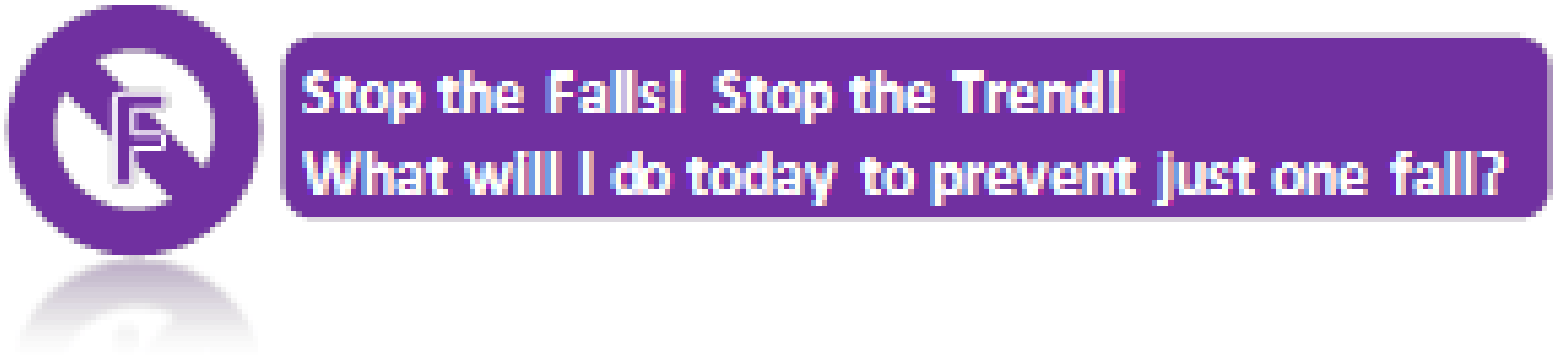
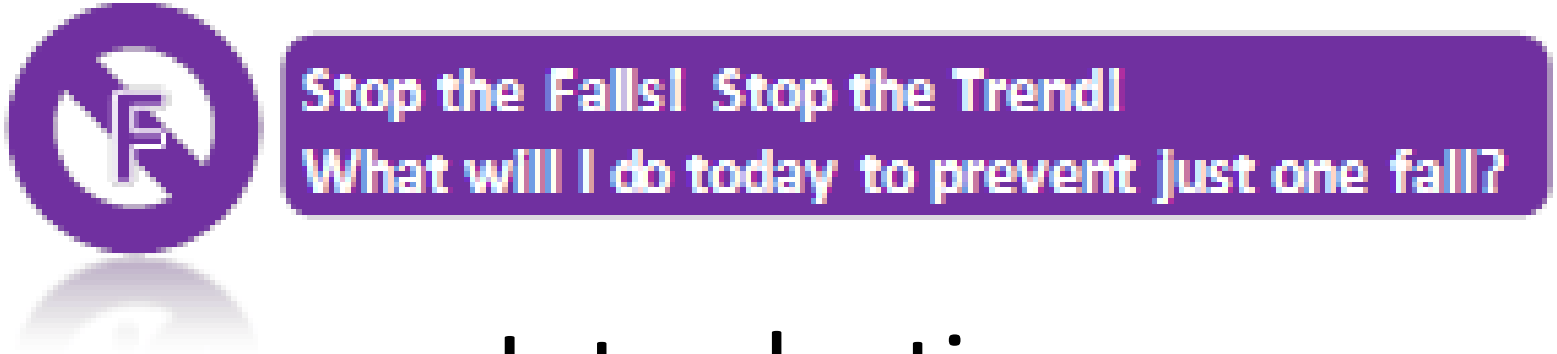


Falls Prevention At Peterborough City Hospital

Dr David Green
CT2 Quality Improvement Fellow



Introduction

- Background
- Scale of the problem
- Strategies
- Results

Stop the Falls! Stop the Trend!
What will I do today to prevent just one fall?

Background

- New Hospital - 2010

- 55% single occupancy rooms
- Increasing year on year admissions
- Care of the elderly

