Falls: National Guidance and drivers

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There's no shortage of policies and guidance …..!

NHS Quality & Outcomes Framework
Adult Social Care Framework
Public Health Outcomes Framework
NICE GG 81 Hip#
NICE Hip # QS
NICE 161 Falls
NICE Falls QS (pending)
NICE 176 Head Injury
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
RCN ' Lets Talk about Restraint'

'Active for Life'
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)
NSF Older People
MHRA Use of Bedrails guidance
NPSA How To Guide – Reducing Harm from Falls

No wonder it seems daunting !

IP falls 2-3 x that of older people in the community

Reported degree of harm (severity)	Acute and community hospitals	Mental health inpatient units
No Harm	164,750	16,120
Low	57,984	10,682
Moderate	5,274	1,292
Severe	1,113	105
Death	150	13
Total	**229,271**	**28,212**

Reported annual numbers of falls in hospital in England during 2013

NRLS definitions

Moderate

“ requiring hospital treatment or prolonged length of stay but from which a full recovery is expected”.

Severe

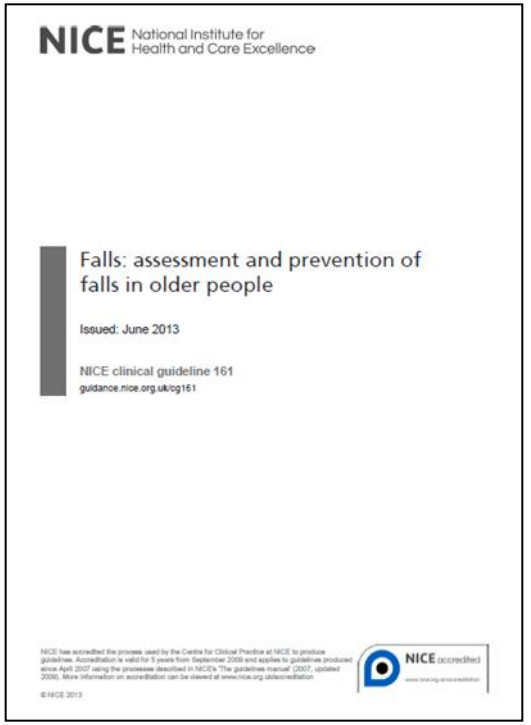
“Causing permanent disability where the patient is unlikely to recover former level of independence” or *impairment which is not likely to be temporary (i.e. has lasted, or is likely to last for a continuous period of at least 28 days)*.

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



Multifactorial assessment should include (NICE161)

- ✓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
- ✓postural instability, mobility and/or balance problems
- ✓syncope syndrome
- ✓visual impairment

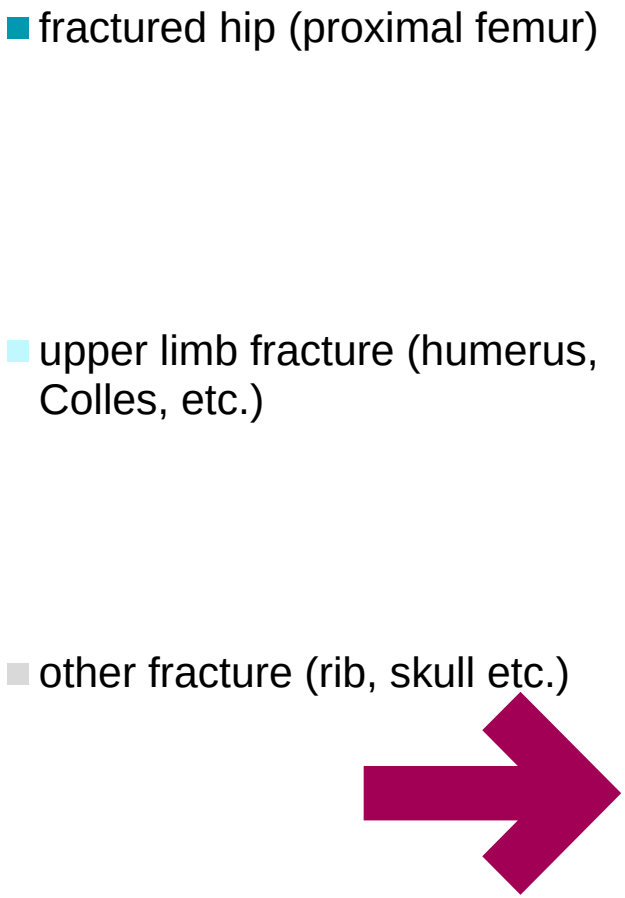
Environmental considerations

Ensure that aspects of the inpatient environment that could affect patients' risk of falling are systematically identified and addressed."

