EALING FALLS SERVICE

EALING DAY TREATMENT CENTRE

# Falls Prevention in Mental Health Setting

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Bhupender Sethi

Service Manager, Ealing Day Treatment Centre (EDTC) and Falls Team

& Sumit Khanna, Senior Physiotherapist (Falls)

Ealing Hospital NHS Trust

# Falls – Definition and Incidence

- A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. (WHO)
- Falls are the second leading cause of accidental or unintentional injury deaths worldwide.
- Each year an estimated 424 000 individuals die from falls globally

# Mobility and Falls Quiz

1. Falls cost for NHS per day is
- £4.6 Million
2. Falls cost for NHS per year is
- £1.7 Billion
3. Which Vitamin deficiency can contribute to falls
- Vitamin D
4. What percentage of people over age of 65 fall every year
- 30%
5. The highest percentage of hospital admissions following a fall was in
- women aged over 80

# Mobility and Falls Quiz – True or False

6. If a person with osteoporosis falls, it is likely to result in a worse outcome due to increased risk of fracture
- True

7. Having older persons engage in exercise increases their risk of falls
- False

8. One half of elderly who have fallen will fall again within one year
- True

9. Prolonged Bed rest strengthens the muscles and bones
- False

10. Families, especially of older people, can become overcautious and fearful on behalf of their relative
- True

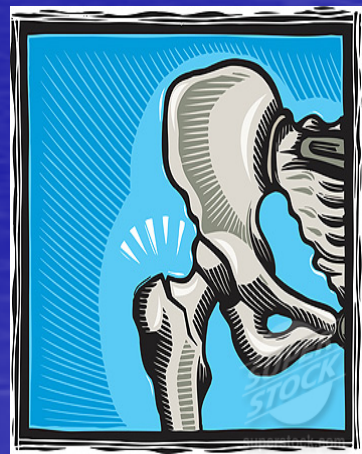
# INCIDENCE OF FALLS IN THE UK

- Falls accounted for 459,300 admissions in total
- The greatest percentage of hospital admissions following a fall was in women aged over 80
- 183,606 admissions were reported to be due to an "unspecified fall”
- 88,630 admissions were for "fall on same level from slipping, tripping and stumbling“

(Figures for March 2010 to Feb. 2011 (NHS Information Centre

# INCIDENCE OF FALLS IN THE UK

- The number of admissions due to falling between March 2010 and February 2011 was up 4.2%
- Hip fracture are the most common serious injury related to falls in older people
- 14000 people per year reported to have died after osteoporotic hip fracture



# INCIDENCE OF FALLS IN THE UK

- According to Age UK Research:
- Falls cost above £4.6 million/day to NHS
- Yearly cost - £1.7 Billion
- 270,000 people in the UK aged 60+ who have fallen over in the last two years say that poor vision was a factor in their fall

