

TOOL 5

Reporting a patient fall incident into the Safety Learning System (SLS)

Frequently asked Questions (FAQs)



This guide should be read in conjunction with the *Tool 4 Topic Guide - Reporting a patient fall incident into Safety Learning System (SLS)*.

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Throughout this document the term consumer is used to refer to people in receipt of SA Health services. Alternative terms are client, patient and resident (of residential care facilities). The terms staff or workers are used to indicate people providing health care services on behalf of SA Health.

Some scenarios have been adapted from 'Inconsistency in Classification and Reporting of In-Hospital Falls' 2009 TP Haines et al Journal American Geriatric Society 57:517–523.

1. Why report a fall?

The *National Safety and Quality Health Service Standards* and the *SA Health Fall and fall injury prevention and management Policy Directive* recommend reporting incidents, so that action can be taken to improve care for that consumer and for others who may be at similar risk.

Reporting fall incidents provides evidence for accrediting surveyors that the organisation is compliant with requirements of national standards.

Health services should aim for minimisation of both falls (particularly repeat falls) and harm from falls.

Good data will help services to monitor patterns and plan improvements. Notifiers and managers have joint responsibility for accurate reporting and review and quality improvement.

Managers have responsibilities for managing follow-up after fall incidents, including review of the incident and post fall team review (Appendix 1), if applicable. The managers page in SLS is designed to assist with this (refer to section 7 for further information).

2. Was it a fall or other injury? (Level 2 Incident classification)

Definition of a fall: An event which results in a person coming to rest inadvertently on the ground or floor or other lower level. (World Health Organization)

(For examples and further information see video What is a Fall? in Resources section of the Falls Prevention online course).

Level 2 classifications under 'Patient falls and other injuries' provide a range of options. Falls are the most common.

Incident Classification (Subject to disclosure)	
* Level 1	Patient Falls and other injuries
* Level 2	
* Level 3	Collision or external force with object or person
* Safety Assessment Code (SAC) (Click here to view the Safety Assessment Code Matrix)	Accident caused by some other means Exposure to electricity, hazardous substance, infection etc Falls Injury caused by physical or mental strain
* Result	Lifting accidents Needlestick injury or other incident connected with Sharps
Further Information	

Table 1 Examples of incidents that match Level 2 options.

Level 2 Classification options	Example scenarios
Collision or external force	<ul style="list-style-type: none"> > Consumer pushed over as a result of a collision with a trolley, or a heavy door. > Consumer hit or pushed by another consumer causing skin graze.
Accident by some other means	<ul style="list-style-type: none"> > Consumer found in bed with bleeding area on elbow – cause unknown. > Consumer twisted knee/skin tear skin on ankle getting into wheelchair. > Consumer knocked hand on bedrail causing bruise. > Monkey bar triangle fell and hit consumer’s forehead.
Exposure to electricity, hazardous substance, infection etc	<ul style="list-style-type: none"> > Consumer accidentally squirted hand gel into eye. > Consumer spilt hot cup of tea on abdomen. > Consumer developed blisters under areas where ice packs had been applied. > Consumer accidentally put ointment on toothbrush.
Falls	<ul style="list-style-type: none"> > Consumer fell. See definition above.
Injury caused by physical or mental strain	<ul style="list-style-type: none"> > Consumer hurt shoulder moving a chair next to bed. > Consumer jammed fingers in her bedside cupboard drawer causing bruising.
Lifting accidents	<ul style="list-style-type: none"> > Consumer sustained skin tear while being hoist transferred. > Consumer fell out of hoist lifter sling onto floor. > Consumer’s hand crushed between chair arm and lifter.
Needle stick injury or other sharps injury	<ul style="list-style-type: none"> > Consumer’s skin nicked with scissors when removing a dressing. > Uncapped syringe left on consumer bed after procedure, and consumer rolled onto needle piercing skin. > Consumer cut finger while chopping fruit in rehab kitchen. > Consumer reaching for reading glasses and pierced hand on uncapped Insulin needle left on the bed-side table.

3. Was it a fall, or not? Was it a near miss? – (Level 3 Incident classification)

A ‘near miss’ is an incident where a fall was likely but averted through the action of staff or by the consumer themselves, or other. The incident cannot be a near miss if the consumer was harmed or injured, or if the fall occurred.

