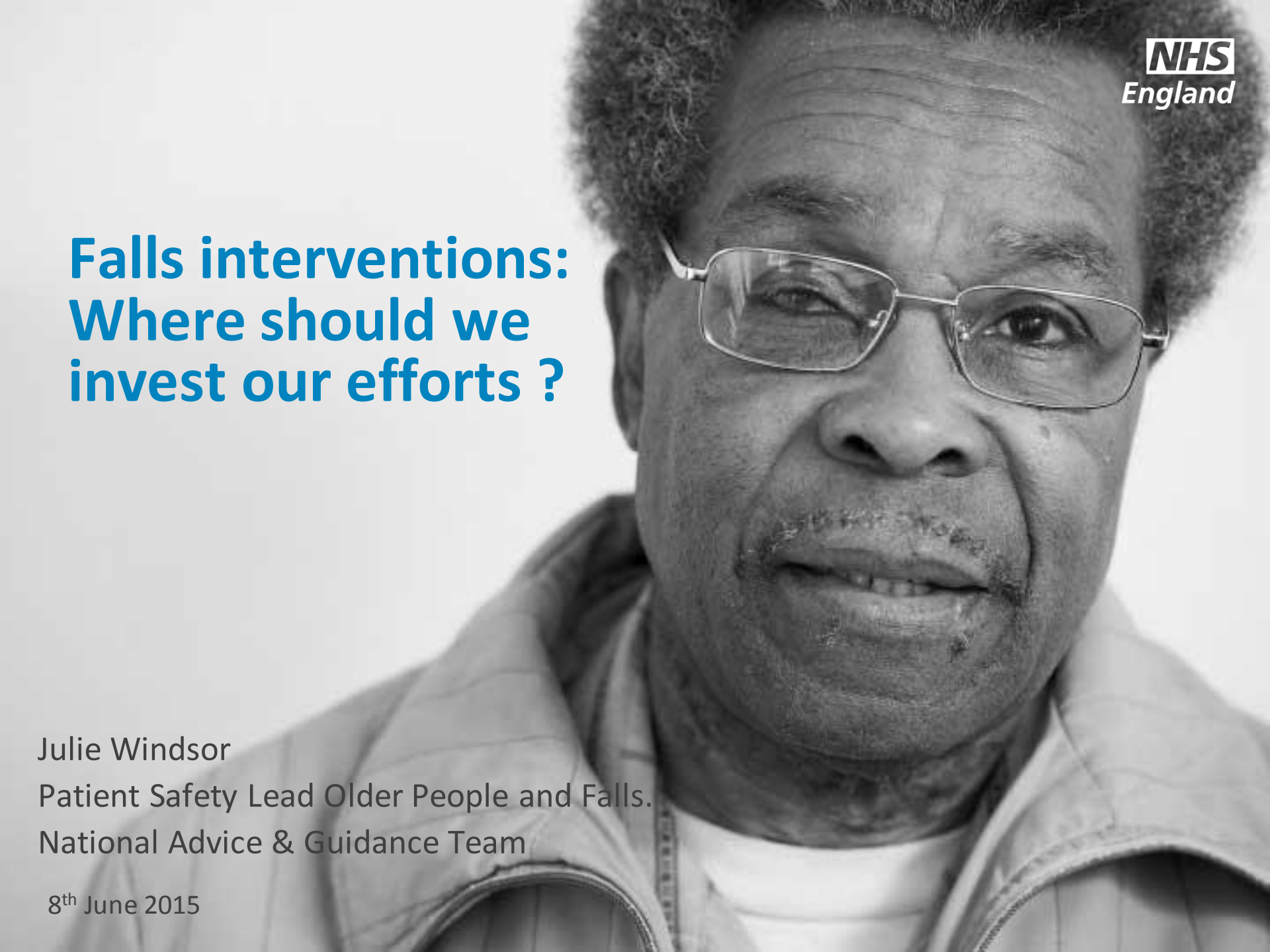
WELCOME TO THIS SIGN UP TO SAFETY WEBINAR

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…

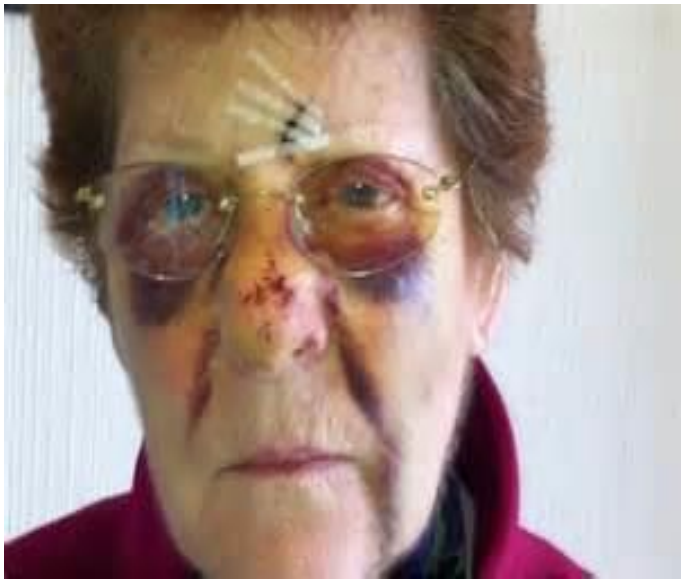
Definition of a fall:

- *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

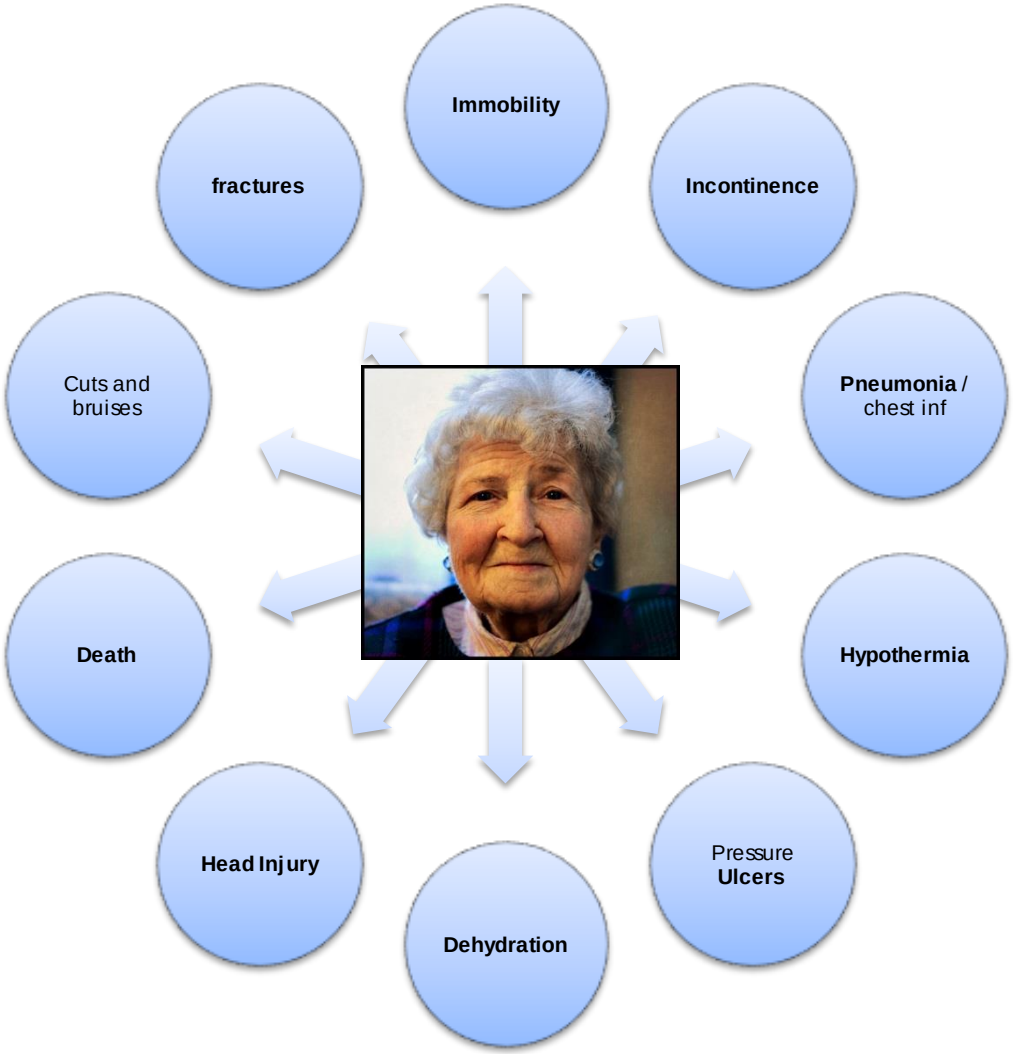
Generally not accidental but result of complex interplay between

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

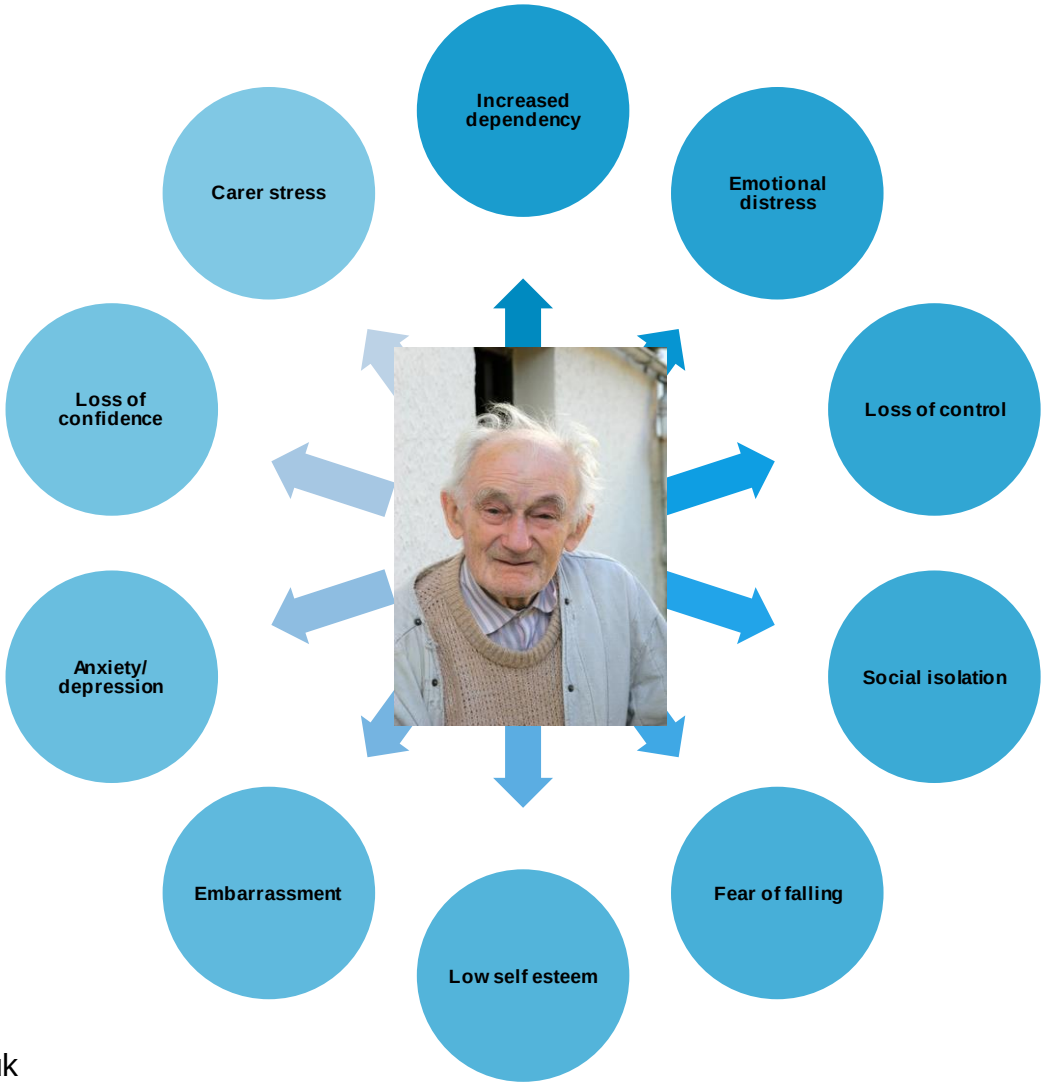
Falls.. The figures.

