



Humber and North Yorkshire
Health and Care Partnership



**Humber and
North Yorkshire**
Integrated Care Board (ICB)



Falls Prevention



What is a fall?

An unintentional event that results in a person coming to rest on the ground or another lower level, not as a result of a major intrinsic event (such as stroke or epilepsy) or overwhelming hazard (such as being pushed). (Gibson et al, 1987).

Falls awareness

- 1 in 3 people over the age of 65 will fall in a year.
- As age increases falls risk increases to 50% in over 80 (DoH 2009).
- One in two women and one in five men over the age of 50 have Osteoporosis (thinning bones). If a person with Osteoporosis falls then they are more likely to break a bone. This is described as a fragility fracture.
- Older people living in care homes are three times more likely to fall.
- They are ten times more likely to have a hip fracture in care home than in other environments.
- One third of Care Home resident will die 4 months following a hip fracture.
- The statistics are higher if the resident has dementia.
- The rate of emergency admissions due to falls in people aged over 65 living in Care Homes is almost **four times higher**.
- The cost of these admissions is estimated to be in the region of **£2.3 billion**.



Why do people fall?

As we get older our risk of falling rapidly increases. Why are individuals at higher risk?

Risk Factors

History of falls

Ageing - causing changes in the body

Parkinsons disease, stroke, dementia,

Arthritis

Being less physically active

Side-effects of medications or a combination of many

Excessive alcohol

Poor lighting, especially on stairs

Low temperature

Wet, slippery or uneven floor surfaces

Clutter

Chairs, toilets or beds being too high, low or unstable

Inappropriate or unsafe walking aids

Inadequately maintained wheelchairs e.g. Brakes not locking

Improper use of wheelchairs, for example, failing to clear foot plates

Unsafe or absent equipment, such as handrails

Loose-fitting footwear and clothing.



React to Falls

Part 1:

What is a fall and why is it important to think and react to prevent falls?

[React To Falls Part 1 on Vimeo](#)

