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**REVIEW OF A FALL**

**(add title and detail as required)**

**CONCISE REPORT**

**CONFIDENTIAL**

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| --- | --- |
| **Date of Incident** | Click here to select drop down for date |
| **NIMS Reference Number** | Click here to enter number. |
| **Service** | Click here to enter text. |
| **Review Commissioner** | Click here to enter text. |
| **Lead Reviewer** | Click here to enter text. |
| **Date Report Completed** | Click here to select drop down for the date |
| **Date report uploaded on to NIMS** | Click here to select drop down for the date |

**Note: Part 1, Sections 2-6 are identical to the Preliminary Assessment Form and therefore, these sections from the PAF may be inserted in to this template and updated if further information has come to light since the SIMT meeting.**

**To complete the Concise Review of the Fall, Part 2 must be completed to identify Findings, Contributory Factors, Recommendations and Shared Learning**

**Review Report Part 1**

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| Introduction |
| Click here to enter text |

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| **Section 1: Details of Service User and Fall** | | | | | | | |
| **Background of Service User:**  Click here to enter text | | | | | | | |
| **Date of Fall:** | Click here to select drop down for the date | | **Time of Fall:** | | \_\_ \_\_ : \_\_ \_\_ (24 hour clock) | | |
| **Exact location of Service User at time of fall** | |  | | | | | |
| **Description of Fall:**  Click here to enter text | | | | | | | |
| **Actions Taken by the Service in the Period Following the Fall in Respect of the Service User’s Care and Prior to this Review:**  Click here to enter text. | | | | | | | |
| **Injury Sustained:**  Click here to enter text. | | | | | | | |
| **Detail engagement with the Service User since the Fall and prior to the review:**  Click here to enter text. | | | | **Process** | | **Tick if Yes** |
| **Open Disclosure** | |  |
| Click here to select date | | |
| **Staff member identified to act as Designated Support for Service User** | |  |
| Click here to enter name and role. | | |
| **Any other relevant information:** | | | | | | |

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| **Section 2: Service User - Falls Risk Factor** | | | | | | |
| Did the service user have any of the following falls risk factors present **at the time of the fall**? (Select all that apply or add additional risk factors as appropriate). Identify interventions that **were in place** to address each fall risk factor. | | | | | | |
| **Risk Factor** | | **Intervention(s) In Place** | | **Risk Factor** | | **Intervention(s) In Place** |
| **Age[[1]](#footnote-1)60+** |  |  | | **Impaired Transfers** |  |  |
| **Age 45+ with intellectual disability** |  |  | |
| **Age 45+ with physical disability** |  |  | |
| **Age 50+ and admitted to acute hospital** |  |  | | **Impaired Activities of daily Living (ADL)** |  |  |
| **Use of Walking Aid** |  |  | |
| **Hearing Impairment** |  |  | |
| **Incontinence** |  |  | | **Postural Instability, Mobility Problems, and / or Balance Problems** |  |  |
| **Inappropriate Footwear** |  |  | |
| **Pain** |  |  | |
| **Impaired Vision** |  |  | |
| **Depression / Low Mood** |  |  | | **Medication**  **e.g. Polypharmacy, Drugs with Sedative Effect** **such as sedatives,**  **anti-depressants,**  **anti-psychotic, anticholinergics, dopaminergics, anti-hypertensives, hypoglycaemic, etc.** |  |  |
| **Fear of Falling** |  |  | |
| **Cog. Impairment** |  |  | |
| **Dizzy / Lightheaded** |  |  | |
| **Loss of Consciousness** |  |  | |
| **Syncope Syndrome** |  |  | | **Fracture Risk, such as**  ***Previous Fragility Fractures; Alcohol Use (≥21u/week)***  ***Rheumatoid Arthritis***  ***Smoker; Recent Steroid Use; Low BMI (≤19)*** |  |  |
| **Delirium** |  |  | |
| **Dementia** |  |  | |
| **Previous fall within last 12 months** |  |  | |
| **Intellectual Disability** |  | Please describe: | | | | |
| **Physical Disability** |  | Please describe | | | | |
| **Other Health Condition that Increases Falls Risk e.g. neurological or musculoskeletal, osteoporosis, malnutrition etc.** | |  |  | | | |
| **List any service user related risk factors that, at the time of fall, were i) identified but did NOT have an appropriate intervention or ii) present but were NOT identified and therefore did NOT have an appropriate intervention.** | | | | | | |

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| **Section 3: Environment & Equipment – Falls Risk Factors** | | | |
| Were there any environmental or equipment related risk factors at the time of the fall? (tick all that apply).  Identify any control(s) in place prior to the fall to reduce this risk. | | | |
| **Risk Factor** | | **Describe role in the Fall?** | **Control(s) In Place** |
| **Lighting** |  |  |  |
| **Floors** |  |  |  |
| **Furniture** |  |  |  |
| **Fittings** |  |  |  |
| **Wheelchairs** |  |  |  |
| **Walking Aids** |  |  |  |
| **Bed / Bedrails** |  |  |  |
| **Call Bells** |  |  |  |
| **Tethers (e.g. drip/monitor)** |  |  |  |
| **Other:** | |  |  |
|  | | | |
| **List any environmental or equipment related risk factors that, at the time of fall, were i) present but NO control(s) in place or ii) absent and should have been in place.** | | | |
| **Based on the above assessment, identify any areas where improvement is required:** | | | |

