001.

NPSA (2011)Essential care after an in-patient fall Supporting Information Rapid Response Report NPSA/2011/RRR0001.

http://www.nrls.npsa.nhs.uk/home/

How did we do it

- A task and finish group
- Multidisciplinary team
- Clinically led collaborative approach to design algorithms
- Managerial support
- Monitored at all stages i.e health and safety forum and clinical governance depts

Objective

To recognise when harm has occurred and recover fallen patients in a safe and dignified manner that is appropriate for the injuries sustained. If possible the systems developed should not exclude persons of size or those with suspected spinal injuries

Definition

A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

Recovering a fallen and injured patient from floor level – possible options

- Use of hoist and rigid stretcher
- Use of air assisted devices
- Manually lifting

The multidisciplinary group agreed that the air assisted system would have less inherent problems than a mobile hoist and stretcher combination

Falls Global Facts - Source WHO 2012

Falls are the second leading cause of accidental or unintentional injury deaths worldwide.

Each year an estimated 424, 000 individuals die from falls

Adults older than 65 suffer the greatest number of fatal falls.

37.3 million falls that are severe enough to require medical attention, occur each year.

Prevention strategies should emphasise education, training, creating safer environments, prioritising fall-related research and establishing effective policies to reduce risk

Falls NHS UK – Source NICE 2013

209,000 falls Period 1st October 2011 to 30th Sept

97% low or no harm

90 Patients died

Almost 900 suffered severe harm – hip fractures and head injuries

Falls cost the NHS £2.3 billion annually

Source
http://www.nice.org.uk/newsroom/pressreleases/ActionNeededToReduceHospitalFallsWarnsNICE.jsp

Falls - Consequences

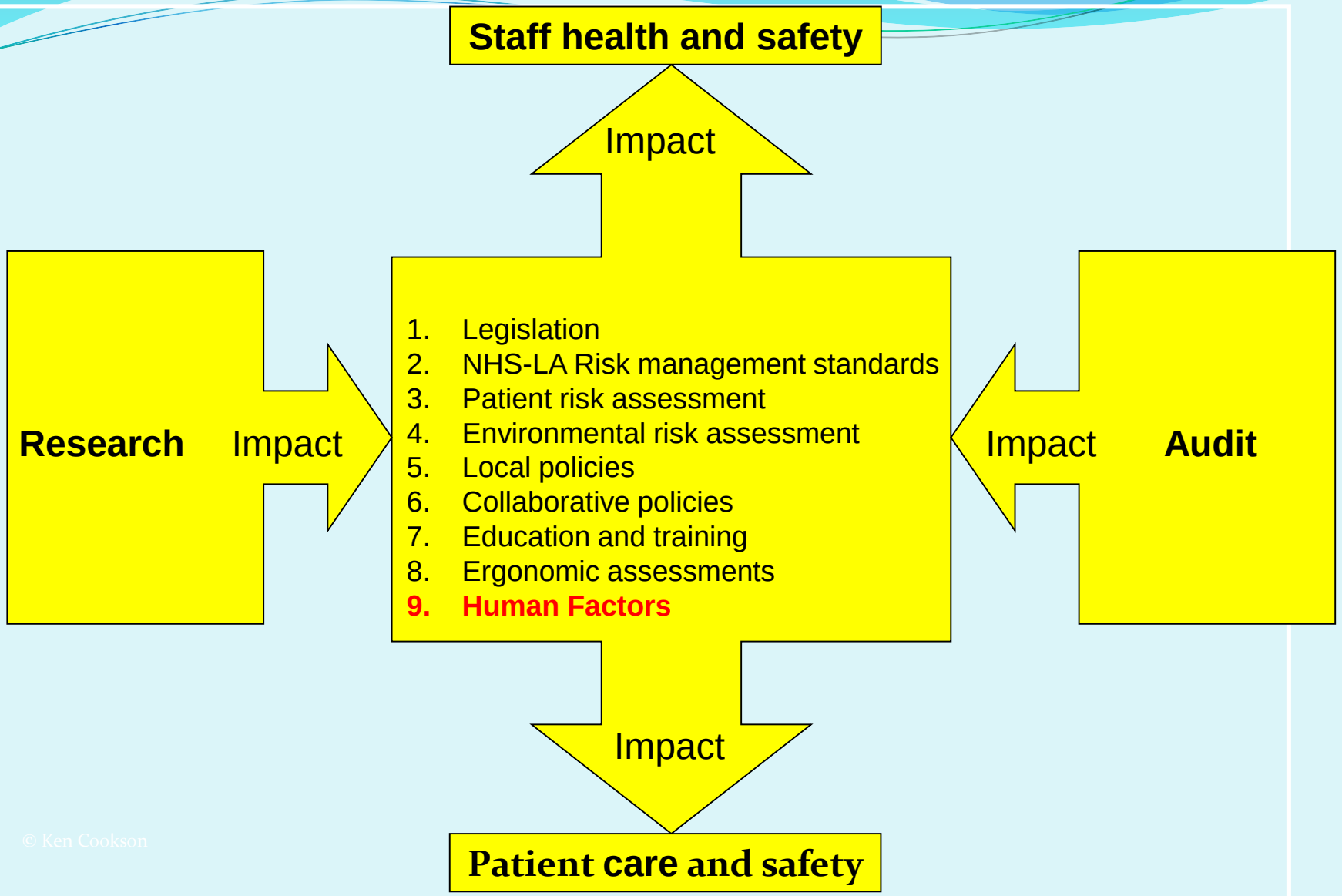
"For individual patients, the consequences can range from distress and loss of confidence, to injuries that cause pain and suffering, loss of independence and, occasionally, death"