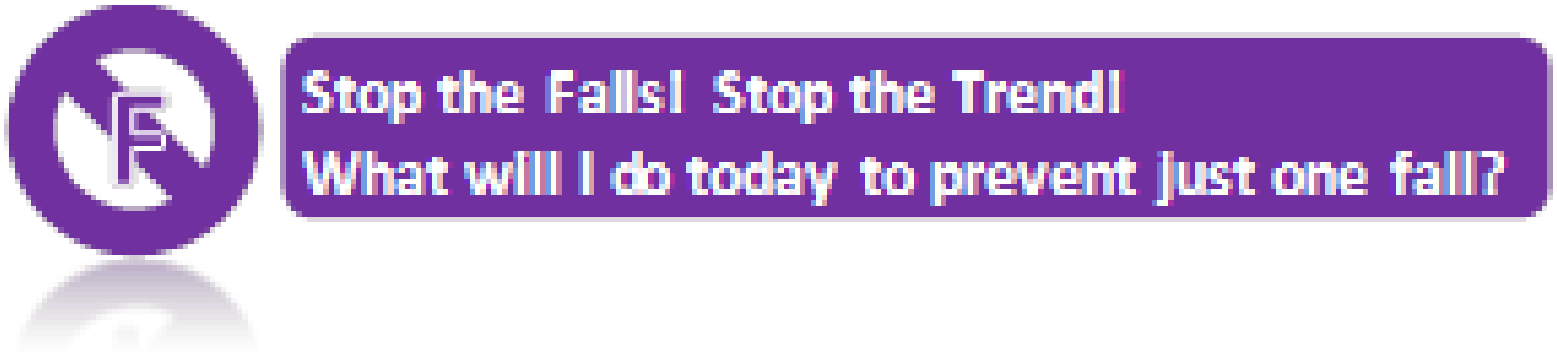
Stop the Falls! Stop the Trend!
What will I do today to prevent just one fall?

Scale of the Problem

- 1056 individual fallers
- 1800 falls 2012-13

- 39 Grade 3 falls last year

= fracture or injury lasting over one month



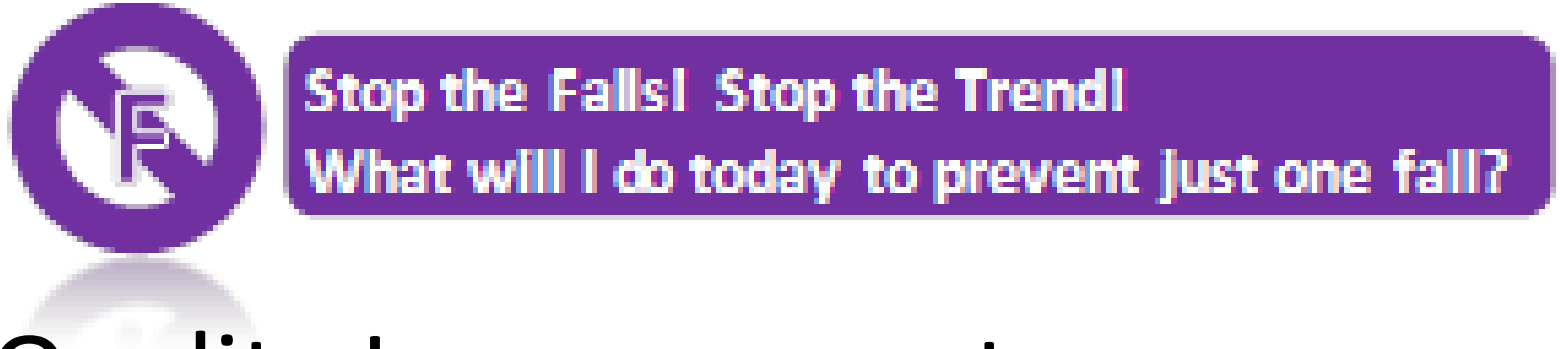
Average in patient length of stay 2.5 days

20 days longer for those who fall as an inpatient

Stop the Falls! Stop the Trend!
What will I do today to prevent just one fall?

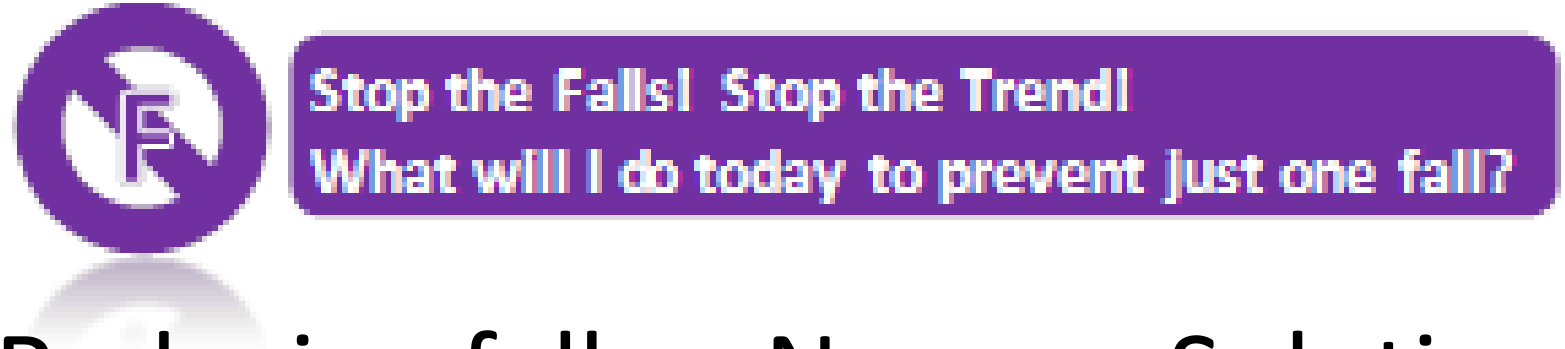
Pre-existing Staffing

- No formal falls service
- ½ time Band 7 nurse seeing all grade 3 fallers and above



