



WELCOME TO THIS SIGN UP TO SAFETY WEBINAR

*Reducing harm from falls in acute,
mental health & community hospitals;
what does & doesn't work*

All participants lines are muted to reduce background noise

Falls interventions: Where should we invest our efforts ?

Julie Windsor
Patient Safety Lead Older People and Falls.
National Advice & Guidance Team

8th June 2015

What I'm going to cover.

- ❖ Update on national falls and harms data
- ❖ How and why falls occur
- ❖ Prevention strategies and evidence review
- ❖ Resources

To start with then...

Definition of a fall:

- ❖ *Unexpected event in which a person comes to the ground or other lower level with or without loss of consciousness”*

(World Health Organisation/Lamb 2005)

But not like this....



More like this...



Falls... The facts

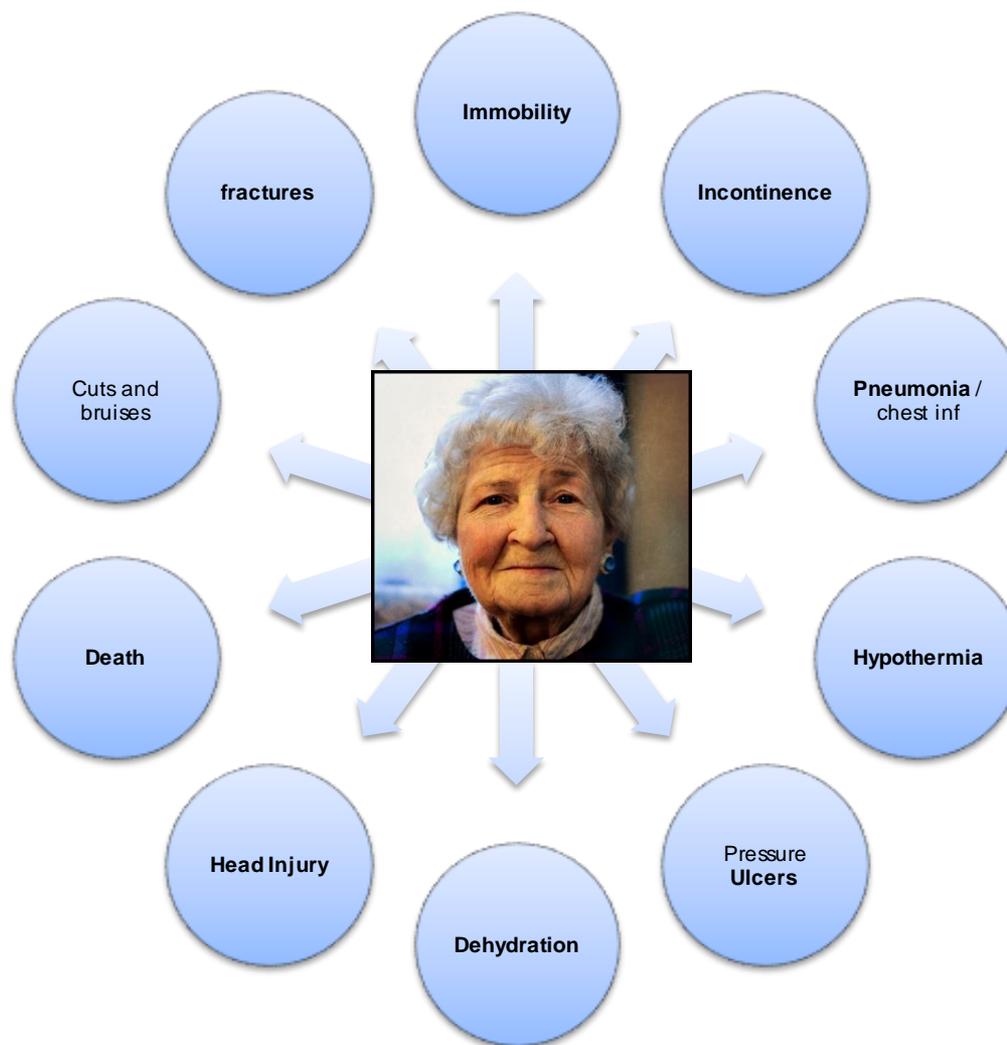
Generally not accidental but result of complex interplay between

- ❖ Functional decline (normal aging process)
- ❖ Medical decline
- ❖ Social factors
- ❖ The environment

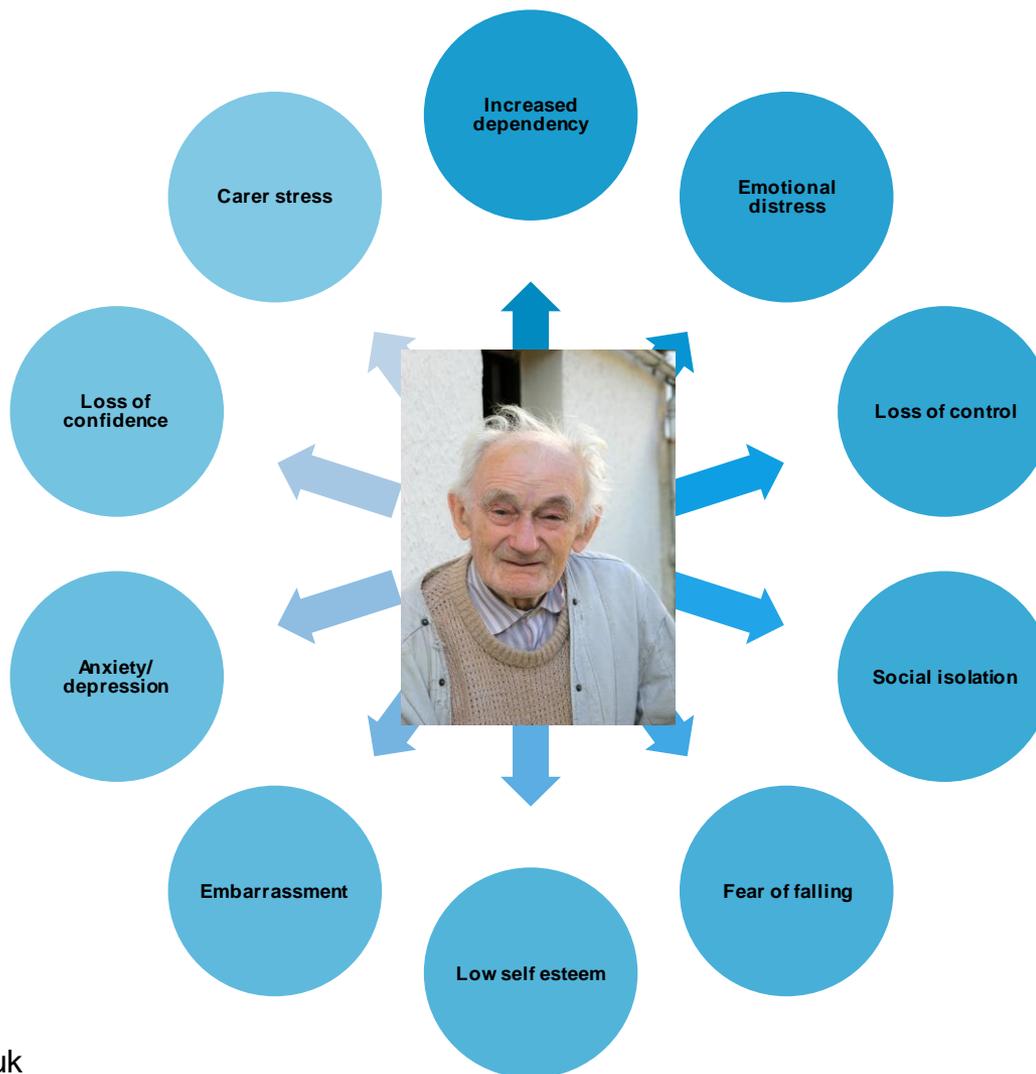
Falls.. The figures.

