Mangar HEALTH

the OT service

POST FALL MANAGEMENT

Introduction

This paper is written in conjunction with Adam Ferry and Kate Sheehan, occupational therapists & Directors of The OT Service.

Kate is a well-respected occupational therapist and considered an expert within housing internationally, with over 30 years of experience in the field. She is the former Chairperson and Treasurer of the Royal College of Occupational Therapists specialist section – Housing (COTSS – H) and represented the Royal College of Occupational Therapists in Europe. Kate chaired the genHOME research project working on the evidence base for housing modifications.

Adam, with 14 years of experience, worked in the NHS until 2018 managing acute and rehabilitation occupational therapy services. He supported his Trust's falls service as the occupational therapy link and completed a hospital redesign project to consider in-patient falls and the impact of the environment. Over recent years Adam has developed a strong national profile within commercial consultancy.

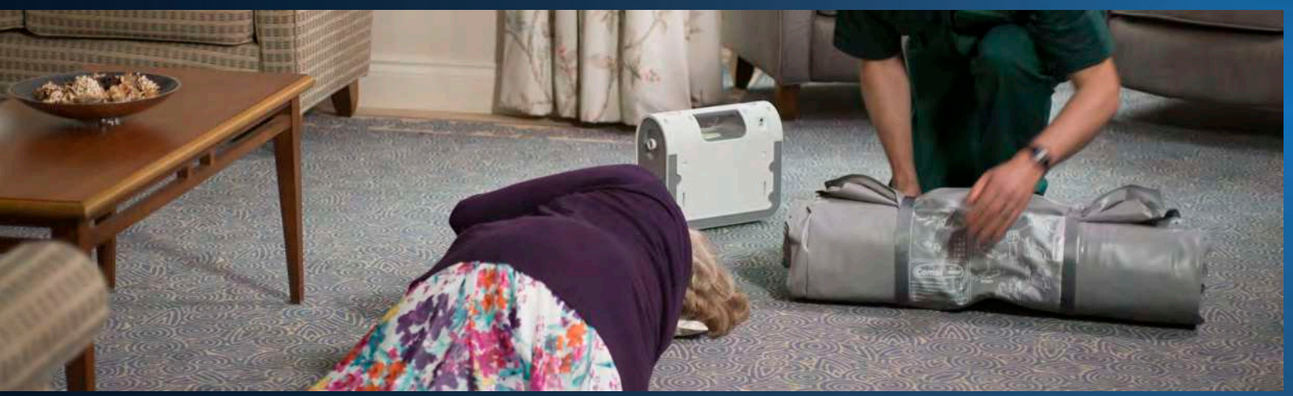
This white paper constitutes the collection of a significant body of work commissioned completed by Mangar, focused on fall prevention, recovery and the impact of positive decision making supported by resources in the right place, at the right time.

Anyone can have a fall, but older people are more vulnerable and likely to fall, especially if they have a long-term health condition. The impact of a fall, as this white paper will demonstrate, can have a significant impact on the person, not only physically but psychologically. Reducing falls, the recovery time and making timely clinical post-fall decisions not only improves clinical outcomes but has a big impact on other factors such as resources when we consider It is estimated that for every fatal fall there are:

- 4 cases leading to permanent disability
- 13 cases requiring hospitalisation for more than 10 days
- 24 cases requiring hospitalisation for 1-9 days

Falls account for approximately 10 to 25 per cent of ambulance call outs in the over-65s, costing £115 per call-out.

The following information intends to provide an update on evidence-based practice to support robust clinical reasoning and improved outcomes.



[1] https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Falls_prevention_briefing_final_for_website_30_April.pdf

The problem with falls

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. Approximately 28-35% of people aged 65 and over fall each year increasing to

32-42% for those over 70 years of age [1]. The evidence also confirms that frequency of falls increases with age as well as other long-term conditions.

Factors that contribute to falls can be generally categorised into three areas:

- Intrinsic – about the person
- Extrinsic – about the environment in which the person engages
- Activity – how a task is being performed

A fall can have such a negative impact on the person, but a long lie can be devastating.