Quality Improvement programme

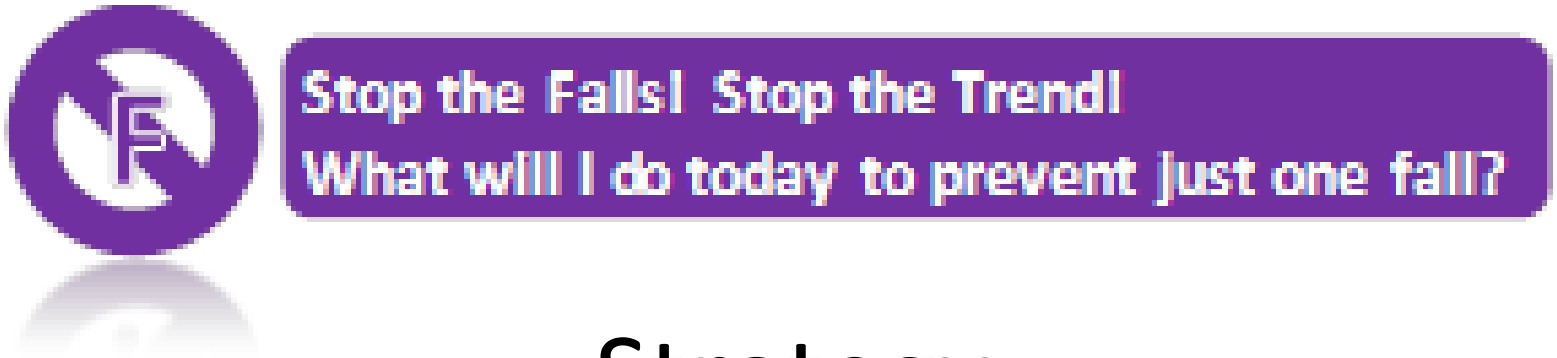
- Funding from East of England Deanery
- Backfill
- Willing at board level – identified need
- Contacts



Reducing falls – No easy Solutions

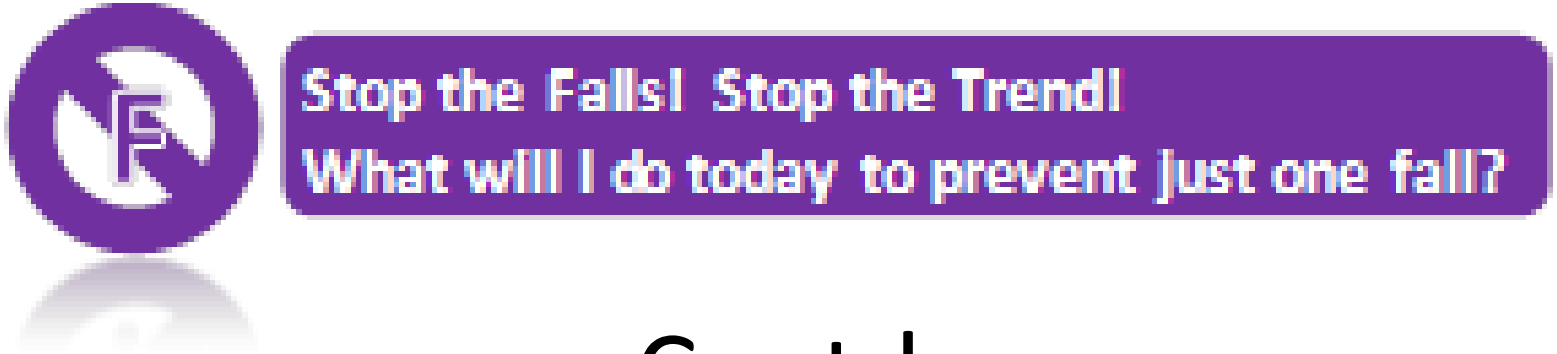
- Royal College of Physicians – Fallsafe
- Patient Safety First - prevention strategies
- NICE CG161 – Falls – in patient guidance

- Up to 30% reduction can be achieved – but it takes **2-3 years**



Strategy

- Aim for culture change
- Teaching
- Falls specialist nurse (delay in funding)
- Band 6 - 25hrs/wk



Contd.

- Slippers
- TAB Pads
- New documentation
- Falls (risk) Pharmacist
- Credit card aide memoire
- Audit

Falls Risk Assessment –

Instructions for multifactorial Falls Risk Assessment

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

*Complete daily for one week and then weekly thereafter, unless the patient's condition changes or they are transferred to another ward/department.
*Complete for all patients 65 years and over and for all patients 50-64 years with an underlying medical condition (e.g.Stroke, Parkinsons etc).