- ❖ Leading cause of death through injury for 75+
- ❖ **30%** of people age 65 and over will fall every year increasing to **50%** of those age 80 and over
- ❖ **60%** of those who fall once will fall again in the same year
- ❖ Incidence in Care Homes and hospital **x 2-3** (dementia & delirium)
- ❖ IP Hip fracture mortality = **3 in 10**
- ❖ Return to pre fracture independence = **1 in 10**

Physical effects of falls



Psychological effects of falls



Why do older people fall?

- ❖ Weak muscles/ unsteadiness
- ❖ Slowed reactions- musculoskeletal/neurological
- ❖ Foot problems
- ❖ Vision & hearing
- ❖ Continence
- ❖ Dizziness/ blackouts/ cardiac syncope/ low BP
- ❖ Pain
- ❖ Cognition/ memory loss / delirium
- ❖ Fear of falling
- ❖ Acute illness
- ❖ Medication

There's no shortage of falls policies and guidance

DoH Quality & Outcomes Framework, NHS, Adult Social Care, Public Health

NICE GG 81 Hip#

NICE Hip # QS 16

NICE 161 Falls

NICE Falls QS 86

NICE TA's 204, 160,161

CQUIN # prevention. Dementia

Comprehensive Spending Review

NHS Operating Framework

Best Practice Tariff Hip #

Prevention Package Older People

Musculoskeletal Services

Framework

www.england.nhs.uk

Active for Life'

NSF Older People

Commissioning Toolkit Falls & Fracture Prevention

RCP National Falls & # Audit

BGS/AGS Falls Guideline

Blue Book (hip#)

Silver Book (urgent Care)

NPSA Slips, Trips & Falls in Hospital

NPSA RRR post fall response

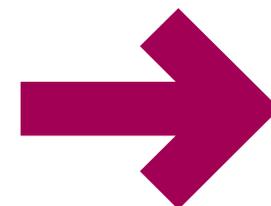
NPSA Safer Practice Notice (Bedrails)

MHRA Use of Bedrails guidance

NPSA How To Guide – Reducing Harm from Falls

RCN ` Lets Talk about Restraint'

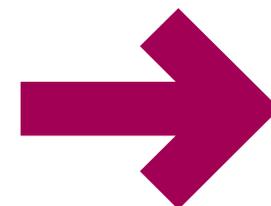
No wonder it seems daunting !



And so are the numbers.....

Acute and Community Hospitals.

England					
PD09 Degree of harm (severity)	2010	2011	2012	2013	Total
No Harm	170,655	168,479	167,475	164,750	671,359
Low	64,121	64,669	61,484	57,984	248,258
Moderate	6,922	7,017	6,389	5,274	25,602
Severe	874	1,024	1,070	1,113	4,081
Death	118	105	120	150	493
Total	242,690	241,294	236,538	229,271	949,793

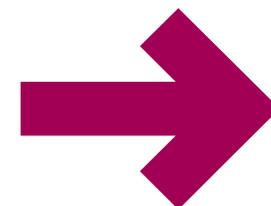
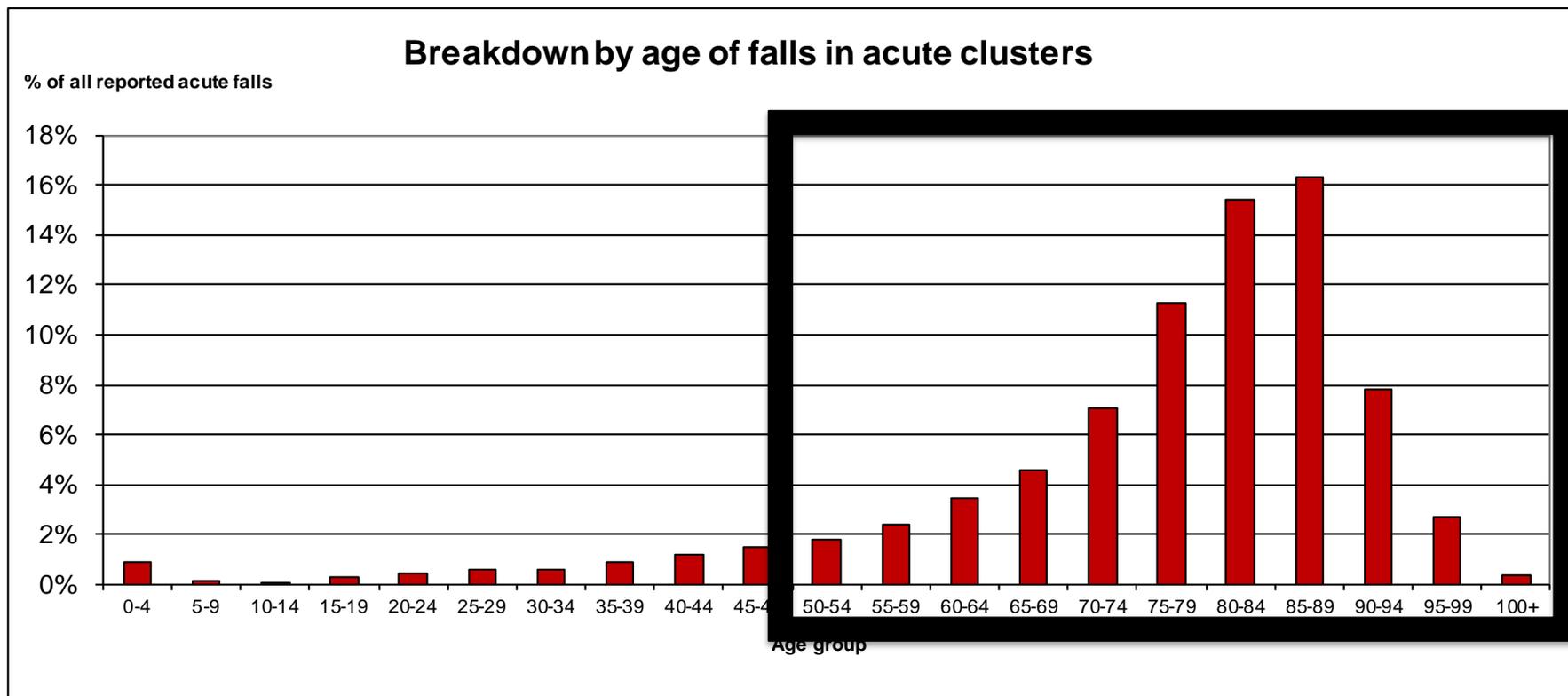