NPSA London 2007

Post Fall Intervention – After Action

Still an opportunity to reduce harm

- Prompt **detection and diagnosis** of any injuries
- Removal to safe area
- Decide if medical intervention is needed
- Effectively treating any injuries
- Use of algorithms, flow charts to minimise human factor errors
- Provision of suitable equipment

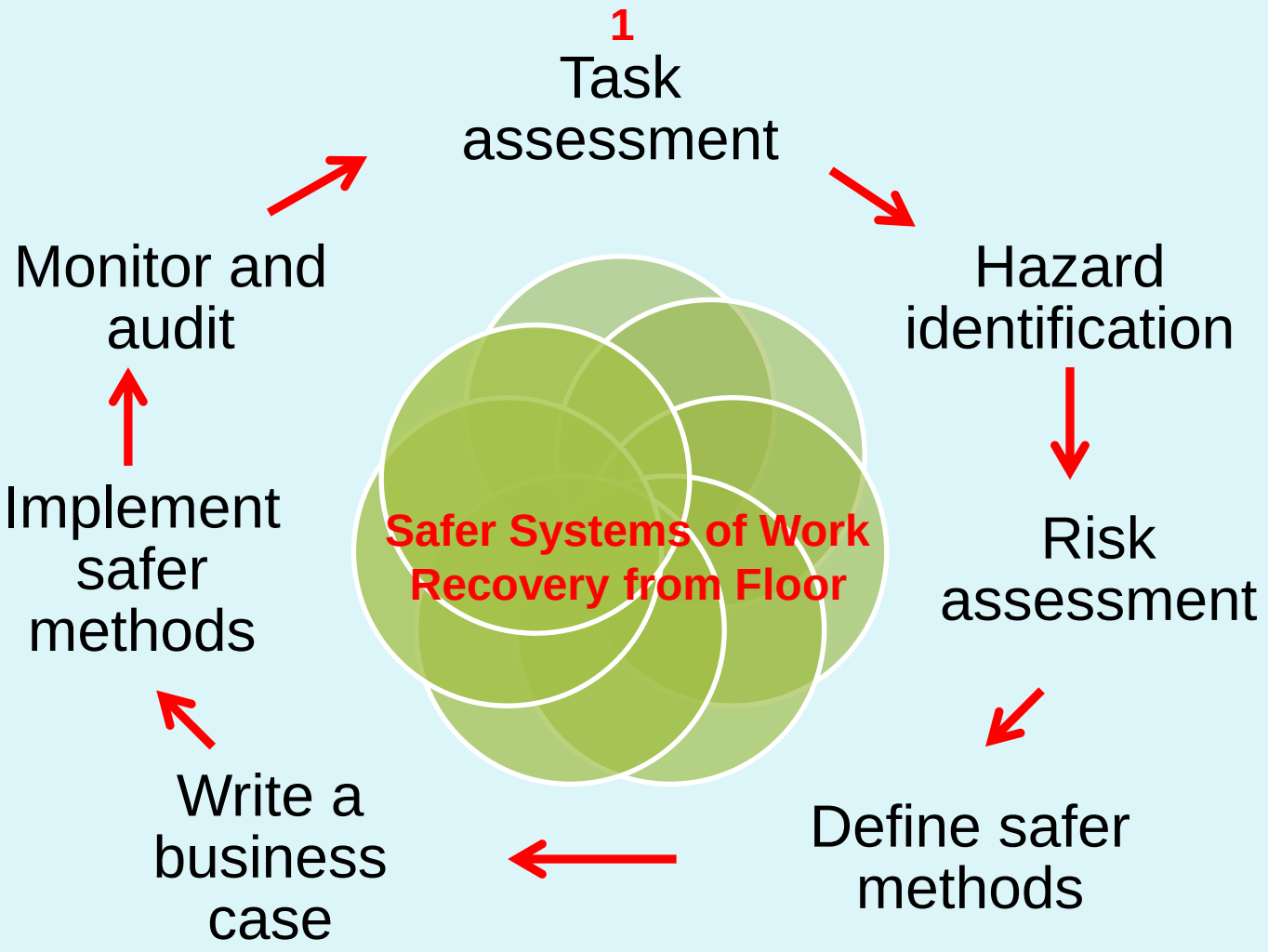


Management Systems

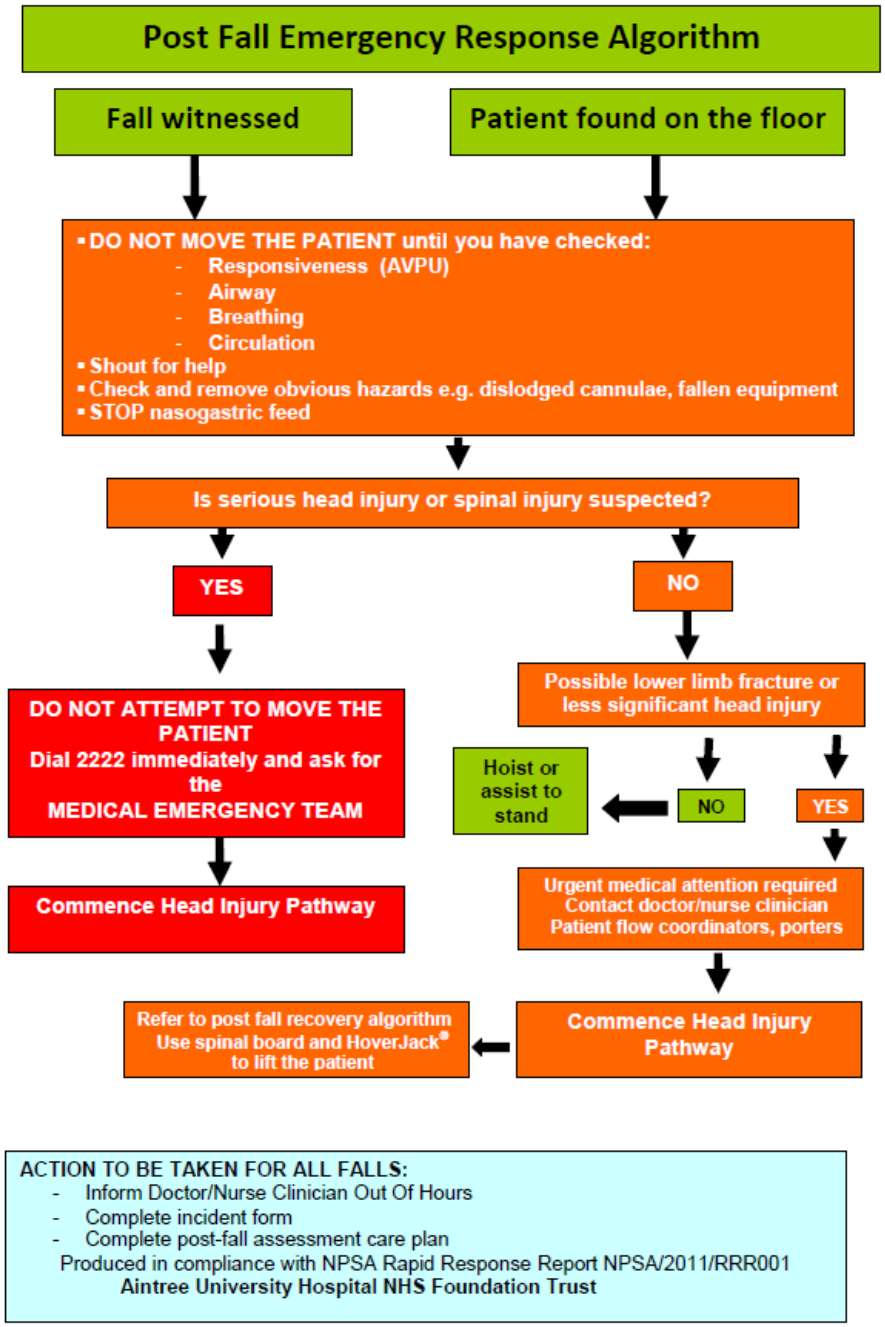
Human Factors

Job	→	Ergonomic principles, match job to person physical and mental.
Individual	→	Personal attitudes, skills, habits can influence behaviour in positive and negative ways
Organisational	→	Need to establish positive health and safety culture, involve the workforce