DO NOT leave blanks in the boxes put Yes (Y) or N/A
If you answer **yes** to **one or more** questions please complete 'Instructions for Multifactorial Falls Prevention Plan'

Surname:_____
First Name:_____
Dis No:_____
NHS No:_____
Date of Birth:_____
(Affix addressograph label here)

Risk Category	Suggested questions and considerations	1	2	3	4	5	6	7	8	9
Previous Falls	• Has your patient fallen before? • Is your patient or their family anxious after the fall and have they lost confidence?									
Health, mobility and balance problems	• Are there health problems that will increase the risk of the patient falling? • Difficulties with: Mobility/Balance, getting out of bed or the chair? • Does the patient furniture walk?									
Cognitive Impairment	• Is there any cognitive impairment?									
Continence Problems	• Does the patient pass urine more frequently or have any symptoms of a urinary tract infection?									
Suitable Footwear	• Has the patient got well fitting footwear?									
Medications	• Does your patient have a diagnosis of osteoporosis or are they on bone building medications? • Is your patient on any medications that are featured on the list that increase falling?									
Postural Hypotension	• Is your patient unsteady on their feet or dizzy on standing?									
Visual/ Hearing impairment	Ask the patient what they can see: • What can the patient see? Can they see your name badge, read a book or newspaper? Can the patient recognise a pen or scissors from the end of the bed? Does their current eye wear make any different to their vision? • Has the patient got difficulty hearing what is said even with their hearing aid (if applicable)?									
	Date									
	Initials									

Bed Rails Assessment

The risk of using bed rails can far outweigh the benefits and can cause harm to patients if used incorrectly

DO NOT USE BED RAILS IF:

- **Your patient has an altered mental state e.g. confusion, restlessness, agitation, disorientation.**
- **Your patient is not compliant with safety measures due to lack of awareness.**

CONSIDERATIONS

- **Increase of S.S.K.I.N rounding tool**
- **Regularly orientate patient to time, place and person**
- **Reiterate safety messages**
- **Ensure patient has their call bell**
- **Plan toilet regime.**
- **Use TABS Falls Prevention Kit**

If the patient is still at risk of falling out of bed or the family have expressed a wish for the bed rails to be used then complete the chart on the opposite page.

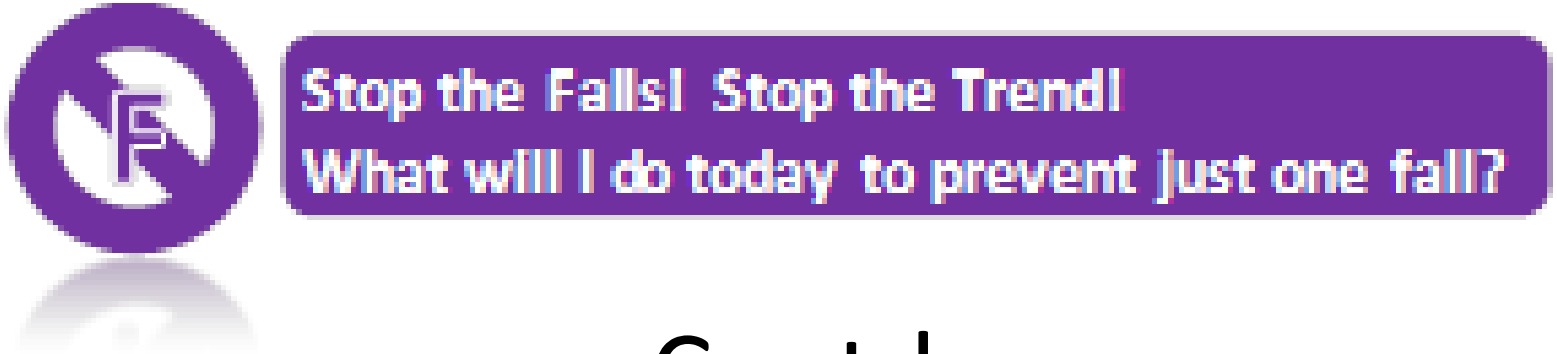
Instructions for multifactorial Falls Risk Assessment

If you have answered Yes (Y) to any of the Falls Risk Assessment on page 10, then complete the relevant Prevention actions below and initial. DO NOT leave blanks in the boxes put your initials or N/A

