1. Problem/Issue

Assessments for patients referred to CEDT following a fall are not being completed in the same way following Nice Guidelines.

2. Aim

By April 2018 the completion of assessment documentation (in line with the NICE Guidelines) will have improved by 40% for all patients referred to CEDT following a fall.

3. Actions Taken

An audit form was developed to gather baseline data on current assessment of fallers using NICE guidance. As a result of their baseline data the team amended their assessment form to include the data they were missing.

The team agreed a new revised assessment form.

4.1 PDSA Cycle One

The team tested this for four weeks and then re-audited. (n=10)

They reviewed the audit results, observed the improvements and acknowledged the unexpected outcomes. (See graph A)

The team shared their success and embedded the change. The form was uploaded onto their IT system.

4.2 PDSA Cycle Two

The team tested this for four weeks and then re-audited. (n=10)

They reviewed the audit results which showed an overall improvement of 51%.

The team revised the form again to ensure all the NICE guidelines were met in future assessments.

5. Measures/Outcomes

Initial audit results from the first PDSA cycle showed an improvement in documentation of 25%. A second PDSA cycle was completed and the improvement was increased to 51%. (See graph B) Overall 95% of the assessments for patients following a fall were completed according to the NICE Guidance.

6. Learning Outcomes

The team learnt to ensure communication regarding changes made during any PDSA cycle were robust. The first cycle of changes were not communicated across the whole team which led to some confusion and a decline in audit results. (See graph A) The team also learnt from each other’s areas of good practice and shared these at a team meeting.