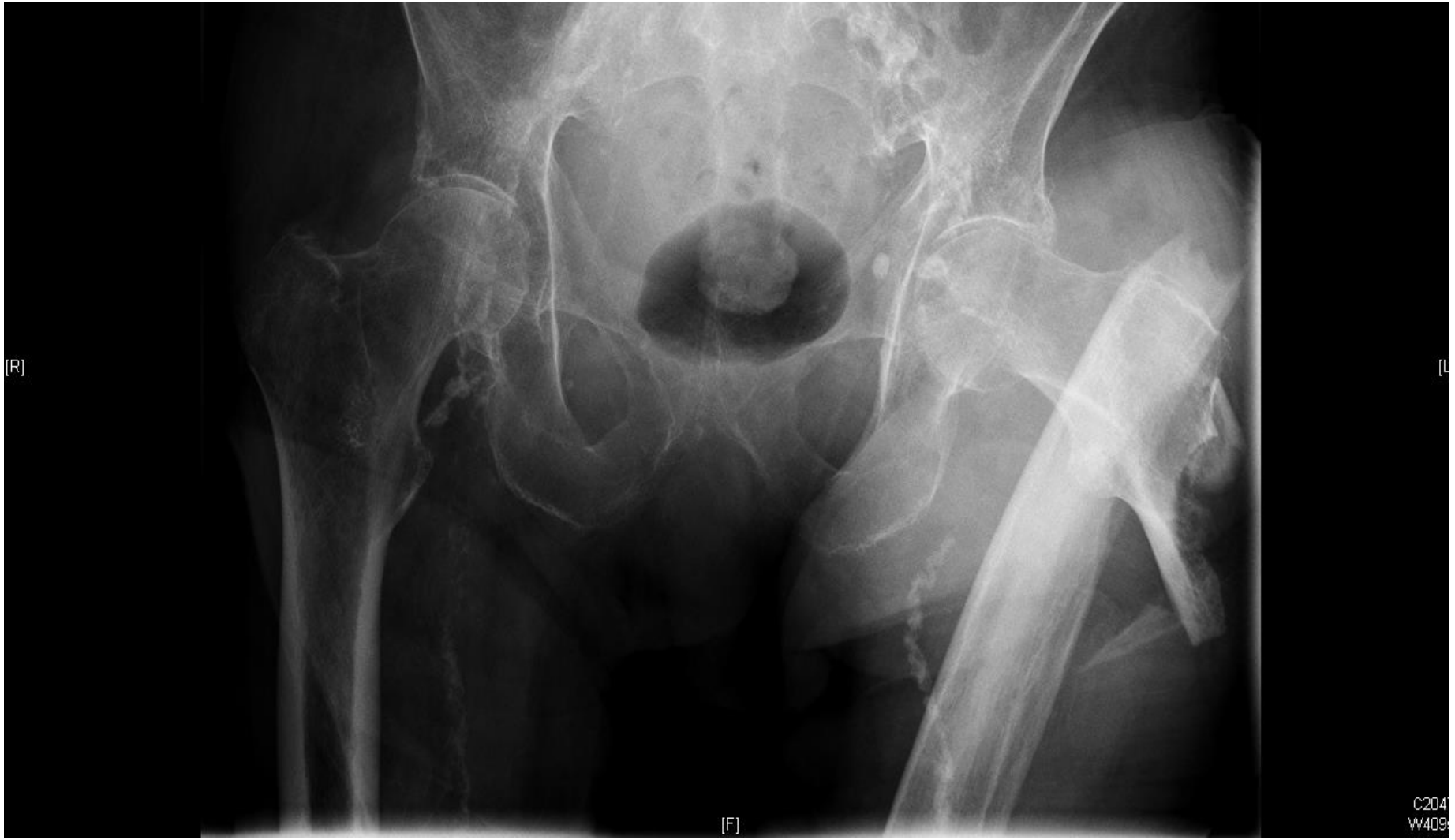
- flooring
- lighting
- furniture
- fittings such as hand holds

1390 fractures/30 fatal brain injuries in 2010

About 14% (c. 200) of the fractures/brain injuries described aftercare problems (retrieval, diagnosis or treatment delay/error)



Example of unsafe retrieval



Essential care after an inpatient fall (NICE Accredited)