Risk Category	Recommended actions	1	2	3	4	5	6	7	8	9
Previous Falls	Discuss previous Falls and fear of falling with the patient and/or family									
	Give the patient and/or family the leaflet 'Preventing Falls in Hospital'. (This can be found on the intranet). Engage family in the care of the patient									
	Place a red triangle F sign on the whiteboard, above the bed and on the side room/bay door.									
	If a fall has occurred on this admission put a purple F triangle magnet on the whiteboard for each fall									
	Put the bed at the lowest level when the patient is in the bed, providing it does not affect their mobility or independence? Consider a low rise bed.									
Health, mobility and balance problems	Refer to Therapy Services. Write date of referral in the box									
	Are any walking aids suitable and in reach for the patient?									
Cognitive Impairment	Would the patient be safer in a single room or bay? State where was chosen in the box									
	Is one to one nursing required?									
	Consider TABS falls prevent kit. Explain to the patient and family about the kit.									
	Have you implemented the S.S.K.I.N rounding tool?									
Continence Problems	Have you done a urine dipstick and sent the urine sample if necessary?									
	Assess toilet needs and schedule visits to the toilet.									
Suitable footwear	Has the patient got well fitting, supportive, non-slip sole footwear?									
Medications	Pharmaceutical review particularly if patient is prescribed: - Antipsychotic medications - Bone building Medications - Night sedation - 4 or more Medications Or - Anticoagulants									
Postural Hypotension	Lying and standing BP to be completed on the morning after admission (Report any abnormalities to medical staff)									
Visual/Hearing impairment	Write date of referral to the ophthalmology/audiology department in the box									
	Date									
	Initials									

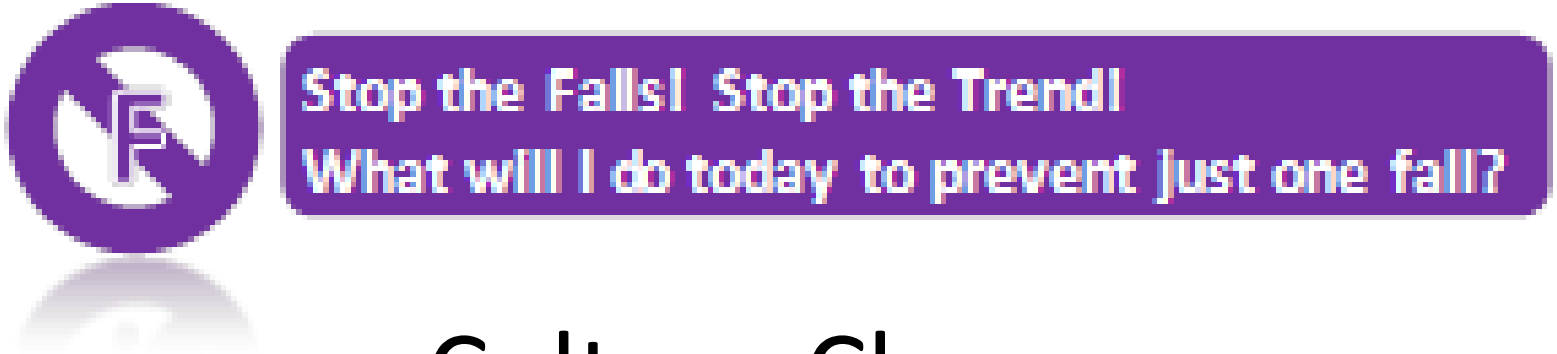
Bed Rail Monitoring Form

	Date	Are bed rails still recommended following the use of the bed rail assessment flowchart? **Yes/No** State why?.....	Are the bed, mattress and bed rails in good condition and able to be used together? **If not, do not use and organise a replacement**	Are bed rail covers required to reduce risk of limb striking and entrapment? **Yes/No**	Initials
1					
2					
3					
4					



Contd

- Falls database (data protection issues)
- Liaison with primary care
- Third sector involvement
- Extended visiting hours



Culture Change

- Prominent displays around falls
- Patient ownership
- Training – Junior Drs, Nurses, HCAs, Pharmacists, OTs, Pts
- Board Involvement – patient stories

eTrack Patient Tracking

Show Timeline

Trust Critical Alert Status RED
Last Update 23/09/2013 06:48

Information Ser
Trust Home

- Home
- OP Clinic Lists
- eTCI Worklists
- Ward List
- ED List
- Pre-Arrival List
- My Patient List
- MDT Patient List
- Reports
- PMI Patient Search
- Outpatient Search
- Inpatient Search
- ED Search
- Patient Pathway
- Patient Timeline
- Administration
- Notes Tracking
- Help
- Log Off
- Exit

