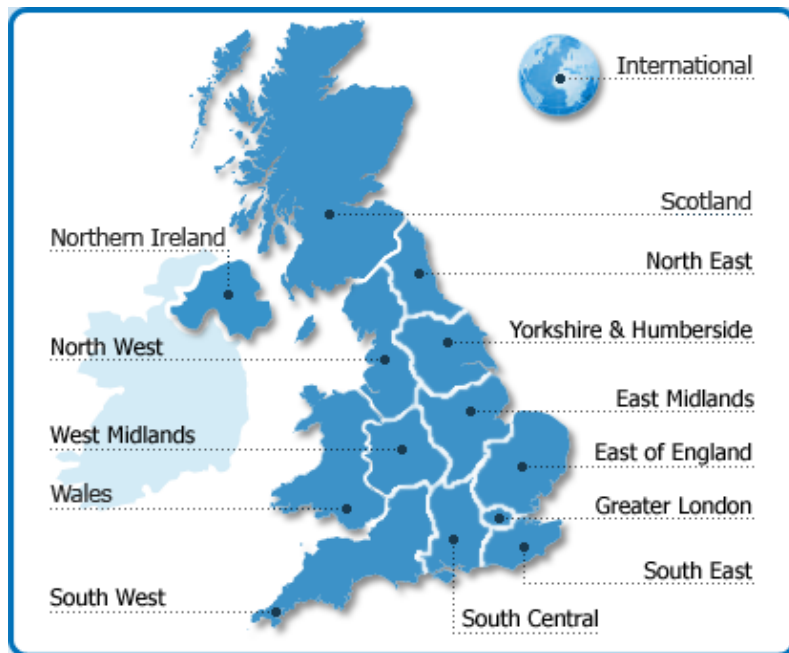


# Falls prevention in health and social care: the UK perspective.

**Julie Windsor Patient Safety Clinical Lead- Medical Specialties/ Older People.**



# The National Health Service (NHS) and population statistics



England population is 55 + million.

The NHS deals with over 1 million patients every 36 hours.

16+ million hospital admissions in 2015/16

18% of people were aged 65+

2.4% were aged 85+

People aged 60 and over projected increase from 14.9m in 2014 to 21.9m by 2039.

As part of this growth, the number of over-85s is estimated to more than double from 1.5 million in 2014 to 3.6 million by 2039

# The National Health Service (NHS)

## **Service providers**

- 209 clinical commissioning groups
- 135 acute non-specialist trusts
- 17 acute specialist trusts
- 54 mental health trusts
- 35 community providers
- 10 ambulance trusts
- 7,454 GP practices
- 853 for-profit and not-for-profit independent sector organisations

## **Clinical staff**

- 106,430 doctors
- 285,893 nurses
- 132,673 scientific, therapeutic and technical staff
- 19,772 ambulance staff

# Falls admissions.

421,800

2.7 % increase from 2012-13

*Hospital Episode Statistics 2013-14*

12,000 hip fracture

4,000 at any one time

Mean LOS 19 days

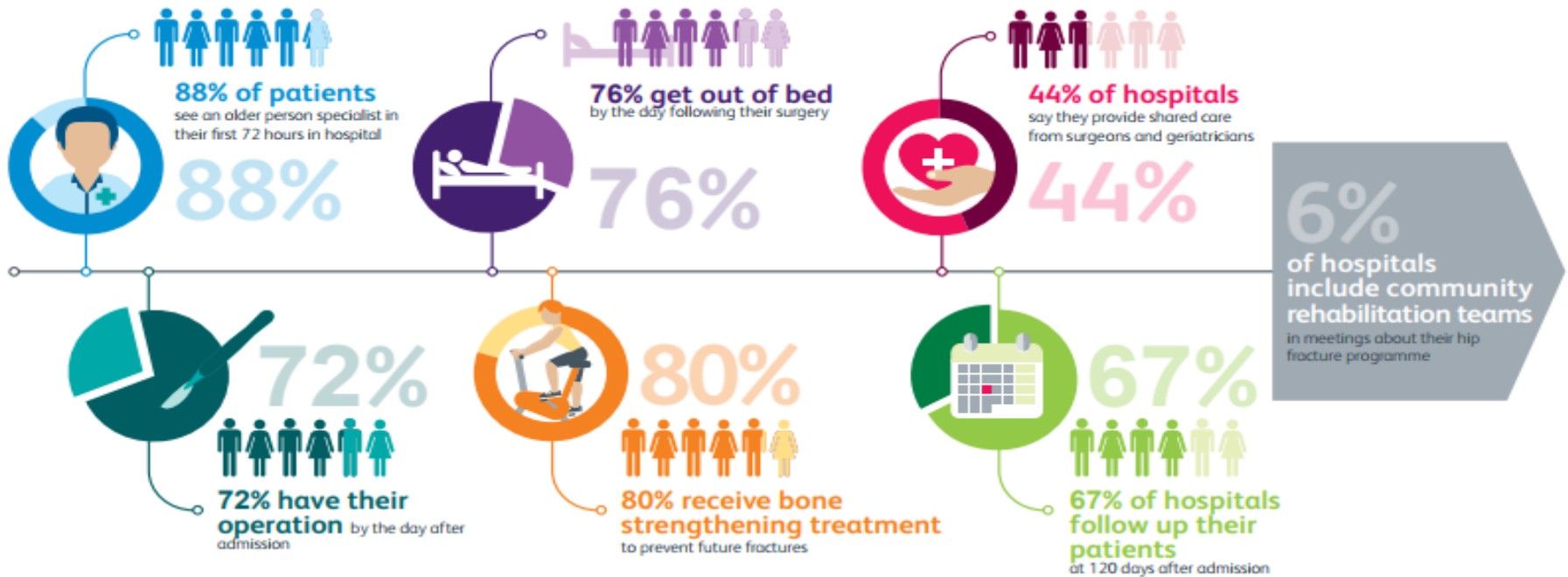
3.9 % (2,511) were inpatient at the time of the fracture



