South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Preventing Falls in Older Inpatients with Dementia

Professor Tony Elliott

South Staffordshire and Shropshire FT

Positively Different

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Project Site

- 16 bedded Dementia Inpatient Unit
- Acute admissions from home, DGHs or Permanent care
- Multidisciplinary Team and Consultant Psychiatrist support

Positively Different

Previous Policy – "Adapted FRASE"

- Numerical Risk Assessment
- Contains unmodifiable criteria which leads to a higher score eg "Age over 75+"
- May miss patients likely to fall
- May falsely predict patients will fall when they will not
- Did not trigger interventions which prevent falls

Pilot Objectives

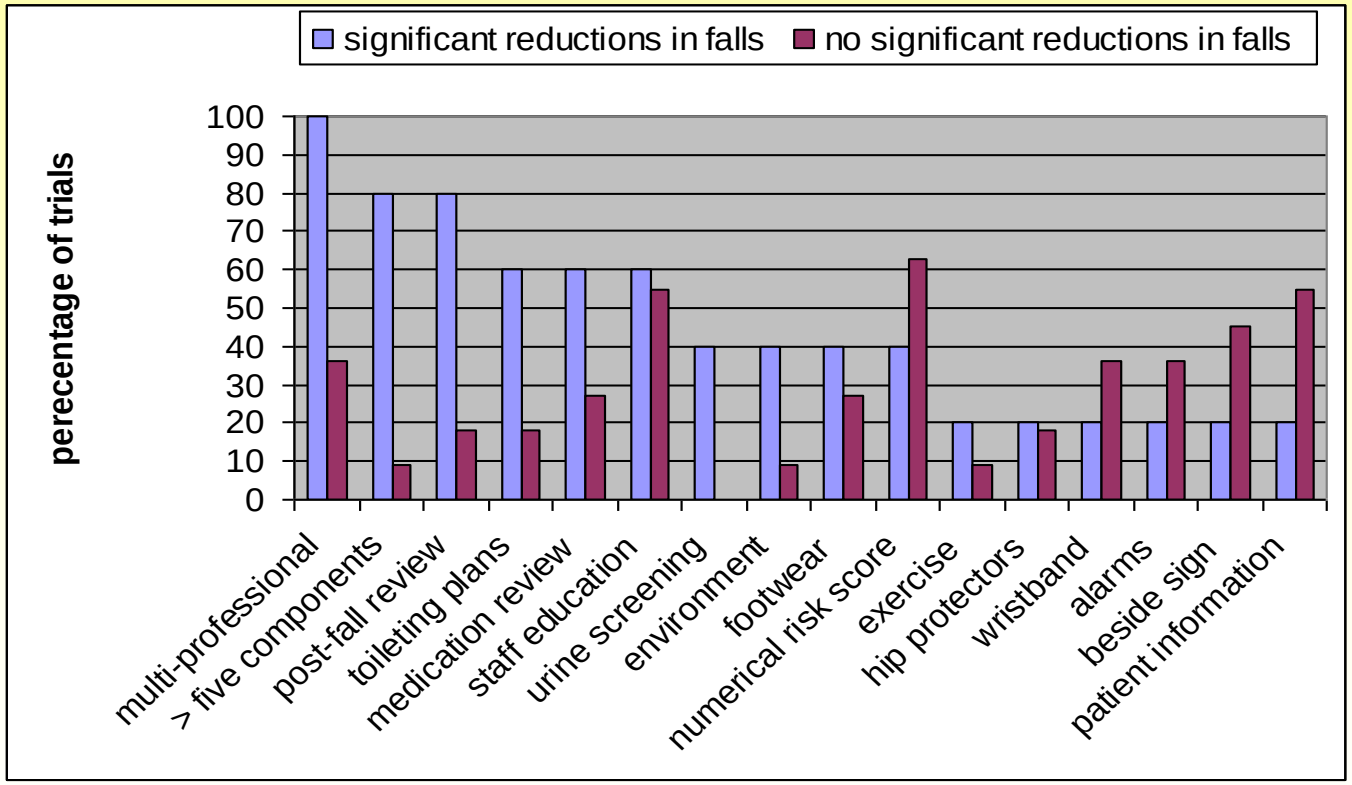
- Stop Numerical Risk assessment
- Implement “Falls Prevention Checklist” and Falls Bundle based on best evidence of which interventions were helpful
- Gain Staff Feedback with the new tool and process
- Establish 100% compliance with Falls Prevention Checklist and Bundle
- Audit medication usage to confirm reduction in high-risk medication
- Revise falls data collection and analysis processes to provide ongoing evaluation
- Develop training package in order to support dissemination of learning

So what should be included in care-planning interventions?