Mental Health Hospitals.

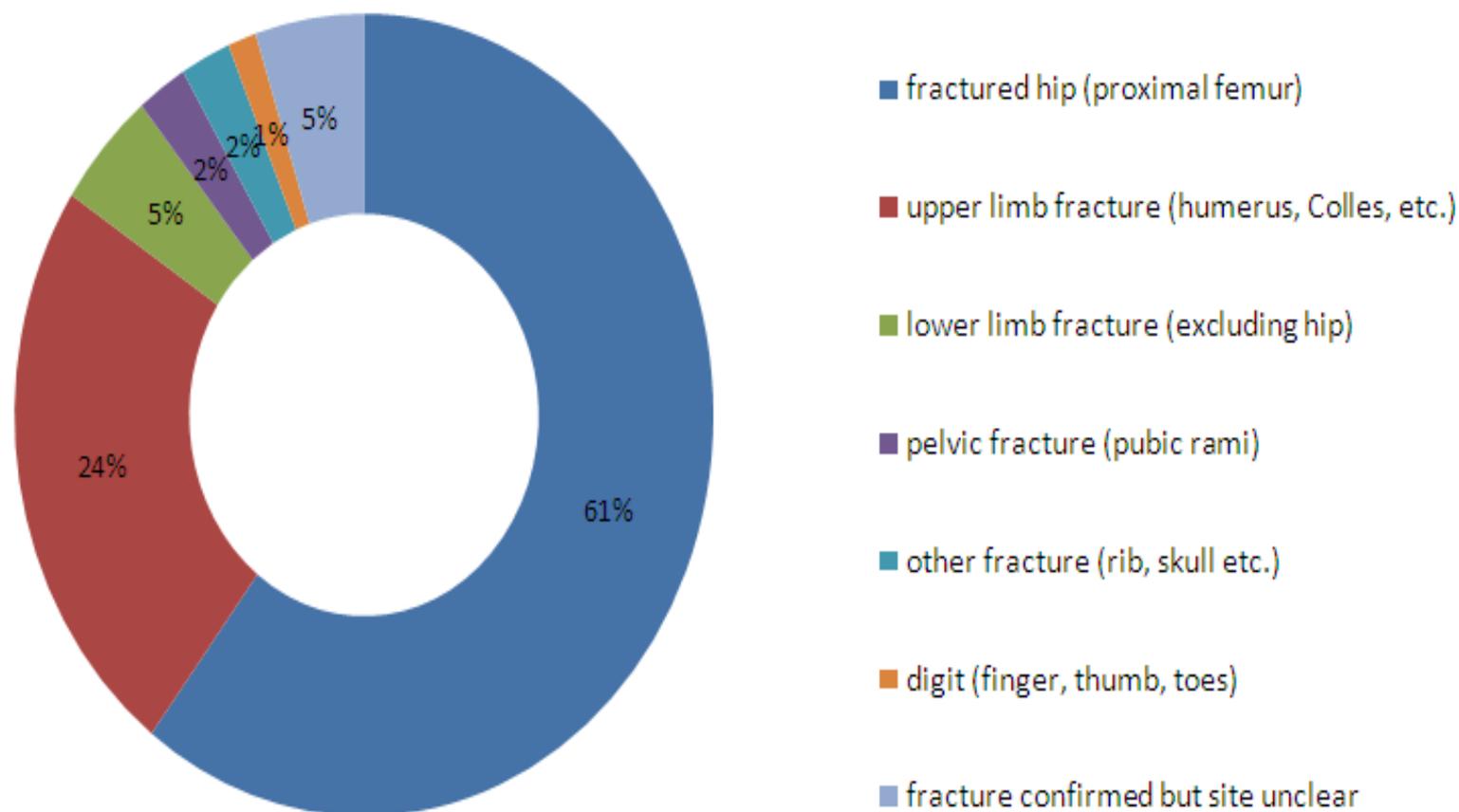
England					
PD09 Degree of harm (severity)	2010	2011	2012	2013	Total
No Harm	18,370	17,241	17,093	16,120	68,824
Low	12,935	12,160	11,207	10,682	46,984
Moderate	1,425	1,368	1,431	1,292	5,516
Severe	92	107	134	105	438
Death	13	10	7	13	43
Total	32,835	30,886	29,872	28,212	121,805