Simplistic Model – Safer System of Work



Use algorithms to help reduce human factor errors



ACTION TO BE TAKEN FOR ALL FALLS:
- Inform Doctor/Nurse Clinician Out Of Hours
- Complete incident form
- Complete post-fall assessment care plan

Produced in compliance with NPSA Rapid Response Report NPSA/2011/RRR001
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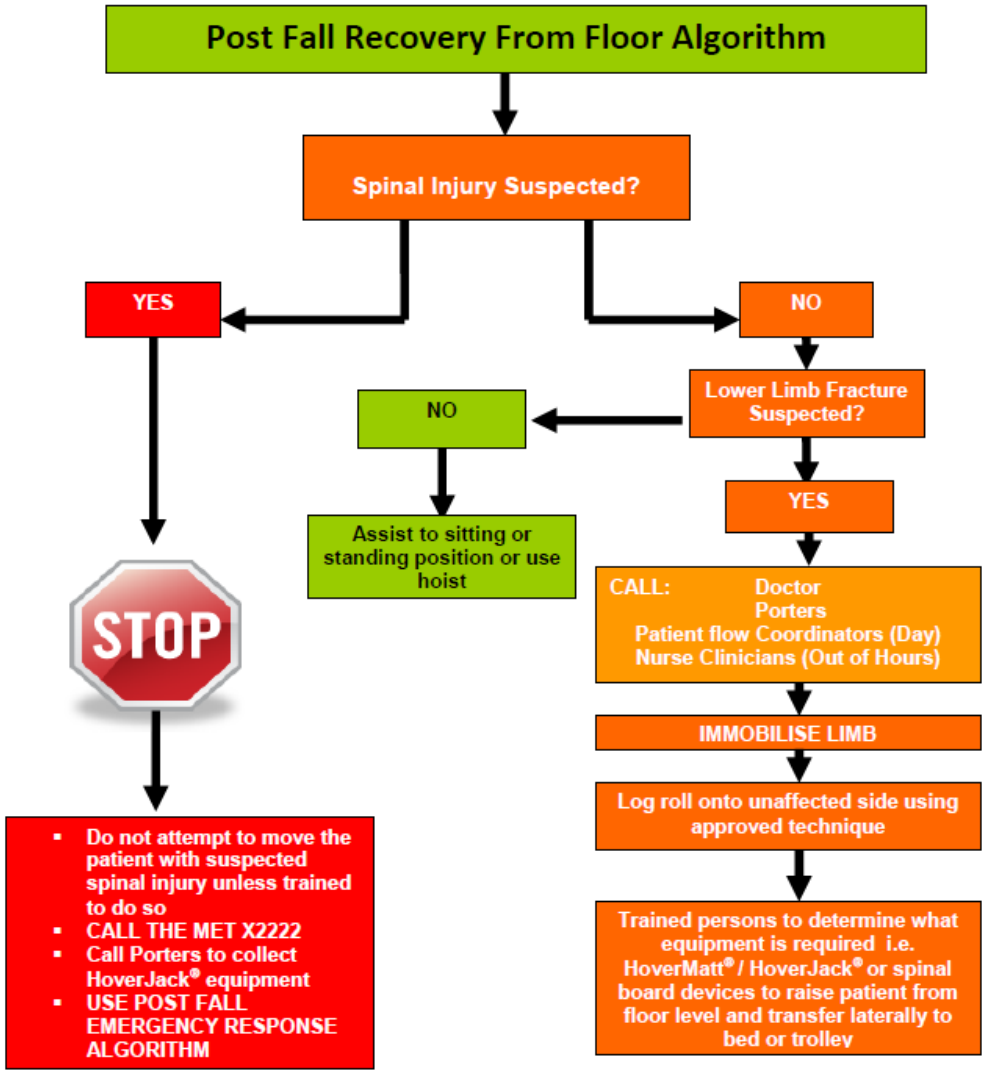
Algorithms 2