The screenshot shows a form titled "Incident Classification". It has four main sections, each with a red star icon:

- Level 1:** A dropdown menu set to "Patient Falls and other injuries".
- Level 2:** A dropdown menu set to "Falls".
- Level 3:** A dropdown menu with a list of options: "Fall", "Near miss - fall prevented by staff", and "Near miss - no intervention by staff".
- Safety Assessment Code (SAC):** A dropdown menu with a link: "(Click here to view the Safety Assessment Code Matrix)".

The 18 scenarios in Table 2 may assist understanding of whether an incident is a fall or not, or what type of near miss. For each scenario Table 2 has tips for easy, accurate reporting into SLS.

continued

Some scenarios have been adapted from 'Inconsistency in Classification and Reporting of In-Hospital Falls' 2009 TP Haines et al Journal American Geriatric Society 57:517–523.

Table 2 Examples of incidents that match Level 3 options.

	Scenario description	Fall, near miss, or not a fall	SLS tips and tricks
1	Consumer is mobilizing with walking frame and stand-by assistance. Consumer overbalances sideways. Assistant helps consumer to regain balance and continue walking.	Near miss	Level 2 Falls Level 3 – select <i>Near miss – fall prevented by staff</i> Select <i>Witnessed fall</i> in section Fall Details
2	Consumer is observed to stumble while walking along hall with walking stick. Grabs rail and steadies himself.	Near miss	Level 2 Falls In level 3 – select <i>Near miss – no intervention by staff</i>
3	Consumer is mobilizing with walking stick and one-person assistance and trips at junction of carpet and vinyl. Assistant slowly lowers consumer to floor.	Near miss	Level 2 Falls Level 3 select <i>Near miss – fall prevented by staff</i> Select <i>Witnessed fall</i> in section Fall Details
4	Consumer observed to trip on dressing gown cord as they walked, and landed on floor.	Fall	Level 2 Falls Level 3 Fall Select <i>Tripped over an object</i> from options in What was the mechanism of the fall?
5	Consumer found lying on floor. Incident unwitnessed.	Fall	Unless there is a reliable witness assume there was a fall Level 2 Falls Level 3 Fall Select <i>Unwitnessed fall</i> in section Fall Details
6	Consumer found on floor, unresponsive. Doctor diagnosed stroke.	Fall	Level 2 Falls Level 3 Fall Under <i>What was the mechanism of the fall?</i> , select <i>Faint, LOC cardiac collapse</i>
7	Consumer with cognitive impairment (NOT a reliable historian) found sitting on floor. Reports that they are attempting to get dressed.	Fall	Level 2 Falls Level 3 Fall Select <i>Unwitnessed fall</i> in section Fall Details Also select Dementia/cognitive impairment in Risk factors for falls – behaviour/mental state/cognition
8	Consumer who is cognitively intact and IS a reliable historian, is found sitting on floor. Reports that they are attempting to get dressed, clothes and shoes nearby.	Not a fall	No SLS report required The definition of a fall is that it is inadvertent/or unintentional. Sitting on the floor to dress is deliberate/intentional
9	Consumer who has been restrained in chair by tray table for hours, deliberately slides down to floor.	Not a fall	Level 1 Restraint or seclusion
10	You notice that a consumer has bruising on their elbow and forearm. He reports that he slipped in the bathroom last night and hit his elbow and arm on the toilet.	Fall	Level 2 Falls Level 3 Fall Select <i>Unwitnessed fall</i> in section Fall Details

11	Consumer is drowsy and unintentionally slides from chair to ground level. There is no injury.	Fall	Level 2 Falls Level 3 Fall Select <i>low fall</i> in Height of fall question
12	In sitting, consumer experiences a seizure and slides from chair to ground level. Known epileptic.	Fall	Level 2 Fall Select <i>Epilepsy</i> from options in What was the mechanism of the fall? Select <i>low fall</i> in Height of fall question
13	Consumer steadily lowers himself to kneeling position on floor to pull shoes out from under bed.	Not a fall	There is no incident to be reported The definition of a fall is that it is inadvertent/or unintentional. This movement is deliberate.
14	Consumer lowers himself unsteadily and, without control, lands heavily on one wrist and knees, then pulls shoes out from under bed.	Fall	A difficult movement was attempted and the patient/consumer fell for the last part of it. Later injury may be apparent eg bruises. The environment set-up was not optimum for the patient/consumer. Level 2 Falls Level 3 Fall
15	Consumer stands up from sitting in chair, mobilizes forward 1 step using walking frame, and then overbalances sideways to ground level.	Fall	Level 2 Falls Level 3 Fall Select <i>fall from standing height</i> in Height of fall question
16	Consumer stands up from sitting in chair, mobilizes forward 1 step using walking frame, and then overbalances sideways onto bed, OR backwards onto chair or arm of chair.	Fall	Level 2 Falls Level 3 Fall Select <i>low fall</i> in Height of fall question
17	Consumer returning from the bathroom to sit in bedside chair. Falls back into the chair in an uncontrolled manner hitting their head on the wall behind.	Fall	Level 2 Falls Level 3 Fall Select <i>low fall</i> in Height of fall" question
18	2 consumers Consumer A (mobilizing with single-point cane) momentarily overbalances onto Consumer B (mobilizing with walking frame). Consumer B overbalances sideways and falls to floor. Consumer A regains balance and stay upright.	Consumer A Near miss Consumer B Fall	Consumer A Level 2 Falls Level 3 – select <i>Near miss – no intervention by staff</i> Consumer B – Level 2 select <i>Collision or external force with object or person</i> Add Consumer A in Additional information <i>Was anybody else involved?</i>