Age of patients reported to have fallen in hospital



Types of moderate and severe falls harms



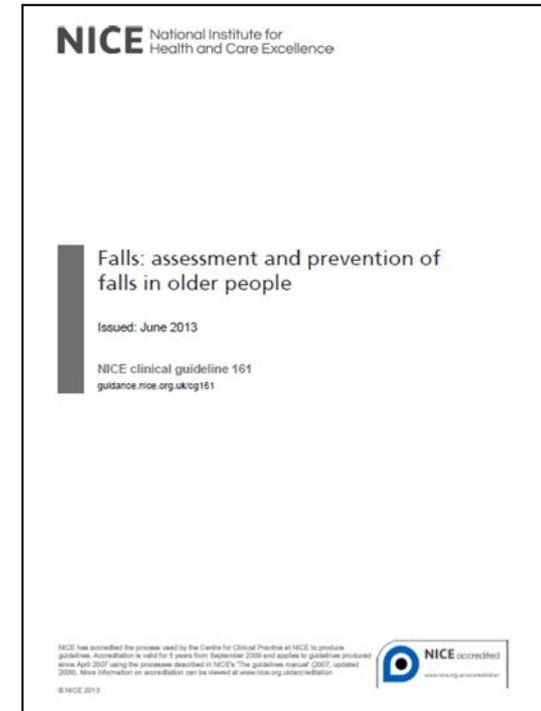
What does severe harm look like?



Who should we assess?

- ✓ All patients aged **65** years or older

- ✓ Patients aged **50 to 64** years who are identified by a clinician as being at higher risk of falling e.g.
 - Sensory impairment
 - Dementia
 - Fall
 - Stroke
 - Syncope,
 - Delirium
 - Gait disturbances



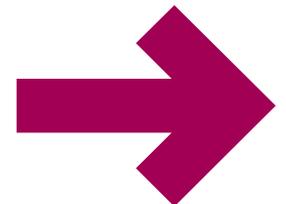
NICE CG161 recommendations

- x **Do not** use risk prediction tools esp those that assign a numerical score or hierarchy of risk.
- x **Do not** offer “one size fits all” blanket interventions.
- ✓ **Do use** individual multifactorial assessment.
- ✓ **Do use** multifactorial intervention plans.
- ✓ **Do provide** relevant oral and written information about individual falls risk factors & bedrail use

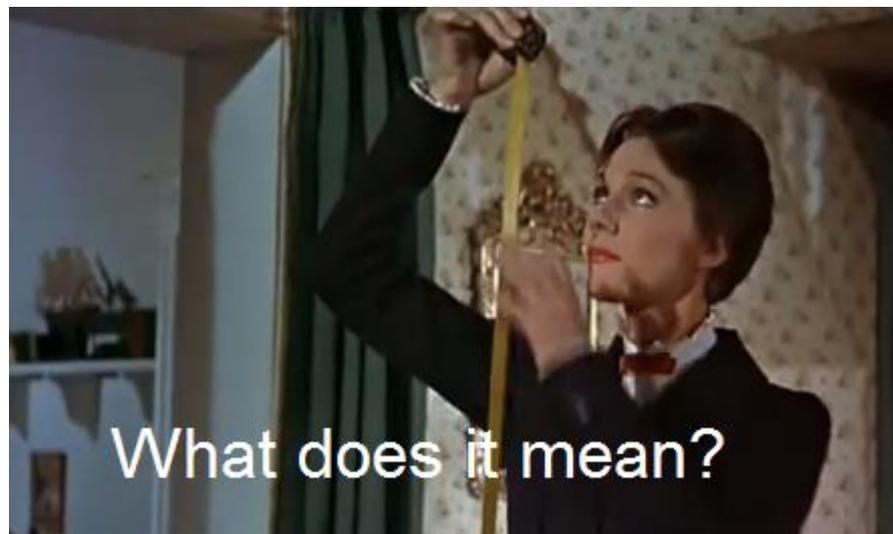


Multifactorial assessment should include

- ✓ cognitive impairment esp delirium
- ✓ continence problems
- ✓ falls history (causes, consequences, & fear of falling)
- ✓ footwear that is unsuitable or missing
- ✓ health problems that affect falls risk
- ✓ medication review
- ✓ postural instability, mobility and/or balance problems
- ✓ syncope syndrome
- ✓ visual impairment



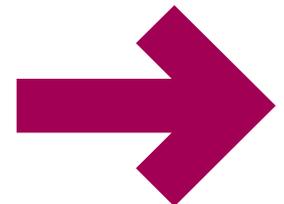
A bit about measurement.....



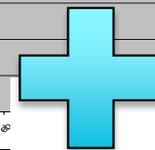
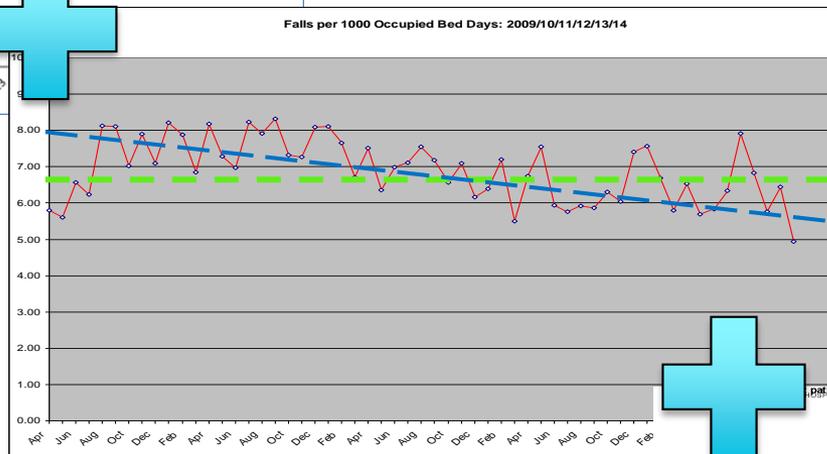
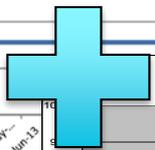
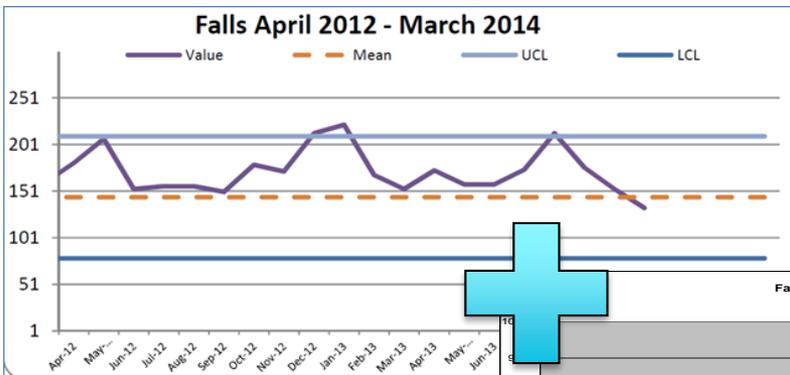
What does it mean?

