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Technology Enabled Care Service

Falls, Medication & Falls Prevention

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To Fall or not to fall – that is the question!

Physiopedia Statistics

The reporting of falls increased with age from 18% in young, to 21% in middle-aged and 35% in older adults, with higher rates in women than men.

Among younger people, more than 42% of falls occur while they are engaged in exercise or sports, or while they are running for example running to catch a bus.
49% of middle aged adults report balance or gait impairment as the cause.

Finally, tripping hazards on the floor are bad news for older adults; tripping hazards on the floor are the cause of almost twice as many falls among older adults, compared with young adults.

Only 7% of younger adults who sustained an injury as a result of falling, suffered a fracture.

Every Day 45 Children under the age of 5 years old are admitted to hospital following a fall.

Facts & Figures on TEC activations - ALARMS
Is TEC the answer? – Probably not !

- 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




So…. Manufacturers claim 90% accuracy of Automatic Falls Detectors.

This begs the question why are only 7% of activations were actually confirmed falls?

Over the last 2 weeks, I have spent every working hour wearing 5 identical white label falls detectors from each TEC manufacturer. One of which was ‘new and improved’ sensitivity which seemed un-noticeable.

NICE & NCC-NSC 2002 – Risk Ratings vs Medical History

In March 2002, the National Collaborating Centre for Nursing and Supportive Care (NCC-NSC) was commissioned by NICE to develop clinical guideline on the assessment and prevention of falls in older people for use in the NHS in England and Wales.

Clinical need Falls are a major cause of disability and the leading cause of mortality resulting from injury in people aged above 75 in the UK (Scuffham & Chaplin 2002).

Furthermore, more than 400,000 older people in England attend accident and emergency departments following an accident, while up to 14,000 people die annually in the UK as a result of an osteoporotic hip fracture (National Service Framework for Older People 2001). It's clear that falling has an impact on quality of life, health and health care costs.

Globally an older person 55 or over receives treatment by a medical professional following a Fall related injury every 11 seconds.

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PERELL – Risk Ratings vs Medical History

Table 2: STATISTICAL SUMMARIES OF RISK FACTORS FOR FALLS FROM PERELL (2001)

Risk factor	Mean RR/ OR (Range)
Muscle weakness	4.4 (1.5-10.3)
History of falls	3.0 (1.7-7.0)
Gait deficit	2.9 (1.3-5.6
Balance deficit	2.9 (1.6-5.4)
Use of assist devices	2.6 (1.2-4.6)
Visual deficit	2.5 (1.6-3.5)
Arthritis	2.4 (1.9-2.9)
Impaired activities of daily living	2.3 (1.5-3.1)
Depression	2.2 (1.7-2.5)
Cog impairment	1.8 (1.0-2.3)
Age → 80	1.7 (1.1-2.5

Positive Interventions

NICE clinical guideline 161:2013 suggest that the most beneficial interventions are:

- A programme of muscle strengthening and balance retraining, individually prescribed at home by a trained health professional
- A 15-week Tai Chi group exercise intervention
- Home hazard assessment and modification that is professionally prescribed for older people with a history of falling
- Cardiac pacing for fallers with cardioinhibitory carotid sinus hypersensitivity
- Multidisciplinary, multifactorial, health/environmental risk factor screening/intervention programmes in the community, both for unselected population of older people
- Multidisciplinary assessment and intervention programme in residential care facilities

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NICE – Rehabilitation and Interventions: Success v Drop out

Muscle strengthening and balance training: appears to be high participation with intervention at one-year follow-up.
In one study, 57 per cent were carrying out the intervention at two years follow-up.

Tai Chi: 20% dropout at seven to 20 month follow-up Home hazard intervention: 2-28 per cent were not available at follow-up (one year-18 months).

Psychotropic medication withdrawal: 68 %at follow-up (24 months).
Cardiac pacing: 9% were not available at follow-up (one year).

Untargeted, multidisciplinary interventions: 6-28% drop-out (one to three years).

Falls: NICE clinical guideline 161 (June 2013) Page 92 of 315

Targeted, multidisciplinary interventions: 3-26% drop-out (three to 18 months).

Extended care, multidisciplinary intervention: 80 per cent participation at follow-up (34 weeks).

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Working together to prevent falls