4. Does this fall need to be reported?

All falls that are incidents related to care or during care should be reported to SLS as soon as practicable (within 24 hours).

Definition of an Incident: Any event or circumstance which could have (near miss) or did lead to unintended and / or unnecessary psychological or physical harm to a person and/or to a complaint, loss or damage (SA Health Incident Management Policy).

Tables 3 and 4 provide further examples from community and hospital settings, and whether these patient falls incidents should be reported.

Table 3 Community setting - examples of fall incidents, and whether they should be reported

Incident	Report to SLS?	Explanation
1. Consumer fell at home whilst SA Health staff were assisting them in the shower.	Yes	Consumer fell during an episode of care.
2. During a home visit the consumer informs you that the shower chair SA Health had provided slipped whilst in use and he ended up on one knee in the shower alcove, sustaining bruising to that knee and he is now anxious about showering alone.	Yes	The consumer's fall was directly related to service provided by the health care organisation.
3. During a home visit the consumer informs you that he fell on the footpath while walking around the block as instructed by the physiotherapist as part of their rehabilitation program (who works for your organisation). He grazed knees and right hand.	Yes	The consumer's fall was related to service provided by the health care organisation.
4. A consumer with Parkinson's disease freezes when walking down the ramp at home provided by SA Health. They are unable to stop their wheeled walking frame and fall forward to ground level, sustaining facial and lower limb abrasions and contusions.	Yes	The consumer's fall was directly related to service provided by the health care organisation.
5. During a home visit the consumer informs you that she fell in the car park outside local shops. She grazed lower limbs and fractured their left wrist.	No	The incident has nothing to do with the care provided by the health care organisation. It does however indicate that the person may be at risk of further falls, so falls risk screening, and bone health checks are indicated. The fractured wrist may necessitate a change to the care plan.
6. A resident of an aged care facility reports falling off the toilet whilst visiting their niece's home.	No	The incident has nothing to do with the care provided by the aged care organisation. It does however indicate that the person may need more assistance/equipment for use outside the aged care facility.
7. A community mental health client fell during an outing with the local council group. Recent screening had indicated low risk for falls.	No	The fall was not related to any services provided by SA Health, and was not predicted.

Table 4 Hospital, health setting – examples of fall incidents, and whether they should be reported

Incident	Report to SLS?	Explanation
1. Consumer fell outside the hospital while having a cigarette.	Yes	The consumer fell during an episode of care.
2. Day surgery or dialysis patient fell off the toilet hitting their head on the wall.	Yes	The consumer fell during an episode of care.
3. Consumer discharged from emergency department and fell while transferring from hospital wheelchair into private vehicle.	Yes	Even though the “episode of care” was complete, the consumer fell on hospital grounds. Also a fall so soon after discharge indicates that not all issues had been dealt with adequately during that episode of care.
4. A consumer was on weekend leave from rehabilitation and fell at home.	Yes	Preparation for weekend leave from rehabilitation includes consideration of the safety of the home environment.

5. How do I use the Safety Assessment Code (SAC) matrix for a fall incident?

The SAC rating is derived from consideration of the consequence (insignificant to extreme) and the likelihood (frequent to remote) of the incident recurring. Refer to the *SA Health SAC matrix* accessible through SLS.

For falls, the main determinant of the SAC rating is the consequence (harm) of the fall (Table 5).