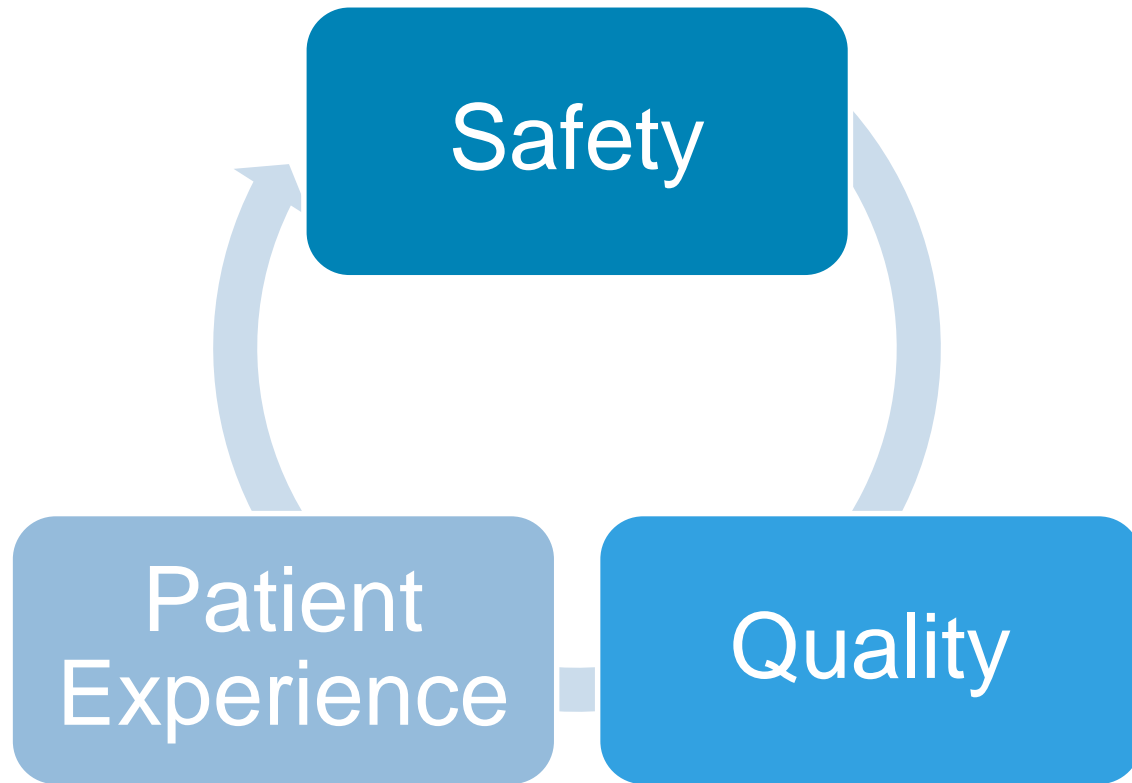
# Models of ortho/geriatric collaboration has transformed care.

## What a hip fracture programme can deliver

Hip fracture is the most common serious injury in older people. Hip fracture patients take up 1.5m hospital bed days each year and cost NHS and social care £1b. Patient care can be improved and NHS cost reduced with a Hip Fracture Programme



# Improving falls prevention in hospital



# National Reporting & Learning System.

## Inpatient reported falls

### Acute & Community hospitals

England						
PD09 Degree of harm (severity)	2010	2011	2012	2013	2014	2015
No Harm	170,669	168,615	167,567	166,919	165,598	158,418
Low	64,122	64,726	61,536	58,919	56,783	54,224
Moderate	6,922	7,022	6,424	5,339	4,911	4,020
Severe	874	1,023	1,057	1,123	1,214	1,219
Death	118	106	120	147	147	127
Total	242,705	241,492	236,704	232,447	228,653	218,008

# National Reporting & Learning System.

## Inpatient reported falls

### Mental health hospitals

England						
PD09 Degree of harm (severity)	2010	2011	2012	2013	2014	2015
No Harm	18,370	17,244	17,114	16,219	16,983	16,681
Low	12,937	12,160	11,217	10,787	9,846	9,059
Moderate	1,425	1,368	1,433	1,309	1,167	1,056
Severe	92	107	133	109	105	101
Death	13	11	7	14	9	7
Total	32,837	30,890	29,904	28,438	28,110	26,904



# ***Drivers for improvement.....***

# There's no shortage of falls policies and guidance .....

DoH Quality & Outcomes Framework,  
NHS, Adult Social Care, Public Health  
NICE CG 81& QS 16 Hip#  
NICE CG 161 & QS 86 Falls  
NICE CG 176 & QS 74 Head Injury  
NICE NG5 Medicines Optimisation  
NICE TA's 204, 160,161  
CQUIN's # prevention & dementia  
Comprehensive Spending Review  
NHS Operating Framework  
Best Practice Tariff Hip #  
DH Prevention Package Older People  
Musculoskeletal Services Framework  
RCN ' Lets Talk about Restraint'  
Occ Ther Practice Guideline (Falls)

GMS contract 2017/18  
Falls and fractures: consensus statement  
and resources pack for commissioners  
2017  
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

# No wonder it seems daunting !

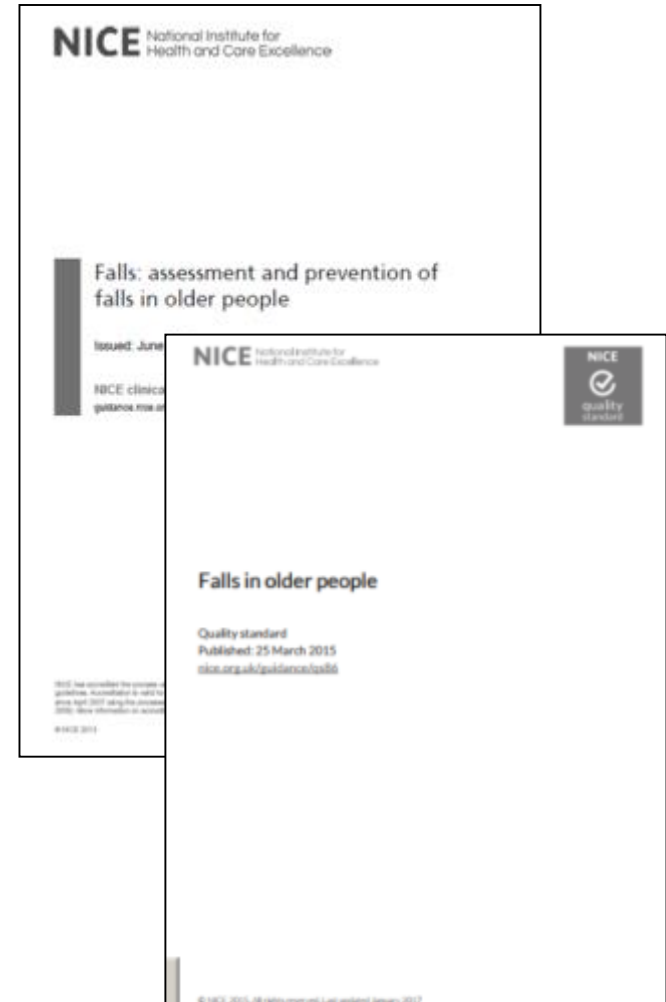


Some interventions can be quick & free  
though ...