Triangulated data over time is important = the whole picture.

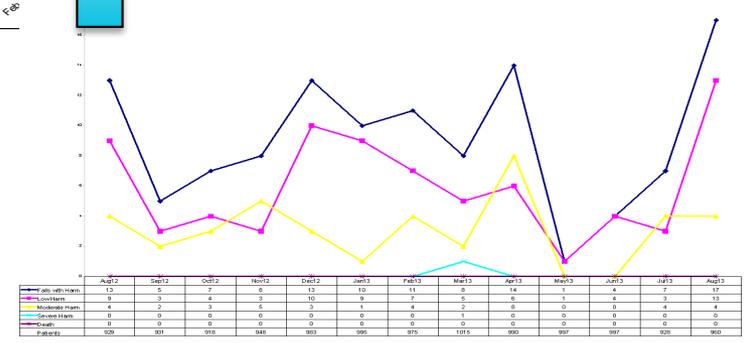
- Falls incidence
- Falls rate per 1000 OCBD
- Moderate & severe number and rate
- Multiple fallers per specialty
- Falls by patients with diagnosis of dementia
- Falls involving bedrails
- Complaints involving falls
- Safety thermometer can help individual wards with QI improvements but has limitations



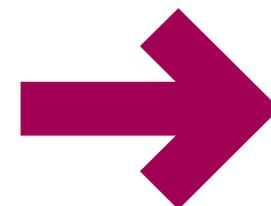
More like this....



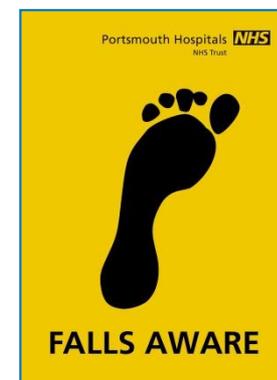
patients with harm from a fall
Settings, All Services, All Ages, All Sexes



Not like this !



Interventions for which there is poor or little research evidence.



Oliver D, Healey F, Haines T (2010) Preventing falls and falls related injuries in hospital
Clinics in Geriatric Medicine (26 4 645-692)
www.england.nhs.uk

Evidence for interventions

The screenshot shows the Cochrane website interface. At the top right, there are links for 'English', 'Media', 'Contact us', and 'Community'. The Cochrane logo is on the left, with the tagline 'Trusted evidence. Informed decisions. Better health.' To the right of the logo is a search bar with the text 'Search...' and a magnifying glass icon. Below the search bar is a navigation menu with 'Our evidence', 'About us', 'Get involved', 'News and events', and 'Cochrane Library' (with a play button icon). The main content area displays the title 'Interventions for preventing falls in older people living in the community'. Below the title, there is a 'Published:' section with the date '24 September 2013'. To the right of the date is a snippet of text: 'As people get older, they may fall more often for a variety of reasons including problems with balance, poor vision, and dementia. Up to 30% may fall in a year. Although one in five falls may require medical attention, less'. A small image of a person's hand holding a pen is visible on the right side of the snippet.