At the time of reporting, notifiers may not know the final consequence of the fall. The notifier makes a judgement of the harm done by the fall based on their current knowledge, not the predicted outcome. For example, the consumer may have a bruise, and a fracture is suspected. If the incident is being reported before an x-ray, then it is reported as a bruise.

After further investigation by the manager, a final (actual) SAC rating is allocated, based on the known outcome or consequence.

Table 5 Examples of consequences of falls.

Consequence	Examples	Applying the SAC matrix to fall incidents
Extreme	<ul style="list-style-type: none"> > A fall leading to death. > Subdural haematoma requiring surgery and extensive rehabilitation. 	<p>Death unrelated to the natural course of the illness/ injury and differing from the expected outcome of the consumer management or, any of the following:</p> <ul style="list-style-type: none"> > An actual or near miss incident/complaint with serious identified system issues. > Increased length of stay >125 days. > Incidents which may involve media interest. > Sentinel Events.
Major	<ul style="list-style-type: none"> > Fractured neck of femur requiring surgery. 	<p>Major permanent loss of function (sensory, motor, physiologic or intellectual) unrelated to the natural course of the illness and differing from the expected outcome of consumer management or, any of the following:</p> <ul style="list-style-type: none"> > Disfigurement. > Patient assault requiring external involvement eg police, external emergency services. > Surgical intervention required > Increased length of stay 25 -125 days.
Moderate	<ul style="list-style-type: none"> > Broken nose. > Fracture requiring plaster. > consumer requires sutures. 	<p>Permanent lessening of bodily functioning (sensory, motor, physiologic, or intellectual) unrelated to the natural course of the illness and differing from the expected outcome of consumer management or any of the following:</p> <ul style="list-style-type: none"> > Increased length of stay or additional operation or procedure. > Increased length of stay 5 -25 days.
Minor	<ul style="list-style-type: none"> > Bruise. > skin tear. > pain/discomfort. > Fall resulting in abrasion > Fall requiring Medical Officer/ Physiotherapist review. > Fall resulting in x-ray. 	<p>Consumer requiring increased level of care including:</p> <ul style="list-style-type: none"> > Review and evaluation. > Additional investigations. > Referral to another clinician.
Insignificant	<ul style="list-style-type: none"> > Fall that resulted in no injury or assisted to floor. 	<p>No injury or increased level of care or length of stay, (will include near misses).</p>

To establish prevalence for this patient/consumer consider the number of risk factors for falls (eg polypharmacy; cognitive impairment; mobility issues) and the frequency of the activity.

For example, a person with a history of falls and multiple risk factors who falls while getting out of bed is likely to fall again when performing this common activity. Whereas a person who has no falls risk factors, but fell out of bed because they reached too far to get their glasses from the bedside table, is unlikely to do this again.

Incident Classification	
* Level 1	Patient Falls and other injuries
* Level 2	Falls
* Level 3	Fall
* Safety Assessment Code (SAC)	Consequence: <input type="text"/>
(Click here to view the Safety Assessment Code Matrix)	Likelihood: <input type="text"/>
	SAC: <input type="text"/>
* Result	<input type="text"/>
Fall Details	
Height of Fall	<input type="text"/>

Remote (rare)
 Uncommon (unlikely)
 Occasional (possible)
 Probably (likely)
 Frequent (almost certain)

Table 6 Prevalence of the fall incident (How likely is this patient to experience another fall in similar circumstances?).

Prevalence	Examples	Description as it appears in SAC matrix
Frequent	<p>Fell going to the toilet.</p> <p>80 year old consumer with history of falls; cognitive impairment, polypharmacy including psychoactive medication, urge incontinence; diabetic retinopathy and peripheral neuropathy</p>	Almost certain – is expected to occur again either immediately or within a short period of time (likely to occur most days or weeks).
Probable	<p>Fell when getting out of bed.</p> <p>75 year old consumer with Parkinson’s disease and associated mobility impairment; polypharmacy and mild dementia</p>	Likely – will probably occur in most circumstances (monthly).
Occasional	<p>Fell while walking.</p> <ul style="list-style-type: none"> > 45 year old patient/consumer with multiple sclerosis resulting in decreased peripheral sensation and muscle weakness and double vision > 28 year old patient/consumer lower limb amputee 	Possible – possibly will recur, might occur at some time (several times a year).
Uncommon	<p>55 year old consumer in for day procedure</p> <p>Rolled out of bed when overreaching to get book from far edge of bedside table.</p>	Unlikely – possibly will recur – could occur at some time in (every 1-2 years).
Remote	<ul style="list-style-type: none"> > 23 year old consumer in for day procedure tripped over “caution wet floor” sign whilst walking along the corridor texting on phone. > Consumer attempted to climb worker’s ladder during psychotic episode. 	Rare – unlikely to recur – may occur only in exceptional circumstances (may happen every 2 to 5+ years).