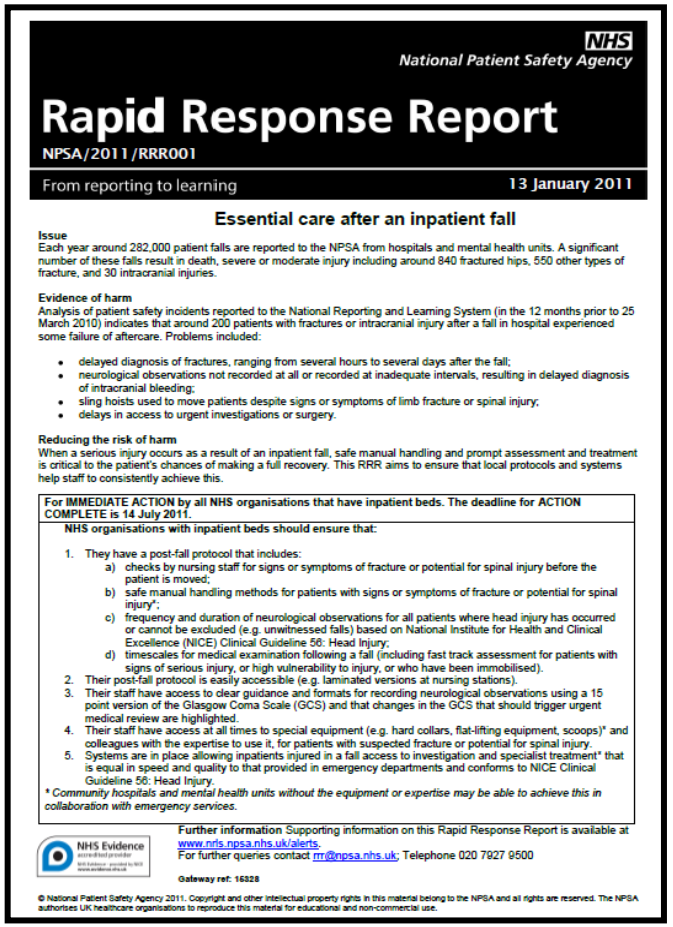
2011 guidance based on safety reports rather than research but is accredited by NICE.

Have a post-fall protocol specifying:

- Checks for injury before moving
- Safe manual handling if fracture
- Neurological observations
- Timescales for medical review

Provide:

- Flat-lifting/immobilisation equipment
- Glasgow Coma Scale formats
- Fast track processes to CT/x-ray/theatre equivalent to that in ED



NHS
National Patient Safety Agency

Rapid Response Report

NPSA/2011/RRR001

From reporting to learning — 13 January 2011

Essential care after an inpatient fall

Issue
Each year around 282,000 patient falls are reported to the NPSA from hospitals and mental health units. A significant number of these falls result in death, severe or moderate injury including around 840 fractured hips, 550 other types of fracture, and 30 intracranial injuries.

Evidence of harm
Analysis of patient safety incidents reported to the National Reporting and Learning System (in the 12 months prior to 25 March 2010) indicates that around 200 patients with fractures or intracranial injury after a fall in hospital experienced some failure of aftercare. Problems included:

- delayed diagnosis of fractures, ranging from several hours to several days after the fall;
- neurological observations not recorded at all or recorded at inadequate intervals, resulting in delayed diagnosis of intracranial bleeding;
- sling hoists used to move patients despite signs or symptoms of limb fracture or spinal injury;
- delays in access to urgent investigations or surgery.

Reducing the risk of harm
When a serious injury occurs as a result of an inpatient fall, safe manual handling and prompt assessment and treatment is critical to the patient's chances of making a full recovery. This RRR aims to ensure that local protocols and systems help staff to consistently achieve this.

For IMMEDIATE ACTION by all NHS organisations that have inpatient beds. The deadline for ACTION COMPLETE is 14 July 2011.

NHS organisations with inpatient beds should ensure that:

1. They have a post-fall protocol that includes:
   a) checks by nursing staff for signs or symptoms of fracture or potential for spinal injury before the patient is moved;
   b) safe manual handling methods for patients with signs or symptoms of fracture or potential for spinal injury*;
   c) frequency and duration of neurological observations for all patients where head injury has occurred or cannot be excluded (e.g. unwitnessed falls) based on National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 56: Head Injury;
   d) timescales for medical examination following a fall (including fast track assessment for patients with signs of serious injury, or high vulnerability to injury, or who have been immobilised).
2. Their post-fall protocol is easily accessible (e.g. laminated versions at nursing stations).
3. Their staff have access to clear guidance and formats for recording neurological observations using a 15 point version of the Glasgow Coma Scale (GCS) and that changes in the GCS that should trigger urgent medical review are highlighted.
4. Their staff have access at all times to special equipment (e.g. hard collars, flat-lifting equipment, scoops)* and colleagues with the expertise to use it, for patients with suspected fracture or potential for spinal injury.
5. Systems are in place allowing inpatients injured in a fall access to investigation and specialist treatment* that is equal in speed and quality to that provided in emergency departments and conforms to NICE Clinical Guideline 56: Head Injury.

