

All Wales Falls and Bone Health Multifactorial Assessment Information Standards Specification

| User Interface Name | Field Identifier | Definition | Data Display Format | Data Value Format (code or other value) | Value Sets |
|---|------------------------------|---|---|--|-----------------------------|
| <p>Add to the Falls Risk Assessment Home Page: Complete within 6 hours of admission and on transfer to other clinical area. Review: •Following a fall, following any change in patient's clinical condition; a deterioration or improvement, or every week as a minimum. •Involve patient and family in assessment and action planning, taking into account a patient's ability to understand/retain information •All 'YES' answers must be actioned but the examples given should be considered as prompts and are not an exhaustive list •Multifactorial Actions and Interventions MUST be reviewed with each reassessment and signed and dated in the right hand column</p> | | | | | |
| <p>MANDATORY ACTIONS for all adult patients. Involve patient and family where appropriate.</p> | | | | | |
| <p>Standard Guidance: • Call bell working and in reach (where applicable) • Advise on safe transfer / mobility and promote consistent messages • Advise on safe footwear • Consider giving the 'reducing harm from falls' information leaflet • Note warfarin / anticoagulants and identify at safety briefing / handover</p> | | | | | |
| <p>Environment and / or Equipment: • Orientate patient to ward • Advise on risks from drips/tubing/aids • Mitigate any slip or trip hazards</p> | | | | | |
| <p>Post anaesthetic / procedure • Advise about transfer / mobilising following anaesthetic / procedure</p> | | | | | |
| <p>Remember: Complete Bedrail Assessment and safe handling plan for all patients</p> | | | | | |
| Date of assessment or review | Assessment_Date | This is the date the actual assessment or review was carried out with the patient | Short Date Format In all instances of clinical usage affecting patient treatment, including patient identification, NHS applications must display dates as short dates in the form DD-MMM-YYYY, where: DD is the two-digit day MMM is the correctly abbreviated month name YYYY is the four-digit year Exact times display both hours and minutes, but may optionally also display seconds. The required format is HH:mm:ss (this notation follows the .NET Framework Standard DateTime Format Strings specification). | 8 digit numeric, CCYYMMDD 6 digit numeric: hh:mm:ss | |
| Falls history Circle how many falls in the last 12 months (each fall increases risk) | Falls_history | This is to indicate the number of falls the patient has had within the last 12 months | Radio Button (Multiple Options) | n1 | 0 1 2 3 4 5+ |
| Has the patient had an inpatient fall since last assessment? | Inpatient_fall | This is to indicate whether the patient has had an inpatient fall since the last assessment | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Does the patient have a fear of falling / anxiety? | Falls_fear_anxiety | This is to indicate whether the patient has a fear of falling / anxiety | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | Inpatient_fall_actions | This is for the assessor to detail any multifactorial actions | Text Box | Free Text | |
| <p>Is the patient taking any of the following medication?</p> | | | | | |
| Anticoagulants | Anticoagulants | This is to indicate whether the patient is currently taking anticoagulants | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Sedatives, hypnotics, antipsychotics or diuretics | Sed_hypn_antipsych_diuretics | This is to indicate whether the patient is currently taking sedatives, hypnotics, antipsychotics or diuretics | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |

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| Medications that lower BP or cause dizziness | meds_lower_bp | This is to indicate whether the patient is currently on medication that lowers their blood pressure or causes dizziness | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | Meds_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has been arranged regarding the patients medication | Text Box | Free Text | |
| Are there any of the following associated Risks: | | | | | |
| Medically unwell e.g. scoring on NEWS | Medically_unwell | This is to indicate whether the patient is medically unwell e.g. scoring on NEWS | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Risk of seizures | Seizures | This is to indicate whether the patient is at risk of seizures | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Postural drop in BP | Postural_drop_in_bp | This is to indicate whether the patient has a postural drop in BP | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | associated_risks_actions | This is to detail any multifactorial actions and interventions care plan that has been arranged regarding any associated risks | Text Box | Free Text | |
| Any issues with Cognitive / Mental State e.g. Agitated, restless, impulsive, disorientated or confused? THINK DELIRIUM and its cause | Cognitive_mental_state | This is to indicate whether the patient is agitated, restless, impulsive, disorientated, confused or has no issues with cognitive / mental state | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | Cognitive_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has been arranged regarding the patient cognitive / mental state | Text Box | Free Text | |
| Any mobility issues e.g. • Needs help to stand, transfer and/or walk • Tries to walk unaided but unsafe, e.g. to toilet • Uses walking aids • Gait or balance problems • Seating? E.g. slipping out of chair | Mobility | This is to indicate whether the patient has any mobility issues | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | Mobility_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has been arranged regarding the patients gait or balance problems or seating | Text Box | Free Text | |
| Any foot health issues: | | | | | |
| Does the patient have appropriate footwear? | Appropriate_footwear | This is to indicate whether the patient has appropriate footwear | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Foot health / pain? | foot_health_pain | This is to indicate whether the patient has any problems with foot health / pain | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | Foot_health_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has been arranged regarding the patients foot health / pain | Text Box | Free Text | |
| Any Sensory Deficits: | | | | | |

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| Vision and / or hearing impairment? | Vision_hearing_impairment | This is to indicate whether the patient has any vision and / or hearing impairment | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Numbness, weakness or spatial perception problems? | Numbness_weakness_spatial_perception | This is to indicate whether the patient has any numbness, weakness or spatial perception problems | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | Sensory_deficits_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has | Text Box | Free Text | |
| Are there any issues with the following: e.g. Equipment, nutrition and hydration, continence bundle, dementia, pain assessment, substance misuse, sleep deprivation and rest? | Other_issues | This is to indicate whether there are any issues with the following: e.g. Equipment, nutrition and hydration, continence bundle, dementia, pain assessment, substance misuse? | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | Other_issues_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has been arranged with regards to any other issues the patient may have | Text Box | Free Text | |
| Does the Patient and Family identify other risks? | Patient_family_perspective | This is to detail whether the patients and family have identified any other risks | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan | Patient_family_perspective_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has been arranged with regards to any risks identified by the patient or family | Text Box | Free Text | |
| Is there a a history of fracture or osteoporosis? | Fracture_history_osteoporosis | This is to indicate whether the patient has a history of fractures or osteoporosis | Radio Button (Yes No) | n1 | 1 - Yes 2 - No |
| Multifactorial actions & interventions careplan details | Fracture_history_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has been arranged with regards to there being a history of fracture or | Text Box | Free Text | |
| Based on this assessment are there any targeted interventions required? | Targeted_interventions | This is to indicate whether (based on this assessment) any targeted interventions are required | Radio Button (Yes No) | n1 | 1 -Yes 2 - No |
| Multifactorial actions & interventions careplan details | Targeted_interventions_actions_careplan | This is to detail any multifactorial actions and interventions care plan that has been arranged if targeted interventions are required | Text Box | Free Text | |
| Any other details? | Any_other_details | This is to include any other details relevant to the falls assessment | Text Box | Free Text | |
| After reviewing this risk assessment is the patient at risk of falls? | Risk_of_falls | This is to indicate that after reviewing the risk assessment the patient is or isnt at risk of falls | Radio Button (Yes No) | n1 | 1 -Yes 2 - No |

| Business Rules | Additional Information/definitions | Source | SNOMED CT |
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| <i>May also need to record the time</i> | | | |
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| If field id 'inpatient_fall' or 'falls_fear_anxiety' = 1, the following 'Potential Action & Intervention' PROMPTS advice box appears: <ul style="list-style-type: none"> • See Targeted Interventions • Be-assess if fallen (give date fall) • Provide reassurance and consider assisting / accompanying | | | 401269004 Fear of falling (finding) 247805009 Anxiety and fear (finding) |
| Details box should only appear if field id 'inpatient_fall' or 'falls_fear_anxiety' = 1 | | | |
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| If field id 'anticoagulants', 'sed_hyp_antipsych_diurestics', 'meds_lower_bp' = 1 the following 'Potential Action & Intervention' PROMPTS advice box appears: <ul style="list-style-type: none"> • Base with doctor if on anticoagulants with history of falls • Medication review by doctor or pharmacist | | | Would you want to use SNOMED to record these? 372862008 Anticoagulant (substance) |
| | | | Would you want to use SNOMED to record these? |

