Falls & Falls Prevention

History – Falls Prevention - Definitions

There are numerous definitions of falls.

- Morse (1997) describes an accidental fall as an event, such as slipping tripping or other mishap generally related to environmental factors.

  Morse describes an anticipated fall as an event that occurs with people who identified at risk of falling.

  Unanticipated falls are described as falls that cannot be predicted

- Masud & Morris (2001) define a fall as an untoward event that results in a person coming to rest unintentionally on the ground or lower surface.

NPSA 2007 - Statistics….

Patient falling is the most common patient safety incident reported to the National Patient safety Agency

Each year –

- *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:

- *840 fractured hips,*
- *550 other types of fracture,*
- *30 intracranial injuries*

These figures only include Falls in Hospitals & Care Homes not domestic homes.

MEDEQUIP

Facts & Figures

During the COVID-19 Pandemic:

- Our Operators handled over 333,000 inbound calls in the 12 months between July19-June20.

- 5427 of the 333,000 calls related to non-injured Falls.

- For 2103 of the 333,000 calls, we despatched our Suffolk Emergency Responders to the client's own homes.

- Based on half of these being Falls related – Medequip Connect saved the NHS £212,828 p/a* without needing to resort to the 999 Service for non-injured Falls.

*Based on the average cost of an ambulance = £202.50

Mitigating Factors for FALLS RISK

Active

Eat Well

Hydration

Eyes

Ears

Medication

Footwear

Working together to prevent falls

FALLS RISK ASSESSMENT TOOL (FRAT)

UR NUMBER ....

SURNAME ....

GIVEN NAMES..

DATE OF BIRTH ....

Please fill in if no patient/resident label available

(see instructions for completion of FRAT in the FRAT PACK-Falls Resource Manual)

PART 1: FALL RISK STATUS

RISK FACTOR	LEVEL		RISK SCORE
RECENT FALLS (To score this, complete history of falls, overleaf)	none in last 12 months.................................		2
	one or more between 3 and 12 months ago..................		4
	one or more in last 3 months............................		6
	one or more in last 3 months whilst inpatient / resident....		8
MEDICATIONS (Sedatives, Anti-Depressants Anti-Parkinson's, Diuretics Anti-hypertensives, hypnotics)	not taking any of these.................................		1
	taking one		2
	taking two		3
	taking more than two....................................		4
PSYCHOLOGICAL (Anxiety, Depression ↓Cooperation, ↓Insight or ↓↓Judgement esp. re mobility)	does not appear to have any of these....................		1
	appears mildly affected by one or more..................		2
	appears moderately affected by one or more.............		3
	appears severely affected by one or more...............		4
COGNITIVE STATUS (AMTS: Hodkinson Abbreviated Mental Test Score)	AMTS 9 or 10 / 10 **OR** intact.................................		1
	AMTS 7-8 mildly impaired......................		2
	AMTS 5-6 mod impaired........................		3
	AMTS 4 or less severely impaired		4
(Low Risk: 5-11 Medium: Risk: 12-15 High Risk: 16-20)		**RISK SCORE**	/20

Automatic High Risk Status: *(if ticked then circle HIGH risk below)*

☐ Recent change in functional status and / or medications affecting safe mobility (or anticipated)

☐ Dizziness / postural hypotension

FALL RISK STATUS: *(Circle):*   LOW   /   MEDIUM   /   HIGH   →   List Fall Status on Care Plan/ Flow Chart

IMPORTANT: IF **HIGH**, *COMMENCE FALL ALERT*

PART 2: RISK FACTOR CHECKLIST

		Y/N
Vision	Reports / observed difficulty seeing - objects / signs / finding way around	
Mobility	Mobility status unknown or appears unsafe / impulsive / forgets gait aid	
Transfers	Transfer status unknown or appears unsafe ie. over-reaches, impulsive	
Behaviours	Observed or reported agitation, confusion, disorientation	
	Difficulty following instructions or non-compliant (observed or known)	
Activities of Daily Living (A.D.L's)	Observed risk-taking behaviours, or reported from referrer / previous facility	
	Observed unsafe use of equipment	
	Unsafe footwear / inappropriate clothing	
Environment	Difficulties with orientation to environment i.e. areas between bed / bathroom / dining room	
Nutrition	Underweight / low appetite	
Continence	Reported or known urgency / nocturia / accidents	
Other		

TECS – Referral and Clinical Rationale

Solutions – Clinical Rationale – Standard Pendant

Ask the right questions.
Will a standard pendant suffice?