# National Patient Safety Incident Data -

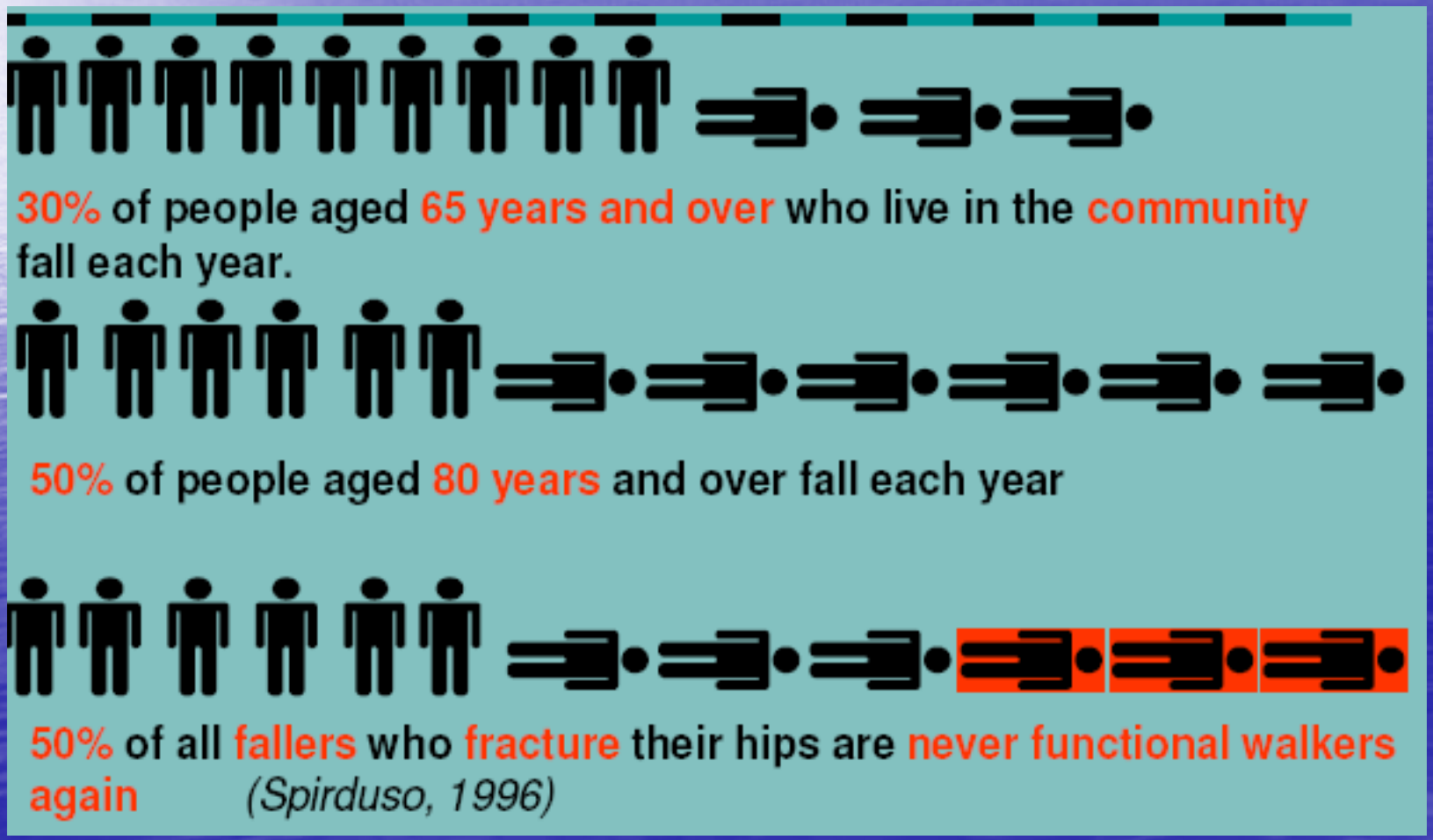
- The most common types of incident reported during 1 October 2011 and 31 March 2012 were: patient accidents–
- slips, trips and falls (**26** per cent); medication incidents (**11** per cent); incidents relating to treatment and/or procedures (**11** per cent). This trend remains consistent with previous data releases.

# DEMOGRAPHICS AND FALLS

- The number of people aged over 65 is due to rise by a third by 2025 , people age over 80 will double and people age over 100 will increase fourfold
- A significant rise in falls and associated fractures is therefore likely without suitable preventive interventions (D[illegible] Health 2009)
- Properly planning for the changing demographics is essential in preventing falls in the elderly population

# INCIDENCE OF FALLS AND FRACTURES

Falls is known as the “silent epidemic”



# Falls and Mental Health

- The term '**mental illness'** is generally used when someone experiences significant changes in their thinking, feelings or behaviour. The changes need to be bad enough to affect how the person functions or to cause distress to them or to other people (ISPS UK).

- Mental health is the opposite – it means mental wellbeing, good mental functioning or having no particular problems in thinking, feelings or behaviour (ISPS UK).

- Evidence has demonstrated that the older people suffering from a mental health condition are less physically active and have more disability and impairments in day to day activities of life than older people without mental health conditions.