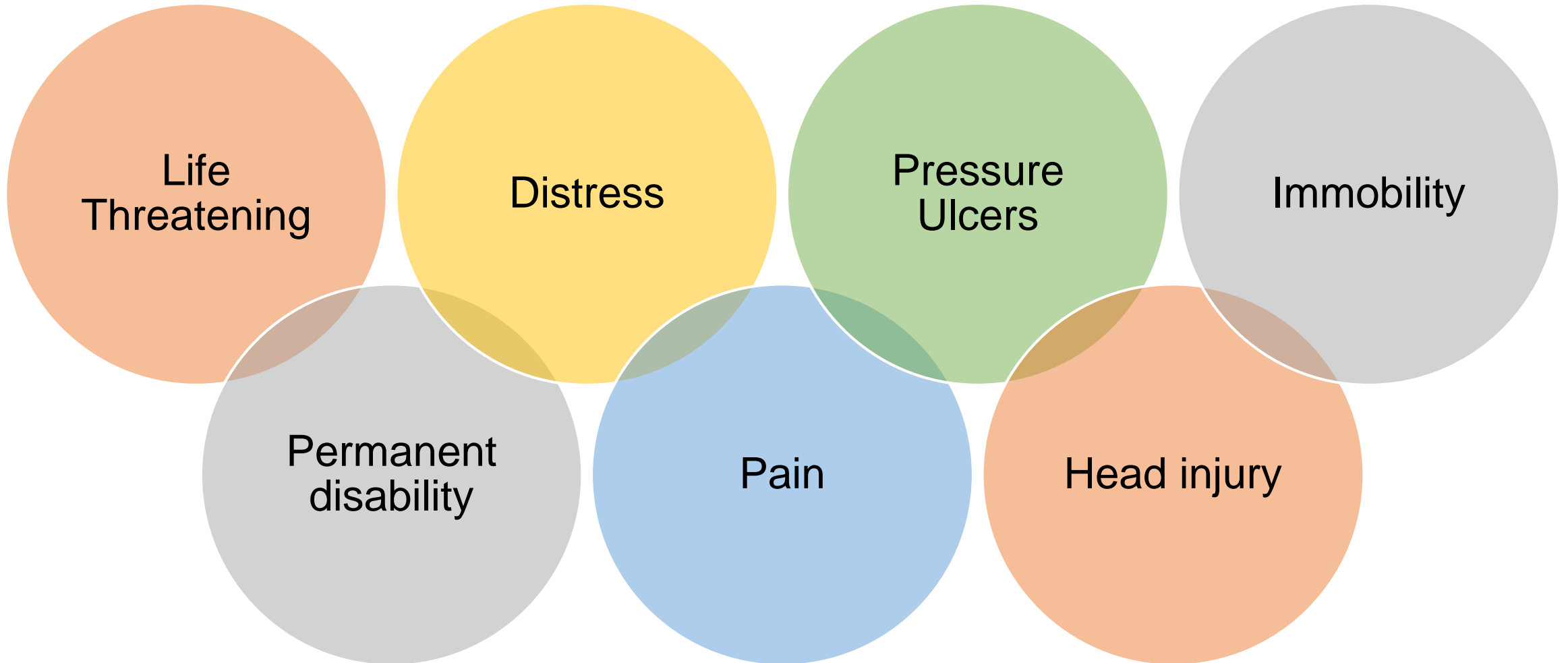


What are the physical impacts of a fall?

What do you think are the physical impacts to an individual after they have experienced a fall?

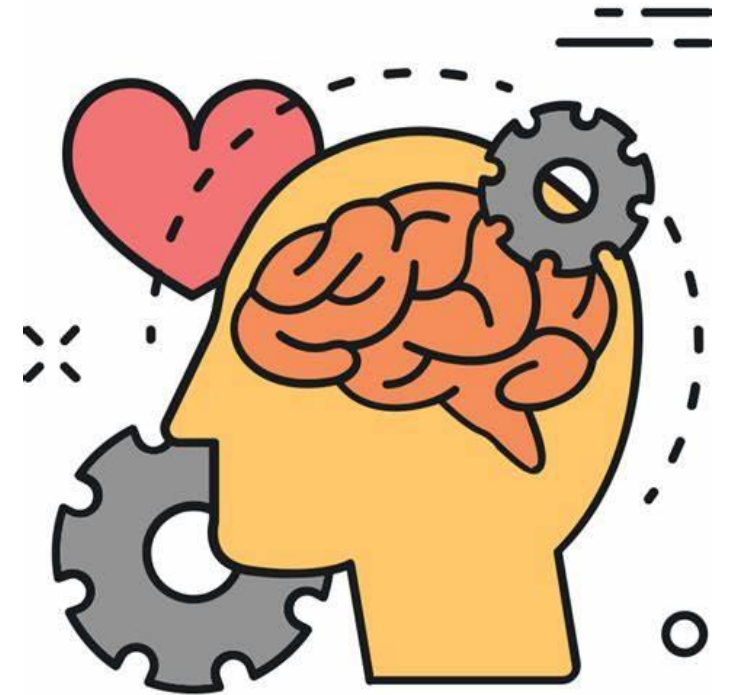


Impact of falls... Physical



What are the psychological impacts of a fall?

What do you think are the psychological impacts to an individual after they have experienced a fall?



Impact of falls... Psychological

Loss of self
esteem

Depression

Anxiety

Social isolation

Embarrassment

Increased
dependency

Fear

Loss of
confidence

Falls are not an inevitable part of ageing

Many falls are preventable

There are actions that you can take to reduce the risk of an individual falling

Our aim:

Be Proactive:

- React to falls before they happen
- Support individuals to be active, mobilise safely and make own lifestyle choices
- Falls risk factors are individual to each person
- Managing falls is a continuous process
- Preventing falls is **everyone's** business
- Involve individuals in the prevention of falls



React to Falls

Part 2:

Why do individuals fall and what are the risks?

[React To Falls Part 2 on Vimeo](#)



Resources: video and workbook – www.reactto.co.uk



REACT OF FALLS PREVENTION *Have we missed anything?*

How many days since our last fall, what have we learnt?

! Who are we worried about today?