400+ risk factors

Variable evidence

Components within successful v. unsuccessful multifactorial trials



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

Reduce All Falls or Harmful Falls?

- “No harm” falls most likely to go unreported (Haines et al 2009)
- Focus of project was to REDUCE HARM
- Therefore reducing “falls causing harm” rather than “overall falls” was chosen Outcome measure

South Staffordshire and Shropshire Healthcare

NHS Foundation Trust

rent

Multi-Disciplinary Team Interventions

- Nursing staff to undertake Falls Care Planning based on Falls Prevention Checklist
- Medical Staff to review medication usage with Clinical Pharmacist support
- Physiotherapist/OT to support functional assessments and exercise
- Clinical Psychologist to support behavioural interventions
- Single Medical Consultant responsibility for unit

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Falls Prevention Checklist

Positively Different

South Staffordshire and Shropshire Healthcare NHS

NHS Foundation Trust

Appendix 1

FALLS PREVENTION CHECKLIST

PATIENT NAME: _____ **NHS NO:** _____

TIMINGS ALL RELATE TO TIME FROM CHECKLIST COMPLETION

Physical Health	Yes/No	Next steps to be documented in care plan	Date documented in care plan	Date intervention started
Does the patient have any difficulty with mobility or use a mobility aid?	Yes/No	If yes refer to physio dept for advice on mobility aids within 24 hours If patient usually has aid, arrange for mobility aid to be brought in and supply temporary replacement until then within 1 working day		
Has the patient had a fall previously	Yes/No	If yes refer to physiotherapy for postural stability assessment within 24 hours AND Occupational therapy for functional assessment within 1 working day		
Does the patient have any fear of falling? (as reported by patient, carer or observed)	Yes/No	If yes provide psycho-education and refer to psychologist within 1 working day		
Does the patient wear glasses for reading and/or for long distance	Yes/No	If no arrange for medical staff to complete the FRAX assessment within 2 working days		
Is there fluctuation in sitting and standing blood pressure an/or are there cardio vascular problems?	Yes/No	If yes start blood pressure chart immediately, and review with medical staff within 2 working days		

Positively Different

Is the patient on any of these medications? Hypnotics Benzodiazepines Anti-psychotics Anti-depressants	Yes/No	If yes, arrange a medication review with medical staff within 2 working days of admission. If any sleep difficulties incorporate sleep management, sleep hygiene training in Care Plan and commence sleep chart		
Footwear	Yes/No	Next steps to be documented in Care Plan		
Is footwear appropriate, is the footwear the patients everyday wear and are they well fitted?	Yes/No	If no request cares bring in patients usual footwear within 24 hours and offer temporary replacement slippers in necessary immediately. If offer declined choice must be respected but document discussion in care plan		
Check feet for any difficulties e.g. signs of discomfort, in-growing toenails, broken skim, undue pressure	Yes/No	If yes refer to podiatrist within 24 hours		

This will need to be completed within 24 hours of admission and revisited following a fall or if the patient's condition changes. All areas and next steps to be documented in the care plan

STAFF NAME _____ DATE _____

STAFF SIGNATURE _____

Positively Different

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

(FALLS Checklist) Evaluation Audit Results

		MONTH 1 Average	MONTH 2 Average	MONTH 3 Average	MONTH 4 Average	MONTH 5 Average	MONTH 6 Average		6 MONTHLY Average
		(n=9)	**(n=7)**	**(n=8)**	**(n=13)**	**(n=6)**	**(n=10)**		**(n=53)**
Q. 1	Has the Falls Prevention Checklist been completed?	**78%** (7/9)	**100%** (7/7)	**100%** (8/8)	**100%** (13/13)	**100%** (6/6)	**100%** (10/10)		**96%** (51/53)
Q. 2	Was it completed within 24 hrs OR explanation given as to why not?	**56%** (5/9)	**100%** (7/7)	**100%** (8/8)	**92%** (12/13)	**100%** (6/6)	**90%** (9/10)		**89%** (47/53)

Positively Different

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Pre-Pilot Vs Pilot Medication Usage

