1. **Storyboard Title**

**Small Changes, Giant Steps: Falls Assessment and Prevention in Emergency Department Preventing Hospital Admission**

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![Storyboard Image]

2. **Brief Outline of Context**

Patients attending A&E having fallen are seen immediately by an Occupational Therapist if there are concerns with their ability to cope at home. The service aims to provide safer facilitation of discharge and admission prevention using alternative pathways. The alternative pathways may involve timely provision of equipment, falls assessment, rapid response support within the home environment and liaison and adjustment of support services that may already be in place. The OT’s based within A&E, also carry out assessments on CDU with patients who have the potential for timely discharge. The service is consistent with the Royal College of Physician’s Policy with emphasis on the need for early intervention when dealing with falls (see Fig 1)

**FIGURE 1**

**RCP Policy Document 2011, Key Objective 3 – Early intervention to restore independence.**

It is recognised that across the UK, few local healthcare organisations provide adequate falls prevention services that are attended by a majority of older people who have already sustained a fracture following a fall:

- There is limited access to evidence based exercise provision of more than 12 weeks duration.
- Whereas 86% of services report that they provide supervised strength and balance exercise training audit has demonstrated that only 19% of non-hip fracture patients participated in any form of exercise for falls prevention within 12 weeks of the fracture.
- There is generally poor access to home hazard assessment and intervention, particularly for non-hip fracture patients. Audit has demonstrated that only 65% of hip fracture and 19% of non-hip fracture patients received home hazard assessment by an occupational therapist, less than half of which took place in the patient’s home environment.
- Nearly all localities provide falls clinics, but only 12% of non hip fragility fracture patients had attended a falls clinic, or equivalent, within 12 weeks of the fracture. There was good evidence, in this minority of patients that organised care in a falls clinic resulted in more comprehensive assessment of falls risk factors.

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3. **Brief Outline of Problem**

- Falls are the leading cause to death due to injury in patients over 75 years in the UK (NICE 2004).
- Over 4,200 elderly people suffer hip fracture in Wales each year at an estimated cost of over £50 Million per annum.
- Of those fracturing a hip 7% die within the first month of injury, and half fail to regain previous functional level.
- A report from DoH 2009 demonstrated that: active falls prevention can reduce the number of falls by between 15% and 30%.
- Hence the urgent need for an Integrated Falls Strategy in Health Boards across Wales.

4. **Assessment of Problem**

Before 2010 Occupational Therapists in A&E Morriston regularly treated the resulting injury and psychological issues resulting from a fall, but had no standardised assessment tool from which to assess falls risk or provide written falls prevention information. Previous OT assessment concentrated on the functional deficit resulting in the fall whereas the new approach is to investigate the cause, with the aim of reducing further falls. The provision of a home safety and exercise programmes delivered by Occupational Therapists were found to reduce falls significantly (Campbell AJ et al., 2005). From Jan 2011 in conjunction with the 1000 lives falls campaign and NICE guidelines, Occupational Therapists based within the Emergency Department have implemented a falls assessment tool, provide oral and written falls prevention advice and make appropriate referrals for specialist assessment.

Diagram 1 below shows the referral and assessment process:

The aim of the falls assessment in A&E is to:

- Reduce recurrent falls in patients > 70
- Provide awareness of falls prevention, via falls prevention pack
- Where appropriate refer patients with a high risk of falls to appropriate community services
- Facilitate safe discharge from hospital following a fall
- Prevent unnecessary hospital admission due to falls.
5. **Strategy for change**

Close collaborative working with NLIAH and The Falls Collaborative has resulted in the Occupational Therapy Service leading an initiative to screen all patients who have attended A&E following a fall by completing the Trigger and Assessment bundles. Once completed the patients information is disseminated to G.P’s and referrals are made by the OT to appropriate services, including falls balance and exercise classes with the aim to reduce the risk of further falls to this patient group. The GP is the one healthcare professional most constant in the patients care, with the most complete awareness of their full falls history. ([www.100livesplus.wales.nhs.uk/opendoc/179382](http://www.100livesplus.wales.nhs.uk/opendoc/179382))

All patients screened and assessed following a fall are provided with verbal advice and a Falls Prevention Pack containing written advice on reducing falls and improving safety within their homes, encouraging service users to take more control and responsibility for their health and well being.