Table 7 Examples of scenarios and the likely SAC rating (based mostly on the consequence of the fall).

What happened	Harm	Consequence rating	Relevant case history	SAC
Unwitnessed fall. Patient found on floor near bed. Complained of left sided pain. X-rays ordered.	Fractured left shoulder and hip requiring surgery. Did not survive surgery.	Extreme (death)	92 years old. Osteoporosis and low body mass index. Generalised muscle weakness. History of falls. Generalised muscle weakness and poor balance.	1
Patient found unconscious at bottom of steps by visitor. Visitor called nursing staff for assistance. Emergency response team called.	Depression fracture of skull; fractured pelvis; right neck of femur, right tibia and fibula; bilateral forearm fractures. Surgery for intracranial bleed. Total hip replacement. Lower right leg in cast. Bilateral casts to upper limbs. Rehabilitation - length of stay 130 days.	Extreme (Required surgery and increased length of stay greater than 125 days)	70 year old male. Osteopenia; malnutrition and low body mass index; Generalised muscle weakness. Emphysema.	1
Patient found in bathroom slumped near the sink with back against the wall. A small abrasion was found on the top of head. CT scan ordered.	Brain haemorrhage requiring surgery. Increased length of stay by 76 days.	Major patient required surgery, increased length of stay between 25 – 125 days	80 years old. History of falls (2 in previous 6 months) mild dementia; poly-pharmacy; psychoactive medications; walking aid; poor balance; generalised muscle weakness; cataracts; anticoagulant therapy	2
Patient found on floor near bed. Conscious and complaining of right hip pain.	Fractured neck of femur requiring surgery. Increased length of stay 14 days.	Major patient required surgery	79 year old. Polypharmacy; psychoactive meds; osteopenia; dizziness; foot pain.	2
Patient found on floor leaning head against corner of wall, between bathroom door and cupboard. Blood on face.	Laceration above left ear requiring sutures. Skin tear, right lower leg. Haematoma above left arm. MO ordered CT scan of head. Increased length of stay 4 days.	Moderate Required sutures and CT scan; increased length of stay of less than 5days	76 years old. History of falls. Moderate dementia. Impulsive behaviour. Severe difficulty hearing. Psychoactive medication. Gait disturbance. Occasional incontinence.	2
Patient found lying on floor next to bed. Laceration to head and deformed nose. MER team assessed patient.	Fractured nose, and bilateral black eyes. Ice packs and neuro obs for 48 hours. Laceration dressed and fractured nose bandaged. Increased length of stay of 3 days.	Minor Required increased observation; another procedure. Less than 5 day increase to length of stay	75 years old. History of 5 falls in past 6 months; poly-pharmacy; impaired peripheral sensation. Neurological condition (Parkinson's disease) with associated gait disturbance; urge incontinence.	3

Patient found lying on floor. The patient was conscious, and informed the RN that she had hit her head and complained of pain in her right hip.	Bruise and pain in left hip. X-ray did not reveal a fracture. Neurological observations done for 48 hours. Increased length of stay by 2 days.	Minor patient required further investigation. Less than 5 day increase to length of stay	78 year old. No history of falls. Mobilises with walking stick. Generalised muscle weakness. Polypharmacy.	3
Patient tripped whilst outside with family member. Fell against curb. Pain in pelvis.	X-ray confirmed fractured pelvis, conservatively managed. Additional pain relief and constipation. Increased length of stay 4 day.	Minor patient required further investigation. Less than 5 day increase to length of stay	66 year old with no history of falls or falls risk factors.	3
Unwitnessed fall. Patient states he was returning from smoking outside. He did not lift the footplate of the wheelchair up prior to standing to transfer into bed. He tripped on the footplate.	Skin tear cleaned and dressed.	Minor patient required wound dressing	67 year old. Non-weight bearing on left leg after foot surgery.	3
Patient's legs gave way as she was being assisted to the toilet by 1 nurse. Nurse unable to stop fall, so lowered to ground.	No injury.	Insignificant (no injury or extra care required)	40 year old post anaesthetic. No intrinsic risk factors.	4
Patient reports reaching to get something out of the locker drawer and rolling out of bed onto the floor.	No injury	Insignificant (no injury or extra care required)	55 year old patient in for investigation of persistent headaches.	4

6. What were the fall and injury risks and interventions in place at the time?

One of the last sections of the SAC online form asks for the consumer's current risk factors and the interventions that were in place. This information across a health service indicates which consumers are most at risk and the interventions that were in place at the time of the fall. This assists quality improvement. To find this information refer to the most recent:

- > falls risk screen (sometimes known as MR58b), or
- > falls risk assessment (sometimes known as MR58) or
- > falls risk review form (sometimes known as MR58a).

