

# 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](http://www.nrls.npsa.nhs.uk/alerts).

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