



Gloucestershire Safety and Quality Improvement Academy 2026

Evidence Based Falls Reduction Studies in Frailty Assessment

Unit GRH (15 Beds)

Sweetey Antony, Zhivka Petrova, Marjorie Agbayani and Sonia Mathew



Gloucestershire Hospitals

NHS Foundation Trust



PDSA Cycle 1: Baseline Data & Interventions (August 2025)Audit Findings (Baseline)- 8 Falls

Audit Findings (Baseline)	Action Plan & Changes
50.0% of patients had medication changes due to postural hypotension.	Staff Education: Focus on performing lying/standing blood pressure checks rather than sitting/standing.
37.5% of patients had no medication changes as no postural drop was noted.	Escalation Pathways: Ensure postural drops are correctly identified and immediately escalated to the medical team.
12.5% of patients were not on medications or declined the assessment.	Medicines Reconciliation: Standardize a full medical review of treatments post-fall.

PDSA cycle 2- Interventions (September 2025- December 2025)

- 📅 PDSA Cycle 2: Interventions (Sept – Dec 2025)
- 👥 **Staff Microteaching:** Educated all nursing staff on the correct technique for measuring lying and standing blood pressure.
- ⚠️ **Clinical Escalation:** Standardized the process for identifying a postural drop and ensuring immediate escalation to the medical team.
- 💊 **Medication Reconciliation:** Mandated admission reviews by the medical team to identify and adjust medications contributing to postural hypotension.

PDSA Cycle 3: Re-Audit (January 2026) *Evaluating the impact of interventions on inpatient falls.*

Results & Findings

- Primary Outcome:** Evaluated the **total number of inpatient falls** following the implementation of Cycle 2 interventions- 6 Falls
- Refinements & Actions (Change)**
 - **Staff Education:** Continue active training on the correct methodology for taking **lying and standing blood pressure**.
 - **Clinical Escalation:** Reinforce protocols for **escalating abnormal BP findings** to the Medical Team promptly.
 - **Medication Safety:** Establish ongoing monitoring of **medicines reconciliation** conducted by the Medical Team to identify fall-risk medications.

Next Steps

PDSA Cycle 4: The next formal Re-audit is scheduled for August 2026 to sustain improvements and track long-term trends.

PDSA Cycle 4: Re-Audit (August 2026) -5 Falls

Objective & Focus

Inpatient Falls Monitoring: Tracking the total number of inpatient falls following the implementation of targeted clinical interventions.

Postural Hypotension & Medication Audit Results

80% Medication Adjustments: Active medication changes were successfully completed based on confirmed postural hypotension.

20% No Intervention Needed: Medication remained unchanged because no clinical postural drop was detected.

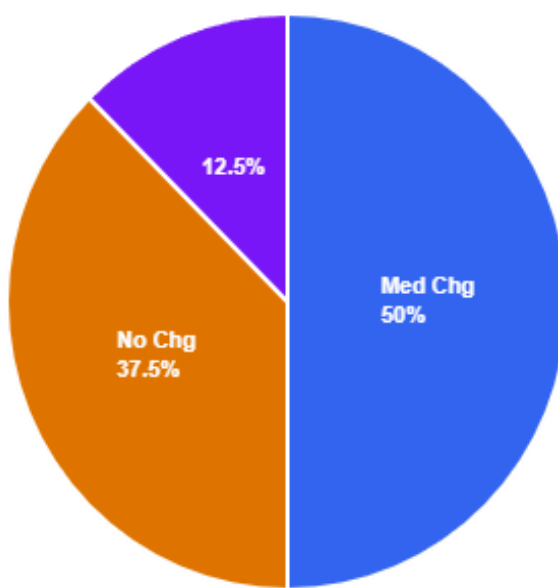
0% Outstanding/Declined: Zero patients were off medications or declined the postural drop assessments.

PDSA cycle 1: Baseline Data Collection for the patients, who had an inpatient falls on August 2025 -8 Falls

•Audit:

- With this being our first PDSA cycle, this shows our baseline date to work from.