- Types of mental health conditions:
  - Psychotic disorders
  - Schizophrenia
  - Depression
  - Bipolar Disorder
  - Anxiety Disorders
  - Personality disorders

# Why does falls prevention in mental health matter

- Across England and Wales, approximately 36,000 falls are reported from mental health units each year (NPSA 2010).
- A significant number of falls result in death, severe or moderate injury, at an estimated cost of £15 million per annum for immediate healthcare treatment alone (NPSA 2007).
- This is likely to be an underestimation of the overall financial burden from falls once the costs of rehabilitation and social care is taken into account, as up to 90% of older people who fracture their neck of femur never recover their previous level of mobility or independence (Murray et al. 2007).

- People of all ages fall but falls are most likely to occur in older people who are more liable to experience serious injury (NPSA 2007).

- The causes of falls are complex and older people accessing mental health services are particularly vulnerable to falling because of dementia or depression, side effects from medication, or problems with balance, strength or mobility.

- Problems like poor eyesight or poor mobility can create a greater risk of falls when someone is removed from their normal environment because they are less able to recognise and avoid any hazards, whilst continence problems can mean people are vulnerable to falling when making urgent journeys to the toilet.

- The key evidence sources for falls prevention in older people living in their own homes are the NICE clinical guideline 21: *the assessment and prevention of falls in older people* (2004) and the Cochrane review (Gillespie et al. 2009).

## Implementation

Local health communities should review their existing practice for the assessment and management of falls against this guideline. The review should consider the resources required to implement the recommendations set out in the guideline, the people and processes involved and the timeline over which full implementation is envisaged. It is in the interests of patients that the implementation timeline is as rapid as possible.

Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised accordingly.

## Further information

**Quick reference guide**
This quick reference guide to the Institute's guideline on assessment and prevention of falls contains the key priorities for implementation, summaries of the guidance, and notes on implementation. The distribution list for this quick reference guide is available on the NICE website at www.nice.org.uk/CG021distributionlist

**NICE guideline**
The NICE guideline, 'Falls: the assessment and prevention of falls in older people', is available from the NICE website (www.nice.org.uk/CG021NICEguideline).

The NICE guideline on assessment and prevention of falls contains the following sections: Key priorities for implementation; 1 Guidance; 2 Notes on the scope of the guidance; 3 Implementation in the NHS; 4 Research recommendations; 5 Full guideline; 6 Related NICE guidance; 7 Review date. The NICE guideline also gives details of the scheme used for grading the recommendations, membership of Guideline Development Group and the Guideline Review Panel, and technical details on criteria for audit.

**Full guideline**
The full guideline includes the evidence on which the recommendations are based, in addition to the information in the NICE guideline. It is published by the National Collaborating Centre for Nursing and Supportive Care, The Royal College of Nursing Institute. The guideline is available on its website (www.rcn.org.uk), the NICE website (www.nice.org.uk/CG021fullguideline) and on the website of the National Electronic Library for Health (www.nelh.nhs.uk).

**Information for the public**
NICE has produced information describing this guidance for people at risk of falling, their advocates and carers, and the public. This information is available in English and Welsh from the NICE website (www.nice.org.uk/021publicinfo). Printed versions are also available – see below for ordering information.

**Review date**
The process of reviewing the evidence is expected to begin 4 years after the date of issue of this guideline. Reviewing may begin earlier than 4 years if significant evidence that affects the guideline recommendations is identified sooner. The updated guideline will be available within 2 years of the start of the review process.

**This guidance is written in the following context:**
This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

**Ordering information**
Copies of this quick reference guide can be obtained from the NICE website at www.nice.org.uk/CG021 or from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0760. Information for the public can be obtained by quoting reference number N0761 for the English version and N0762 for a version in English and Welsh.

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Quick reference guide

# Falls: the assessment and prevention of falls in older people

## Key priorities for implementation

**Case/risk identification**
- Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall.
- Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. (Tests of balance and gait commonly used in the UK are detailed in the full guideline.)