These documents will provide the identified risk factors and actions to manage and modify those risk factors.

The SA Health *Falls and fall injury Prevention and Management Policy Tool 2* describes which consumers should have these completed and when. (Tool 2 - When how to do fall risk screening, assessment, care planning and discharge planning).

7. What is the Manager's role in review, investigation and managing fall incidents?

The clinical manager of the area has responsibilities under:

- > National Safety and Quality Health Service Standard – Standard 10 Preventing Falls and Harm from Falls (Australian Commission on Safety and Quality in Health Care).
- > Criteria 10.2 Using a robust organisation-wide system of reporting, investigation and change management to respond to falls incidents.
- > SA Health Fall and fall injury prevention and management Policy Directive.

1. Review the notifier's report.

2. Decide if a post fall team review will be done.

These are recommended for all SAC1 and SAC2 rated falls unless an RCA is warranted. Additionally consumers who have had more than one fall during the admission warrant team review as the care plan is not effective in reducing risk. Other SAC 3 and 4 falls may benefit from team review.

- > **Benefit to consumer** – Review of care plan, and contribution to new care plan. Additional strategies to reduce risk of future falls.
- > **Benefit to team** - opportunity for the interdisciplinary team learning and to improve care.
- > **Benefit to manager** – The team reviews the incident and takes action to reduce further falls. The manager participates, records outcomes into the Managers section of SLS, and escalates any concerns about issues that affect other areas of the service. Tasks can be delegated to other team members. Records of post fall team reviews can be used as evidence for accreditation.

3. Conduct the post fall team review.

Refer to the SA Health post fall team review process Tool 6 - Post fall team review.

This process is somewhere between a 'huddle' and a 'debrief' (in TeamSTEPPS® terminology). That is, it is brief (5-10 minutes), fairly informal, and occurs when the team is most easily able to gather, and as soon as possible after the fall (ideally that day or the next).

The inter-professional team reviews the incident, the patient's fall risk and what strategies were in place, with the consumer and care if possible.

Then a revised care plan is documented to address the patient's risk and prevent further falls. This is communicated through medical records and handover processes

If a post fall team review is to take place the manager changes the incident from 'holding area, waiting review' to 'being reviewed'.

4. Record the outcome of the team review into the manager's section of SLS.

For further information:

A video showing a post fall team review is included in the SA Health *Falls Prevention* on-line learning course.

Table 8 The Post fall team review questions in SLS

	Managers section of SLS - Falls specific questions	Additional information
Post fall review	Was the care provided immediately after the fall in accord with the post fall management protocol? (*) yes/no . Comment and actions	Refer to the SA Health <i>Post fall protocol</i> (in draft).
	Was a team review arranged? yes/no	Refer to the SA Health <i>Tool 6 - Post fall team review</i> .
	Was Root Cause Analysis conducted if required?	Refer to the SA Health <i>Incident Management Policy</i> .
Summary from team review	<ul style="list-style-type: none"> > Agreed actions/recommendations have been documented and communicated as appropriate. > Agreed actions discussed with patient/family. 	<ul style="list-style-type: none"> > Track the progress of review and follow-up. > Provide evidence of follow-up and consumer engagement for auditing and accreditation requirements.
Likely contributory factors, and actions completed to address these	<ul style="list-style-type: none"> > Patient factors – incomplete identification or management of risk factor(s). > Environment/ward factors. > Factors related to clinical practice. > Factors relating to the severity of injury sustained. 	<p>This information will assist with:</p> <ul style="list-style-type: none"> > planning quality improvement activities > reporting and auditing requirements.

*The SA Health *Post fall management protocol (in draft)* provides information about immediate first aid, observations and management in the hours and days after a fall with injury.

For more information

SA Health
Safety and Quality Unit
Telephone: 08 8226 6539
www.sahealth.sa.gov.au/fallsprevention

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www.ausgoal.gov.au/creative-commons

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