Positively Different

Culprit medication and "unnecessary" polypharmacy

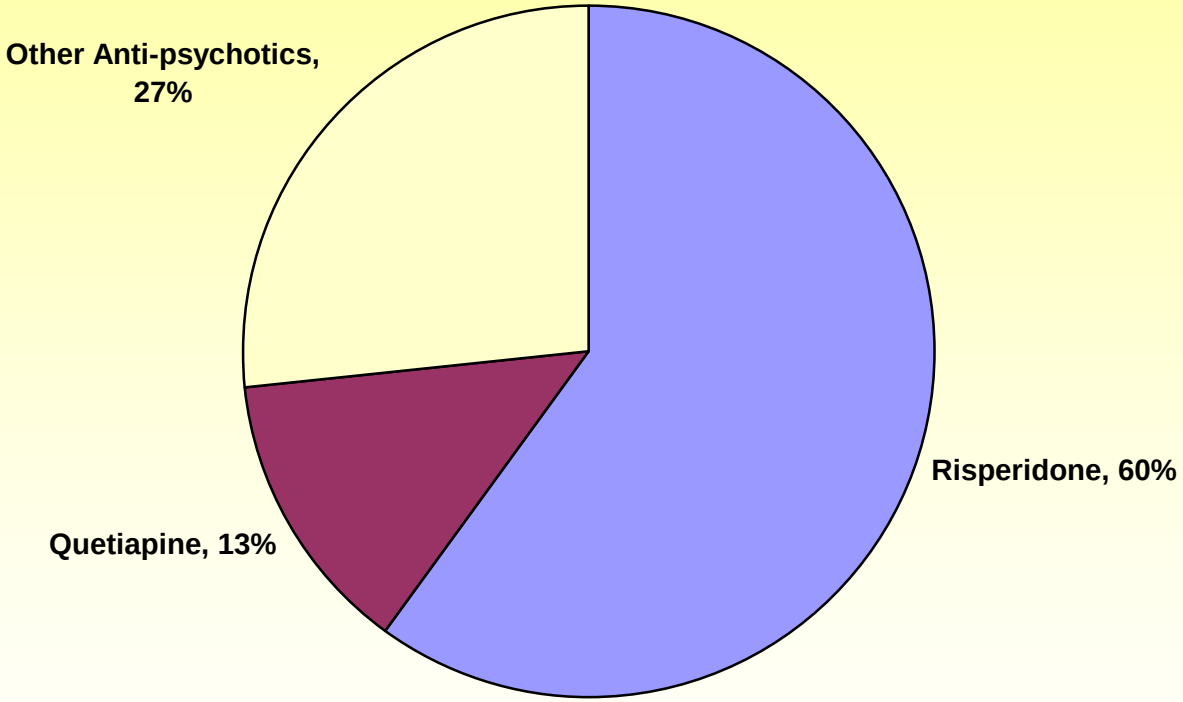
All associated with increased risks of falling:

- Anti-depressants
- Anti-psychotics
- Benzodiazepines
- Night sedation

But need to strike balance between distress and falls risks

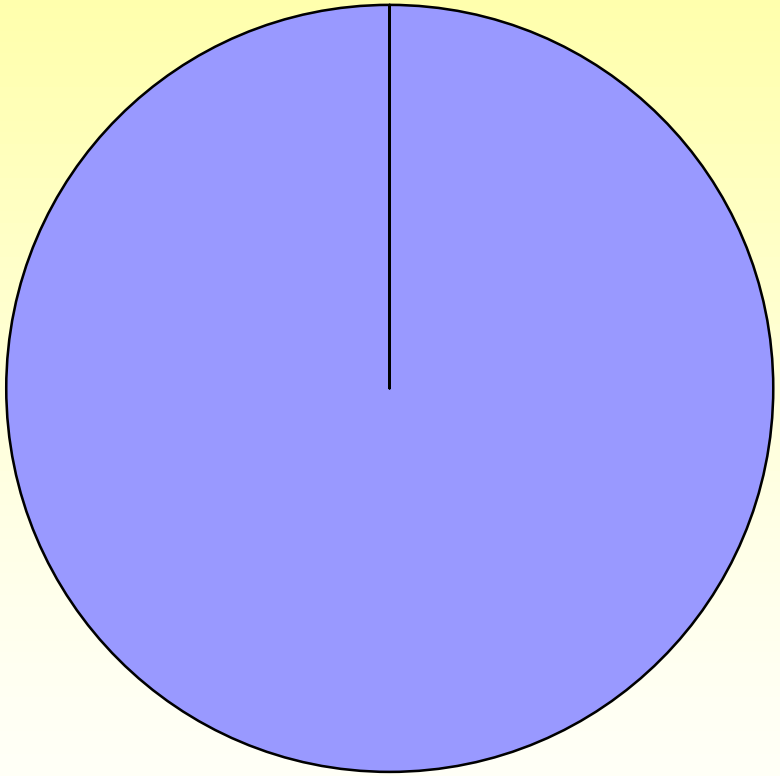
AND need not to discontinue abruptly if habituated

Antipsychotic prescribing on ward in March 2012



South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Antipsychotic prescribing on ward in November 2012