**Multifactorial falls risk assessment**
- Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by healthcare professionals with appropriate skills and experience, normally in the setting of a specialist falls service. This assessment should be part of an individualised, multifactorial intervention.
- Multifactorial assessment may include the following:
  - identification of falls history
  - assessment of gait, balance and mobility, and muscle weakness
  - assessment of osteoporosis risk
  - assessment of the older person's perceived functional ability and fear relating to falling
  - assessment of visual impairment
  - assessment of cognitive impairment and neurological examination
  - assessment of urinary incontinence
  - assessment of home hazards
  - cardiovascular examination and medication review.

**Multifactorial interventions**
- All older people with recurrent falls or assessed as being at increased risk of falling should be considered for an individualised multifactorial intervention.
- In successful multifactorial intervention programmes the following specific components are common (against a background of the general diagnosis and management of causes and recognised risk factors):
  - strength and balance training
  - home hazard assessment and intervention
  - vision assessment and referral
  - medication review with modification/withdrawal.
- Following treatment for an injurious fall, older people should be offered a multidisciplinary assessment to identify and address future risk, and individualised intervention aimed at promoting independence and improving physical and psychological function.

**Encouraging the participation of older people in falls prevention programmes including education and information giving**
- Individuals at risk of falling, and their carers, should be offered information orally and in writing about what measures they can take to prevent further falls.

**Professional education**
- All healthcare professionals dealing with patients known to be at risk of falling should develop and maintain basic professional competence in falls assessment and prevention.

# Clinical Guideline 21

**Developed by the National Collaborating Centre for Nursing and Supportive Care**

# Falls Service

- Our aim –

  To provide a service for people living in Ealing who are at risk of falling -
  - Screening - Based on the FRAT (Falls Risk Assessment Tool)
- Our goals
  - Improving clients independence in the community
  - Reducing the risk of falls by education and exercise
  - Improving awareness of falls within the community

# Falls Risk Assessment Tool (FRAT)

1. **Has person fallen within the last year?**
   **Yes □ No □ How many times:**
2. **Is the client on four or more medications per day? Yes □ No □**
   (Identify the number of prescribed medications)
3. **Does the client have a diagnosis of stroke or Parkinson's Disease? Yes □ No □**
4. **Does the client report any problems with their balance? Yes □ No □**
5. **Is the client unable to rise from a chair of knee height? Yes □ No □**
   (Ask the person to stand up from a chair of knee height without using their arms)

**Low risk of Falls** (2 or less 'yes' answers to above) □
**Medium Risk of Falls** (3 'yes' answers to above) □
**High Risk of Falls** (more than 3 'yes' answers to above) □

# WHO DO WE SEE?

- Adults over the age of 18
- Clients with a history of falls or a fear of falling
- Client who are physically and mentally able participate in a group
- Clients who are high risk of falling with FRAT screening are seen, as long as they are not at risk of hospital admission.

# OUR TEAM

- Service Manager
- Physiotherapist
- Occupational Therapist
- Rehabilitation Assistant
- Consultant elderly medicine

We also receive input from a:

- Podiatrist - Pharmacist
- Psychologist - Age UK
- - Active Ealing (Community exercise programme)

# OUR SERVICE

- We aim to contact client within 2 weeks

1. An initial Telephone consultation/screen is done followed with 1:1 assessment
2. If needed, a Multidisciplinary home visit to assess the home environment and physical strength is arranged
3. If the client is suitable for the group they are invited to the 8 week exercise group programme
4. One to one therapy sessions are provided if the client is not able to


# EALING FALLS SERVICE GROUP

- Run by the Occupational and Physiotherapy Staff
- Runs for 8 weeks
- Involves a 45min exercise class is based on the OTAGO and FaME
- Includes a 30-45min talk of topics relating to falls prevention
- Most clients are assessed by the Consultant for Elderly Medicine

# GROUP EXERCISE SESSION

- The Otago programme was developed and tested at the University of Otago in New Zealand
  - Number of falls and injuries relating to falls reduced by 35%
  - Most beneficial for those over 80 and those who have fallen in the last year
- Focus on improving:
  - Strength
  - Balance
  - Flexibility