17 hospital trials but no clear strategy for successful interventions

Complex problems in complex settings require complex solutions



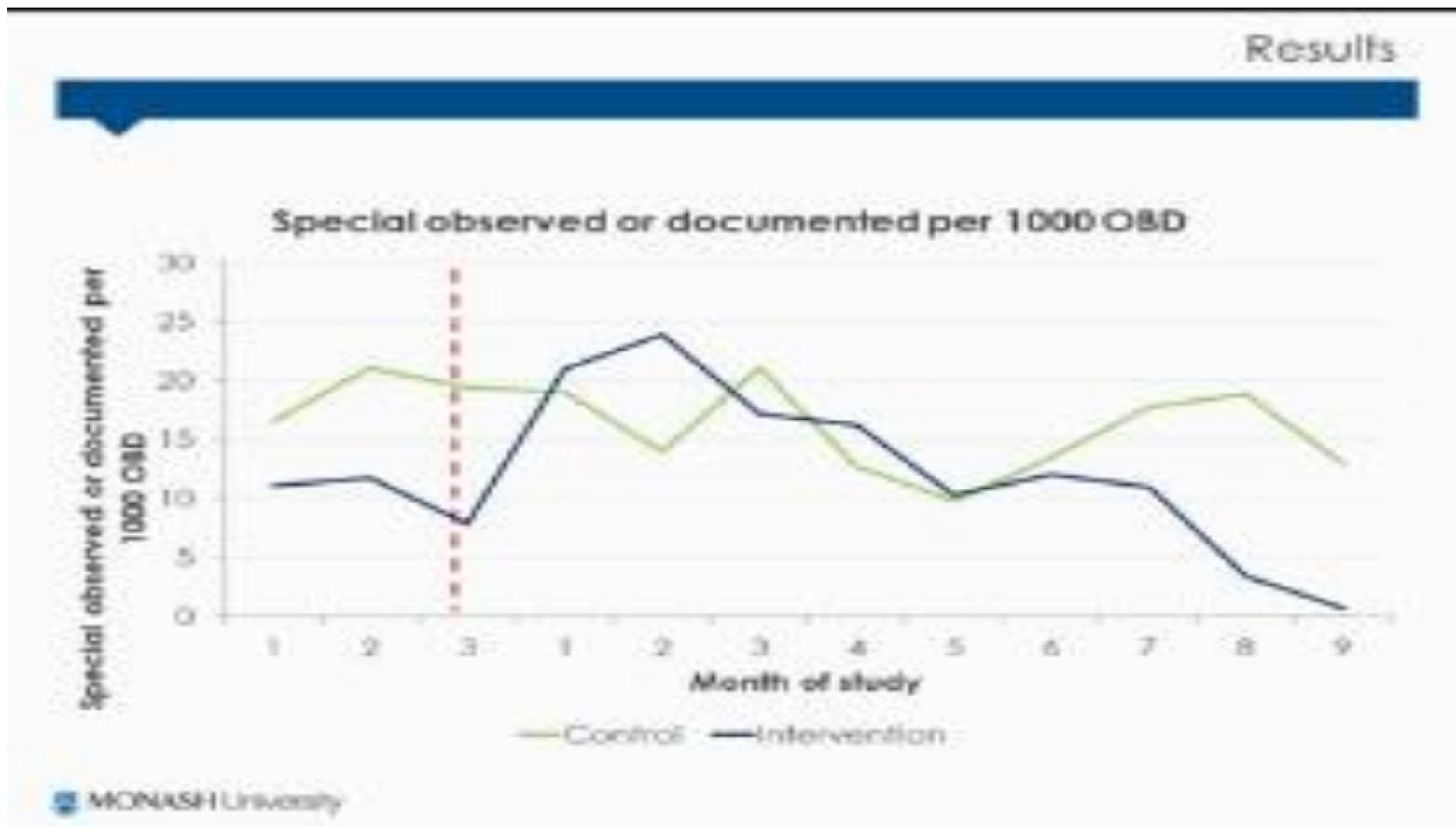


Alert signs + Low beds+ Alarms + Walking aid in reach +
Toilet regime + Toilet supervision

= Nursing interventions **not** as part as MDT intervention
did not reduce falls or injuries.

<http://www.anzfallsprevention.org/conference-wrap-up/>

But interesting unintended finding....



What does work then?



MDT FallSafe care bundles can reduce falls by 25%

www.rcplondon.ac.uk

FallSafe: The care bundles

Bundle A (all patients)

- **History of falls** and **fear of falling** on admission.
- **Urinalysis** (?infection)
- Avoid **new night sedation**
- Ensure **call bell** in reach (not psychiatry)
- Ensure appropriate **footwear** available and in use
- **Bedrails**: assessment of risks and benefits
- Immediate assessment for **walking aids**
- Clear communication of **mobility status**
- Personal items **in reach**
- No slip or trip **hazards**

Bundle B (those at risk of falls)

- **Cognitive** assessment.
- **Bedrail** risk assessment.
- Appropriate **bed** in use and in appropriate place.
- **Visual** Assessment.
- Lying and **standing BP**
- Pulse checked manually.
- **Medication** review.
- **Medical** review and **bone** health.
- **Observation** and toileting plan
- **Delirium & depression** screen.

Where can we make difference? = Delirium

A life-threatening and potentially preventable clinical condition.

- Drugs – prescribed, over-the-counter, illicit?
- Alcohol intoxication or withdrawal
- Metabolic disorders
- Focal brain lesions
- Infections



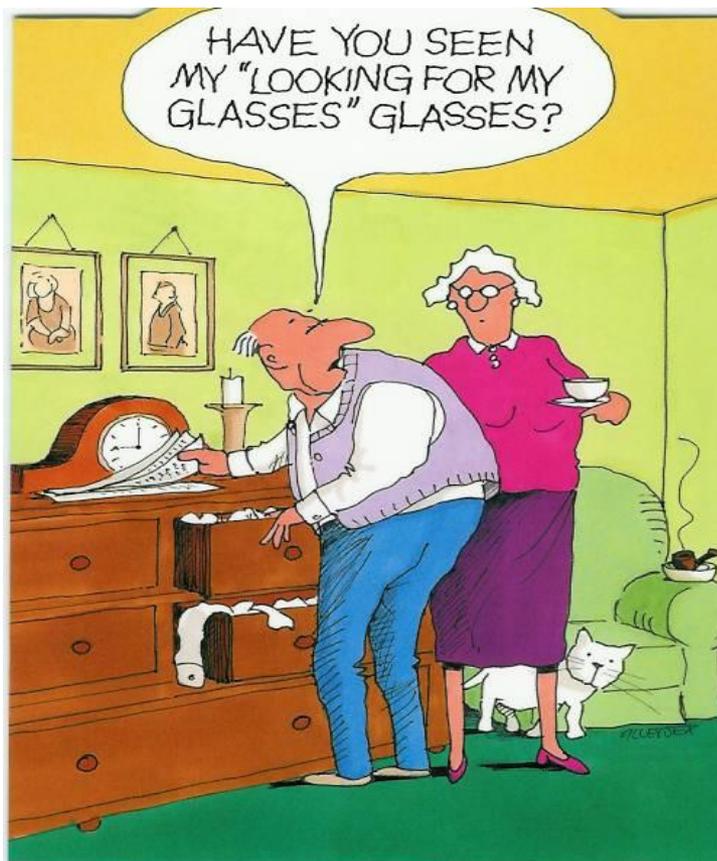
Urinary Incontinence

15% of hospital falls are linked to toilet or commode use



- Stress incontinence
- Sensory urgency
- Motor urgency
- Reflex incontinence
- Sepsis
- BPH
- Syncope
- Constipation
- Diarrhoea
- Retention

Visual/sensory impairment



- Specs
- Bi/varifocals
- Hearing aids
- Glaucoma
- Retinopathy
- Hemianopea
- Cataracts

Eye disease prevalence

Following admission with hip fracture 45 % of older people were found to have moderate to severe visual impairment problems

(Grue et al 2009)

In a study of acute medical wards 50% were found to have impaired vision, 40% needed new glasses, 37% had cataracts

(Jack 1995)

Preventing Falls > Patient risk factors > Vision

Theory into practice - m05_s05_t30_030

Right at the beginning of this topic, you saw how vision was affected by different types of eye disease. Which type of visual impairment does each of these images suggest?

Select the correct answers from the drop-down boxes, and then click Confirm.



A



B



C



D

[Confirm](#)

Resources Glossary Help Preferences Menu

[Back](#) 6 of 7 [Next](#)

Appropriate footwear..... Very important!