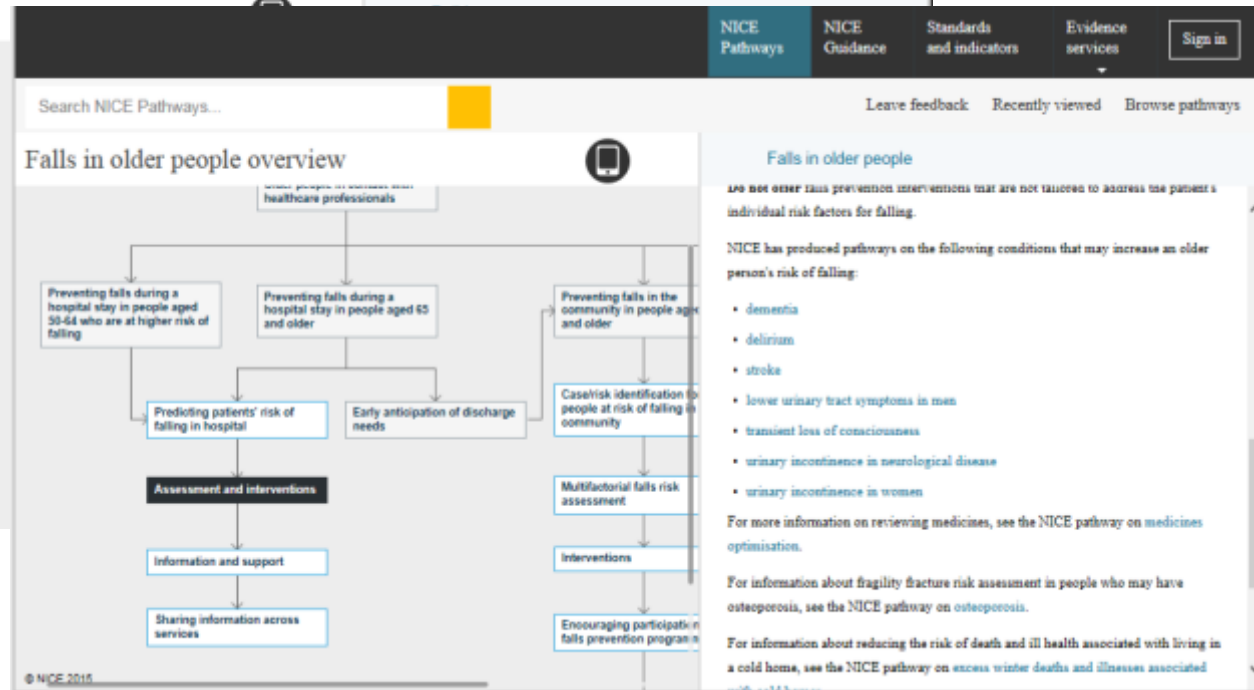
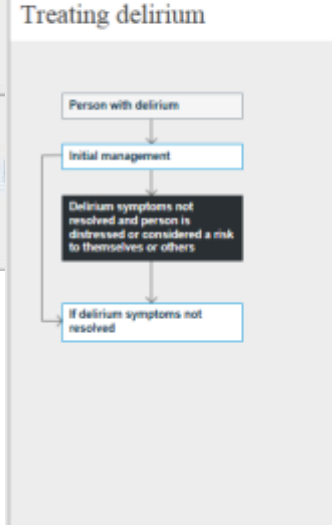
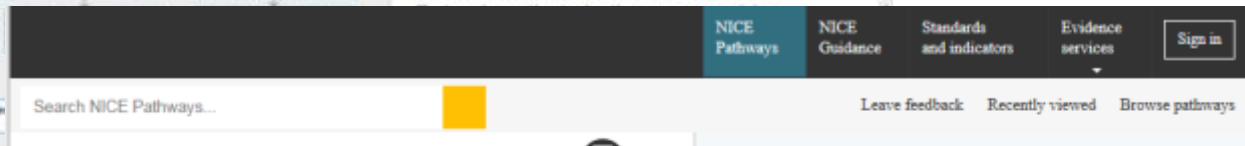
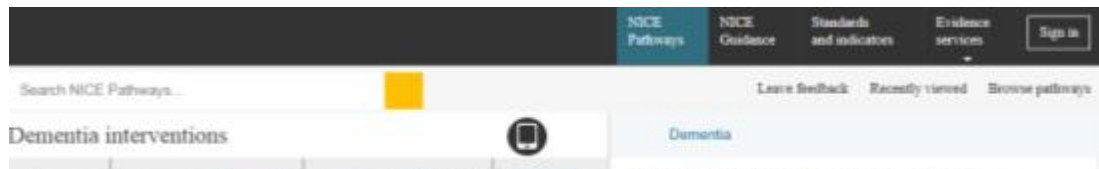


# Who should we assess?

- ✓ 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
- ✓ After a fall in hospital!
- ✓ Offer **individualised** risk assessment and intervention plan



# Related NICE Guidelines- not seeing things in isolation (prevention)



# Related NICE Guidelines- not seeing things in isolation (sequelae)

NICE Pathways NICE Guidance Standards and indicators Evidence services Sign in

Search...