- 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

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…..

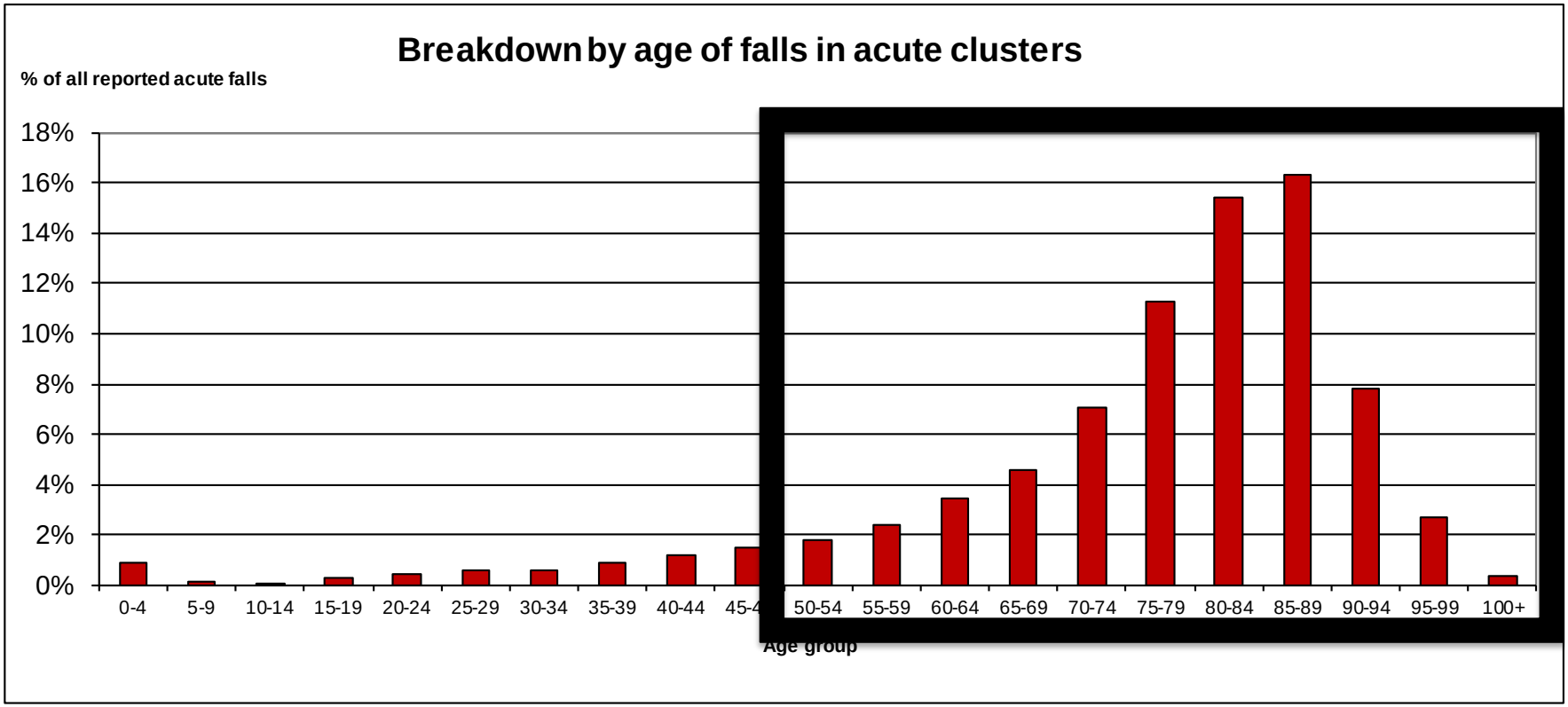
Acute and Community Hospitals.