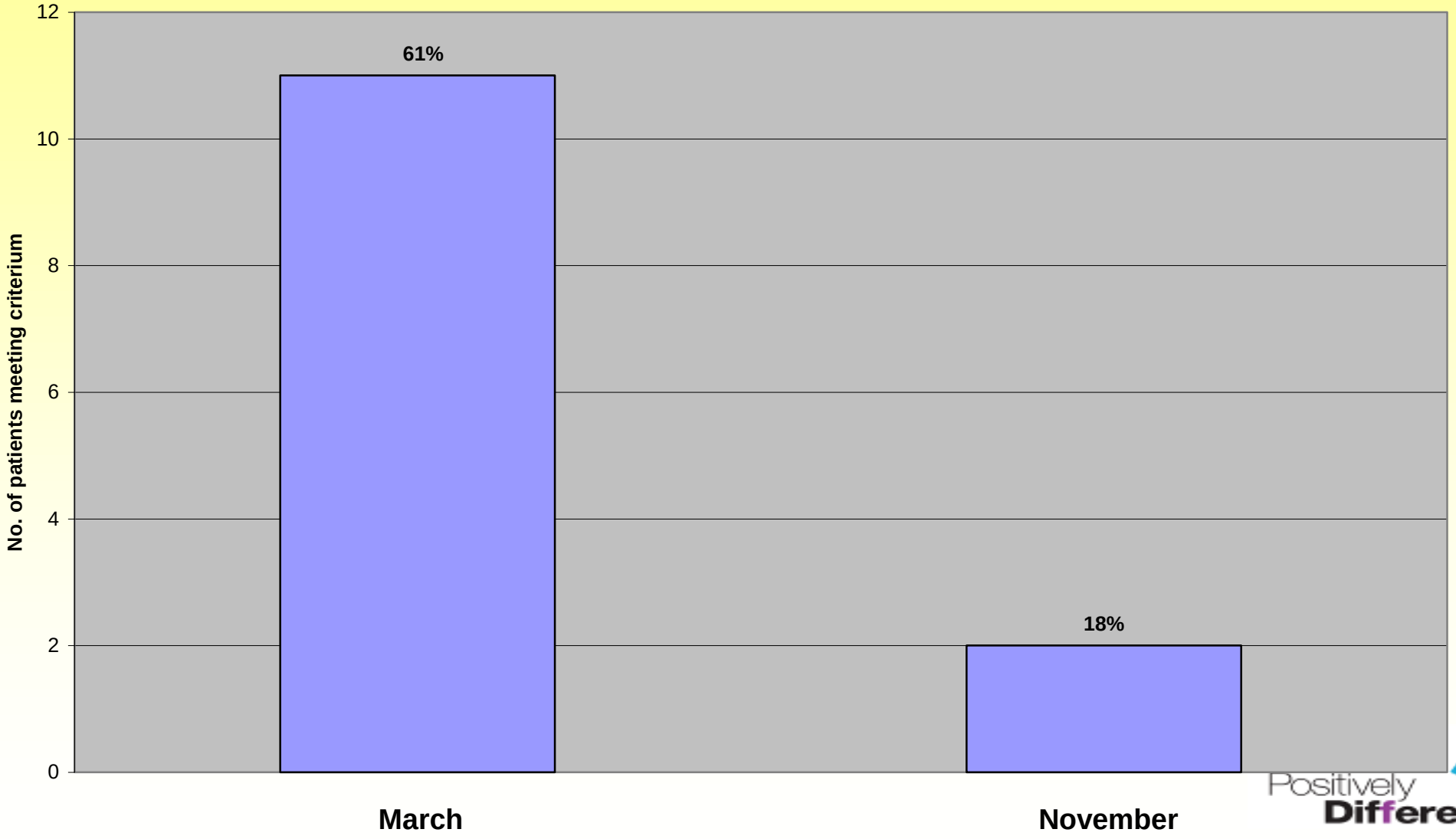
Risperidone, 100%

Positively Different

South Staffordshire and Shropshire Healthcare NHS