News About Get involved Communities

Home NICE Guidance Conditions and diseases Musculoskeletal conditions Hip conditions

## Hip fracture in adults

NICE quality standard [QS16] Published date: 2015

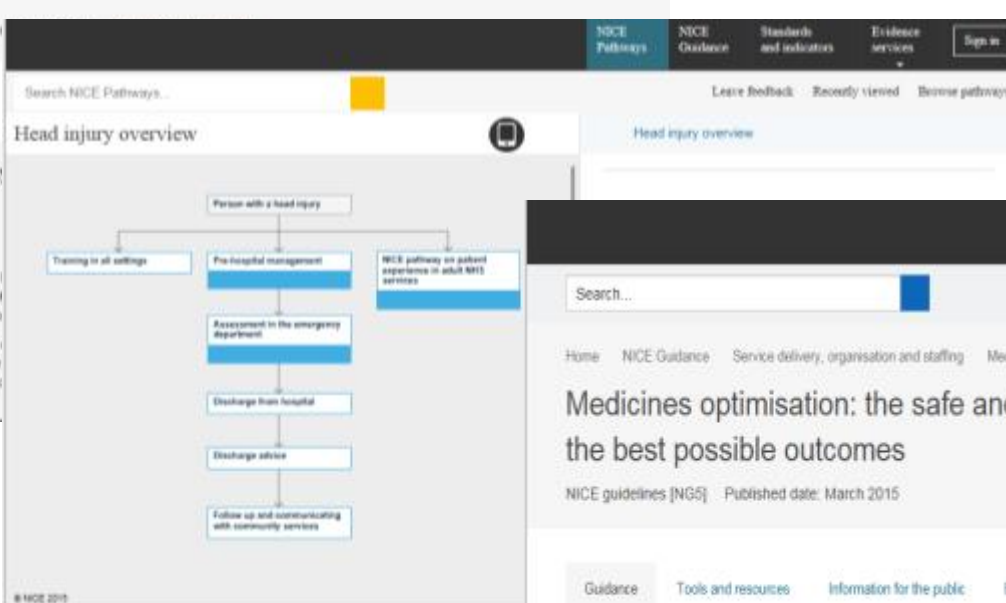
Quality Standard Tools and resources

Overview Quality

- Introduction and overview
- List of quality statements
- Quality statement 1: Hip Fracture Programme
- Quality statement 2: Continuity of clinical and service governance
- Quality statement 3: Cognitive assessment

This is a quality profile

This is a quality statement



NICE Pathways NICE Guidance Standards and indicators Evidence services Sign in

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Home NICE Guidance Service delivery, organisation and staffing Medicines management Medicines management: general and other

## Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

NICE guidelines [NG5] Published date: March 2015

Guidance Tools and resources Information for the public Evidence History

Overview Guidance Share Download

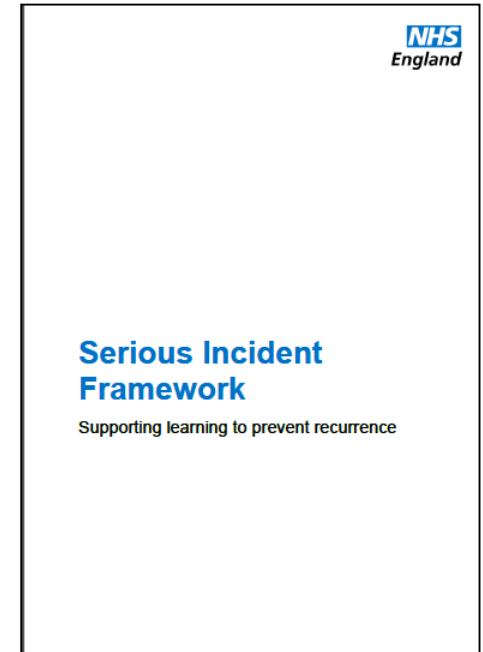
Introduction 1 Recommendations Next

Personalised care



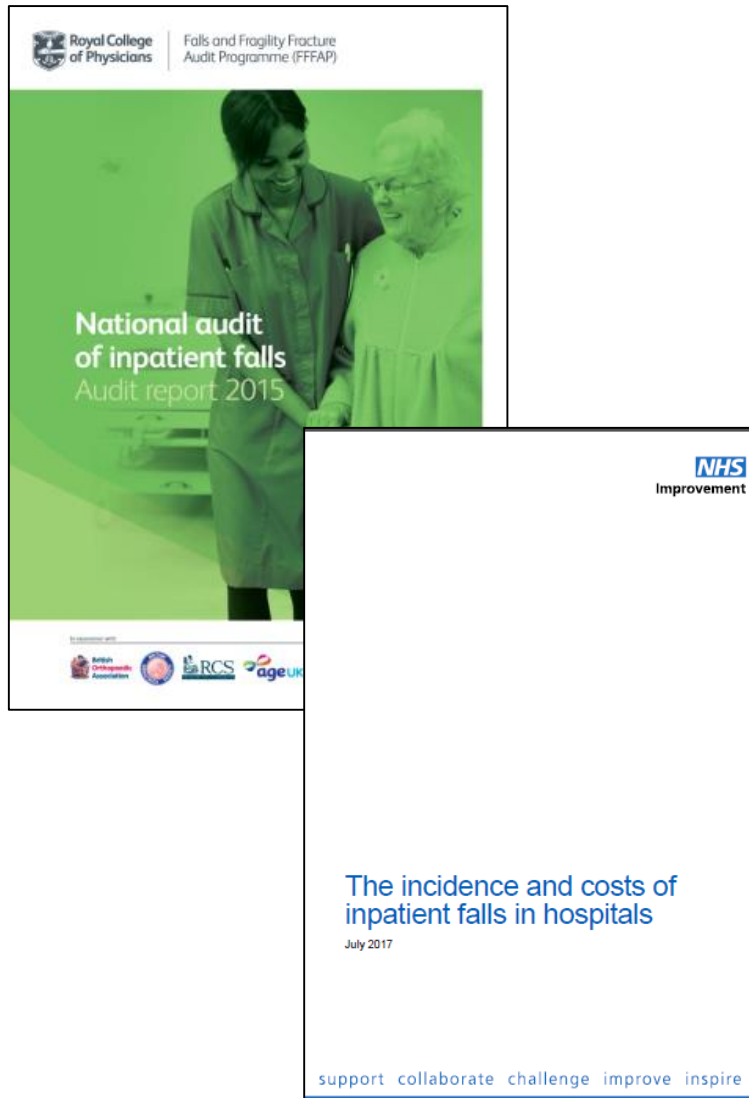
# What about investigations?