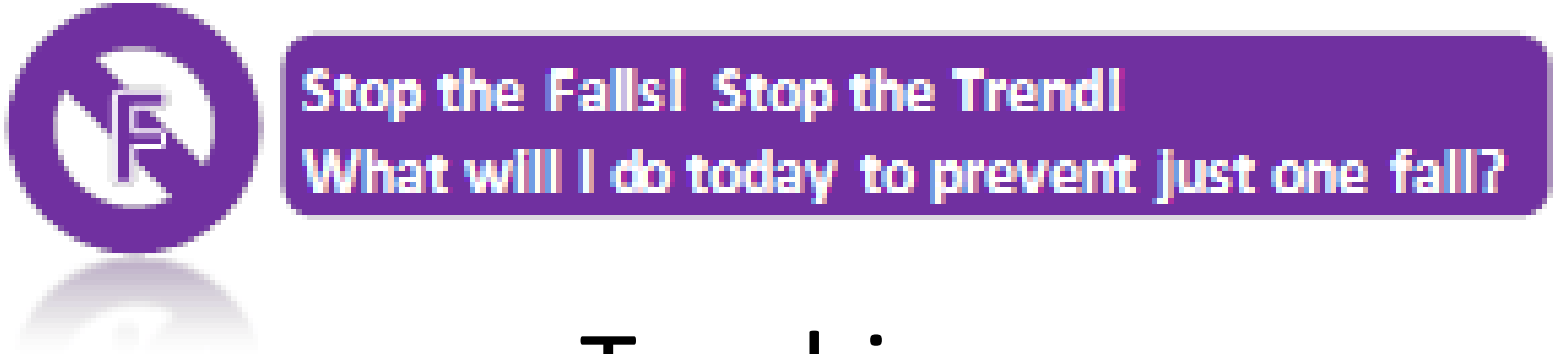
User: David Green

@23/09/2013	This Year	Last Year
Falls	866	863
Serious Falls	20 *	19

Stop the Falls! Stop the Trend!
What will I do today to prevent just one fall?

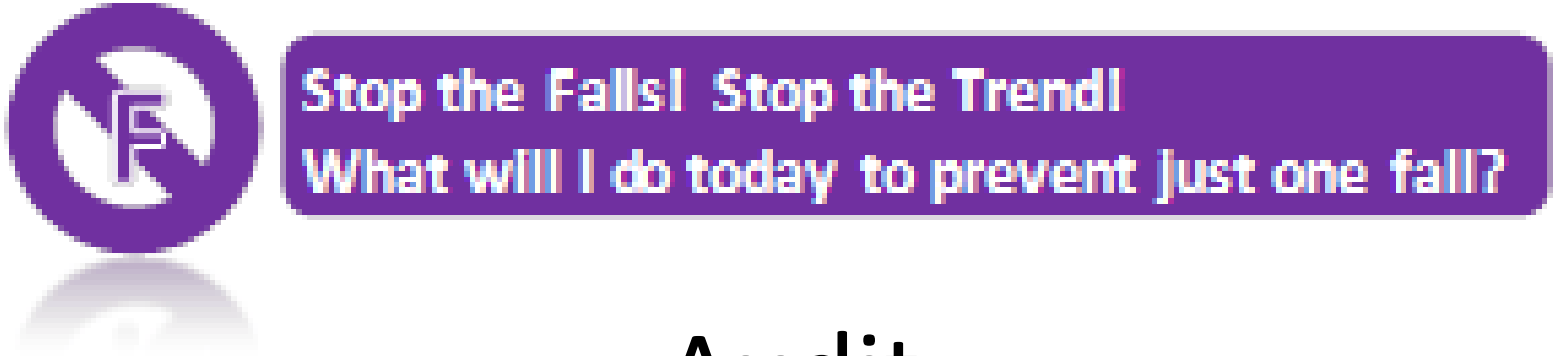
* Subject to validation

Recent Gold/Red Star Reports -	
Red Star Reports (4 WKs)	Gold Star Reports (4 Wks)



