



***Foundation Education Resource
For Health and Social Care Workers***

Core Learning - Session One

Introduction to Falls Prevention and Management

Aim:



To provide staff with an overview of the
National Strategy to Prevent Falls and Fractures
in Ireland's Ageing Population and introduce them to falls
prevention and management

Introduction to Falls Prevention and Management

Definition of a fall:

The WHO has defined a fall “as an event that results in a person coming to rest inadvertently on the ground or floor or other lower level”

Prevalence of Falls:

- More than one third of people 65 yrs and older fall each year and in half such cases the falls are recurrent (Tinetti & Kumar 2011) in people over 80 yrs of age 50% fall each year
- Older women make up 65% of 80 + age group – they are at greatest risk

Introduction to Falls Prevention and Management

Prevalence of Falls

- One fifth of those who fall sustain serious injury. Hip fractures are one of the most serious injuries due to falls and result in approximately 2,800 hospital admissions in Ireland each year
- 80% of these hip fracture patients are over 75 years with an average hospital stay of 18 days
- Three quarters of all fall related deaths are over 65 year of age

Cost of Falls

- Falls related injuries among older people especially among women are associated with substantial economic cost
- In 2010 the estimated cost was €20-€51 million
- If current trend continues estimated costs will be
 - €92 - €1077 million by 2020
 - €1587 - €2043 million by 2030
- Direct costs do not account for long term effects of injuries such as disability dependence on others reduced quality of life
- The economic cost of falls is likely to be much higher than policy makers appreciate (Davis et al 2010)



Risk Factors



Intrinsic Risk Factors

- History of falls
- Muscles weakness
- People over the age of 65-50% of people over 80 years fall
- Gender (female
- Fear of falling)
- Deterioration in Health and mobility
- Impaired Gait and Balance
- Medical conditions (Ex Parkinsons Disease
- Nutritional deficiencies
- Cognitive impairment & depression
- Poor Vision

Extrinsic Risk Factors

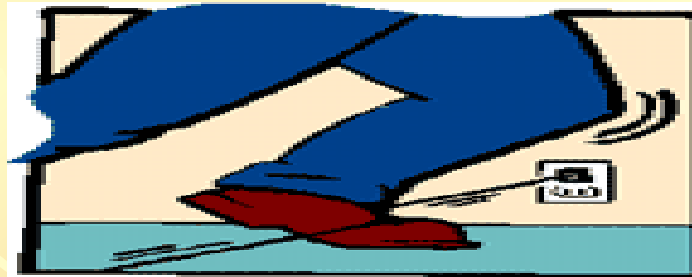
- Footwear and clothing
- Inappropriately used assisted devices (Hoists , Wheel chairs)
- PolyPharmacy –Multiple Medication
- (Drug Interactions)



Risk Factors

Environmental Risk Factors

- Uneven /Slippery floor surfaces
- Inadequate Lighting
- Trailing flexes and cables
- Loose mats /rugs
- Unfamiliar Enviroment
- Inadequate Safety rails (bedrooms Bathroom /kitchen)(Adapted from Todd 2004)and HSC 2009)



Consequences of falls

Physical Consequences

- Death
- Head Injuries
- Dislocation /fractures Cuts/
Bruises /Soft tissue Injuries
- Pressure Ulcers/ Leg Ulceration
- Dehydration
- Immobility
- Pneumonia/Chest infections
- Incontinence

Psychological Consequences

- Low self esteem
- Social isolation
Anxiety/Depression
- Increased Dependency
- Emotional distress
Embarrassment
- Fear of further falls
- Self-worthlessness
- Loss of confidence
- Carer Stress

Consequences of Falls

Social Consequences

- Decreased Quality of life
- Loss of Independence
- Changes to Daily Routine
- Financial Cost of Help/Care
- Social Isolation Decreased Mobility

(Adapted from NHS, 2011)

Fear of Falling



Fear of Falling

- Fear of falling is one of the major issues relating to the overall health of older people (Jung 2008)
- One in four older Irish people report a fear of falling
- The prevalence increases with age from 17% in those aged 50-64 to 40% in those aged 75yrs and older (TILDA 2011)
- Older people often reluctant to report a fall .It is important that older people tell a health professional if they have a fear of falling or have had a fall

Falls can happen anywhere but more than half of all falls happen at home.