There are a considerable number of complications that can ensue from lying on the floor for a long period of time, for example, pressure sores (often exacerbated by unavoidable incontinence), carpet burns, dehydration, hypothermia or pneumonia, all of which can shorten life or have a significant impact on future quality. We are also acutely aware that a fall can result in post- fall syndrome that includes confusion, dependence, loss of autonomy, immobilisation and increased mental health issues, including depression and anxiety, which will lead to a further social isolation or occupational deprivation.

As occupational therapists it is vital that we enable our clients to return to the everyday activities that they do as individuals, in their families and within their communities to occupy their time and bring meaning and purpose to their life.[2] Being able to review and recommend ways, which enable a person to get up from a fall in a timely manner are essential; this can be achieved in various ways;

- Teaching our clients to get up off the floor following a fall using the furniture around them, the support of a family member or health professional after it is determined there are no significant injuries
- A carer or family member using equipment to assist someone from the floor.
- Calling the emergency services.

The latter is for occasions where there is an obvious injury or condition that requires medical intervention, the most important thing is to support the person to get up and to start doing things they want or need to do.

A person can be taught to get up off the floor safely, however if someone is falling on a regular basis, equipment can provide an easy and cost-effective alternative to calling emergency services.

[1] http://www.who.int/ageing/publications/Falls_prevention7March.pdf?ua=1
[2] http://www.wfot.org/aboutus/aboutoccupationaltherapy/definitionofoccupationaltherapy.aspx

Why people fall

Anyone can fall and the reasons can be varied from altered gait), the environment or the specific risk associated with a task being performed.

Many people living in care home environments are likely to have increased problems with balance and/or muscle strength which significantly increases the risk of a fall.

The table below provides an insight into some of the most prominent risk factors:

Person	Environment	Activity
Previous falls, fractures, stumbles and trips	Clutter and tripping hazards (e.g. rugs, flexes)	Inappropriate use of/ refusal to use assistive devices
Impaired balance/gait	Poor lighting - glare, shadows	Footwear
Medical history of Parkinson's, stroke, arthritis, cardiac abnormalities.	Thresholds, doors Access to property, bins, garden, uneven ground	Carrying, reaching, bending, risk-taking behaviour (e.g. climbing on chairs or ladders)
Fear of falling	Low furniture	Alcohol intake
Medication	Stairs and steps	Poor nutrition/fluid intake
Acute illness Dizziness	Floor coverings	Clothing
Postural hypotension	Inappropriate walking aids	Limited physical activity/
Syncope	No access to telephone or alarm system	exercise
Reduced muscle strength	Heating (including changes in temperature)	
Foot problems	Lack of appropriate adaptations (e.g. grab rails, stair rails.	
Continence		

Although risks of falls can be minimised there is an acceptance that supporting engagement in meaningful occupation is inherently risky. For this reason, therapists should consider post-fall management of those at high risk within the holistic falls assessment to ensure the long-term health and wellbeing of their clients can be maintained.

The importance of dignity

The Care Act (2014) states:
'Local authorities must carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funding. They must focus the assessment on the person's needs and how they impact on their wellbeing, as well as the outcomes they want to achieve.'

Further, it goes on to say:
'The general duty of a local authority, in exercising its function in the case of an individual, is to promote that individual's well-being... (2)"Well-being", in relation to an individual includes; (a)personal dignity
(including treatment of the individual with respect)'.

In no clinical area is this more important than moving and handling as we are often helping people in the most private and personal of circumstances. Consider the tasks being supported during, before, after or as a result of the moving and handling. They are often in places or at times when individuals are likely to be at their most vulnerable, whether it be in their night clothes, a state of undress, bathing/showering or being supported from the floor for example.

The basis of any moving and handling plan is the risk assessment. However, most risk assessment templates follow a TILE (Task Individual Load Environment) template. The load in this instance refers to the person being moved and only considers measurements such as weight or size due to the tool being designed initially for moving inanimate objects. In moving and handling we need to contextualise our risks assessments by ensuring they remain holistic and client centered therefore maintaining respect and dignity. By using TILE in conjunction with a client centered framework such as PEO (person, environment, occupation) we can ensure that risk is managed whilst maintaining a personalised and dignified approach to care.