- ❑ Main function is for learning
- ❑ Need to be MDT otherwise missing vital contributions... and engagement!
- ❑ Should usually include patients and families.
- ❑ Focus on what happened rather than avoidable or not = distracting.
- ❑ All severe injury not necessarily SI's
- ❑ Should not be an industry in themselves!
- ❑ Think about different models of investigation e.g. cluster



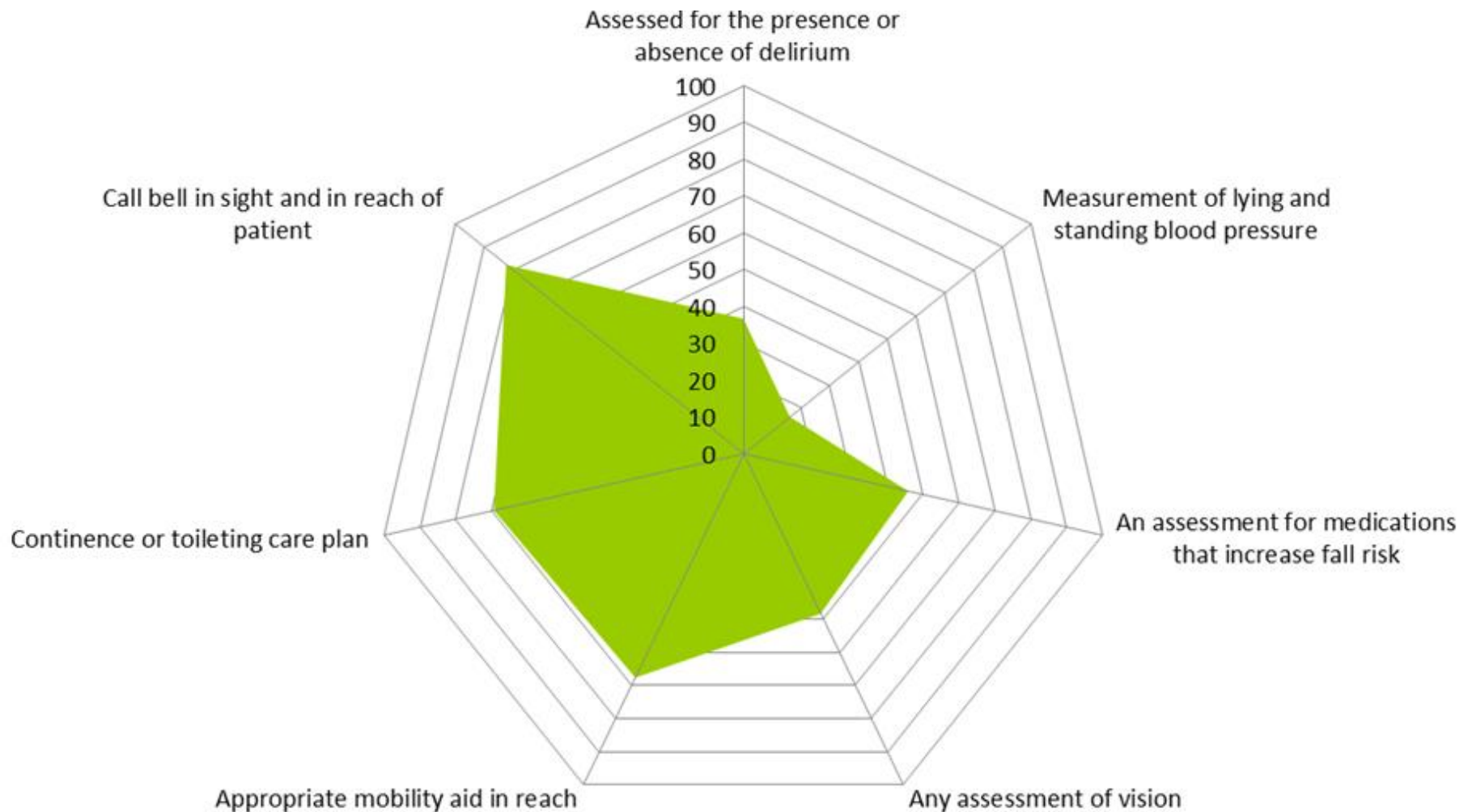


# In patient falls; patient and financial cost



- ❑ Over 600 falls reported per day to the NRLS in England and Wales (>250,000 a year)
- 5,059 Moderate harm
- 1,367 Severe harm
- >2500 hip fractures occur in hospital (4.2%)
- 143 deaths
  
- ❑ Not all falls result in injury but affect confidence, increase anxiety & reduce mobility
- ❑ estimated overall cost of £630 million approximately 25% of the £2.3 billion total costs of falls estimated by NICE

# Key clinical data: national audit 2016 results. 2017 will report in Oct .



# Key recommendations for Trusts and LHB's

- ✓ Falls steering group
- ✓ Falls multidisciplinary working group
- ✓ Audit bed rail use
- ✓ Review multifactorial falls risk assessments (MFRAs)
- ❖ Do **NOT** use a fall risk prediction tool

# Helpful resources: Blood pressure (1)

All patients aged over 65  
should have a lying and standing  
blood pressure performed  
as soon as practicable  
(national audit 2015)

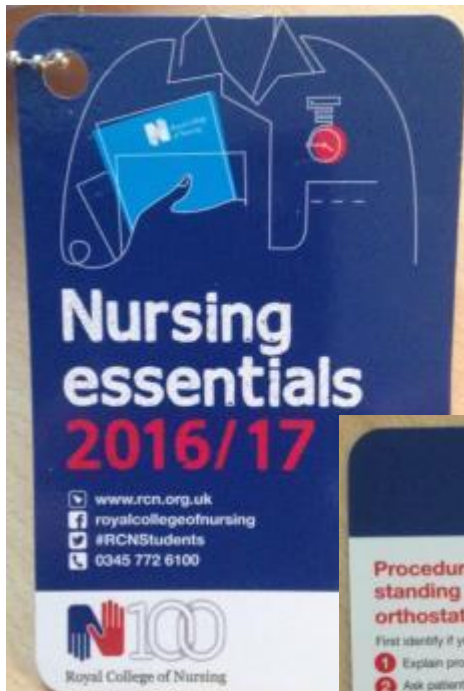


<https://www.rcplondon.ac.uk/projects/outputs/measurement-lying-and-standing-blood-pressure-brief-guide-clinical-staff>

<http://www.e-lfh.org.uk/programmes/preventing-falls/>

*Windsor J et al (2016) Orthostatic hypotension 1: effect of orthostatic hypotension on falls risk. Nursing Times; 112: 43/44, 11-13.*

# Helpful resources: Blood pressure (2)



**Falls in hospital**

**Procedure: postural or lying and standing BP for detection of orthostatic hypotension (OH).**

First identify if you are going to need another staff member to assist.