NHS Foundation Trust

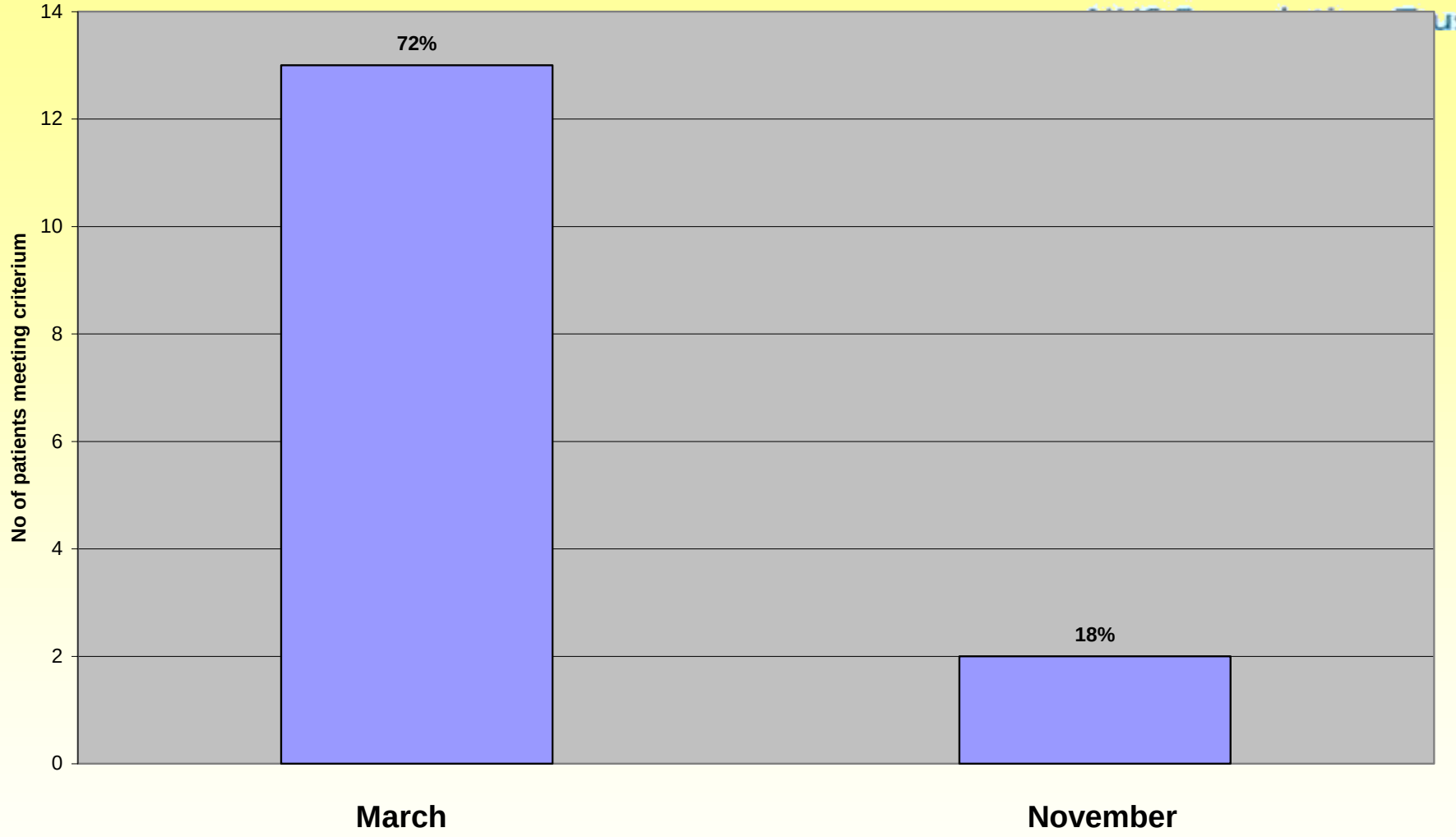
Nos. of patients on Anti-depressant drugs