During 2012 funding was granted for a new falls prevention pack to be created, and to be provided to all patients over 70 years as part of the falls assessment and prevention service. This pack was completed and distribution began in Aug 2012. An evaluation of this pack is currently being carried out through the form of a patient questionnaire. Images below show cover of falls prevention pack and Frop-Com screening tool:

<table>
<thead>
<tr>
<th>Falls Collaborative Screening/Assessment Tool</th>
<th>Initial Screening Date</th>
<th>Assessor Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Name:</td>
<td>Date of presentation to A&amp;E:</td>
<td></td>
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<td>Diagnois:</td>
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<tr>
<td>Hospital No:</td>
<td>Patient reviewed by:</td>
<td>Fracture:</td>
</tr>
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<td></td>
<td></td>
<td>A&amp;E</td>
</tr>
</tbody>
</table>

### Falls History:

1. **Number of falls in the past 12 months:**
   - None
   - 1 Fall
   - 2 Falls
   - 3 or more

### Function: All Status:

2. **Prior to the fall, how much assistance does the individual require for instrumental activities of daily living (e.g. cooking, housework, bathing):**
   - None (completely independent)
   - Some
   - Total dependence

### Balance:

3. **When walking or standing, does the person appear unsteady or at risk of falling during their balance:**
   - No unsteadiness observed
   - Yes, unsteadiness uncontrolled
   - Yes, moderately unsteady
   - Yes, consistently and severely unsteady

### Use Frop-Com Sceenng score below:

<table>
<thead>
<tr>
<th>Total Risk Score</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comments</td>
</tr>
</tbody>
</table>

- Basic mobility assessment completed? Y / N
- Is there a diagnosis of osteoporosis?  Y / N
- Does patient have a fear of falling? Y / N
- Any visual impairments effecting mobility? Y / N
- Has a cognitive deficit? Y / N
- Any choice or safety concerns? Y / N
- Are they taking 3 or more a day? Y / N
- Does patient take 4 or more medications a day? Y / N
- Written advice given to falls prevention? Y / N
- Specialist OT is carried out in home environment? Y / N
- Referred to other services? Give details: Y / N
6. Measurement of Improvement

Although the total numbers of patients attending A&E as well as the number of patients with falls referred to Occupational Therapy from A&E have both increased, the proportion of fallers referred has decreased.

![Patients referred to OT chart]

It has been challenging to identify whether Falls Prevention has had an impact on preventing hospital admissions, due to the inability to track individual patients. However there is evidence to support that the Occupational Therapy service within A&E does help prevent unnecessary admissions. Figures for 2011-2012 show that 1121 patients had unnecessary admission avoided or safer discharge facilitated, due to OT interventions.

7. Effects of Changes

The above graph demonstrates that although there is a steady increase in the number of new patients referred to OT, there is a clear decrease in the percentage of patients referred to OT as the result of a fall. In 2008, 83% of patients were referred to OT as a result of falls. During 2011 the proportion of patients fall to 44% a 38% reduction over 3 years.

The reasons for inability to carry out fall assessment consist of cognitive impairment of patient, time restrictions on OT, assessment of patient via telephone call, and patient declining assessment.

8. Lessons Learnt

- Clinical Lead as Falls Champion is essential.
- Data collection and measurement is essential so that accurate numbers of Fallers can be assessed and there is immediate feedback as to whether falls prevention is having an impact.
- Expansion of Falls assessment and prevention service into CDU, to increase the flow of patients back to the community.
- Evaluation of patient questionnaires from falls pack is essential.
- Trigger screens at A&E triage for a standardised Falls Assessment that can be carried out by the nursing staff.
- It is important to get an all round staff view point on the success of the falls assessment and prevention advice, so that continual evaluation and changes can be made to improve service delivery.
- Rolling out the Falls Assessment to other OT departments has been difficult due to different departments working practices and communication issues.

9. Message to Others

Our goal for falls prevention is to treat the first fall that may not have resulted in injury to avoid subsequent falls that may result in fractures.

References


NICE Guidelines CG21: The assessment and prevention of falls in older people, November 2004

www.1000livesplus.wales.nhs.uk/opendoc/179582