# GROUP EXERCISE SESSION CONT.

- Can be broken into sections
- Are easy to progress by increasing repetitions and resistance as strength and balance improve
- Can be done at home
- Are fun and safe to perform
- Clients are advised to do the Exercises minimum of three times a week

# BENEFITS OF EXERCIS

Exercise

- Improves Muscle Strength
- Wakes up receptors in the muscles
- Improves Nerve impulses to the brain
- Improves Joint flexibilty
- Improves mental well being
- Improves balance
- Strengthens bones

# BENEFITS OF EXERCISE CONT.

- Exercise is essential in enabling older people to get up from the floor following a fall
- Regular activity is essential in maintenance of mobility and independent living
- Inactivity significantly contribute to lower levels of function, which can lead to limitation in everyday life
- 50% of all functional decline among older people can be attributed to physical inactivity

# GROUP EDUCATION SESSION

| Week | Topic/Activities | Speaker |
|---|---|---|
| 1 | Introduction to the falls group<br>Initial Assessment and Goal Setting | OT, Physio |
| 2 | Mobility and Gait | Physio |
| 3 | Balance<br>Podiatry and Feet | Physio |
| 4 | Fear of Falling | Psychologist |
| 5 | Home environment and hazards | OT |
| 6 | Osteoporosis and Healthy Eating | Physio, OT |
| 7 | Role of medication in falls | Pharmacist |
| 8 | Final assessment review<br>Introduction to other service within Ealing | Physio, OT, Active Ealing |

# BENEFITS OF AN EDUCATION SESSION

- Education and awareness of falls is an essential part in falls prevention programmes
  - Improve confidence in managing falls
  - Help reduce the fear of falling
  - Promotes independence
  - Reduce the incidence of falls
  - Helping to improve emotional and mental state
  - Reduce the risk of developing depressive symptoms
  - Associated with reduced risk of