Many of these falls can be prevented by making simple changes in the home (CDC, 2012)

Screening and Assessment

Screening: The Aim of screening for falls in older people is to identify those who are at risk of falls (**Appendix 2**)

Older persons in contact with Health Care Professionals or their care givers should be asked the following at least once a year:

- Have you fallen during the past years?
- If the older person has fallen, ask about the frequency and characteristics of their falls.
- Has the older person a fear of falling?
- Has the older person experienced difficulties in walking or with their balance?
- If the older person answers **no** to all of the screening questions give advice on health and wellbeing Tips on Healthy Aging Tips on Bone health
- If the person has had a Single Explained Fall, carry out Gait and Balance Test Get up and Go (**Appendix 7**)
- **Pass:** Give advice on health and wellbeing and bone health
- **Fail:** Perform a multi factorial risk assessment

Screening and Assessment

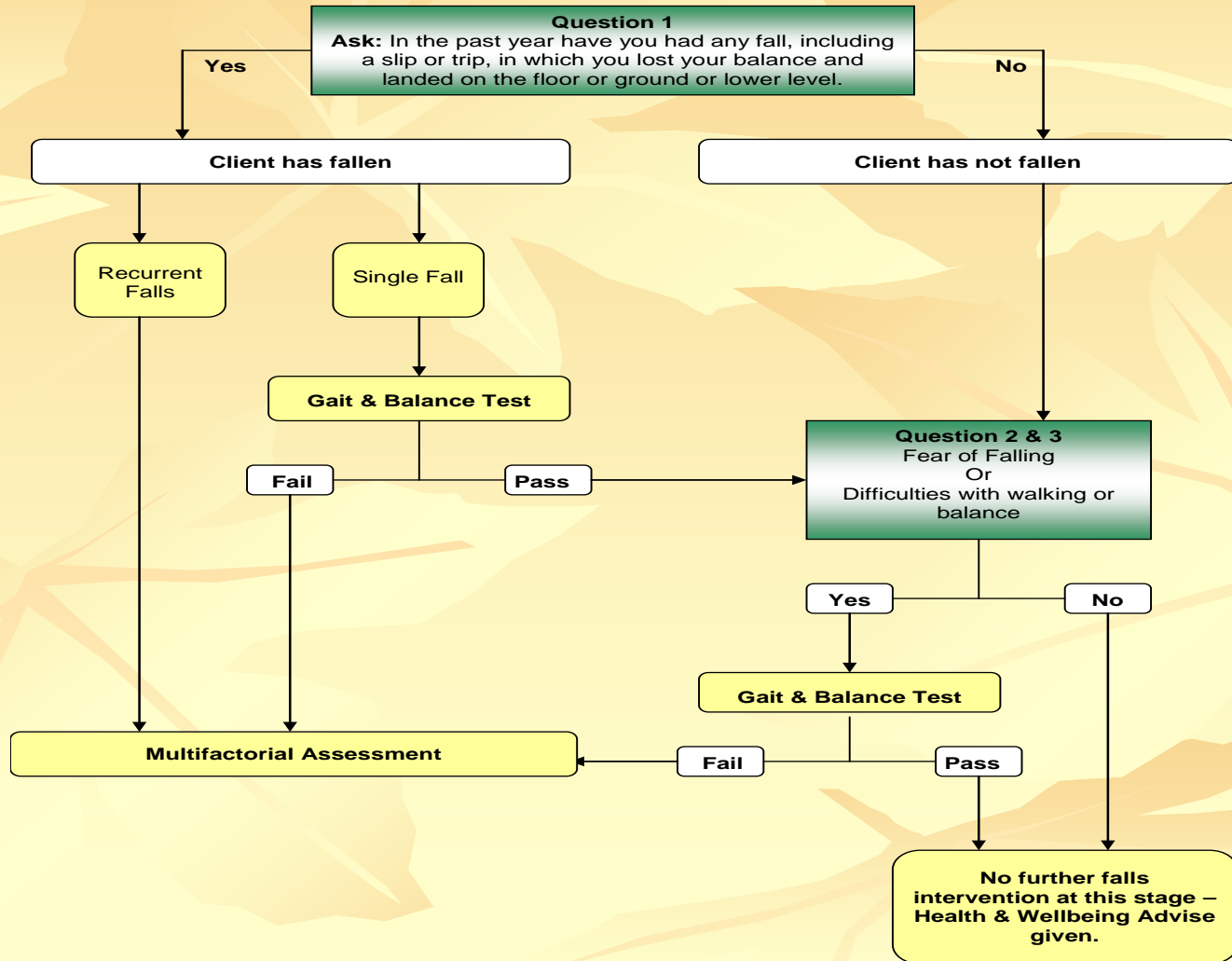
- **Assessment:** The Aim of the multi factorial assessment is to identify the falls risks. A multi factorial fall risk assessment should be performed for older people who: (**Appendix 3**)
- Report recurrent (2 or more) falls in the past year.
- Report difficulties with gait and balance.
- Report fear of falling.
- Seek medical attention because of a fall.