R Review medical history and physical health
Pain | Unwell/infection | Medication risks
Diet and fluid intake | Recent falls/Fractures

E Environment and Equipment
Use of Sensors/Alarms | Flooring & Doorways | Clutter
Lighting | Footwear & Foot care | Transfers & Stairs

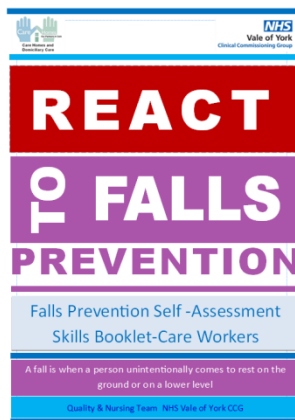
A Activity
Altered gait | Stumble & trip | Walking aids
Sleep | Mobilisation | Dizziness/loss of Balance

C Communication and Understanding
Cognition/risk awareness | Communication difficulties
Vision | Hearing | Mood | Communication aids

T Toileting and Continence
Frequency/urgency | Constipation | Change of habits
Assessment | Assistance/aids | Clothing | Signage

? What are we going to do as a team to reduce the risk of falling?

NHS Vale of York Clinical Commissioning Group



REACT OF FALLS PREVENTION NHS Vale of York Clinical Commissioning Group

React to Falls Prevention Training Resource Evaluation

Care Home: _____ Date: _____

Please respond to each question by circling the appropriate response.

1. Which Staff Group best describes you?	RN	HCSW/HCA	Carer	Other (Please state)
2. Have you ever attended falls training in the past?	Yes	No		
3. Prior to today's training how would you rate your knowledge of falls prevention?	Excellent	Good	Average	Poor
4. Following training how confident do you now feel about recognising falls risks in your residents?	Very confident	Confident	Slightly confident	Not confident
5. How confident do you now feel about where to seek further help/support/referral to other agencies?	Very confident	Confident	Slightly confident	Not confident
6. How would you rate this training?	Excellent	Good	Average	Poor

Please circle the words that best represent your thoughts on today's training.

Valuable	Good	Adequate	Appropriate	Not achievable	Unnecessary
Useful	Boring	helpful	Waste of time	Educational	Clear
Interesting	Important	Stimulating	Unclear	Excellent	Basic
Empowering	Complicated	Confusing	Difficult	Informative	
Realistic					

Please give any comments you may have on the structure, format and contents of this training.

React to Falls prevention, Evaluation form, V13 May 2019



Number of days without a FALL

Best Run of Days Without A Fall

Team work and communication is key



An effective team is far more able to recognise when things are going wrong than any one individual.

A team that works together well is a safe team as they are more likely to know what is happening around them.

Teams work best when all members feel safe and have a voice.



React to Falls

Part 3:

React to reduce the risk of falls

[React To Falls Part 3 on Vimeo](#)



Example: John

Today I am worried about John because he has had 2 falls in the last month where he bumped his head and hurt his back; then yesterday he was very unsteady and stumbled twice, nearly falling in the dining room and again whilst on his way to the toilet.



Meet John



76yrs old

Rheumatoid
arthritis

Previous knee
replacement

Prostate cancer with
bone secondary's

Can mobilise
independently with a
walking stick although
very slow and
unsteady at times

Urgent need to
pass urine

Medications for bone
pain and symptoms
of Rheumatoid
arthritis

Underweight

Dizzy when first
standing

Mild confusion and
memory loss

Hard of hearing

Experienced 2/3
falls over last
month

Team activity



REACT to Falls

R

Review medical history & Physical health

E

Environment & Equipment

A

Activity

C

Communication & Understanding

T

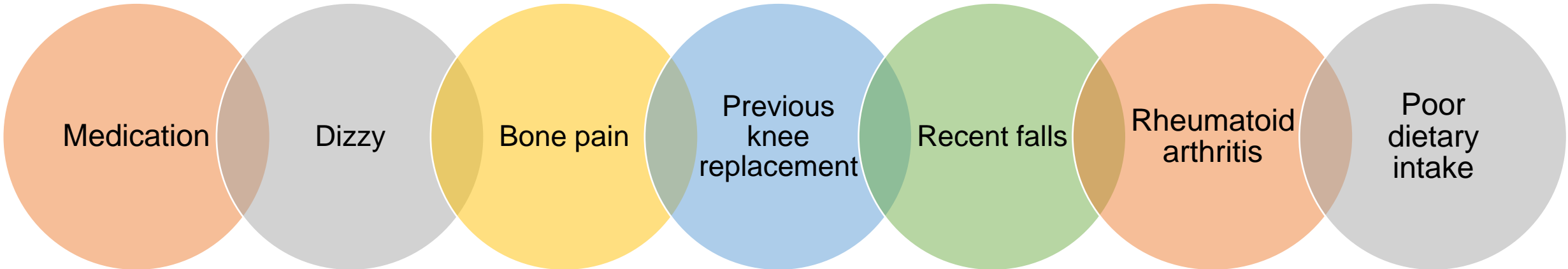
Toileting & Contenance



Review medical history & physical health



Review medical history and physical health		
Pain	Unwell/Infection	Medication risks
Diet and fluid intake		Recent falls/Fractures



