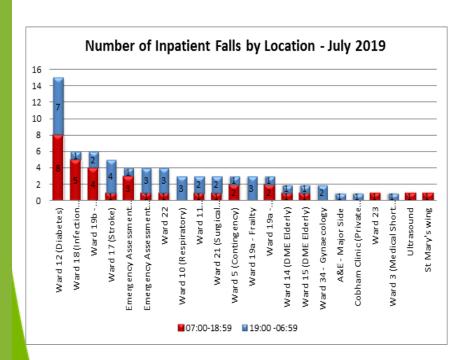
Luton & Dunstable Hospital NHS FT AGENDA ITEM 10

Falls Update

July 2019 data

Liz Lees, Chief Nurse

Falls Rate per 1000 Bed Days 8 7 6 5 4 3 2 1 0 Feb-18 Mar-18 Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Dec-18 Feb-19 Nov-18 Apr-19 Jan-19 RCP Mean Rate per 1000 bed days (All patients) —Rate per 1000 bed days (16 and over/No maternity)



Inpatient falls

There were 74 inpatient falls reported in July which is a slight decrease of 3% from July 2018.

The falls per 1000 bed days rate continues to remain below the RCP recommendation. 32% of the falls were in Medicine, 27% in Complex Medicine, 13% in Surgery and 12% in Emergency Medicine. The remainder being across Stroke, Contingency and Ward 34.

Injurious falls

Of the 74 falls, 49 resulted in no harm and 20 were low harm. There were 3 patients who sustained moderate harm injuries that were managed conservatively.

Two patients sustained severe harm injuries (#NoF) and were discussed at PEARL panels. Both of these incidents were reviewed and deemed to have "no omissions in care" that contributed to the falls. They will undergo RCA investigation.

There were 2 falls with low harm reported on the Safety Thermometer.

Harm Free Care

Falls prevention initiatives

Themes from recent RCA investigations have highlighted issues around enhanced observation and post fall management. The Falls Clinical Nurse Specialist has supported wards involved with intensive ward based training sessions.

A meeting is being planned with divisional Matrons with a view to producing action plans on falls risk reduction strategies for patients in their areas. These will be monitored by the Corporate Nursing team.

The Falls CNS and Risk Management team are to pilot an electronic Falls RCA investigation tool on the Datix system. It is hoped this will improve the investigation process so that any themes/trends that are identified can be actioned in a timely manner, to support appropriate management of patients at risk.

Promotion of the Inpatient Falls CQUIN continues across the Trust, with a focus on monitoring lying and standing blood pressure and the medication review component.