The multi factorial risk assessment should be carried out and should incorporate the following: (Appendix 3)

- History of falls
- Characteristics of fall – was it a slip, trip or fall, fear of falling, questioning in relation to any difficulties in walking or with their balance.
- Medications Environmental Issues Feet and Footwear Vision Impairment
Related Medical History Social Factors
- Dietary intake including hydration

Any team member can complete the Multi factorial Fall Risk assessment.

Screening and Assessment



Interventions

The Multi factorial interventions include management of the risk factors identified in the multi-factorial Assessment (would include:

Interventions

- A falls risk assessment, followed by intervention to modify the identified risk (deficit), is the most effective strategy to reduce both the risk of falling and incidence of falling in older people.
- Strategies that combine interventions, targeted at more than one risk factor, to reduce falls are:
- Interventions that have been shown to reduce falls are individualised exercise programme that includes a combination of resistance, (strength) training, gait, balance, and co-ordination training.

Interventions

- Medication review and withdrawal of psychotropic and other culprit medications, if appropriate.
- Home environment assessment and modification, carried out by a health care professional.
- Managing postural hypotension.
- Vision assessment and referral for intervention.
- Assessment of vitamin D deficiency and calcium insufficiency and treat if identified.
- Identification of foot problems and appropriate treatment.
- Behavioural modification and educational programmes should be considered. (Adapted from National Strategy HSE 2008)

Tips for healthy Aging (Appendix 6)

I Had a fall Poster (Appendix 1)

Establishing a working group in your setting

Establishing a falls prevention & bone health working group

- Be familiar with the National Strategy “To Prevent Falls and Fractures in Irelands Aging Population” (available from HSE).
- Start engaging with the relevant heads of services/departments to get commitment.
- Establish how significant the problem of falls is within your setting and gather baseline data.
- Review how falls prevention is currently being addressed; are falls prevention programmes/services available?

Establishing a working group in your setting

- Falls working group needs to be established and must be multi-disciplinary or falls could be incorporated into another working group i.e. Health and Safety, Quality and Safety
- Develop Terms of Reference for the working group.
- Decide how often the group meets.

Tips for the working group

- Develop a policy in line with the National Strategy or adapt a policy from a similar setting where possible.
- If you already have a falls prevention programme in place, ensure it is in line with the National Strategy and best practice.
- Assess the fall prevention needs within your setting.
- Identify what programmes or services are currently available.
- Prioritise area of falls prevention that need to be addressed.

Establishing a working group in your setting

- Agree on short, medium and long-term actions.
- Seek support from similar settings/departments that have established falls and fracture prevention programmes.
- Be clear about what you want to do and how it will be done.
- Decide on definite actions and timeframe.
- Implement actions.
- Monitor and review process.
- Education and Learning Sessions to be provided for all staff (including – Catering, Housekeeping etc) appropriate to their level of responsibility and role

Resources

- **Strategy to Prevent Falls and Fracture in Ireland's Ageing Population, (2008) – www.hse.ie**
- **(TILDA) Fifty Plus in Ireland 2011 Irish Longitudinal Study on Ageing (2011)**
- **(TILDA) Growing old with Intellectual Disability in Ireland (2011)**
- **NICE Clinical guidance 161 guidance.nice.org.uk/cg161**
- **Falls Awareness: Live Life Safely Booklet (Falls Multidisciplinary Committee, St Mary's Hospital Phoenix Park, 2010) [Phone Number 01 625041]**
- **Falls Prevention and Management Policy St Mary's Hospital Phoenix Park**
http://hsenet.hse.ie/Hospital_Staff_Hub/StMary%27sHospitalPhoenixPark/Falls_Prevention_Policy.pdf
- **Falls Prevention Centre of Excellence: www.stopfalls.org**
- **Falls safe project-royal college of physicians :www.rcplondon.ac.uk**
- **Videos on Fall Prevention and How to Get Up After a Fall:**
<http://www.rospa.com/homesafety/adviceandinformation/falls/videos/falls-360.wmv>

List of Appendices with Sample Tools

- [Appendix 1: I had a fall poster](#)
- [Appendix 2: Level 1 Screen](#)
- [Appendix 3: Level 2: Multi-factorial Falls Risk Assessment](#)
- [Appendix 4: Falls Safety Cross](#)
- [Appendix 5: Quick Tips for Healthy Bones](#)
- [Appendix 6: Tips for Healthy Ageing](#)
- [Appendix 7: Get Up and Go Test](#)
- [Appendix 8: Multi factorial Assessment and Intervention](#)
- [Appendix 9: Sample Policy Acute setting](#)
- [Appendix 10: Intentional Rounding Chart](#)
- [Appendix 11: Safety Alert Form](#)
- [Appendix 12: Pathway for care of older person Post Fall](#)
- [Appendix 13: Post Falls assessment management pathway](#)
- [Appendix 14: Nursing Assessment prior to ringing the G.P](#)