Positively Different

Nos. of patients on Anti-psychotic drugs

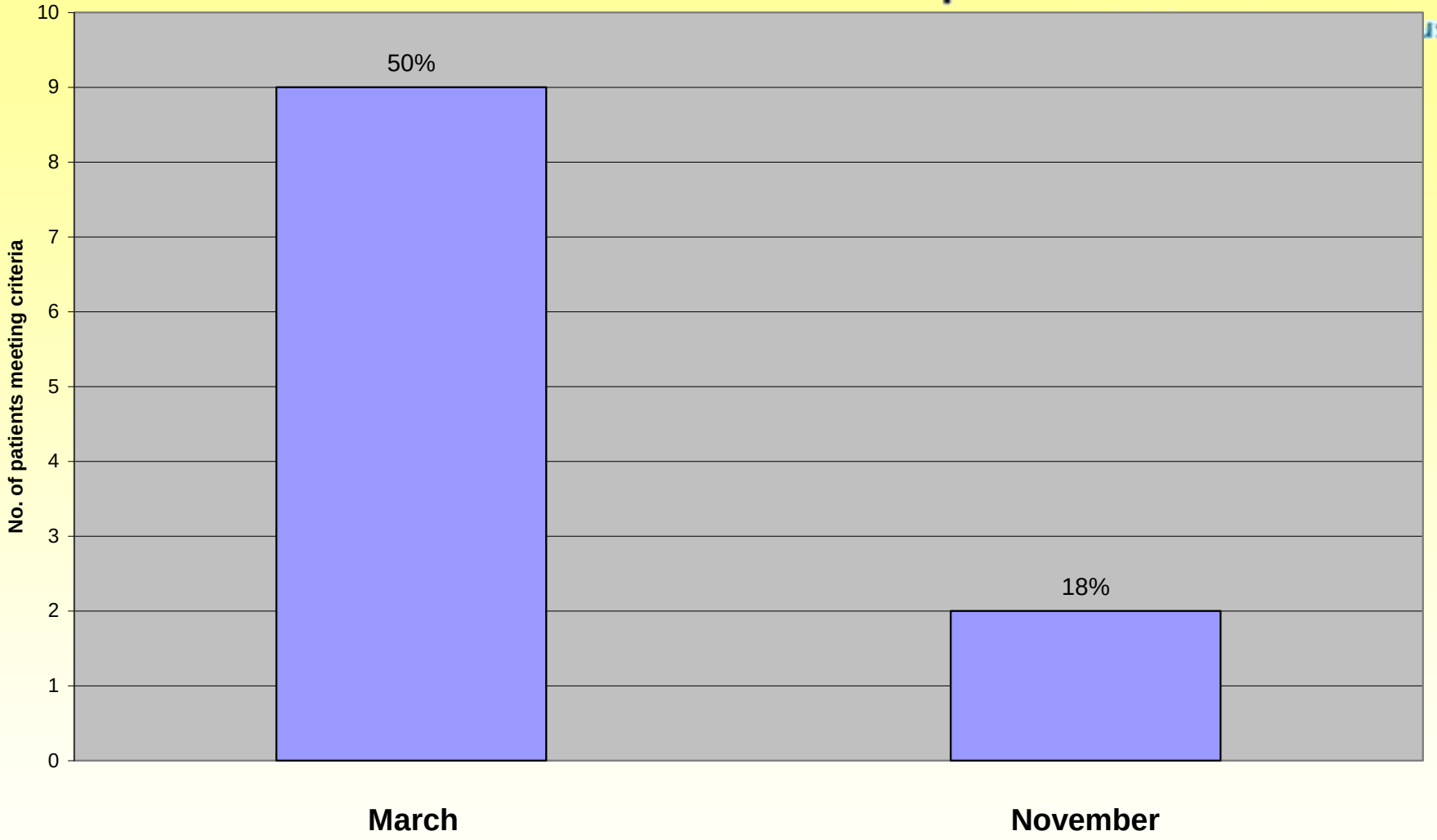
South Staffordshire and Shropshire Healthcare NHS



Positively Different

Nos. of patients on 3 or more Psychotropic drugs excluding Memantine and Anti-dementia drugs

South Staffordshire and Shropshire Healthcare NHS



Positively Different

South Staffordshire and Shropshire Healthcare NHS Trust

Well Being/Recovery Plan

Service User Name: [redacted]	**NHS No:** [redacted]
Employment Status: Retired	**Accommodation Status:** Owner Occupier

FALLS PREVENTION CARE PLAN.
To assess and minimise the risk of falls.

Who will do what to meet the identified need
Falls check list completed, interventions identified as:
Monitor bp for following 72hrs standing and sitting due to slightly raised bp on admission
Physio input and tinnettie assessment does utilise a walking stick. no report of falls
Input from OT for funtional assessment
Review of medication
Review by team
Insure routine bloods are completed to identify any abnormalities.
FRAX to be completed
Review of sleep pattern, commence sleep chart
Feet reviewed appear healthy
Ensure appropriate footwear worn daily.

What outcome should be achieved
Reduction and prevention of falls.
Referal to Physio
Referal to OT.
MDT review.