- 1 Explain procedure to the patient.
- 2 Ask patient to lie as flat as able for at least 5 minutes before measurement.
- 3 Measure BP and pulse rate whilst patient lying down.
- 4 Ask the patient to stand up, assisting if necessary, and using their normal mobility aid as required.
- 5 Measure BP and pulse rate **immediately on standing (or within 1 minute), then again at 3 minutes.**
- 6 If BP still dropping or symptoms persist (and patient able to continue) then repeat at 5 minutes total standing time.
- 7 Notice and document symptoms of dizziness, light-headedness, vagueness, pallor, visual disturbance/feelings of weakness (esp. in the legs), palpitations/shoulder or neck ache.
- 8 Inform the medical team if:
  - systolic drops below 90 mmHg
  - systolic drop of >20mmHg or diastolic drop of >10mmHg and/or related symptoms.
- 9 Advise patient of results and if OH is suspected. Implement immediate actions to prevent falls and/or unsteadiness such as rehydration, getting up slowly, leg exercises to increase calf pump mechanism, calling for assistance before rising, etc.

For more information: [www.nice.org.uk/Guidance/CG161](http://www.nice.org.uk/Guidance/CG161) and [www.rcplondon.ac.uk/guidelines-policy/fall-risk-resources-original](http://www.rcplondon.ac.uk/guidelines-policy/fall-risk-resources-original)



Falls and Fragility Fracture  
Audit Programme

## How to measure a lying and standing blood pressure (BP) as part of a falls assessment

1. Identify if you are going to need assistance to stand the patient and simultaneously record a BP.
2. Use a manual sphygmomanometer if possible and definitely if the automatic machine fails to record.
3. Explain the procedure to the patient.



Notice and document symptoms of dizziness, light-headedness, vagueness, pallor, visual disturbance, feelings of weakness and palpitations.

Advise patient of results and if the result is positive:

- a. Inform the medical and nursing team.
- b. Take immediate actions to prevent falls and/or unsteadiness.

### A positive result is:

- a. A drop in systolic BP of 20mmHg or more (with or without symptoms).
- b. A drop to below 90mmHg on standing even if the drop is less than 20mmHg (with or without symptoms).
- c. A drop in diastolic BP of 10mmHg with symptoms (although clinically less significant than a drop in systolic BP).

# Helpful resources: Vision Check tool.



Falls and Fragility Fracture  
Audit Programme (FFFAP)

## Look out!

Bedside vision check  
for falls prevention



In association with



Pilot across 16 hospitals (acute & community) by range of nurses, doctors, therapists, support workers..... AND patients!

Downloadable from RCP website

Or, for hard copies





contact: [FLSDB@rcplondon.ac.uk](mailto:FLSDB@rcplondon.ac.uk)

***Levers for improvement.....***



# CQC Inspection guidance: Anywhere Hospital National Audit of Inpatient Falls



	Metric	CQC Key Question	2015 <sup>2</sup> Report	National Aggregate (England)	National Aspirational Standard	Audit's rating
53 cases	Case Ascertainment All patients	Well led		Not reported for this audit		n/a
	Does the trust have a multi-disciplinary working group specifically for falls prevention where data on falls and falls resulting in harm, severe harm and death per 1,000 OBDS is discussed at most or all the meetings.?	Effective	Yes	n/a	yes	n/a
	Proportion of patients who had a vision assessment	Safe	53.3%	48.3%	100%	Between 50 and 79% 
	Proportion of patients who had a lying and standing blood pressure assessment	Safe	22.4%	16.1%	100%	Less than 50% 
	Proportion of patients assessed for the presence or absence of delirium	Safe	85.6%	35.6%	100%*	More than 80% 
	Proportion of patients with appropriate mobility aid in reach	Responsive	83.7%	68%	100%	More than 80% 



*‘.....patients identified as living with severe frailty, the practice will deliver a clinical review’*

- ✓ ***provide annual medication review***
- ✓ ***discuss if fallen in the last 12 months***
- ✓ ***provide any other clinically relevant interventions.***

# Support for commissioners.



Public Health  
England

Protecting and improving the nation's health

## Falls and fracture consensus statement Supporting commissioning for prevention

Produced by Public Health England with the National Falls Prevention Coordination  
Group member organisations

January 2017

To be reviewed January 2019



Public Health  
England

Protecting and improving the nation's health

## Falls and fracture consensus statement Resource pack

Resources for commissioners and strategic leads with a remit for falls prevention,  
bone health and healthy ageing

July 2017

To be reviewed July 2018

# Working together



National Falls Prevention Coordination Group member organisations



Protecting and improving the nation's health



## Falls and fracture consensus statement Supporting commissioning for prevention

Many new initiatives joining safety check opportunities with falls services and health & social care



3 year programme looking at partnership working across health, social care, independent & voluntary sector