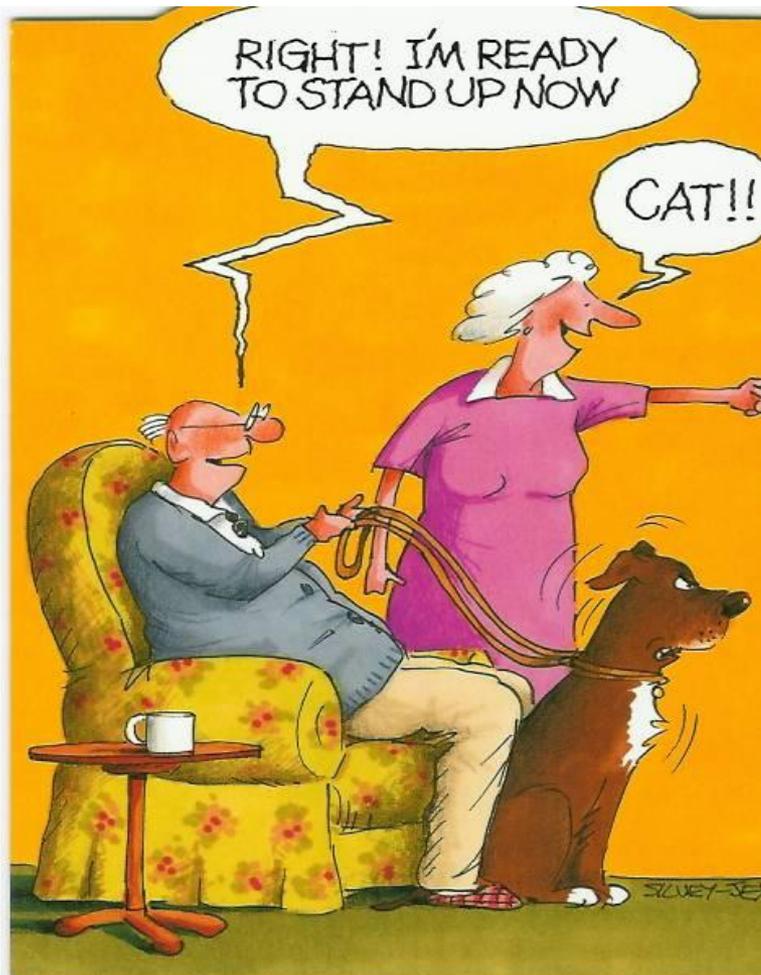
- Check feet
- Neuropathies
- Get footwear sorted

Keeping mobile is v. important for muscle tone



- ❑ Get patient up!
- ❑ Risk of de-conditioning (increased postural instability)
- ❑ Also has knock on effects for 'normalisation' also hydration, nutrition, PU and HAI prevention

Balance/ gait/ mobility problems/ muscle weakness



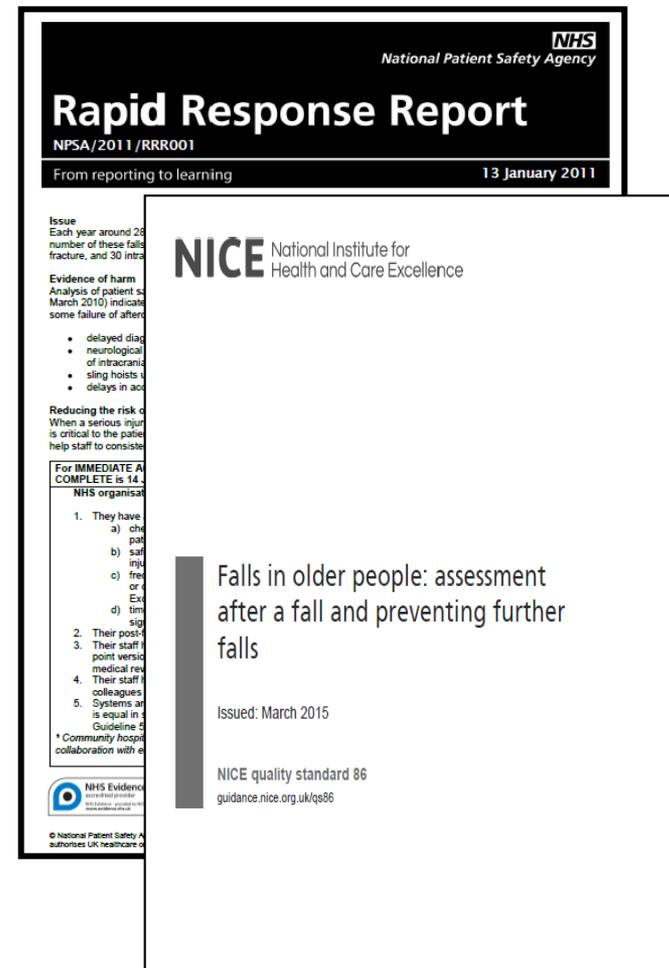
- ❑ Get up & Go test
- ❑ Walk & Talk
- ❑ Early provision of correct walking aid (and do not tidy away!)

NICE Quality Standard 86 2014

Care after an inpatient fall

Have a post-fall protocol specifying:

- Checks for injury before moving
- When to call an ambulance (if care home / community hospital)
- Safe manual handling if fracture
- Observations
- Timescales for medical review
- Post fall review of circumstances
- Reporting requirements
- Referral for specialist assessment



NHS
National Patient Safety Agency

Rapid Response Report

NPSA/2011/RRR001

From reporting to learning 13 January 2011

Issue
Each year around 29 number of these falls fracture, and 30 intra

Evidence of harm
Analysis of patient s March 2010) indicate some failure of after

- delayed diag
- neurological of intracranis
- sling hoists
- delays in acc

Reducing the risk o
When a serious injur is critical to the patie help staff to consiste

For IMMEDIATE A COMPLETE is 14 L NHS organisat

1. They have
 - a) che pat
 - b) saf inj
 - c) fre or e
 - d) Ex tim sig
2. Their post-
3. Their staff i post versic medical rev
4. Their staff i colleagues
5. Systems ar is equal in s

Guideline 5
* Community hospi collaboration with e

NICE National Institute for Health and Care Excellence

Falls in older people: assessment after a fall and preventing further falls

Issued: March 2015

NICE quality standard 86
guidance.nice.org.uk/qs86

NHS Evidence
© National Patient Safety A
authorities UK, healthcare

Why are patients with dementia more likely to fall? (1)

- ❖ Balance impairments correlates with memory and naming deficits
- ❖ Gait – patterns/slower/inability to use aid
- ❖ Medications esp neuroleptic,antipsychcotic, sedatives
- ❖ Behavioural disorders
- ❖ Decreased ability to verbalise what is wrong
- ❖ Wandering/exhaustion Interpretation of surroundings different (floors, curtains, lighting, sounds).

