The high impact actions for nursing and midwifery: staying safe, preventing falls

Even if there is no injury, falls can lead to a loss of confidence and independence. Reducing the number of falls sustained by older people in NHS care is a priority. The project team used two approaches to measure the alarms’ effectiveness. On two wards, they used the sensors, backed up by preventive care mechanisms, screening tools and falling reports. On a third ward, Betherden Ward, this package was enhanced by other interventions, including a low level bed, a supply of hip protectors, intensive training and a dedicated falls “champion”.

The sensors were also introduced on a geriatric ward for patients with conditions like Parkinson’s disease and multiple sclerosis. At all times, these were effective to balance peace of mind against respect for patient dignity and privacy. A new online reporting system for falls will provide real time data and faster response times. It will be used to identify risk areas so appropriate interventions can be deployed.

Impact of the initiative
On Betherden Ward, the enhanced care package has helped to reduce the rate of falls by more than 50% within six months. This reduction has been sustained, indicating that falls prevention strategies have become embedded into routine care. Use of the alarm system alone on the two other wards did not reduce the incidence of falls. This suggests that preventing falls requires multiple, linked interventions.

An additional benefit was that the sensors reduced the need for “specials” – nurses who sit with the most vulnerable patients. As well as being an added cost, these nurses can be difficult to recruit and patients may regard them as an invasion of their privacy.

As a result of this project, the trust reduced its costs by £16,037 compared with the potential costs of treating this type of injury. As a result, the team expanded its system.

CASE STUDY 2: A FALLS MATRON TARGETS HIGH INTENSITY USERS

Blackpool Primary Care Trust cares for a higher proportion of older people, and spent around £30,000 a month in ambulance calls to people who had fallen. Half of these people did not need clinical treatment, just reassurance and help getting up. The PCT set out to reduce the number of falls among very high intensity users. The idea was to pre-empt and prevent falls by providing support via a community falls matron.

The team began by identifying the very high intensity users as people with one or more long term conditions who had fallen twice or more over the last 12 months. This amounted to 350 people with a range of conditions including chronic obstructive pulmonary disease and heart failure.

The community falls team, headed by a falls matron, carried out holistic risk assessments with individual patients, then developed a patient centred service to reduce the risk of falls. It is part of a wider team that includes physiotherapists, occupational therapists and chaplains, as well as a local social enterprise that provides telehealth and telecare. The community falls matron delivers training for anyone working with vulnerable older people, including the acute trust, social services and the local council.

Impact of the initiative
The community falls matron carries out around 10 falls visits a week. People feel reassured and better cared for and the number of hospital admissions has gone down. Figures show that approximately six hospital admissions are prevented every month, equating to a monthly cost saving around £18,000. The latest matron analysis statistics show that 83 admissions have been delayed to date and £243,000 saved.

Once assessed, 50-75% of patients do not experience another fall within three months of the initial visit. Three years on from the project launch, patient satisfaction surveys are glowing. Return on investment calculations show that for every £1 spent, the programme generates £2.69 in benefits.

CASE STUDY 3: DISTRACTION THERAPY AND DEMENTIA

In acute settings, patients with dementia often become more confused, feel displaced, have high anxiety levels and wander around the ward. The Tiptree Centre consults on dementia, and daily, everyday items and a cafe style table, where patients can sit and not be closely observed. It was introduced onto the acute wards of the Colchester Hospital University Foundation Trust to help prevent falls in people with dementia.

A team at the hospital, led by the Tiptree Ward sister, began studying research into distraction therapy for patients displaying classic “sun-downing” behaviour, where they become more agitated and confused in the early evening, and set up with the idea of giving these patients a box of tactile, familiar objects at this time of day to provide a sense of safety and make them more likely to remain sitting in a chair, where they would be safe and comfortable. The team compiled boxes for nine separate areas, including accident and emergency, the emergency assessment unit, trauma and orthopaedics.

Impact of the initiative
Initially, there was some resistance to the idea of “yet another piece of paper”, but attitudes changed when the falls rate dropped dramatically. This equates to 150 falls prevented as a result of having an area to sit with the most vulnerable patients. As well as being an added cost, these nurses can be difficult to recruit and patients may regard them as an invasion of their privacy.

The idea came from nurses and was simple and cost effective to implement. Consequently, it has been enthusiastically received. The box provides a positive way for staff to manage a potentially challenging group of patients.

WHAT ARE THE BEST SOURCES OF INFORMATION?

- Slips, Trips and Falls: tinyurl.com/NPSA-slips
- The Assessment and Prevention of Falls in Chelsea and Westminster: tinyurl.com/CLW-Impact tool
- Prevention of Falls Network Europe: www.pfonet.org
- Prevention of Falls Network Europe: ‘The How To’ Guide for Reducing Fall from Falls: tinyurl.com/BNF
- Production Costs of a Long Term Condition: tinyurl.com/AgeUK-tasks