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POST FALL RECOVERY DATA COLLECTION FORM

HOVERJACK / HOVERMATT USAGE

- **Patient gender** - name not required? Male ☐ Female ☐
- **Patient body stature** normal stature ☐ obese ☐ bariatric (morbidly obese) ☐
- **Fall type** Slipped / Tripped ☐ Fall from bed ☐ Collapse due to clinical reason ☐
- **Non injurious incident?** used proactively eg bariatric lateral transfer Yes ☐ N/A ☐
- **Suspected injury** – Head ☐ Spinal ☐ Lower limb fracture ☐ Other ☐
- **Impaired conscious level** Yes ☐ No ☐
- **Incident location** ☐
- **Incident date** ☐
- **Equipment used** tick HoverJack ☐ HoverMatt ☐ Spinal board ☐
- **Did the suspected or actual injury / scenario preclude the use of a hoist** Yes ☐ No ☐
- **Overall outcome patient** on a scale of 1 to 5 did using the equipment minimise the risk of further injury /discomfort for the patient. Score ☐ 1 = least useful
- **Overall outcome staff** on a scale of 1 to 5 did using the equipment contribute to a safer system of work and potential for musculo-skeletal harm . Score ☐ 1 = least useful
- **Was equipment functioning / complete** **Yes** ☐ **No** ☐

Additional Comments – Please enter brief description of the incident

Name ☐ **Job title** ☐

Please complete and email or post to Ken Cookson MH Adviser Learning & Development

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- **Suspected injury** – Head ☐ Spinal ☐ Lower limb fracture ☐ Other N/A
- **Impaired conscious level** Yes ☐ No ■
- **Incident location** XYZ Ward
- **Incident date** Oct 2011
- **Equipment used** tick HoverJack ■ HoverMatt ■ Spinal board ☐
- **Did the suspected or actual injury / scenario preclude the use of a hoist** Yes ■ No ☐
- **Overall outcome patient** on a scale of 1 to 5 did using the equipment minimise the risk of further injury /discomfort for the patient. Score 5 1 = least useful
- **Overall outcome staff** on a scale of 1 to 5 did using the equipment contribute to a safer system of work and potential for musculo-skeletal harm . Score 5 1 = least useful
- **Was equipment functioning / complete** Yes ■ No ☐

Additional Comments

Bariatric patient 27st, palliative, spinal metastases, fell to floor due to sensory loss in legs. Patient in extreme pain if moved therefore use of hoist and sling not appropriate. Recovered from floor level using HoverJack and HoverMatt combination.

Name Ken Cookson **Job title** MH Adviser

Please complete and email or post to Ken Cookson MH Adviser Learning & Development

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- **Suspected injury** – Head ☐ Spinal ☐ Lower limb fracture ■ Other ☐
- **Impaired conscious level** Yes ☐ No ■
- **Incident location** Ward XXYY
- **Incident date** July 2013
- **Equipment used** tick HoverJack ■ HoverMatt ☐ Spinal board ☐
- **Did the suspected or actual injury / scenario preclude the use of a hoist** Yes ■ No ☐
- **Overall outcome patient** on a scale of 1 to 5 did using the equipment minimise the risk of further injury /discomfort for the patient. Score 5 1 = least useful
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- **Was equipment functioning / complete Yes** ■ **No** ☐

Additional Comments – Please enter brief description of the incident

Slipped / Tripped sustained fracture NOF

Name A N Other **Job title** Nurse Clinician

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Involve the workforce
Problem solving
Risk assessment

Air assisted jack and matt together with expanded capacity spinal board will facilitate most retrievals from floor level for all patients regardless of size. Limitation likely to be spinal board capacity i.e. 1000lbs

Testing what works – classroom scenario introducing the HoverJack

Post fall recovery equipment

Enthusiastic Testing

Air assisted systems from floor level

Air assisted systems can improve post fall recovery from floor level and especially for plus size patients

Testing what works – classroom scenario
Try different approaches

Air assisted systems moving laterally

Forces affecting the lumbar spine and shoulder can be significantly reduced

Summary

- Falls prevention is the priority
- Prompt diagnosis and retrieval from floor level
- A total systems approach is required
- Use algorithms to prompt and reduce human factor errors
- Assess hazard and level of risk
- Collect data to strengthen a business case or prove the success.
- Don’t exacerbate existing injuries

Thank you

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CJMedical