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**

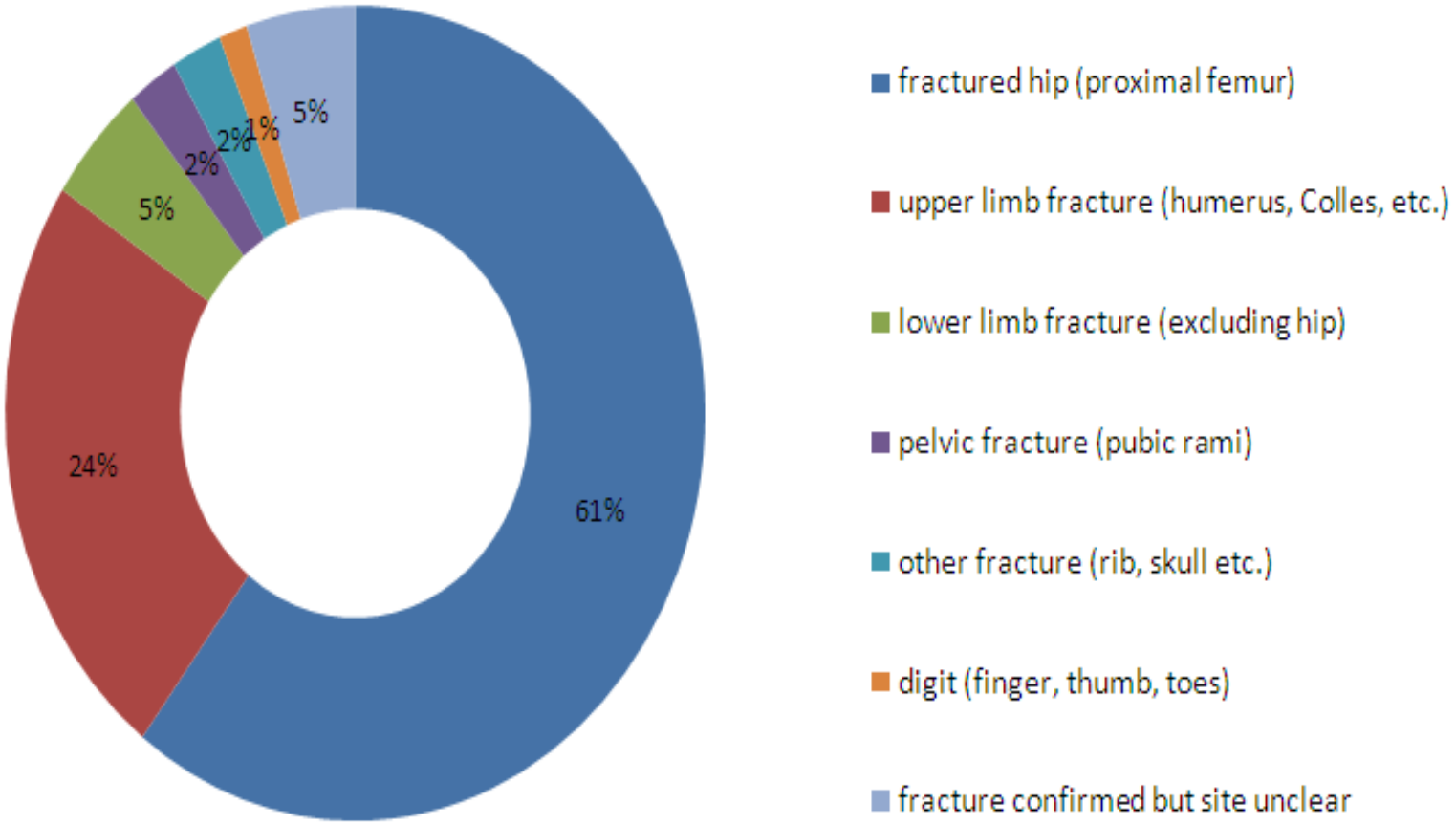
Mental Health Hospitals.

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**

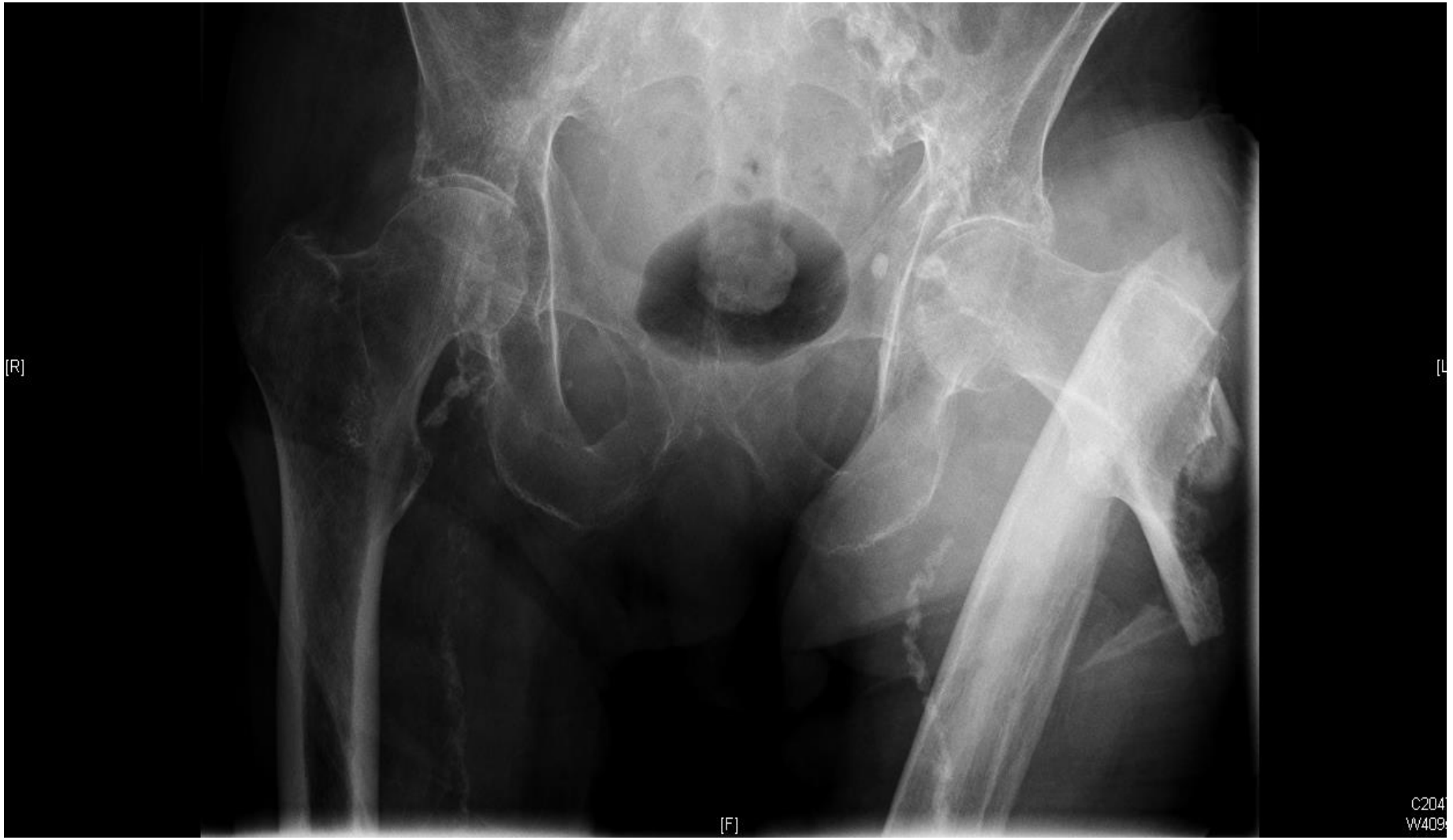
Age of patients reported to have fallen in hospital



