

TOOL 4

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



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 eLearning course*).

This guide contains only key details for notifying falls incidents. Refer to other SLS Guides and Quick guides for further details about incident notification.

This guide should be read in conjunction with the guide *Reporting a patient fall incident – Frequently Asked Questions (FAQs)*.

Tips for quick and easy reporting of a fall into SLS

Subject of incident/event	Select ' incident affecting patient ' under 'Type', select 'patient/consumer/client' and complete details. Harm - a question at the end of this section asks if the patient was harmed or not. If yes, another section will appear asking you to describe the harm/injury.
Incident Classification	<ul style="list-style-type: none"> • Level 1 – Select 'Patient falls and other injuries'. • Level 2 – Select the most applicable option. Select 'Falls' if you are confident that the incident was a fall (see definition above). Falls are the most common option, but this is where other accidental injury is reported, for example where the patient was knocked to the ground by a collision with or push from a trolley. Refer to FAQs 'Was it a fall or other injury?'. • Level 3 - If 'falls' is selected, Level 3 then asks if it was a fall or a near miss (either prevented by staff, or near miss with no staff intervention.) Refer to FAQs 'Was it a fall or a near miss?' <p>NB If the patient was harmed/injured it is not a near miss.</p>
SAC rating	<p>The Safety Assessment Code (SAC) matrix and the SAC rating guide for fall incidents have extra information to assist you.</p> <ul style="list-style-type: none"> • For falls, the consequence is the major determinant of SAC rating. • The consequence of a fall can range from 'insignificant' to 'major', only being 'extreme' if death directly results or length of stay is increased as a direct result of the fall by >125 days. • The likelihood – how likely is this patient to fall again in similar circumstances – how often will they do the same activity, and number of risk factors for falls. Refer to FAQs 'SAC rating for fall incidents'
Fall details	<ul style="list-style-type: none"> • Please complete all of these 5 questions. Each has several choices. These ask about the height of fall; place where the incident happened; mechanism of the fall; whether the fall was witnessed by anyone or not; and the patient's activity at or immediately before the fall. • Select the most appropriate option for each. This information will help you and the Falls Prevention committee to work out the problem areas for your service.
Current fall and injury risk at time of incident	<ul style="list-style-type: none"> • Refer to the consumer's current falls risk assessment form (sometimes known as MR58) for list of identified risk factors. • Five questions about the consumer's risks and the fall prevention or harm minimisation strategies that were in place before the fall. • Select all risk factors identified and interventions provided. • This section provides information about the assessment and care plan and characteristics of people who fall. This will be useful evidence for accreditation and can help establish the effectiveness of particular interventions.

For more information

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