Teaching

- Practical, small group
- Basic concepts
- L+S BP!!!
- Polypharmacy

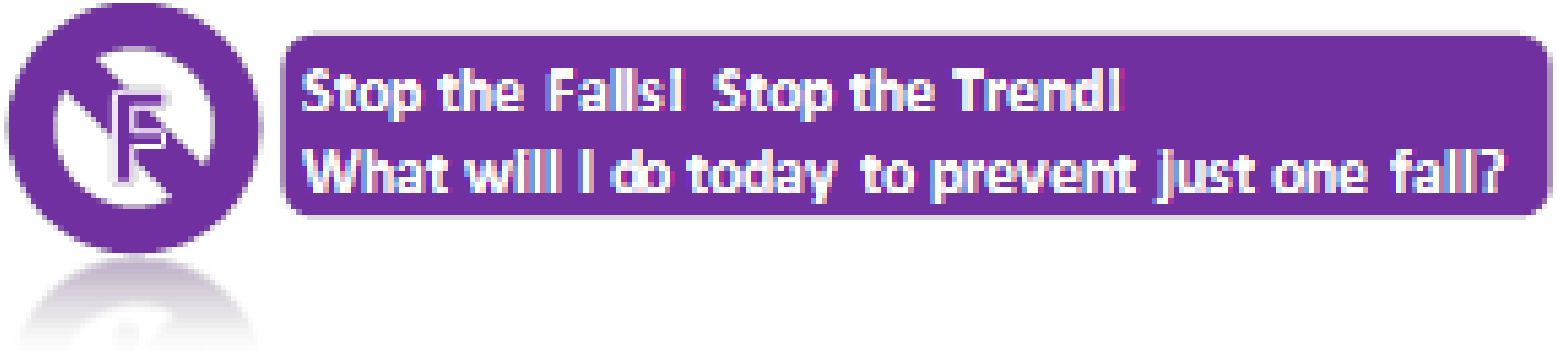


Audit

- Falls documentation
- Polypharmacy

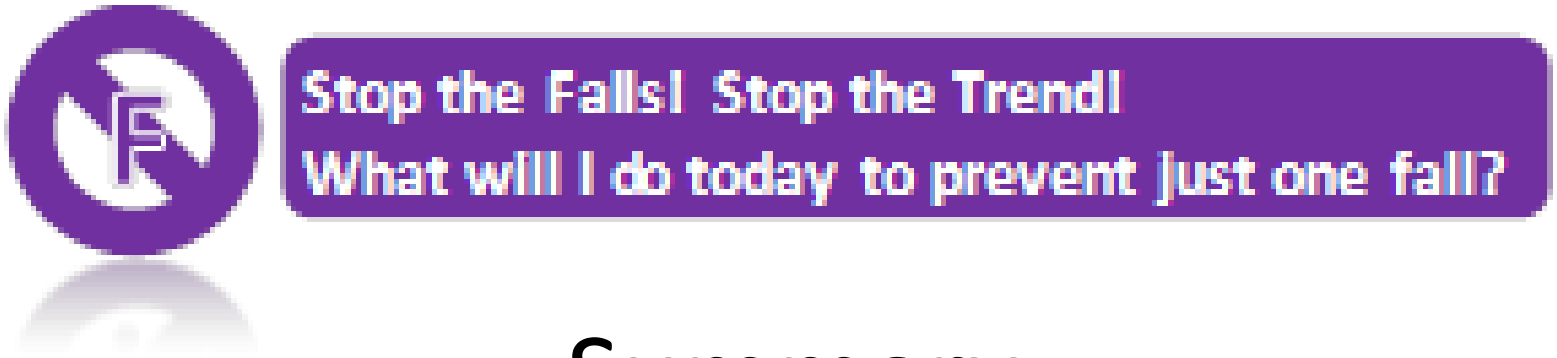
Class	Drugs	Adverse Effects	Suggested Action
Antidepressants	Tri-Cyclic Antidepressants (TCA) Amitriptyline, Dosulepin (Dothiepin), Imipramine, Lofepramine. SSRIs – Citalopram, Fluoxetine. Others - Trazadone, Mirtazepine, Venlafaxine.	Drowsiness, blurred vision, dizziness, postural hypotension, constipation, retention of urine.	• Review indication. Check with GP. • Stop if possible. May need to withdraw slowly. • Consider changing a tri-cyclic (TCA) to a Serotonin Specific Reuptake Inhibitor (SSRI) (e.g. Citalopram). • Consider specialist referral if further advice needed.
Antipsychotics	Chlorpromazine, haloperidol, lithium, promazine, trifluoperazine, quetiapine, olanzapine, risperidone.	Postural hypotension, confusion, drowsiness, Parkinsonian symptoms.	• Review indication for use. • In long term use do not stop without specialist opinion. • Avoid in management of delirium
Antiemetics	Prochlorperazine, Cyclizine, Metoclopramide	Postural hypotension, confusion, drowsiness, Parkinsonian symptoms.	• Review indication for use (often given for “dizziness”) • Domperidone is a suitable alternative
Sedatives and hypnotics	Temazepam, Diazepam, Lorazepam, Nitrazepam, Zopiclone, Chlordiazepoxide, Chloral Betaine, Clomethiazole.	Drowsiness which can last into the next day, lightheadedness, confusion, loss of memory.	• Stop if possible. Check with GP • Long term use will need slow withdrawal • No new initiation on Transfer of Care.
Drugs for Parkinson’s Disease	Co-beneldopa, Co-careldopa, Rotigotine, Ropinirole, Pramipexole, amantadine, entacapone, selegiline, rivastigmine.	Sudden daytime sleepiness, dizziness, insomnia, confusion, low blood pressure, blurred vision.	• May not be possible to change. • Do not change without specialist opinion. • Check for postural hypotension
Drugs with anti-cholinergic side effects	(Benzhexol), prochlorperazine, oxybutynin, tolterodine.	Dizziness, blurred vision, retention of urine, confusion, drowsiness, hallucinations.	• Review indication. • Reduce dose or stop if possible.
Cardiovascular drugs	ACE inhibitors / Angiotensin-II antagonists: Ramipril, Lisinopril, Captopril, Irbesartan, Candesartan. Vasodilators: Hydralazine Diuretics: Bendroflumethiazide, Bumetanide, Indapamide, Furosemide, Amiloride, Spironolactone, Metolazone. Beta-blockers: Atenolol, Bisoprolol, Carvedilol, Propranolol, Sotalol. Alpha-blockers: Doxazosin, Alfuzosin, Terazosin, (tamsulosin).	Low blood pressure, postural hypotension, dizziness, tiredness, sleepiness, confusion.	• Check lying and standing BP. • Review indication (alpha-blockers also used for benign prostatic hyperplasia). • Review dose. • May not be possible to stop. Check with GP • Consider alternative to alpha-blocker.
Analgesics	Opioids: Codeine, tramadol, Nefopam, Dihydrocodeine, Buprenorphine, Alfentanyl Opiates: Morphine, Oxycodone.	Drowsiness, confusion, hallucinations, postural hypotension.	• Review dose. • Use analgesic pain ladder to avoid excess use. • In older people start low and go slow.
Anticonvulsants	Carbamazepine*, sodium valproate*, gabapentin, lamotrigine, clonazepam, phenytoin*, phenobarbitone*, primidone*.	Drowsiness, dizziness, blurred vision.	• Consider indication (some are also used for pain control or mood stabilisation). • May need specialist review in problem cases. • *Consider Vitamin D supplements for at risk patients on long-term treatment with these drugs.