# Public health falls and fracture programmes and services



About Our Services Patients & Carers Community GP Area News

Home Our Services Strength and balance classes

## Strength and balance classes

Open Access

Protocol

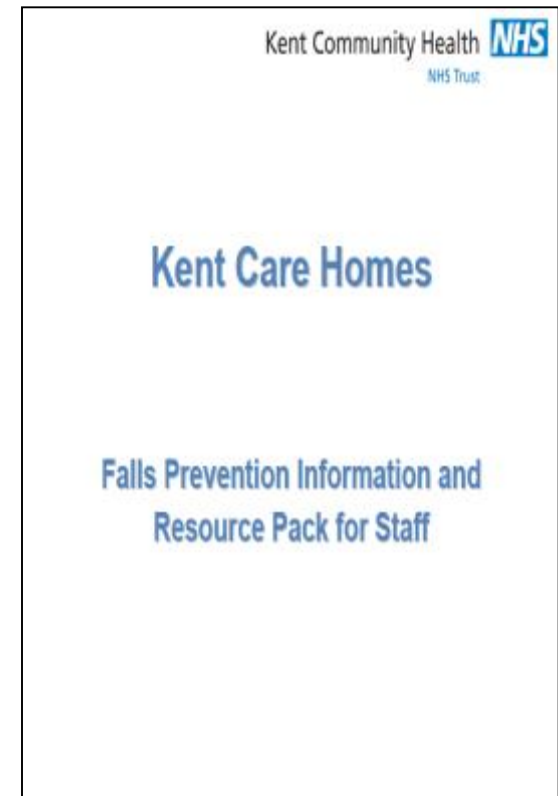
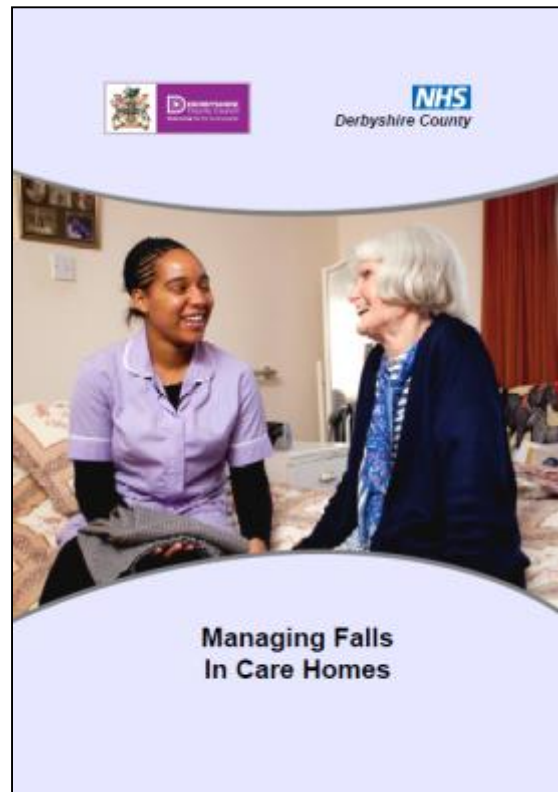
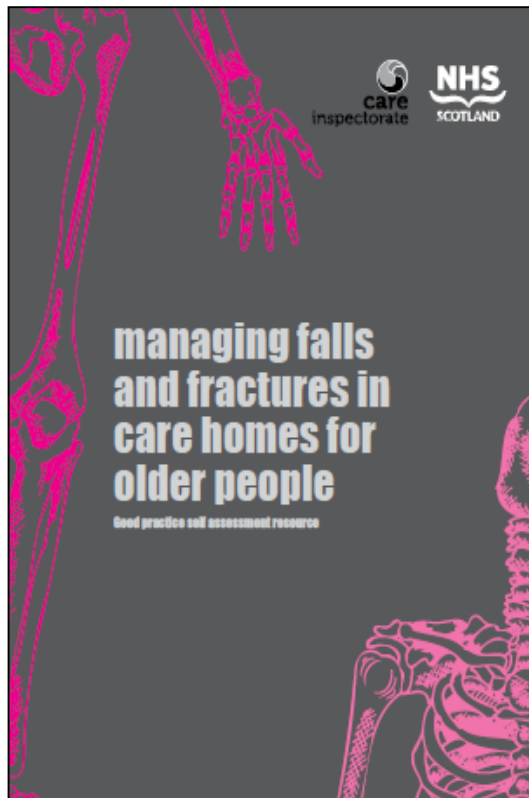
**BMJ Open** A cluster randomised controlled trial of advice, exercise or multifactorial assessment to prevent falls and fractures in community-dwelling older adults: protocol for the prevention of falls injury trial (PreFIT)

Julie Bruce,<sup>1</sup> Ranjit Lall,<sup>1</sup> Emma J Withers,<sup>1</sup> Susanne Finnegan,<sup>1</sup> Martin Underwood,<sup>1</sup> Claire Hulme,<sup>2</sup> Ray Sheridan,<sup>3</sup> Dawn A Skelton,<sup>4</sup> Finbarr Martin,<sup>5</sup> Sarah E Lamb,<sup>1,6</sup> on behalf of PreFIT Study Group

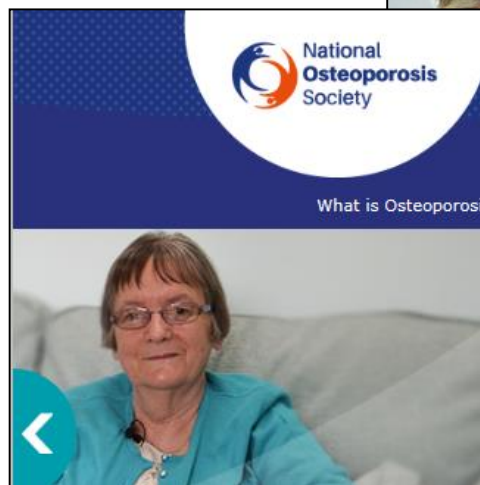
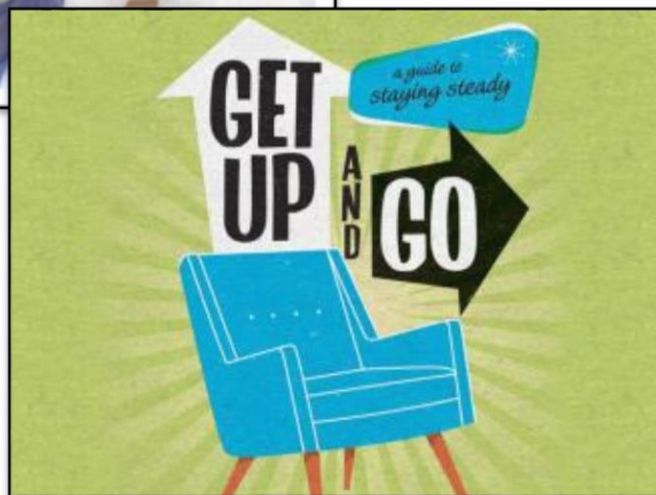