Types of moderate and severe falls harms

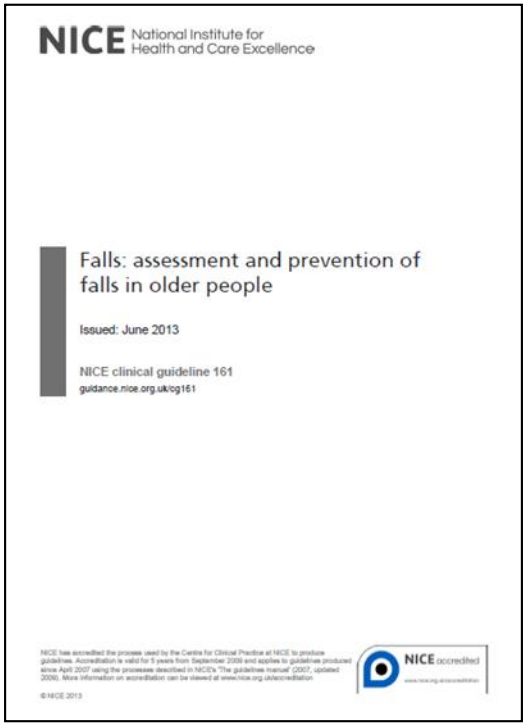


What does severe harm look like?



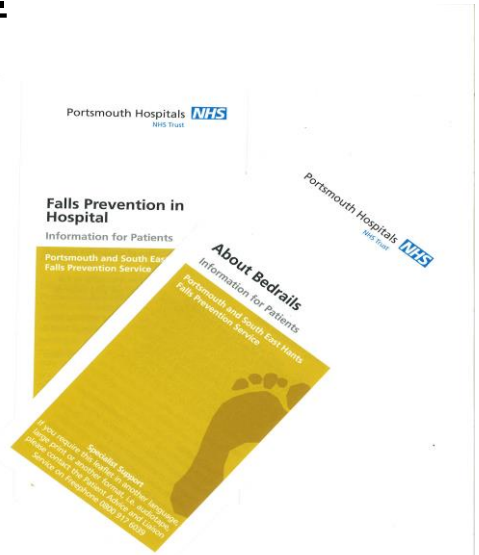
Who should we assess?

- ✓ 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

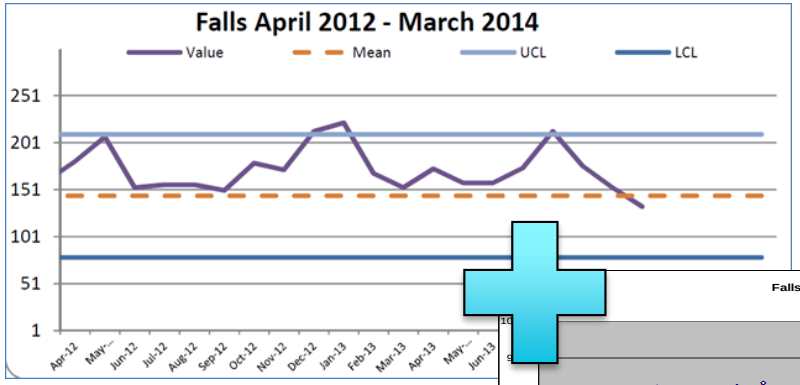
- ✓cognitive impairment esp delirium
- ✓continence problems
- ✓falls history (causes, consequences, & fear of falling)
- ✓footwear that is unsuitable or missing
- ✓health problems that affect falls risk
- ✓medication review
- ✓postural instability, mobility and/or balance problems
- ✓syncope syndrome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

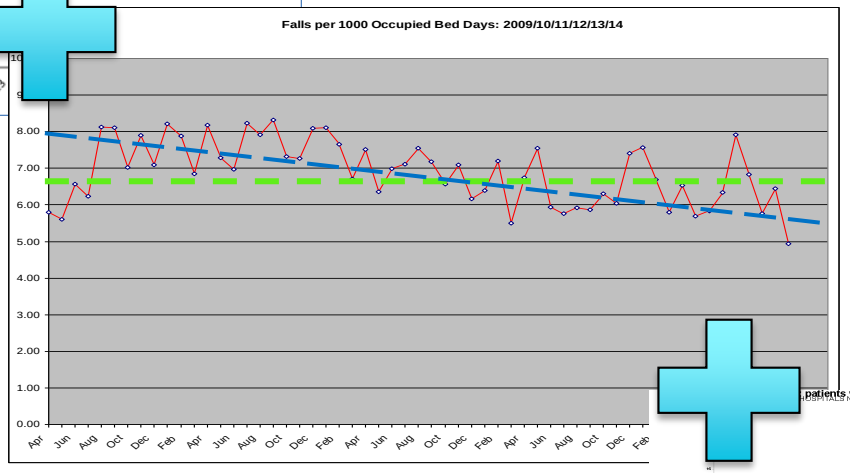
A bit about measurement…..

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….