From: Nottingham University Hospitals NHS trust adult in-patient falls management policy



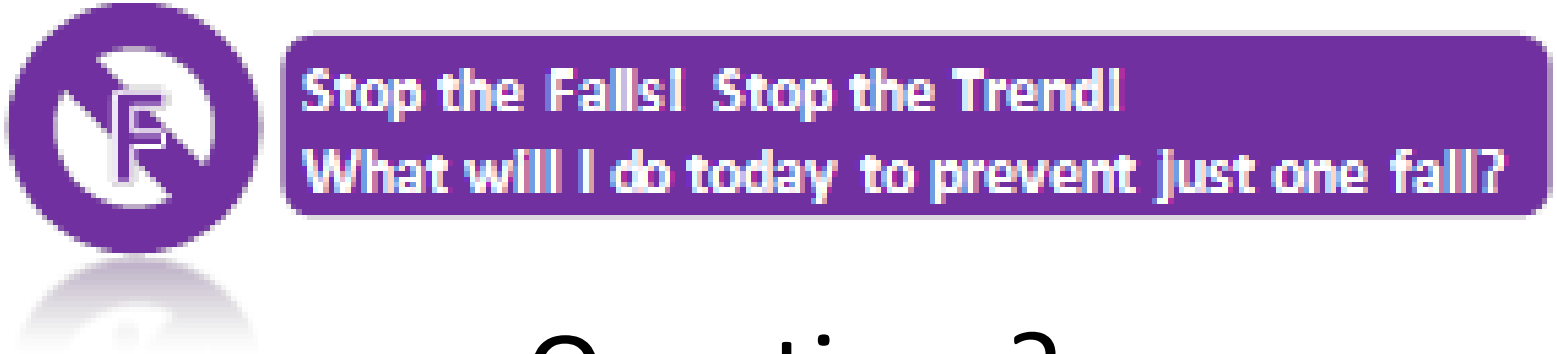
Results

- Falls champions on wards
- Greater awareness
- Static numbers of fallers
- Reduced repeat fallers

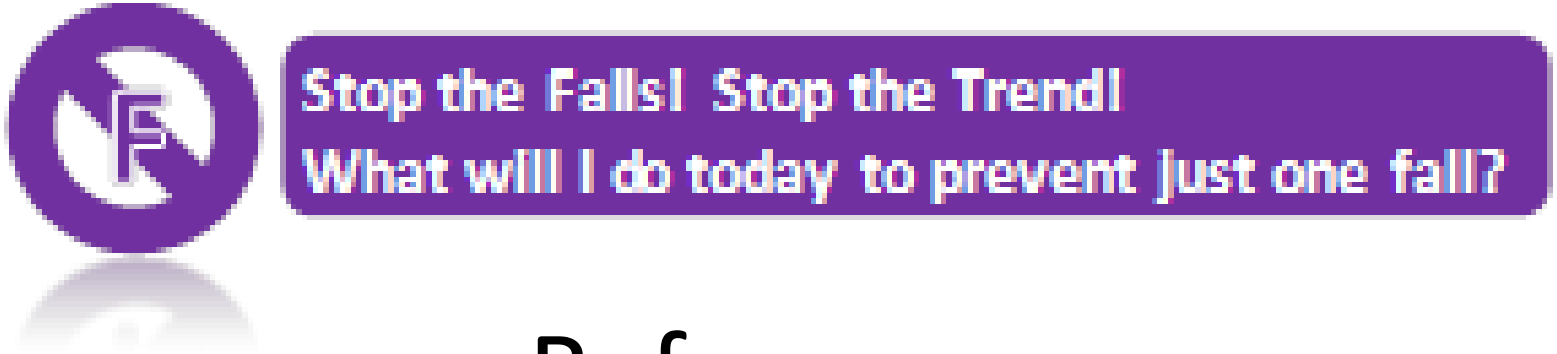


Summary

- Lots of innovations
- Some more successful than others
- Complex issues
- Hard to achieve success


Stop the Falls! Stop the Trend!
What will I do today to prevent just one fall?

Questions?



References

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- http://www.patientsafetyfirst.nhs.uk/ashx/Asset.ashx?path=/Intervention-support/FALLSHow-to%20Guide%20v4.pdf
- http://www.nice.org.uk/nicemedia/live/14181/64088/64088.pdf