● Medication Changes (Postural Hypotension) (Med Chg) : 50.0%
● No Changes (No Postural Drop) (No Chg) : 37.5% ● No Meds / Declined Check : 12.5%

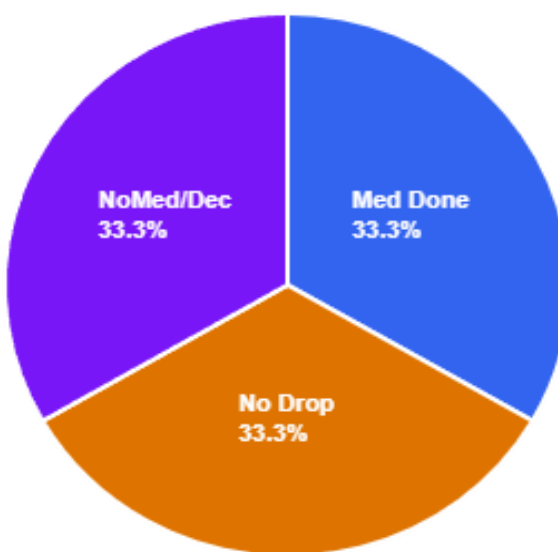


Summary of Baseline Distribution

- **Medication Changes Done (Based on postural hypotension):** 50% (The largest segment, representing half of your baseline cohort).
- **No Medication Changes Done (No postural drop noted):** 37.5% (The second largest group).
- **Not on Medications / Declined Check:** 12.5% (The smallest segment of the cohort).

PDSA Cycle 3: Re-audit data from **January 2026** regarding **inpatient falls** interventions- 6 Falls

● Medication changes done based on postural hypotension (Med Done) : 33.3%
● No medication changes done as no postural drop noted (No Drop) : 33.3%
● Not on any medications / declined to check (NoMed/Dec) : 33.3%

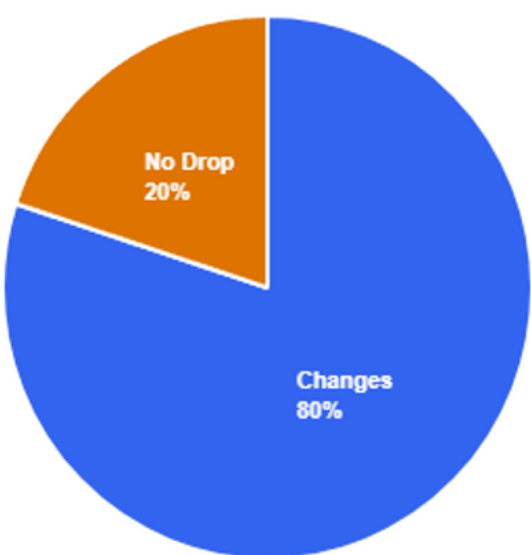


Audit Breakdown

- The data shows an even 33.3% split across three categories:
- Medication Changes: Changes were made based on postural hypotension.
- No Changes Needed: No medication adjustments occurred because no postural drop was noted.
- No Action/Excluded: Patients were not on medications or declined the postural drop check.

PDSA Cycle 4: Re-audit (August 2026) data showing the percentage of medication changes based on postural hypotension assessment following inpatient fall interventions- 5Falls

● Medication changes done based on postural hypotension (Changes) : 80.0%
● No medication changes done as no postural drop noted (No Drop) : 20.0%
● Not on any medications/declined to check postural drop : 0.0%



Data Summary

80%: Medication changes done based on postural hypotension.

20%: No medication changes done as no postural drop noted.

0%: Not on any medications / declined to check postural drop.

The Aim

To reduce the number of falls in Frailty Assessment Unit by 20% in the next 12 months by measuring in time L&S BP and reviewing of medications on admission.