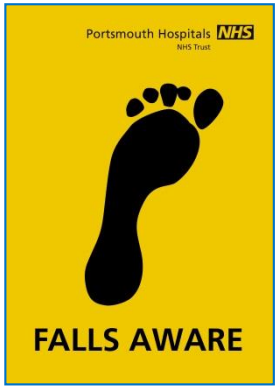




www.england.nhs.uk

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

17 hospital trials but no clear strategy for successful interventions

Complex problems in complex settings require complex solutions

6 PACK falls prevention

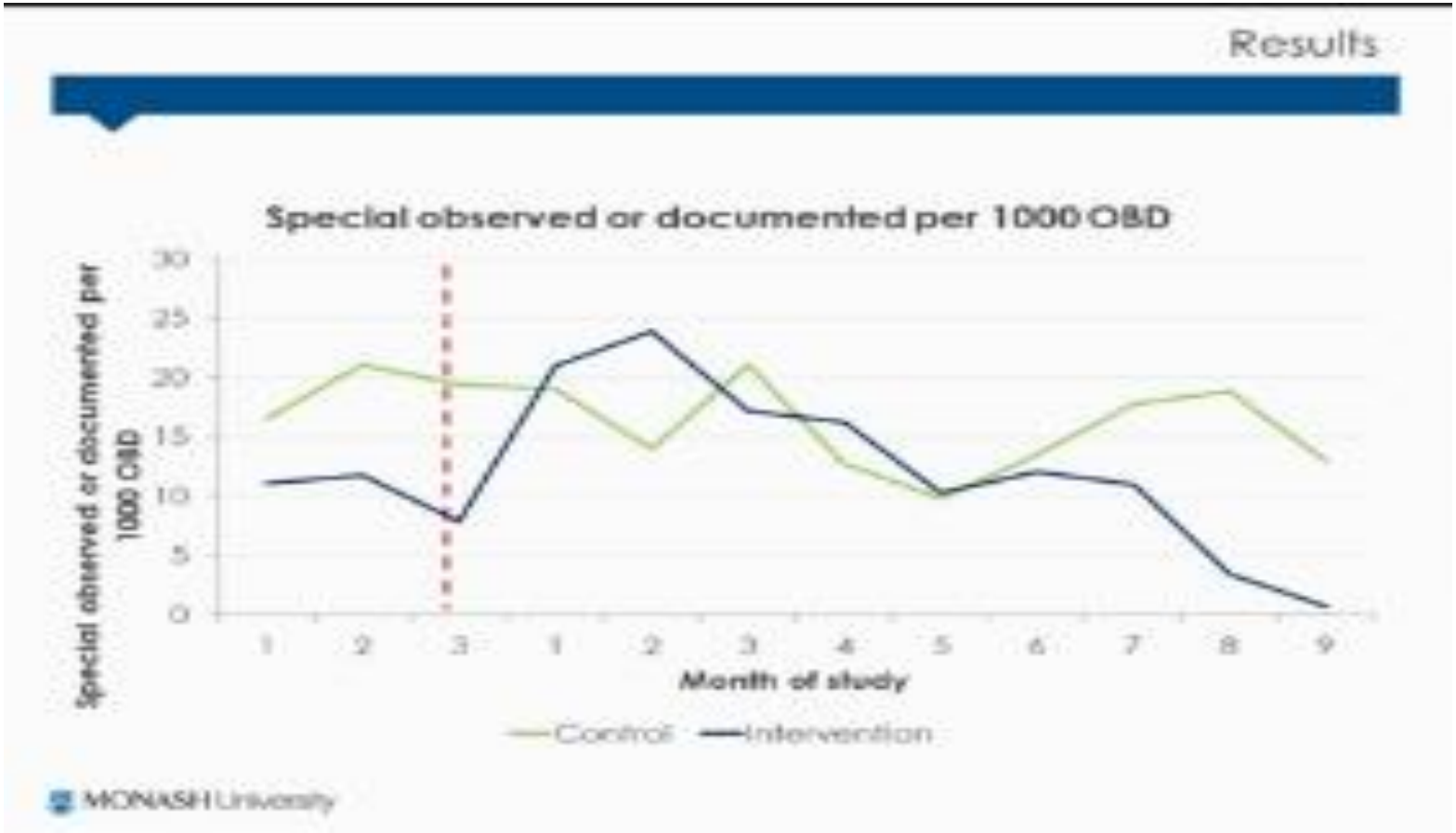
NHS England

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.

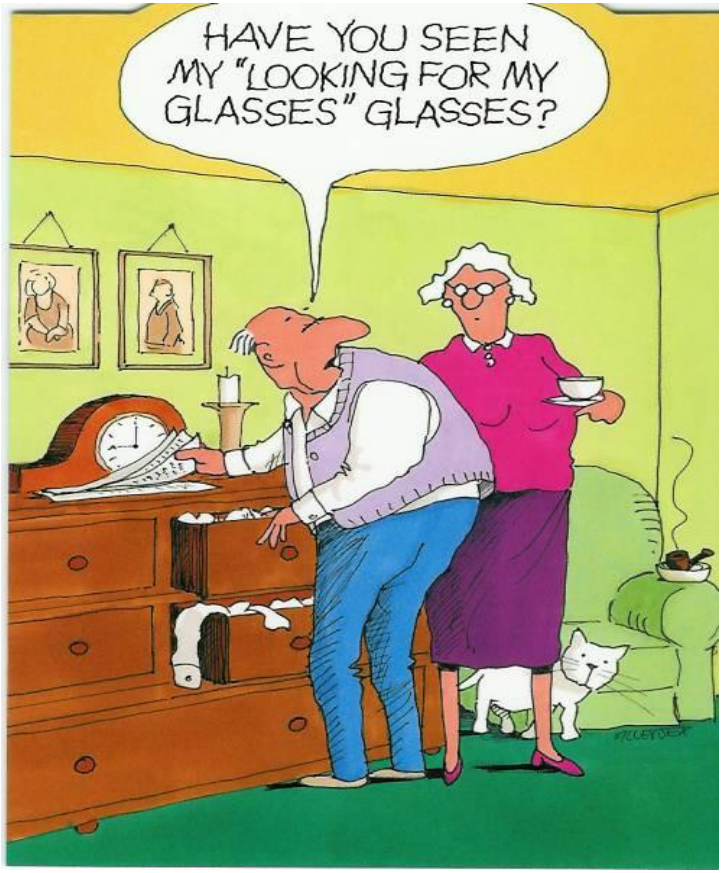
- Drugs – prescribed, over-the-counter, illicit?
- Alcohol intoxication or withdrawal
- Metabolic disorders
- Focal brain lesions
- Infections