**FallsFree4Life**  
FREE FALLS PREVENTION SERVICE

# Resources for Care Homes.



# Resources for patients and carers



# NHSI Falls Collaborative

Based on national audit indicators

Main purpose to:

- Reduce incidence of falls and harm
- Encourage increase in quality of reporting to support learning
- Increase quality of interventions
- Reduce variance in adherence to evidence based approaches
- 19 acute, MH & Comm trusts

East Midlands														
Site name	Percentage score							Sparkline indicator						
	Delirium	BP	Medication	Vision	Mobility aid	Continence CP	Call bell	Delirium	BP	Medication	Vision	Mobility aid	Continence CP	Call bell
Chesterfield Royal (CHE)	7.4	26.9	57.7	25.0	100.0	100.0	96.6							
Grantham And District General Hospital (GRA)	66.7	50.0	33.3	100.0	100.0	100.0	100.0							
Kettering General Hospital (KGH)	19.2	16.7	41.7	53.8	61.1	76.9	96.3							
King's Mill Hospital (KMH)	48.3	30.8	36.0	60.0	85.7	92.3	100.0							
Leicester Royal Infirmary (LER)	39.1	20.0	36.4	17.9	58.3	46.7	81.5							
Lincoln County Hospital (LIN)	46.4	15.0	42.3	96.7	73.3	70.0	76.7							
Northampton General Hospital (NTH)	50.0	6.7	40.7	27.6	36.4	72.7	81.5							
Nottingham City Hospital (CHN)	60.7	12.0	30.8	33.3	73.3	50.0	88.5							
Pilgrim Hospital (PIL)	66.7	10.5	79.2	85.7	93.3	85.7	96.6							
Royal Derby Hospital (DER)	15.0	33.3	39.3	39.3	78.6	60.0	84.6							
University Hospital Queens Medical Centre (UHN)	71.4	35.0	96.6	55.2	85.0	88.2	82.1							



# Complex problems in complex settings require complex solutions... where to focus efforts



Every older person is different. Don't try to answer the question 'What will stop older people falling' and just repeatedly ask 'What might stop *this* person falling?'.

Frances Healey RN PhD



# Some emerging evidence though



Part of **Yorkshire and Humber AHSN**



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[Patient Safety](#)

[Resources](#)



**The Health Foundation HUSH Project**  
(Huddle Up for Safer Healthcare)



The Health Foundation, in partnership with Leeds Teaching Hospitals has funded a 30-month project to scale up patient safety huddles in 3 Acute Trusts. For further information on this project, click [here](#).

# Evidence – systematic reviews




**Cochrane** Trusted evidence.  
Informed decisions.  
Better health.

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Our evidence | About us | Get involved | News and events | **Cochrane Library**

Interventions for preventing falls in older people in care facilities and hospitals



**Cochrane** Trusted evidence.  
Informed decisions.  
Better health.

Our evidence | About us | Get involved | News and events | **Cochrane Library**

Interventions for preventing falls in older people living in the community

**BMC Nursing**

 **BioMed Central**  
The Open Access Publisher

This Provisional PDF corresponds to the article as it appeared upon acceptance. Fully formatted PDF and full text (HTML) versions will be made available soon.

Preventing falls among older people with mental health problems: a systematic review

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

Frances Bunn (f.bunn@herts.ac.uk)

# What works in hospitals



MDT FallSafe care bundles using quality improvement model can reduce falls by 25%

[www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)

Healey F, Lowe D, Darowski A et al. Falls prevention in hospitals and mental health units: an extended evaluation of the FallSafe quality improvement project. *Age Ageing* 2014;43: 484-91. doi:10.1093/ageing/aft190

# And what doesn't....



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/>

Barker A et al 2016 6-Pack programme to decrease falls injuries in acute hospitals: cluster randomised controlled trial. *BMJ* 2016;352:h6781

# Effectiveness at large scale



40% reduction in hip fracture 3 year study across all hospitals

Increased multicomponent falls assessments

Reduced hip fractures

Increased **multifactorial individualised** interventions

Supported by nationwide systematic and comprehensive public health and primary care campaign

*Jones S et al (2016) Reducing harm from falls. New Zealand Medical Journal N Vol 129 No 1446 p 89-103.*

# Single interventions for which there is currently poor or little research evidence for efficacy



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

# Staff Education



<http://www.laterlifetraining.co.uk/>



<http://www.e-lfh.org.uk/programmes/preventing-falls/>



# E-learning for nurses.





# E-learning for doctors.

<http://www.e-lfh.org.uk/programmes/preventing-falls/>

Reducing inpatient falls risks and post fall management > Patient risk factors > Cardiovascular

## Causes of syncope

Syncope refers to a transient loss of consciousness due to transient global cerebral hypoperfusion and is characterised by a rapid onset, short duration, and spontaneous complete recovery. There are multiple causes of syncope and also various disorders that are frequently confused with syncope. Please select the options that can be related to syncope. [Select two or more options then click Confirm.](#)

- ☐ Postural hypotension
- ☐ TIA
- ☐ Hypoglycaemia
- ☐ Carotid Sinus Hypersensitivity
- ☐ Mobitz type 2 Heart Block
- ☐ Seizure



## Case study: Mr W

Mr W, a 75 year old man, has been brought into hospital after being found on the floor by his carer at 6pm that evening.

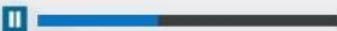


Mr W's previous medical history shows hypertension, benign prostatic hypertrophy and Type 2 DM. His drug history includes Ramipril 5mg od, Tamsulosin 400 micrograms od, Glucolazide 160 mg bd. [Click Next to continue.](#)

Reducing inpatient falls risks and post fall management > After a fall

## Video scenario 2

How would you react in this situation?



[Transcript](#)

[Resources](#) [Help](#) [Options](#) [Menu](#)



**CareFall**  
Junior doctors'  
workbook

*Thanks for listening ....Any questions?*

[jwindsor@nhs.net](mailto:jwindsor@nhs.net)



@JuliecWindsor