Mitigating Factors for FALLS RISK

- Active
- Eat Well
- Hydration
- Eyes
- Ears
- Medication
- Footwear

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		

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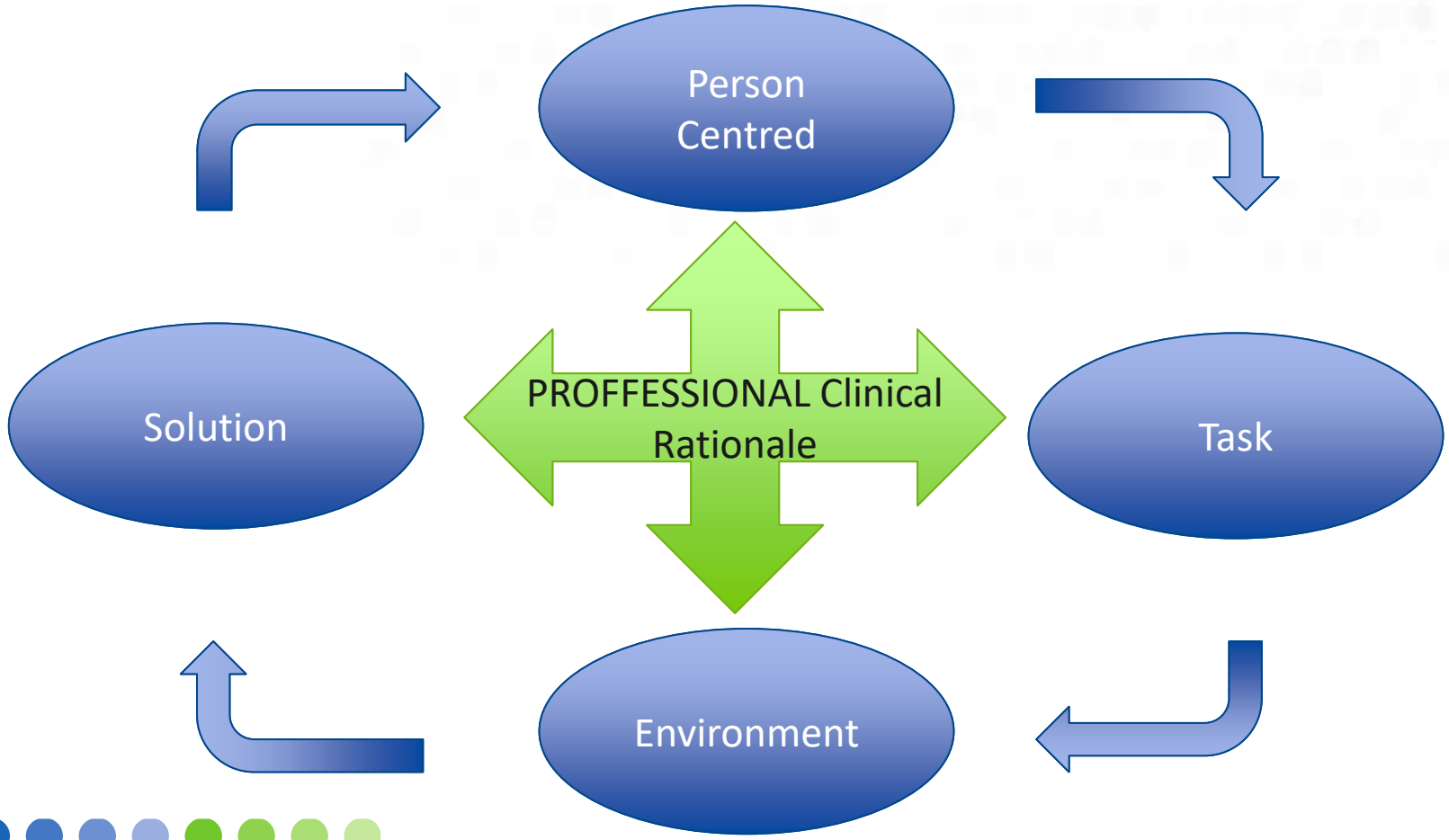
TECS – Referral and Clinical Rationale



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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?

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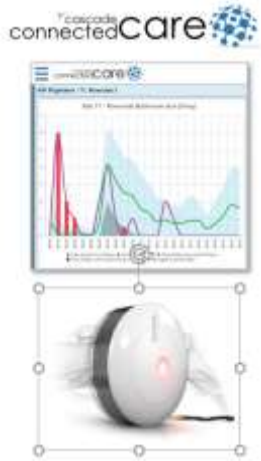
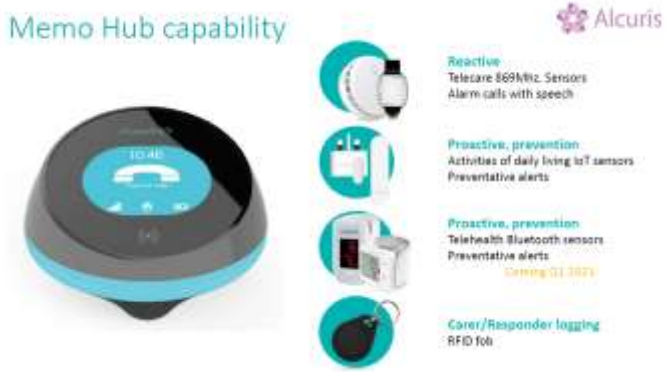
Clinical Rationale – Non Wearables – Advanced Daily Living

Its not all doom and gloom but evidence suggests that Health and Social Care, the NHS and TECS Monitoring providers use a lot of resource that could be utilised in prevention rather than detection or reaction?

ADL or Lifestyle Monitoring is moving forward in leaps and bounds and may be the second-best option after ‘Intervention and Rehabilitation’ and can give vital information so that deterioration in the user's circumstance detected and clinically diagnosed and prevented.





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WIRRAL FALLS PREVENTION SERVICE

Supplier Agnostic TECS Provider

Thank you for taking the time to visit and get involved today. Everyone and moreover our / your vulnerable adults will benefit from what we are trying to achieve in awareness

P.S. Don't forget we have a FALLS PICKUP SERVICE

UK Telehealthcare MEMBER

TSA™ Member Organisation

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