

The Oxfordshire Falls Prevention Service

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Manager



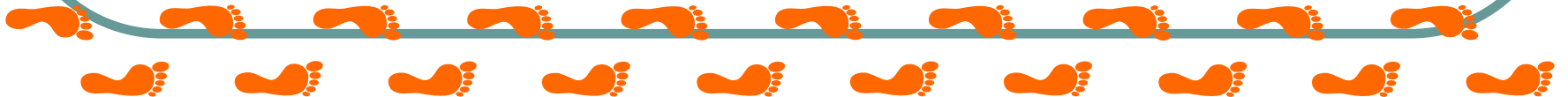
Why a Falls Service??

1/3 of over 65's and nearly 50% of over 80's fall each year-at least 33,000 falls every year

Falls are the main cause of disability and the leading cause of mortality due to injury in people aged 65 and over in the UK

Hip fracture costs are estimated at £25k per fracture

Some personal costs include; loss of confidence, pain, isolation, depression and increased dependency



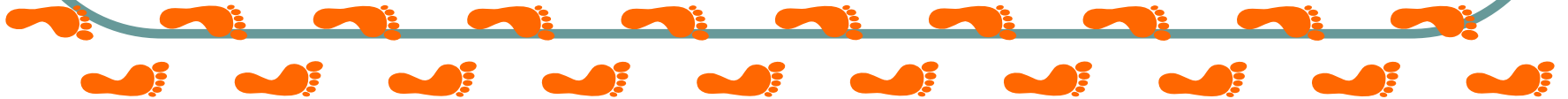
Background

- Set up in June 2004
- Joint funded by Health and Social care
- 3 specialists that run clinics across Oxfordshire county
- 1 specialist in care homes
- Supported clinically by a Consultant at the ORH
- Projects in day centres/community groups
- Education to all staff across all disciplines
- Exercise
- Falls information line/health promotion leaflets
- Influence policy development across both organisations in relation to falls



LAA Target

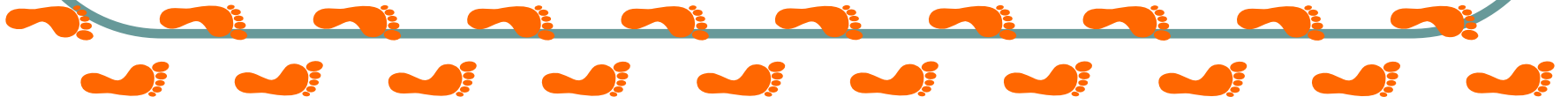
- **Stretch:** By March 2009 reduce the number of falls within 40 care homes by 20% which means an estimated reduction of 1600 falls per year from an estimated 8000 falls per year



Why care homes???

- 40% of care home admissions are falls related.
- Evidence demonstrates that **multifaceted interventions** can reduce falls in older people
- Assessment of high risk residents in care homes with relevant referral is effective.
- Pilot project in ten care homes during 2006 to measure the impact of a multifactorial intervention on falls incidence.

The findings demonstrated a 38% reduction in falls amongst high risk residents with an overall reduction in falls incidence reported in the care homes of 20%.



Project

- During April- August 2006 invitations were sent out to all 96 care homes in Oxfordshire inviting them to take part in the care home falls project.
- Residents that are chair or bed bound are not included in the project- advice is given
- Teaching sessions are provided for all Nursing and Residential care home staff on the incidence and the consequences of falls, on falls risk factors, preventative measures and osteoporosis.



Project continued

- A falls register is encouraged to provide a better overview of recurrent fallers and highlight patterns in their falls history.
- Residents who have fallen are assessed by our specialist nurse and are then reviewed at least 3 months later to assess what changes had been implemented and how often they had fallen post assessment
- Our exercise coordinator has linked with all care homes and is supporting them to set up a weekly exercise programme



Findings

Up to the end of 2007 in total;

417 residents received a falls assessment

469 staff received a teaching session

298 reviews were carried out

- Of these 298 residents;
- 24 had moved away
- 48 had died
- 18 were immobile



Findings continued

208 were therefore reviewed, of these 208;

- **39% had stopped falling (83 residents)**
- **30% had a reduction in falls (64 residents)**
- 10% had no change in their falls (21 residents)
- 19% had an increase in their falls (40 residents)

The overall number of falls reported for the same time span pre and post assessment per each individual resident fell by 46%.



Findings continued

- Retrospective data is still being collected as the number of care homes in the scheme expands.
- Some homes report more falls following their training due to increased awareness and the setting up of falls registers.
- There has been an overall decrease in falls in the care homes already targeted of 15%. Not all homes have yet provided their baseline data, but this gives a good indication that the target will be met at the end of year 3.



Findings Continued

- Flooding in July 2007 means one home closed and others had more temporary residents, increasing falling rates.
- A physiotherapist is being recruited to enhance the service further.
- Skill mix in the team has been revised to ensure high levels of training to nursing homes in order to sustain the progress to date. High staff turnover in nursing homes means repeat training is essential.



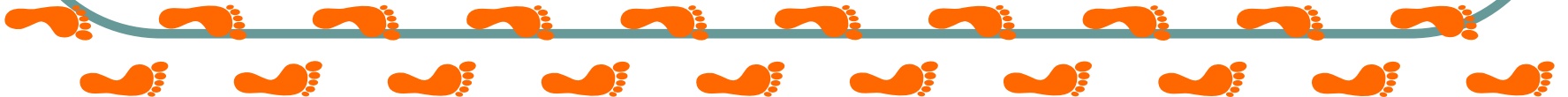
Conclusion

- We are seeing a reduction in falls among the individual residents assessed by 46%. However we are seeing an increase in the number of reported falls because the staff are becoming better at reporting them.
- In the care homes that we have been involved with we can see an overall 15% reduction in overall falls incidence.



Recurring findings

- Medication
- Environment
- Diet
- Poor reporting in the notes
- Poor referral
- Need for increased training



Success

We have always worked collaboratively
via:

- Steering groups
- Sub groups

We acknowledge our partners