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

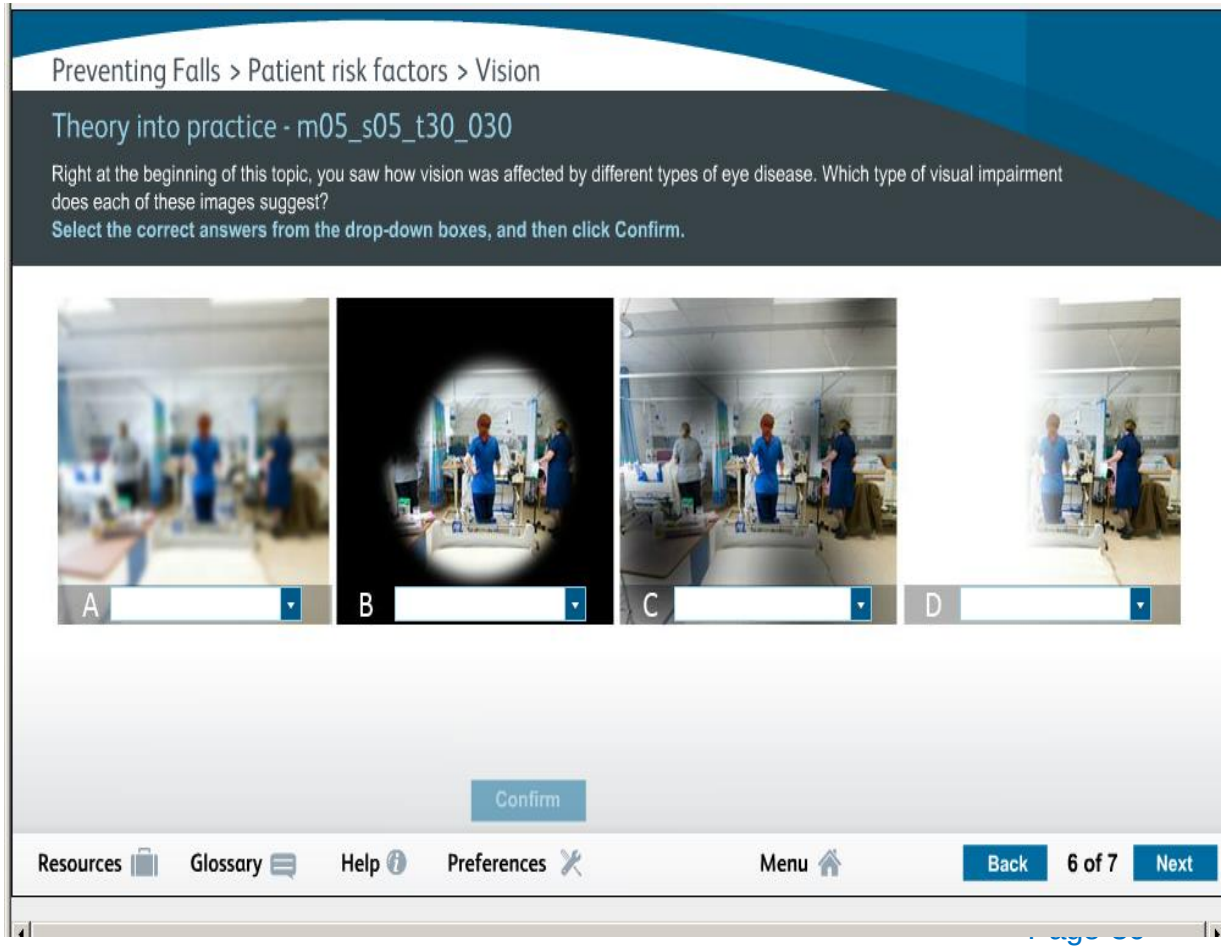


- Specs
- Bi/varifocals
- Hearing aids
- Glaucoma
- Retinopathy
- Hemianopea
- Cataracts

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)



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

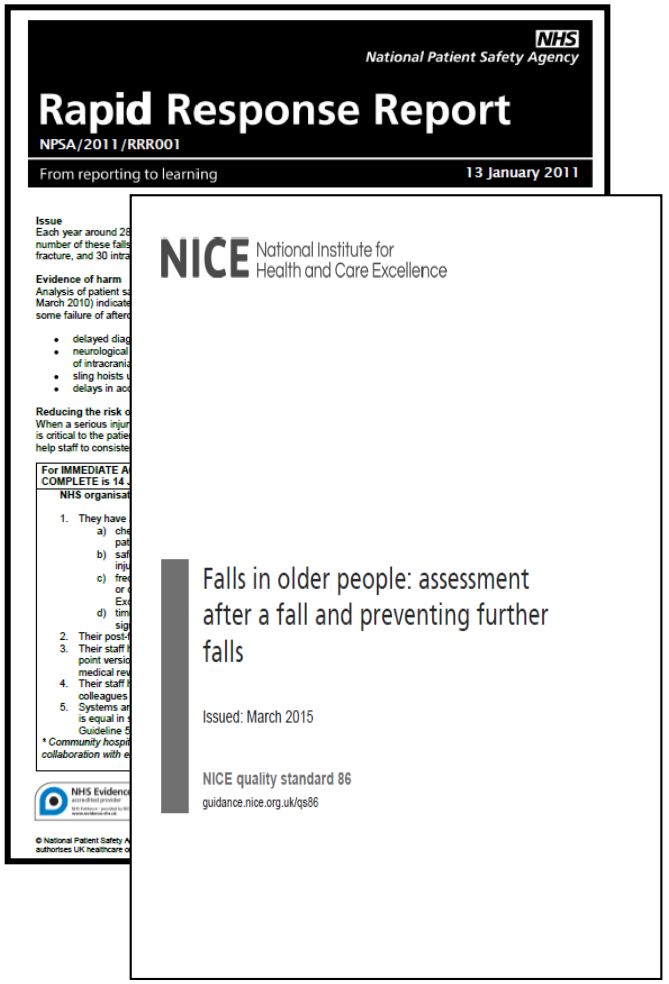
Balance/ gait/ mobility problems/ muscle weakness