** Community hospitals and mental health units without the equipment or expertise may be able to achieve this in collaboration with emergency services.*

NHS Evidence accredited provider

Further information Supporting information on this Rapid Response Report is available at www.nrls.npsa.nhs.uk/alerts.
For further queries contact rrr@npsa.nhs.uk; Telephone 020 7927 9500

Gateway ref: 16828

In practice….. Medical review after a fall.

Medical Assessment of the Inpatient Faller **(URGENT ACTIONS)**

Portsmouth Hospitals NHS
NHS Trust

Primary survey	A B C D	Stabilise the patient
Secondary survey	E	Identify and manage injury, new illness and cause(s) of the fall

1. **History of event** — From patient, witnesses, nurses, nursing post falls checklist, ? transient loss of consciousness
2. **Examination**
   - Identify and manage any injuries eg fractures, spinal injury, head injury. Consider analgesia prior to movement
   - Identify and manage any acute illness
   - Assess for and manage delirium (see PHT delirium guidelines)
   - Lying and standing BP if possible
   - Cognitive assessment (AMTS/MMSE)
3. **Observations** — **Temp, pulse, BP, O2 sats.** Frequency as per EWS score and VitalPac
   Neuro obs (pupil size and GCS)

Patient name:

Date of fall:

Time of fall:

Dr. called.

Name:

Time:

Indications for neuro obs

- Unwitnessed fall
- Head injury
- NEW onset of symptoms suggestive of brain injury
  - Vomiting
  - Headache
  - Altered consciousness
  - Dizziness
- On anticoagulation (full anticoagulation, not DVT prophylaxis)
- Head pain/tenderness

Frequency of neuro obs

GCS 15

- **NO** → Review by DR within 30mins (continue 1/2 hourly neuro obs)
  - Continue until GCS 15 or normal for patient
- **YES** → 1/2 hourly neuro obs for 2 hours → 1 hourly neuro obs for 4 hours → 2 hourly neuro obs for 6 hours → **Review** If GCS drops by 2 points review by DR within 30 mins and recommence 1/2 hourly neuro obs

4. **Investigations** — Bloods, ECG, ABG, imaging as guided by clinical findings
5. **Document and discuss management plan** with ward staff

Refer to PHT Falls Pathway
Refer to NICE head injury guideline for indications for c-spine and brain imaging

Moving and handling issues

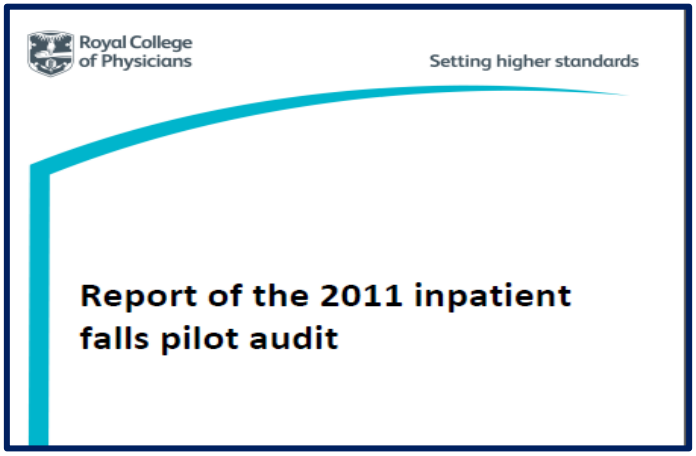
- If a hip fracture is suspected, transfer from the floor using flat lifting equipment (HOVER JACK)
- If spinal injury is suspected do not attempt to mobilize. Contact the emergency department or trauma and orthopaedics for expert advice
- If spinal injuries/hip fracture is suspected in a community hospital, call the paramedics and **keep patient immobile**

Medical Illustration, ref: 11/0224

Are the actions required by the RRR reliably implemented?

100 random sample of death and severe harm falls during 2013

- 18% described failures in essential care after a fall for patient who had serious or fatal injuries
- Equivalent to 250 failures in essential care after a fall causing hip fracture or fatality annually
- Similar problems likely to be found in the moderate and lower harm incidents



Does inpatient audit suggest we are doing well?

Significant variation in adherence to standards of care were found in a large proportion of patients for whom falls preventative actions were indicated.

What's on the horizon for 2015

DRAFT

Falls: assessment and

secondary prevention in older people

NICE quality standard

Draft for consultation

November 2014

DRAFT

List of quality statements

Statement 1. Older people who fall during a hospital stay are cared for in accordance with a post-fall protocol.

Statement 2. Older people who present for medical attention because of a fall have a multifactorial falls risk assessment.

Statement 3. Older people living in the community who have a known history of recurrent falls are referred for strength and balance training.

Statement 4. Older people who have had treatment in hospital after a fall are offered a home hazard assessment and safety interventions.

Education can help us improve.

www.england.nhs.uk