Falls awareness and falls management in care homes

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Definition of a ‘fall’:

“Where a person comes to rest inadvertently on the ground or other lower level” - World Health Organisation.

- Targeted prevention and intervention
- Enhances self-care
- Increases overall fitness
- Promotes a sense of wellbeing
- Improves confidence
- Delays reliance on care and health intervention;
- Enhances quality of life

The cost of falls

Care home residents are three times more likely to fall than people who live at home.

A challenge for the NHS:

- Around 160 people die each year as a result of falls
- 7,000 suffer a hip fracture
- 20,000 suffer other fragility fractures
The causes of falls

Intrinsic (internal)

This means falls that are caused by daily living activities or by medical conditions. Intrinsic causes include:

- Age
- Clothing/footwear/foot problems
- Communication aids
- Use of mobility aids
- Health choices such as smoking and alcohol use
- Medication
- Malnutrition
- Dehydration
- Bladder and bowels (constipation)
- Vision problems
- Heart and circulation
- COPD
- Infection
- Dementia
- Depression and anxiety
- Arthritis
- Discomfort and pain
- Muscular swelling
- Oedema (swelling)
- Diabetes
- Stroke, neurological
Extrinsic (external) causes

This means falls that are caused by, for example, the care home environment or other people.

Falls in older people are often due to a number of causes, for example a resident doesn’t see a frayed carpet because she isn’t wearing her glasses; she can’t steady herself because of her stiff, arthritic knees and hips.

- Poor lighting/noise distractions
- Slippery surfaces
- Flooring (type, condition, patterns)
- Changes in levels and slopes
- Call systems (not within reach)
- Clutter/ home layout
- Equipment/furniture
- Other people (residents and visitors)
- Staff (awareness, skill mix, numbers)
- Poor moving and handling techniques
- Activity within the home
We all trip

We all trip and slip but can normally right ourselves.

If you do not see (intrinsic risk factor) a raised flag stone (extrinsic risk factor), you will trip.

Someone falls if they cannot correct the challenge to their balance (intrinsic) due to poor balance, co-ordination and strength.

(Skelton, 2001)

Epidemiology of falls

- 30% of people over 65 living in the community fall each year
- 60% of nursing home residents fall each year

- 1 in 5 fallers receive medical attention
- 1 in 40 fallers are hospitalised

- 5% of falls result in a fracture
- 95% of hip fractures are the result of a fall

The rate of falls increases with age:

- 35% for 65 to 79-year-olds
- 45% for 80 to 89-year-olds
- 56% for people over 90
Falls history

Is there a history of repeated falls (more than two) in the past six months?

If yes, has there been any previous intervention?

Is this the first episode?

Does the person have a fear of falling?

Do they have a history of low trauma fracture?

Factors affecting falls

- Medication
- Vision
- Hearing
- Balance
- Nutrition
- Continence

Medication

- Has their medication been reviewed in the past year? (especially important if the person is on four or more medications)
- Are they on any of the listed medications? (see attached sheet)
- Are they taking the medication at the right time?
Vision

- Has the person’s vision been checked?
- Are their glasses clean?
- Are they wearing the correct glasses?

Vision should usually be tested every two years, or annually for people over 70.

Hearing

- Is the person’s hearing aid/s working?
- Is their hearing aid/s clean and charged?
- Are they wearing their hearing aid/s?

Balance

- Does the person report any problems with the balance or gait? For example, dizziness when rising from a chair, difficulty talking when walking, swaying significantly on standing, other balance or walking problems?
- If the person is unable to communicate problems with balance, are you able to recognise the signs and symptoms?

Nutrition

- Is there any unintentional loss of weight?
- Any appetite changes?
- Do they have good dental health and/or well-fitting dentures?
- Do they have any toileting issues preventing them from eating or drinking comfortably?
Hydration
- Urinary infections can dramatically increase the likelihood of falls
- Proper hydration is very important
- The signs of dehydration are: dizziness, lethargy, irritability, sleepiness, emotional changes, loss of appetite and general decrease in wellbeing
- Check urine regularly by sight and smell
- Immediate action can reduce infection rates, falls and recovery periods
- Check if the person is already receiving support and guidance

Encouragement to keep active
Activities to improve specific areas:

Posture
- Seated unsupported, chair exercises
- Standing and moving, walking with and without aids

Strength
- Chair-based exercise
- Maintain joint position and range
- Maintain functionality

Stamina
- Prolonged activity: repeat, repeat, repeat
Balance

- An essential part of all movement and the key to life
- Confidence: integral to balance and life

Flexibility

- Self-care to enable continued activity
- Independence: enhances confidence
- Daily routines

Neurological training

- Some people have a slow response to signals from the body to the brain, which then processes the information and returns signals to muscles for action
- Training encourages connection when the body is out of balance
- Use it or lose it; the less you do, the less you are able to do
Summary: having a fall as you age is not inevitable

- Stress
- Pain
- Physical injury
- Loss of confidence
- Fear of falling
- Loss of independence
- Financial burden
- Change in lifestyle
- Changes in managing activities of daily living
- Effect on socialisation
- Effect on relationships
- The associated mortality and morbidity from a fall is high

Complications

Many people are unable to get up off the floor without help. This is often related to a lack of functional fitness.

Complications that can arise due to a ‘long lie’ include pressure sores, hypothermia, pneumonia and psychological effects such as helplessness.

Targeted prevention and intervention

- Enhances self-care
- Increases overall fitness
- Promotes a sense of wellbeing
- Improves balance and confidence
- Delays reliance on care and health intervention
- Enhances quality of life
Most falls do not cause serious injury, but the consequences for an individual of falling or not being able to get up after a fall are detrimental.

**Physical consequences**
- Discomfort or pain
- Serious injury
- Inability to look after oneself
- Long term disability

**Social Consequences**
- Loss of independence
- Loss of social contacts
- Loss of home
- Move to residential care
- Financial costs of help/care/hospital
- Decreased quality of life
- Changes to daily routine

**Psychological consequences**
- Loss of confidence
- Loss of independence
- Fear
- Distress
- Guilt
- Blame
- Anxiety
- Embarrassment
Incident reporting

- Symptoms experienced at the time
- People involved (staff, relatives etc.)
- Location of falls
- Activity engaged in at the time
- Time of day / day of the week
- Trauma; physical and psychological
- Environmental considerations

Summary

- The importance of YOUR connection with your patient and the difference this makes will enhance not only their lives but your own
- Prevention of “falls” is the key
- Everyone has a part to play in the reduction of hospital admissions of fallers from care homes, through awareness, education and care

Contact

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