6. Preventing adverse events

What is it?
An adverse event is an incident that results in harm to the patient. Adverse events commonly experienced in hospitals by patients over 70 include falls, medication errors, malnutrition, incontinence, and hospital-acquired pressure injuries and infections.

What we do or do not do to identify and respond to issues such as malnutrition, uncontrolled pain and unrecognised delirium can contribute to a patient experiencing an adverse event and, in turn, functional decline.

How can you prevent an adverse event?
Adverse events can be prevented through screening and early identification of the factors that put older people at risk.3,5

Patients aged 70 years and over should be screened to determine the risks of adverse events, and undergo a comprehensive interdisciplinary assessment where risk is identified.

Effective communication with patients, their family, carers and other healthcare professionals is important in preventing adverse events for older people in hospital.5 A lack of communication and collaboration between health professionals is a common factor in the majority of adverse events.6

All staff have a shared role in preventing harm to older patients.

Make sure you are familiar with your health service’s official policy regarding the prevention of adverse events.

Screen and assess patients to minimise the risk of adverse events

- Use validated tools to screen for the risk of adverse events such as: falls, medication errors, malnutrition, continence, delirium and hospital-acquired pressure injuries.
- Ensure screening and assessment are undertaken at admission and transition to other areas in the health service.

Engage patients, families and carers in the care plan

- Encourage patients, family and carers to ask questions when you discuss risk factors and preventative measures:
  - Consider the patient’s health literacy and their cultural and linguistic background.
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Check the patient has all necessary aids such as glasses and hearing aids.

- Involve patients, family and carers in clinical handover processes and the care plan.
- Ensure patients, family and carers know how to identify and respond to clinical deterioration.

Respond to a patient who has a high risk of experiencing an adverse event

- Undertake a comprehensive geriatric assessment – with interdisciplinary team input – to ensure that risk is addressed and preventative strategies are included in the patient’s care plan.
- Discuss preventative strategies (such as a medication review) with the patient and their family or carer and implement any changes to reduce the risk of an adverse event.
- Communicate adverse event risk factors to other staff involved in caring for the patient, for example by using alert symbols above patient beds, during team meetings and on clinical handover.
- Ensure that critical information, such as a medication list or falls history, is transferred, acted upon, and documented during clinical handover. Many health services use the framework ISBAR (identify, situation, background, assessment and recommendation) when transferring patient information during clinical handover.

Respond to a patient who has experienced an adverse event

- Provide the necessary care to address the impact of the adverse event on the patient.
- Inform and involve the patient and their family or carers of the adverse event and the strategies used to minimise risks.
- Review all preventative strategies and assessment procedures to minimise further adverse events occurring.
- Refer to the relevant specialist for best practice advice and management.
- Monitor and evaluate the outcomes of the ongoing care plan and adjust as necessary.

Monitor a patient’s ongoing care

- Ensure you deliver person-centred care in agreement with the patient’s monitoring plan, including documenting the type and frequency of observations to be recorded for the patient.
- Engage in intentional rounding (carrying out regular checks with the patient at set intervals) and assist the patient with eating, drinking, pain relief, ambulation, regular toileting and repositioning (as required).
- Escalate the care of a patient whose condition deteriorates.

The National Safety and Quality Health Service Standards provide a useful resource for hospital staff to prevent adverse events and harm to the patients.

Want to know more?

Older people in hospital


See Factsheet 11. References for references cited in this factsheet.

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Best care for older people in hospital: Preventing adverse events

Screen the patient for risk factors that may cause adverse events

- use validated screening tools:
  - falls
  - medication issues
  - pressure injuries
  - malnutrition
  - continence
  - cognitive impairment

Document the patient’s risk factors and put preventative strategies in place

- document risk factors clearly
- ensure your health service’s prevention and management protocols inform the patient’s care plan

Communicate the patient’s risk factors and preventative strategies to staff

- utilise alert systems to notify staff of risk
- ensure risk factors are communicated to the treating team through structured clinical handover

Communicate the patient’s risk factors and preventative strategies to the patient and their family and carers

- ensure the patient has a good understanding of their risk factors and preventative strategies
- seek patient and carer input into risk factors and ask what preventative strategies work for the patient
- encourage ongoing patient, family and carer participation in managing risk

Decide what systems you will use to mitigate negative patient outcomes if harm does occur

- implement evidence-based interventions – e.g. intentional rounding
- reassess patient risk factors
- communicate with patient and staff to keep everyone informed
- review all preventative strategies to minimise further adverse events occurring
- engage specialist input into management plan