As previously eluded to risk assessments provide a straightforward function that is to identify risk
(MHOR 1992). However, if we use an occupational therapy theoretical approach, we can ensure that assessments remain holistic with the person being handled seen as more than just their weight, height and ability to assist within any given procedure.

Understanding the client's views and that of others in their environment such as loved ones, or carers can help produce a more well-rounded assessment, protecting that person's dignity, beliefs and values.

Poor handling technique and carers without adequate training leads to people being handled incorrectly, without due considerations to their values, wishes or full observation/understanding of handling plans. Regular high quality moving, and handling training can mitigate that by ensuring care staff and professionals have the skills and understanding to undertake the moving and handling operations required.

Avoiding a long Lie

Most falls do not result in serious injury, but they can cause the person to lose confidence, become withdrawn, and feel as if they have lost their independence. The length of time it takes to help a resident into a safe and upright (standing or seated) position can have a significant impact on their recovery.

Lying on the floor for a long time following a fall is the one of the most serious consequences of the fall. The results of a long lie or delayed initial recovery include:

- Skin damage resulting in pressure sores
- Reduced confidence
- Increased anxiety (post fall syndrome)
- Hypothermia
- Dehydration
- Pneumonia
- Kidney failure (through rhabdomyolysis)
- Death

It is therefore critical to maximise recovery from the fall that resident is given the right care, at the right time, in the right place.
To evaluate whether interventions are 'at the right time' it is important that we acknowledge and understand the critical post-fall timescales:

A delayed initial recovery is when the faller remains on the floor for between 10 – 59 minutes[1]. The impact of a delayed initial recovery is psychological and emotional trauma with increased post-fall anxiety and reduced functional independence or activity engagement. Occupational Therapists are acutely aware of the impact of these issues on health and well-being.

A long lie is when the faller remains on the floor for 60+ minutes. The impact of the long lie is all of those stated within delayed initial recover but with the addition physical and physiological elements. These include body temperature and potassium serum levels for example[3].

As the majority of harm is inflicted post-fall it is imperative that measures are considered to minimise these risks, in turn promoting long-term health and well-being.

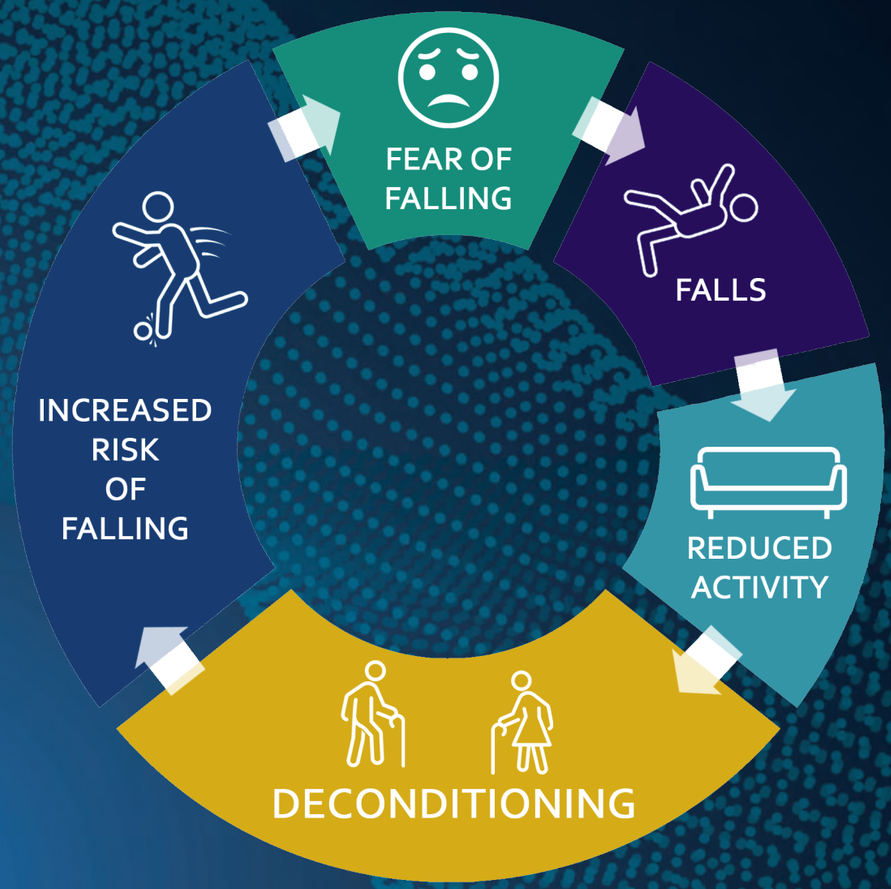
[1] https://www.archives-pmr.org/article/S0003-9993(15)00378-0/fulltext