# BENEFITS OF AN EDUCATION

Risk and needs assessment

Gain Knowledge through education

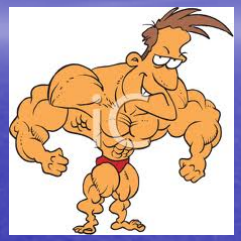
Improving Awareness

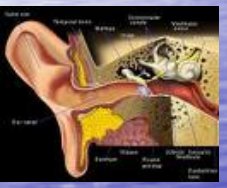
Reduce associated risk factors

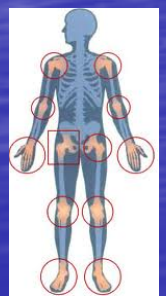
Reduction of incidence of falls

Improves independence

# 'BALANCE'



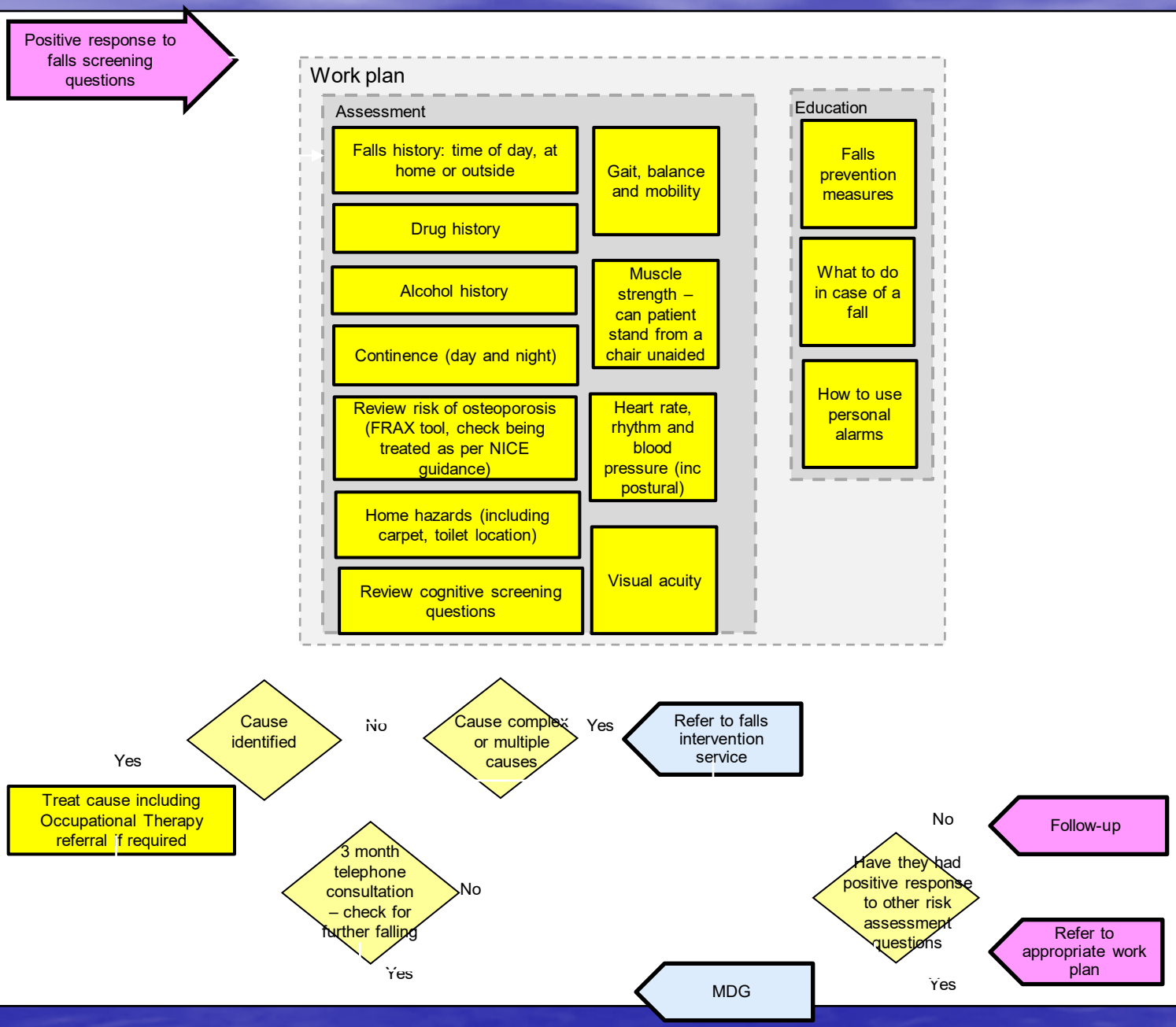





Eyes
Awareness and knowledge
Muscles And joint
Brain and Nerves
General and Mental state
Balance
Independence
Confidence
Hearing and Inner Ear
Medication
Skeletal
Nutrition
Joints

# Falls: Summary of process

Falls



# Falls – further assessment and education

- **Explore the frequency, context, and characteristics of prior falls, if any**

- **Conduct a multi-factorial falls assessment**:
  - Review drug history (see 'Medicines Management' section)
  - Assess patient's gait, balance, and mobility (timed up and go test, turn 180 degrees, performance-oriented assessment of mobility problems)
  - Assess visual acuity (and refer to an optician if indicated)
  - Assess muscle strength
  - Check heart rate and rhythm
  - Check blood pressure (lying and standing)
  - Explore alcohol intake history
  - Review continence
  - Review risk of osteoporosis and refer or treat appropriately
  - Enquire about home hazards
    - Refer for home visit [OT]
      [*local details to be added*]
  - **Assess the patient's cognitive abilities (see Dementia pathway)**

**If a single cause is identified:**

- Refer to most appropriate service & record on host IT system

**If the case is complex with multiple causes:**

- Refer to Falls intervention service. Once planned interventions from falls service are complete ,falls service makes recommendation to GP about frequency of review or recommends discussion in MDG if interventions have not been effective

- **Offer the patient information about:**
  - What measures they can take to prevent falls
  - How to cope if they experience a fall, including how to summon help and avoid a long lie
  - How to use emergency pendant/wrist-band personal alarms

# IT'S NEVER TOO LATE TO GET STARTED!

Thank you for listening

Any Questions?

# References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