Review medical history & Physical health

Review falls history, frequency & patterns

Check medical & physical health

Blood pressure/dizziness

Fractures/osteoporosis

Illness/infection

Check for any pain

Request GP/medical Review as required

Consider side effects of medication and request a medication review as required

Ensure adequate nutrition, consider fortified diet or supplements

Consider referral to dietician or SALT if required

Encourage fluids 6-8 cups per day



Review medical history & Physical health

Ask GP/Other Health Professional to review:

- Pain, symptom control and medication
- General health
- Rheumatoid arthritis that hasn't been reviewed recently
- Diet/consider need for dietary supplements
- or dietician/SALT referral

Monitor/regularly review / report

- Pain/symptoms/medication side effects
- Blood pressure, lying and standing
- Diet and fluid intake
- Falls/trips/slips/near misses; any patterns
- Signs of illness or infection

Encourage:

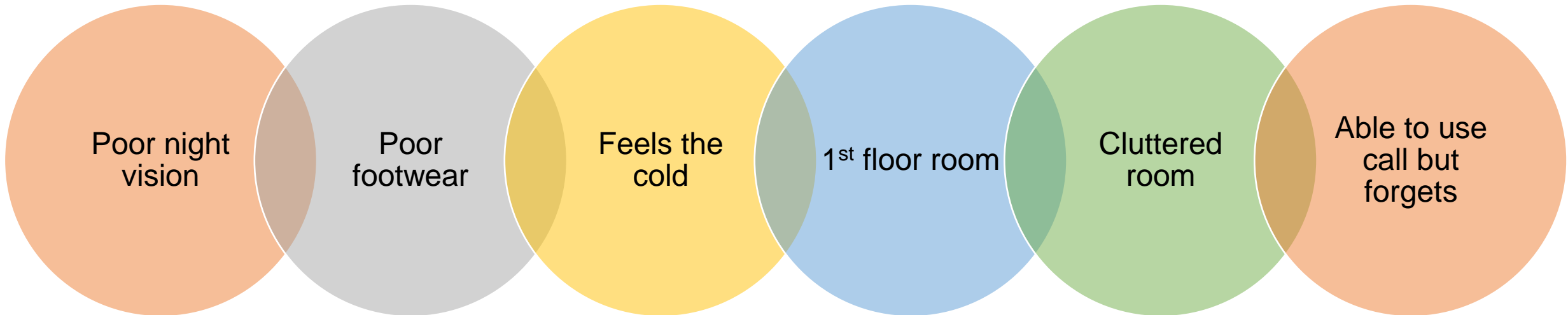
- Eating small amounts regularly
- 6-8 glasses of fluid
- Standing still on first standing



Environment & Equipment



Environment and Equipment		
Use of Sensors/Alarms	Flooring & Doorways	Clutter
Lighting	Footwear & Foot care	Transfers & Stairs



Environment & Equipment



Ensure access to call bell and consider use of sensor equipment

Ensure adequate supervision

Ensure floors are clear from clutter & hazards (Rugs/flexes etc...)

Avoid raised thresholds between rooms



Avoid patterned floors and thick pile carpets

Ensure adequate lighting

Clean up spills

Consider downstairs rooms



Maintain appropriate temperature

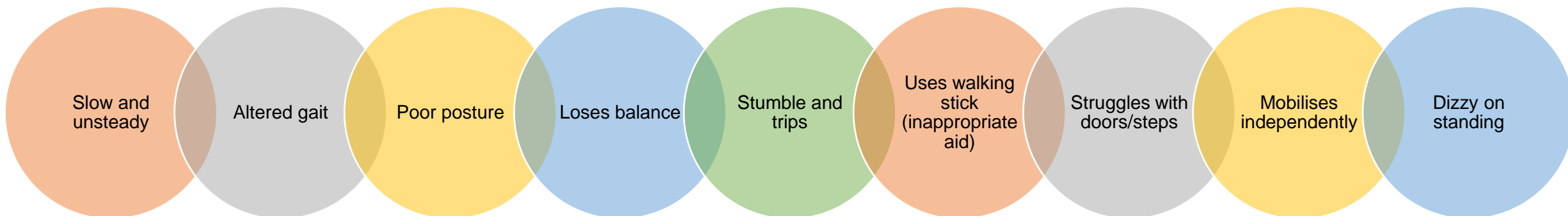
Ensure appropriate footwear and foot care, refer to Podiatry if required