- 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



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

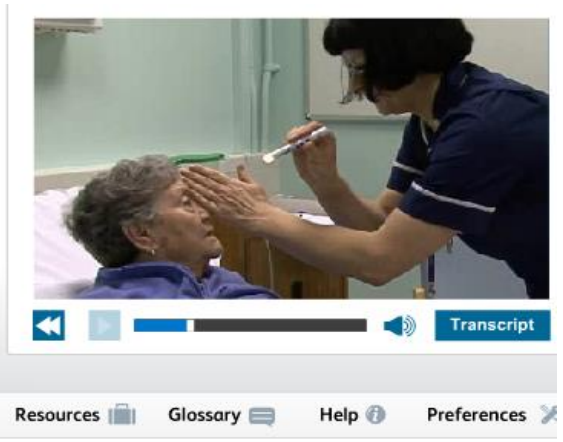
Environmental considerations

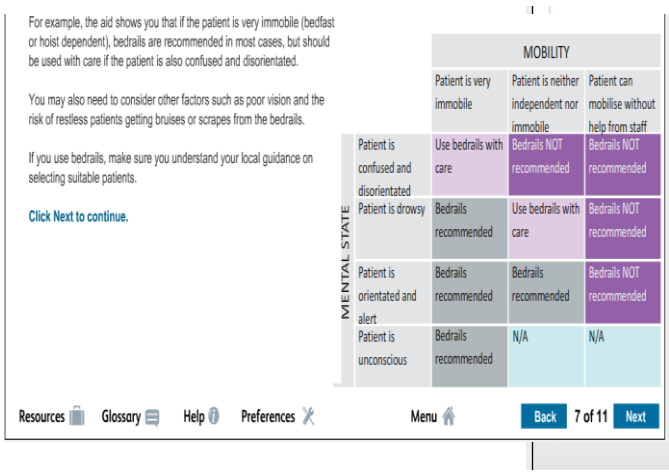
- Poor lighting esp on stairs
- Low temperature
- Wet, slippery, uneven floor surfaces
- Chairs & beds too high/low/unstable
- Inappropriate/ unsafe walking aids
- Unsafe/ absent equipment e.g handrails

Some hazard modification is free !

Staff Education

E-learning for nurses.





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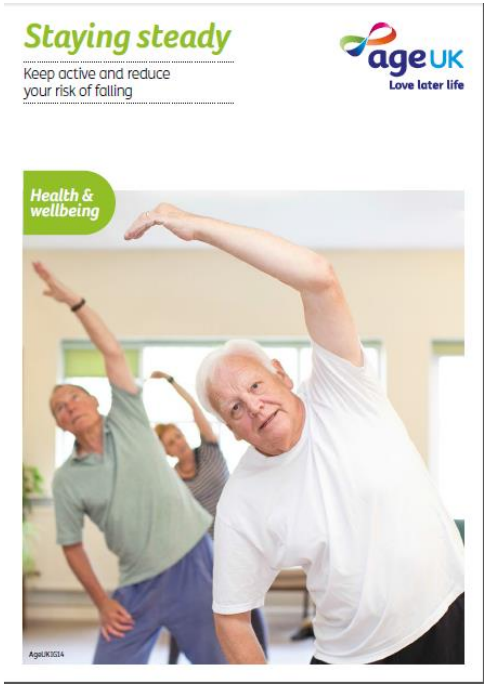
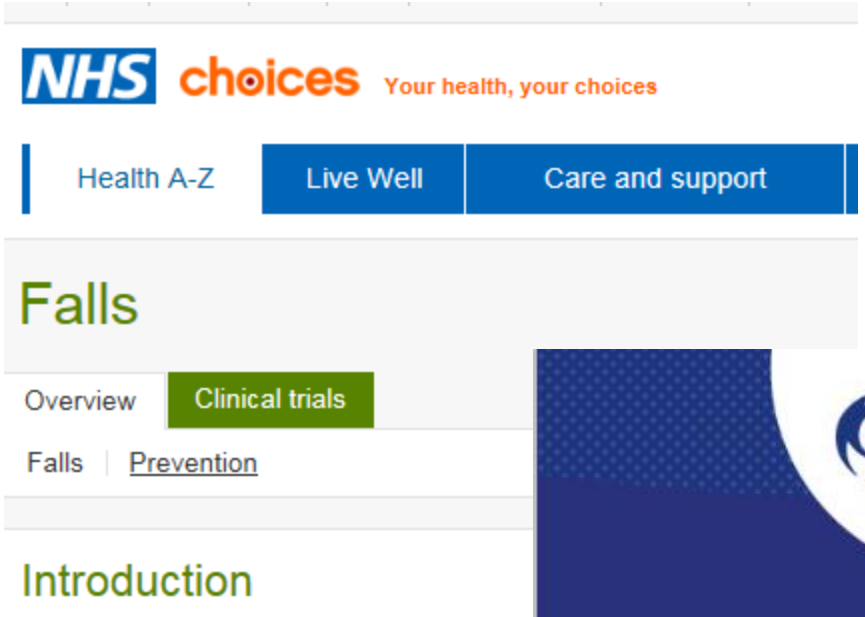
Resources for patients and carers





National Inpatient Falls Audit

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

To conclude:

What's the most important falls intervention?

…….**YOU !**

Thanks for listening ….Any questions?

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