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| | | | Would you want to use SNOMED to record these? |
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| If field id 'medically_unwell', 'seizures'= 1, the following 'Potential Action & Intervention' PROMPTS advice box appears: • Consider medical review | | | 85976100000100 Assessment using Royal College of Physicians national early warning score (procedure) 225931003 At risk of epileptic fits (finding) At risk of seizures |
| the following 'Potential Action & Intervention' PROMPTS advice box appears: • Take lying/standing BP | | | 271648003 Postural drop in blood pressure (finding) |
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| If field ID 'cognitive_mental_state' = 1 the following 'Potential Action & Intervention' PROMPTS advice box appears: • Delirium screen • Cognitive Screening Tool • 24 hour behaviour chart • Utilise life-story tool e.g. 'This is me' | | | Would you want to split out each condition and code them? 24199005 Feeling agitated (finding) 162221009 Restlessness (finding) 417415004 On examination - impulsive behavior (finding) 62476001 Disorientated (finding) 40917007 Clouded consciousness (finding) Confusion |
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| If field id 'mobility' = 1 the following 'Potential Action & Intervention' PROMPTS advice box appears: •Refer to physiotherapy •Record/and use individual plan for safe transfer/mobilising/toileting •Place aids within reach •Consider one way glide sheet | | | 430481008 Assessment of mobility (procedure) |
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| If field id 'appropriate_footwear' = 2 the following 'Potential Action & Intervention' PROMPTS advice box appears: | | | |
| If field ID 'foot_health_pain' = 1 the following 'Potential Action & Intervention' PROMPTS advice box appears: • Assess problems that would impede safe mobilisation e.g. overgrown toenails that require social nail cutting, dressings, pressure damage, odema etc. • Consider referral to podiatry for other foot health or pain issues | | | |
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| <p>If field ID 'vision_hearing_impairment' = 1 the following 'Potential Action & Intervention' PROMPTS advice box appears</p> <ul style="list-style-type: none"> • If glasses or hearing aid unavailable | | | <p>397540003 Visual impairment (disorder) 15188001 Hearing loss (disorder) </p> |
| <p>If field id 'numbness_weakness_spatial_perception' = 1 the following 'Potential Action & Intervention' PROMPTS</p> | | | <p>44077006 Numbness (finding) 13791008 Asthenia (finding) Weakness 311552005 Spatial orientation, function (observable entity) </p> |
| | | | |
| <p>If field ID 'Other_issues_' = 1 the following 'Potential Action & Interventions' PROMPTS advice box appears:</p> <ul style="list-style-type: none"> • Consider how these contribute to falls risk e.g. continence urgency, dehydration etc | | | |
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| <p>If field ID 'patient_family_perspective' = 1 PROMPT</p> <ul style="list-style-type: none"> • With patient consent involve family | | | |
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| <p>If field id 'fracture_history_osteoporosis' = 1 the following Potential action & intervention PROMPTS advice box</p> | | | <p>391095006 History of fracture (situation) 64859006 Osteoporosis (disorder) </p> |
| | | | |
| <p>If field ID 'Targeted_interventions' = 1 Describe measures in use e.g. Low bed Bed in observable position Close observation Intentional rounding Safety mat Sensors etc</p> | | | |
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| <p>This question is not to be brought over from a previous risk assessment – MUST be answered by Nurse at the end of each review of risk</p> | | | |