Activity



Activity		
Altered gait	Stumble & trip	Walking aids
Sleep	Mobilisation	Dizziness/loss of Balance



Activity



Support individuals to be active and make own lifestyle choices

Promote exercise and activity

Check appropriate aids, support and supervision in are in place

Consider increasing supervision

Encourage to stand still on first standing

Advise to stand upright when mobilising

Refer physio/ OT

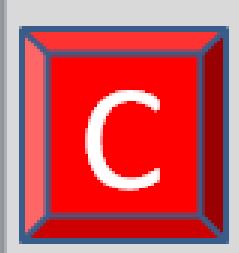
Review trips/slips, reviewing location and activity



Encourage activity during the day and promote restful. Ensure not hungry at bedtime

Increase night supervision and consider use of sensor equipment

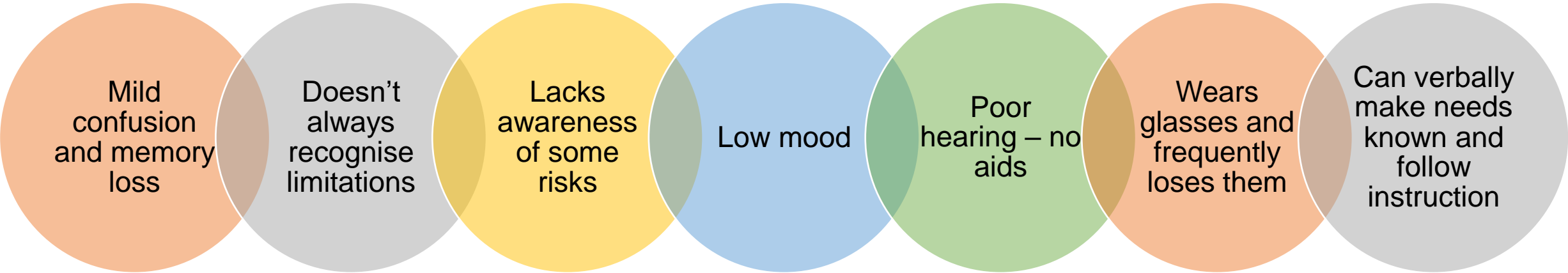
Communication & Understanding



Communication and Understanding			
Cognition/risk awareness		Communication difficulties	
Vision	Hearing	Mood	Communication aids



John



Communication & Understanding

Consider alternative methods of communication, signs, pictures, nonverbal gestures/prompts

Speak clearly, use simple instruction and repeat information when necessary

Don't approach from behind

Observe behaviours, you know your residents and will usually recognise when something is wrong

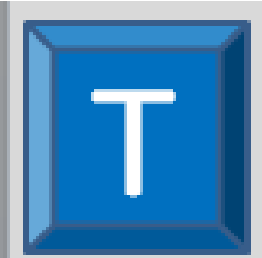
Consider hearing/sight tests

Ensure glasses clean, correct and wearing

Ensure hearing aids are clean, working, worn and batteries are replaced



Toileting & Continence



Toileting and Continence			
Frequency/urgency	Constipation	Change of habits	
Assessment	Assistance/aids	Clothing	Signage



Difficulties with buttons/zips due to arthritis

Cannot always find the toilet

Enlarged prostate

Urgency and frequent need to PU

Occasional constipation

Night time need to PU

Toileting & Continence

Individuals should be supported with continence and toileting, promoting regular toileting

Complete continence assessments

Ensure adequate signage

Monitor for any change in habits, i.e. loose stools/urgency/frequency of urine

Ensure clothing is manageable, i.e. buttons/zips/fasteners etc...

Ensure good lighting

Consider the use of commodes or bottles if required



React to Falls

Part 4:

What should you be doing to react to falls?

[React To Falls Part 4 on Vimeo](#)





React to Falls

Part 5:

Managing behaviour to reduce falls case study.

[React To Falls Part 5 on Vimeo](#)



**Any
questions?**