Start Date 13/11/2012 **End Date** 20/11/2012

Positively Different

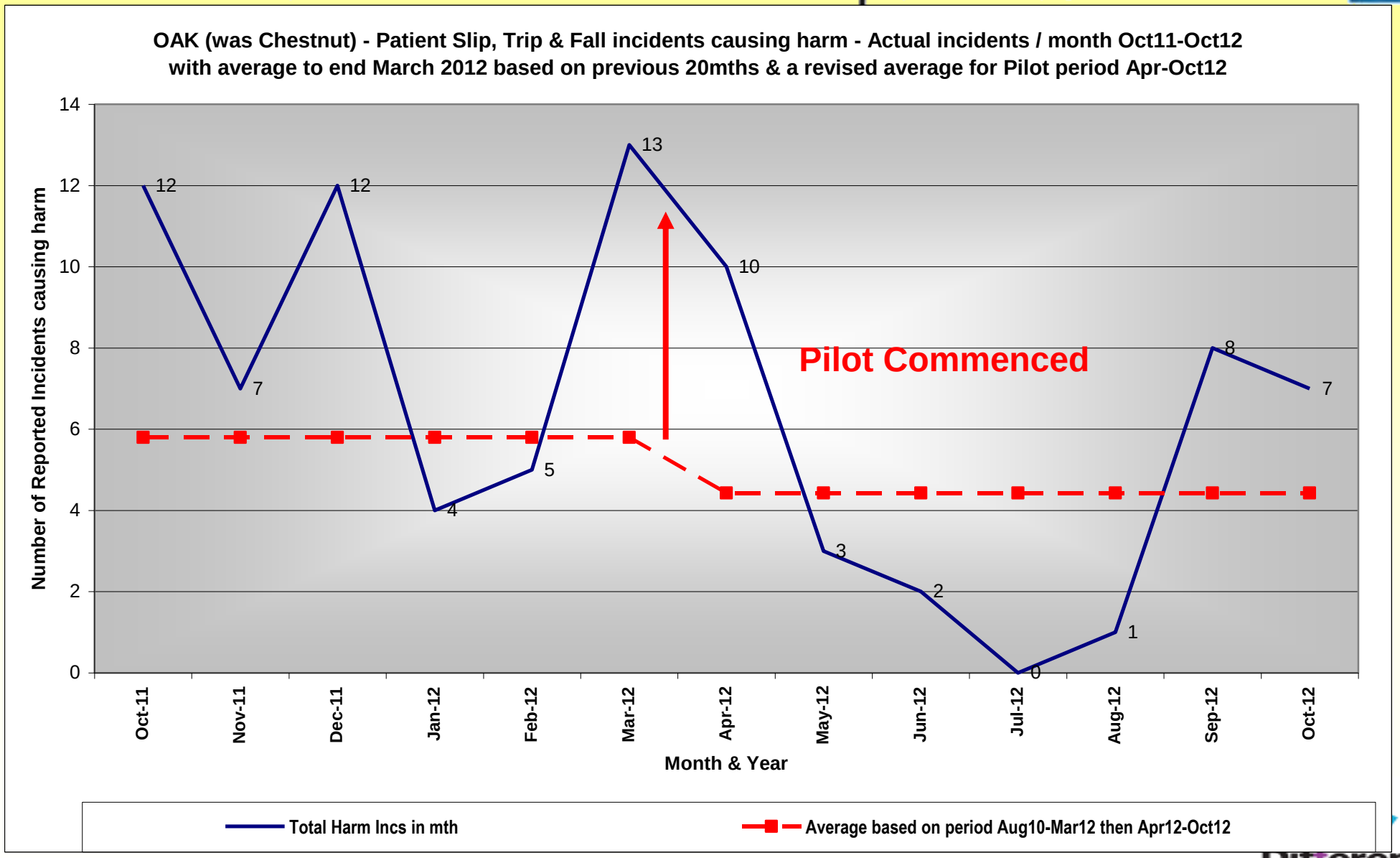
Staff Feedback re Pilot

- “It is more meaningful and relevant than the adapted FRASE”
- “More comprehensive with detail rather than a numerical assessment”
- “The assessment focuses on the triggers that could potentially lead to falls”.
- “It engages carers with the assessment”.
- “Checklist triggers actions, not just a paper exercise, much more patient focused”.
- “it is a more holistic assessment which involves all the MDT, it encourages interventions to be followed through, medication reviews, and completion of FRAX assessments”

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Did we Reduce Harm From Falls?

Positively Different


OAK (was Chestnut) - Patient Slip, Trip & Fall incidents causing harm - Actual incidents / month Oct11-Oct12
with average to end March 2012 based on previous 20mths & a revised average for Pilot period Apr-Oct12
Number of Reported Incidents causing harm
0
2
4
6
8
10
12
14
12
7
12
4
5
13
10
3
2
0
1
8
7
Pilot Commenced
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Month & Year
Total Harm Incs in mth
Average based on period Aug10-Mar12 then Apr12-Oct12

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Harm Reduction

Pre-Pilot

Average Falls causing Harm = 5.80 pm

Pilot

Average Falls causing Harm = 4.43 pm

Reduction in Falls causing Harm

1.37/5.8 = 23.6%

Positively Different

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Best multifactorial interventions may reduce falls in non-demented inpatients by 18% - 31%

Systematic reviews:

Oliver et al. BMJ 2006
Coussement et al. JAGS 2008
Joanna Briggs Institute 2009
Cochrane review 2010

Hospital RCTs:


Healey et al. 2004 🡻


Haines et al. 2005 🡻


Stenvall et al. 2007 🡻


Cumming et al. 2008 ~


- Vassallo et al. 2004 ~


- Fonda et al. 2006 🡻


- Von Renteln-Kruse 2007 🡻

Positively Different

Dissemination and Sustainability

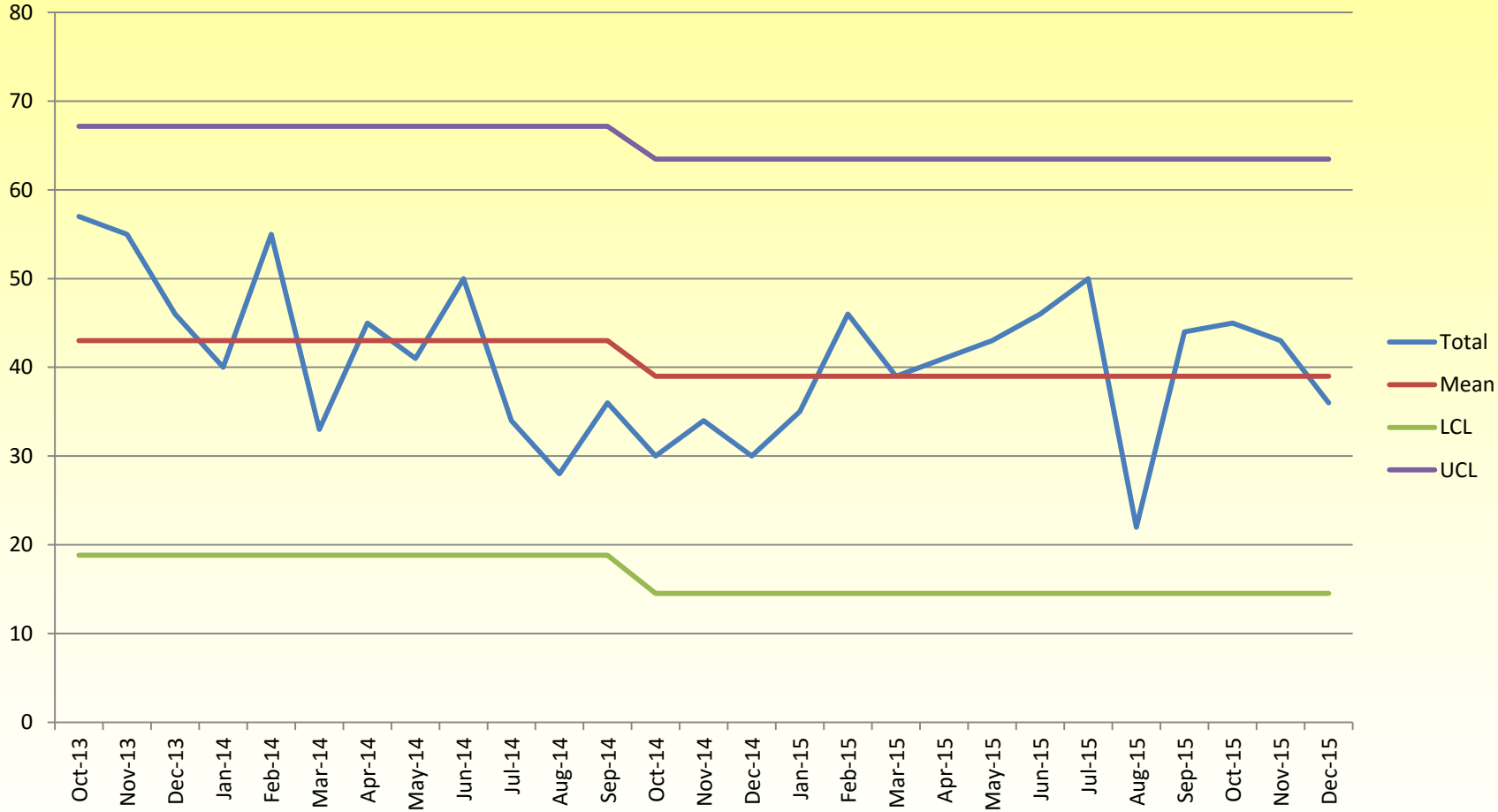
- Roll-out agreed by Trust
- Dissemination to all dementia units using staff from first unit
- Training delivered by Modern Matron
- Falls Group ongoing
- Policy revised
- Data to all wards now available

Success factors

- Senior Executive Sponsorship
- Clinical Leadership
- Creation of MDT team to oversee project
- Involvement of local team in project and provide reason for change and development of tools
- Involvement of Users and Carers where possible
- Provision of regular feedback to frontline staff and project team
- Consideration of dissemination and sustainability as part of initial project plan

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Falls Causing Harm Across Trust 13-15



Positively Different

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Preventing Falls in Older Inpatients with Dementia

Professor Tony Elliott

South Staffordshire and Shropshire FT

Tony.elliott@sssft.nhs.uk

Positively Different