Measures

Outcome : Collect the data (number of falls in the months of August 2025, Jan 2026, August 2026)

Process:

Falls training (microteaching sessions) for all the staff especially to focus on:

- correct method of performing lying and standing BP within 24 hours of admission
- to find out if is there a postural drop and escalate appropriately to the medical team.
- medicine reconciliation at the time of admission

Balancing: Staff, Annual Leave, Sickness, winter pressure, workload and the time

Challenges & Limitations

1. Systemic Barriers

- **Staff shortages:** Acute nursing and clinical vacancies directly restricted available hands.
- **Knowledge gap:** Variable staff awareness regarding the strict, correct protocol for sequential L/S BP execution.

2. Operational & Logistical Constraints

- **Tight clinical window:** The rapid 72-hour target pacing compressed the window for assessment.
- **Admission timing:** Unpredictable admission times to the Frailty Assessment Unit (FAU) created irregular testing intervals.
- **Compromised completion:** Competing clinical priorities frequently disrupted the time needed to fully complete both lying and standing readings.

3. Patient-Level Factors

- **Patient co-operation:** Acute cognitive impairment, delirium, or severe frailty often limited active participation.

Next Step

- Creating and putting up posters to remind staff and patients about ways to manage and reduce falls
- Because an FAU operates under short timelines, a positive LSBP requires an immediate, coordinated chain reaction across the MDT: Nurses, Medical Team and Therapy Team

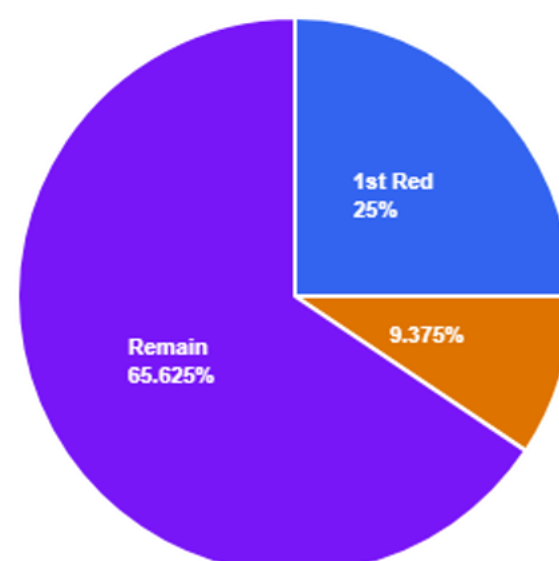
Results

Here is the breakdown of our fall reduction data visualized as components of our original August 2025 baseline (100%).

This chart treats the initial number of falls as the whole, showing how much was eliminated in each phase and what percentage of falls still remain. Assuming the second reduction of 12.5% applies to the progress already made (from the new baseline established in January 2026), the breakdown is as follows:

- First Reduction (Aug 2025 – Jan 2026): 25.0%
- Second Reduction (Jan 2026 – Aug 2026): 9.375% (12.5% of the remaining 75%)
- Remaining Falls (as of August 2026): 65.625%

● First Reduction (Aug 2025 - Jan 2026) (1st Red) : 25.0%
● Second Reduction (Jan 2026 - Aug 2026) : 9.4% ● Remaining Falls (August 2026) (Remain) : 65.6%



Summary of Progress

•Initial Phase Success: Your team successfully eliminated **25%** of overall falls by January 2026.

•Sustained Momentum:

•Building on that success, you reduced falls by an additional **9.375%** of the original total (a 12.5% relative drop from January).

•Total Impact: In total, your initiatives have successfully eliminated **34.375%** of all falls compared to your August 2025 baseline.

Recommendations

- Reducing the number of falls in a Frailty Assessment Unit (FAU) requires a rapid, highly coordinated, multicomponent and multidisciplinary intervention strategy tailored to short-stay acute environments, involving nursing staff, Medical Team and Therapy Team
- Continuation of micro teaching sessions and providing the Lanyard card
- Medication reconciliation during the first assessment
- Advise patients to keep as active as tolerated on FAU
- Monitor closely patients’ food and fluid intake