Bunn et al (2014) Preventing falls among older people with mental health problems: a systematic review

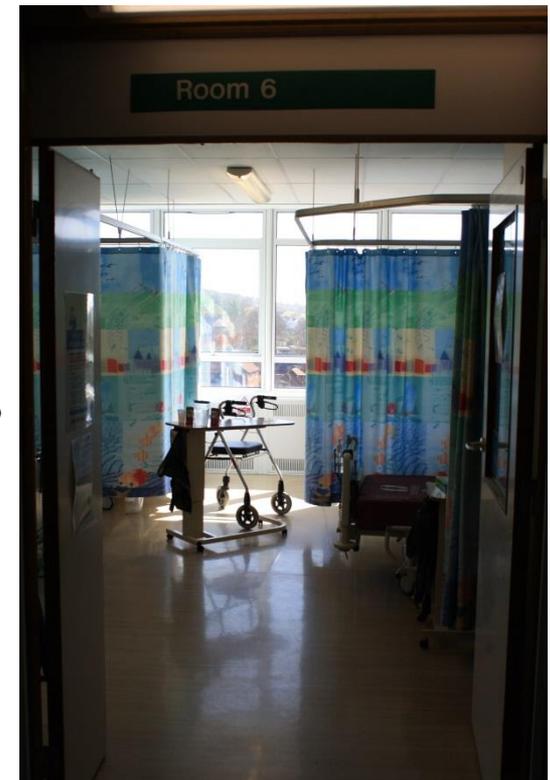
BMC Nursing 2014, **13**:4 doi:10.1186/1472-6955-13-4

Why are patients with dementia more likely to fall? (2)

- Reduced dual task performance e.g. walk & talk
- Alterations to sleep/wake cycle
- Malnutrition/dehydration
- Deconditioning
- Decreased attention to comorbid pathologies
- (No) fear of falling
- ↓ muscle mass, Vit D, Vit B12 = increased risk of fracture

Environmental considerations

- ❖ Poor lighting esp on stairs
- ❖ Low temperature
- ❖ Wet, slippery, uneven floor surfaces
- ❖ Chairs & beds too high/low/unstable
- ❖ Inappropriate/ unsafe walking aids
- ❖ Unsafe/ absent equipment e.g handrails



Some hazard modification is free !



Staff Education



Royal College of Physicians | NHS England

preventing falls

Falls are the commonest cause of injury in hospitals. This course is about helping to prevent them.

- ▶ Patient risk factors 55 mins ●
- ▶ Environmental risk factors 20 mins ●
- ▶ After a fall 10 mins ●
- ▶ Check your knowledge ●

Royal College of Physicians | NHS England

CareFall

Reducing inpatient falls and post fall management

This course is about helping you identify and manage risk factors.

- ▶ Introduction 10 mins ●
- ▶ Risk factors for falls
- ▶ Patient risk factors 50 mins ●
- ▶ Environmental risk factors 8 mins ●
- ▶ After a fall 13 mins ○

Resources Help Options

E-learning for nurses.



Video player interface showing a nurse in blue scrubs assisting an elderly patient with a hoist. The player includes navigation arrows, a progress bar, a volume icon, and a 'Transcript' button.



Video player interface showing a male presenter with glasses sitting in a red chair. The player includes navigation arrows, a progress bar, a volume icon, and a 'Transcript' button.



Video player interface showing a nurse in blue scrubs examining an elderly patient's face. The player includes navigation arrows, a progress bar, a volume icon, and a 'Transcript' button.

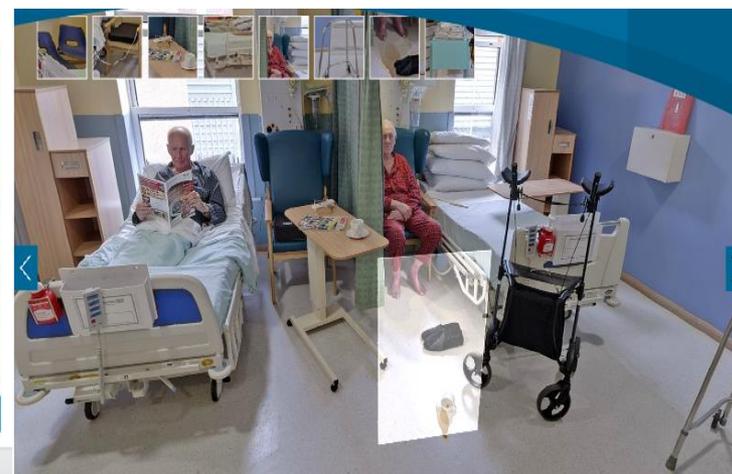
For example, the aid shows you that if the patient is very immobile (bedfast or hoist dependent), bedrails are recommended in most cases, but should be used with care if the patient is also confused and disorientated.

You may also need to consider other factors such as poor vision and the risk of restless patients getting bruises or scrapes from the bedrails.

If you use bedrails, make sure you understand your local guidance on selecting suitable patients.

[Click Next to continue.](#)

		MOBILITY		
		Patient is very immobile	Patient is neither independent nor immobile	Patient can mobilise without help from staff
		Use bedrails with care	Bedrails NOT recommended	Bedrails NOT recommended
MENTAL STATE	Patient is confused and disorientated	Bedrails recommended	Use bedrails with care	Bedrails NOT recommended
	Patient is drowsy	Bedrails recommended	Use bedrails with care	Bedrails NOT recommended
	Patient is orientated and alert	Bedrails recommended	Bedrails recommended	Bedrails NOT recommended
	Patient is unconscious	Bedrails recommended	N/A	N/A



Resources for patients and carers

Staying steady
Keep active and reduce your risk of falling



Health & wellbeing



AgeUK3024

NHS choices Your health, your choices

Health A-Z | **Live Well** | Care and support

Falls

Overview | **Clinical trials**

Falls | Prevention

Introduction



National Osteoporosis Society

What is Osteoporosis



◀

National Inpatient Falls Audit

- ❑ 172 Acute Trusts taking part
- ❑ Organisational, clinical & bedside (observational) components based on NICE 161
- ❑ Early reports suggest improvements needed!



The screenshot shows the top section of the FFFAP website. It features the Royal College of Physicians logo on the left and the text 'FFFAP National Audit of Inpatient Falls' on the right. Below this is a navigation bar with links for 'Home', 'Patients View', 'Downloads', 'Support', 'Reports', and 'Export All'. A 'More Information' section on the left includes links for 'FFFAP Website' and 'Create User'. A partial link for 'FFFAP - National Audit of Inpatient Falls' is visible on the right, with a sub-link that says 'If you need help using the audit system or wish to discuss...'.

To conclude:

What's the most important falls intervention?

.....**YOU !**

Thanks for listeningAny questions?