Is there any history of HBP / LBP or collapse?
Does the user have dexterity to press the pendant?
Is the person likely to 'forget' to press their pendant if they fall?

Solutions – Clinical Rationale

White Label? Or Manufacturer specific?

Between 1st January 2021 to 30th June Medequip Connect answered 12'661 calls from automatic falls detectors.

607 of these were falls attended by our own Responders
201 Family members were asked to attend
86 of these falls were attended by an Ambulance

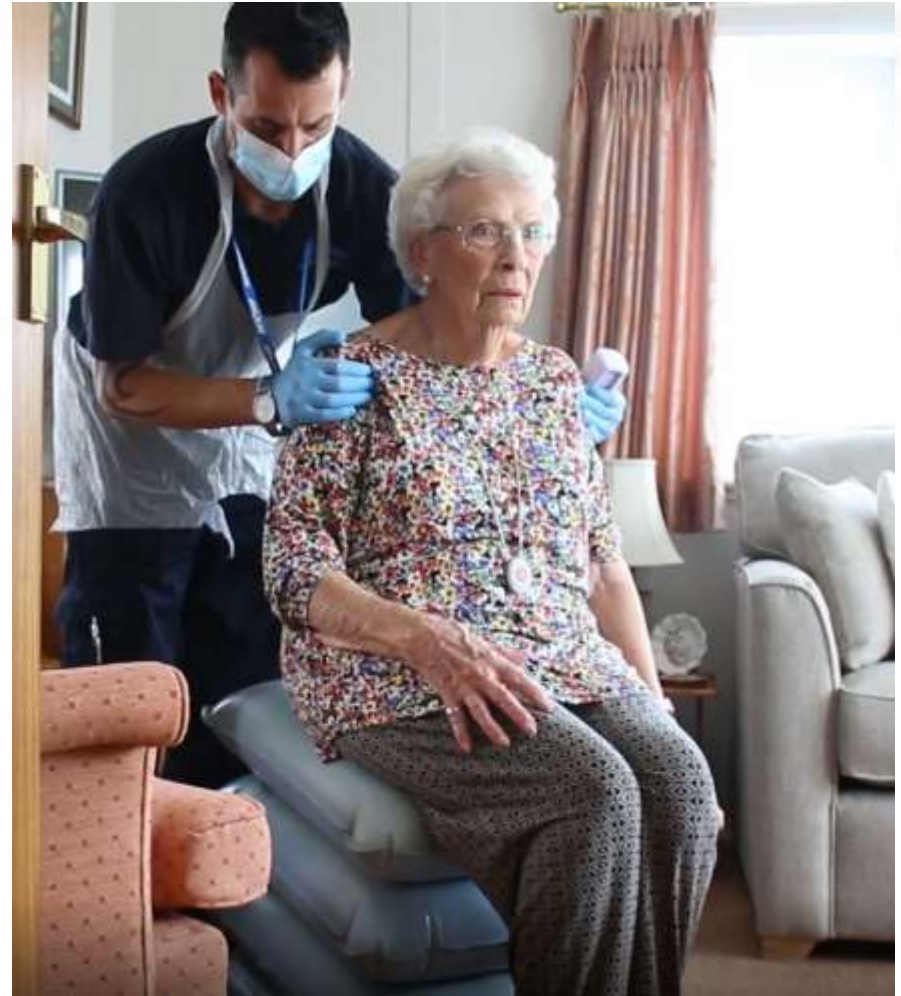## *Solutions – Clinical Rationale*

Mpers
Protection away from home

Clinical Rationale – Non Wearables – Advanced falls detection

MEDEQUIP Connect

Falls Prevention & Falls Pickup

WIRRAL
FALLS PREVENTION
SERVICE

Partnership Working

We work in partnership with Local Authorities, NHS, Housing Associations and Sheltered Accommodation Schemes, as well as private individuals. We also work to raise money and awareness for charities such as Alzheimer's Society.

Contact details

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Our products are also available through ManageAtHome
Please visit https://www.manageathome.co.uk/

Questions?