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| **Section 4: Staffing – Falls Risk Factors** | | | | | | |
| **What was the staffing and skill mix on the shift that the service user fell? (enter quantity for each)** | **Nurse:** | **HCA:** | | **Student:** | | |
|  | | | **Yes** | | **No** | **N/A** |
| **Were all rostered staff on the ward at the time of service user fall?**  **(e.g. not off ward/on break/in handover)** | | |  | |  |  |
| **Have all staff on the shift that the service user fell been trained in the falls prevention policies of the service?** | | |  | |  |  |
| **List any staffing related issues at the time of fall as they relate to the above questions (i.e. supervision issues at the time of fall):** | | | | | | |
| **Based on the above assessment, identify any areas where improvement is required:** | | | | | | |

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| **Section 5: Task & Team – Falls Risk Factors** | | | |
|  | **Yes** | **No** | **N/A** |
| **Was a falls risk assessment completed prior to the fall as per the falls prevention policy?** |  |  |  |
| **If required, was there a falls care plan in place supported by a timely review process?** |  |  |  |
| **Was the service user’s falls risk communicated to the service user and all relevant staff?** |  |  |  |
| **Was the service user’s falls risk appropriately documented and communicated at handover / shift reports?** |  |  |  |
| **List any task and team related factors at the time of the fall as they relate to the above questions:** | | | |
| **Based on the above assessment, identify any areas where improvement is required:** | | | |

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| **Section 6: Additional Information** |
| If you are unable to answer any question above, or wish to expand on any answer, please click here and write: |

**Review Report Part 2: Findings and Recommendations**

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| **Section 7A: Statement of Findings** |
| This Statement of Finding best explains why this fall occurred. |
| **Failure to identify and/or intervene in one or a combination of risk factors which were present at the time of the fall, which increased the likelihood that the service user would fall.** |

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| **Section 7B: Contributory Factors** |
| The Contributory Factors that relate to the Statement of Finding are as follows: |
| Enter contributory factors that relate to the Statement of Finding |
| Enter contributory factors that relate to the Statement of Finding |
| Enter contributory factors that relate to the Statement of Finding |
| *Note: Add additional lines as required to include all relevant Contributory Factors* |

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| **Section 8: Incidental Findings** |
| These are areas identified as requiring improvement but did not cause or contribute to the incident. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| *Note: Add additional lines as required to include all relevant Incidental Findings* |

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| **Section 9: Notable Practice** |
| The following are points in the incident or review process where care and/or practice had an important positive impact and may provide valuable learning opportunities |
| Click here to enter text. |
| Click here to enter text. |

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| **Section 10: Other issues of Note** |
| Click here to enter text. |

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| **Section 11: Review Outcome** |
| Select the outcome that best applies from the following: |
| * **Appropriate care and/or service**   Well planned and delivered, unavoidable outcome and no Causal Factors identified.   * **Indirect system of care/service issues**   No Causal Factors identified but Incidental Findings were identified i.e. improvement lessons can be learned but these were unlikely to have affected the outcome.   * **Minor system of care/service issues**   A different plan and/or delivery of care may have resulted in a different outcome. For example, systemic factors were identified although there was uncertainty regarding the degree to which these impacted on the outcome.   * **Major system of care/service issues**   A different plan and/or delivery of care would, on the balance of probability, have been expected to result in a more favourable outcome. For example, systemic factors were considered to have an adverse and causal influence on the outcome. |

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| **Section 12: Recommendations** | |
|  | |
| 1 | Click here to enter text. |
| 2 | Click here to enter text. |
| 3 | Click here to enter text. |
| 4 | Click here to enter text. |
|  | Add additional lines as required |

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| **Section 13: Arrangements for Shared Learning** | |
| Describe how learning has been or will be shared with the service user and staff e.g. team meetings, internal emails, etc. | |
| 1 | Click here to enter text. |
| 2 | Click here to enter text. |
| 3 | Click here to enter text. |
| 4 | Click here to enter text. |
|  | Add additional lines as required |

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| **Section 14: Sign Off** | |
| Was the Service User[[2]](#footnote-2) advised of the plan for review before beginning the review? |  |
| Were the Staff involved in the incident advised of the plan for review before beginning the review? |  |
| Was the Service User provided with on-going communication and support throughout the review? |  |
| Were Staff who participated in the review process provided with the draft report and requested to provide feedback on factual accuracy and their comments? |  |
| Was the Service User given a draft report for review and offered a meeting to discuss? |  |
| Comments: Click here to enter text. | |
| Name SAO/LAO: Click here to print name | |
| Date report accepted: Click here to select drop down for the date | |

1. Age 60+ is an automatic risk factor for falls for those without a physical or intellectual disability. The age risk is lower for those with a physical or intellectual disability and should be considered a risk factor for those aged 45+. [↑](#footnote-ref-1)
2. Note: The term Service User is used in this document to include any persons who use health and social care service within HSE or HSE funded services and who have suffered a fall. The term Service User also includes their appropriate Relevant Person who has been legally assigned, or who has been nominated in writing to the health services provider, as a person to whom clinical information in relation to the patient may be disclosed.

   Relevant Persons is defined in the Civil Liability (Amendment) Act 2017 as:

   “Relevant person”, in relation to a patient, means a person— (a) who is— (i) a parent, guardian, son or daughter, (ii) a spouse, or (iii) a civil partner of the patient, (b) who is cohabiting with the patient or (c) whom the patient has nominated in writing to the health services provider as a person to whom clinical information in relation to the patient may be disclosed. [↑](#footnote-ref-2)