[2] https://onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2012.04017.x?sid=nlm%3Apubmed

Post Fall Syndrome

After a fall, there are a considerable number of complications that can ensue from lying on the floor for a long period of time, including post- fall syndrome.

Post-fall syndrome is therefore a spiraling of fear, anxiety and social isolation due to the fall and resulting long lie leading to occupational deprivation, highlighted by the cycle below.



The syndrome can affect performance components such as motor, psychological and neurological, leading to elements of mental ill health, muscular atrophy, and which will lead to a further reduction in engagement of daily activities.

Occupational therapists recognise that it is vital clients are enabled to return to their everyday activities that they do as individuals, in their families and within their communities to occupy their time and bring meaning and purpose to their life.

A post fall assessment

It is important that you look after yourself, as the carer, at all times. If you are with someone when they are falling be sure not to try and catch them but instead support a controlled lower to a safe position, even if this is the floor, being careful to ensure any impact is minimised. Be aware of your back care and use safe moving & handling techniques as demonstrated within your statutory moving and handling training.

within care environments it is not the responsibility of the ambulance service to lift uninjured people up from the floor. If the person is not injured the goal should be to get them safely off the floor as quickly as possible so to minimise any long-term impact physically and psychologically.

If you find someone who has fallen, then use the I-STUMBLE algorithm to determine an appropriate course of action. This will allow for timely and reasoned clinical decisions to be made, therefore maximising the recovery of the person and reducing both future care needs and futher falls.

Clinical Support for ISTUMBLE

The reason I became involved with the ISTUMBLE project is that it is so profoundly positive for residents of care homes and those who care for them.

The benefits of lifting a resident off the floor are innumerable. By definition residents of care homes are frail – otherwise they would not be cared for in a residential context. With frailty comes a lack of physiological reserve and strength. In addition residents may have multiple co-morbidities involving the major body organs – respiratory/ lung disease, cardiovascular/ heart and vessel disease and renal disease/ impaired kidney function. All these co-morbidities cause reduced skin perfusion. Thus when a resident is kept

on the floor for more than 20 minutes the pressure from the floor especially on bony prominences of the body further reduces blood supply to the skin. Therefore an elderly person on a hard floor or even a carpet will suffer early breakdown of skin tissues and ulcer development. The most common complications of skin ulcers are increased mortality, osteomyelitis, and sepsis. If the patient has sustained a femur fracture during the fall the chances of mortality from the pressure ulcer are higher still because the patient will suffer reduced mobility both before and after surgery.

In 20 years of emergency medicine I have never seen an exacerbation of damage to a broken femur of an elderly patient who has been carefully lifted with an appropriate lifting device.

Other than in the exceptionally unlikely possibility of a neck injury – not lifting the patient who has fallen as a result of any cause I believe is both unacceptable and unkind. As an aside I have never seen a resident of a care home sustain a fracture of neck vertebrae after a fall. I have only seen this from falls of elderly people falling in the street (concrete usually involved).

Of course should a patient be in cardiac arrest they should not be lifted.

GP's will not attend patients who are on the floor. Once lifted the GP can visit and thus prevent many trips into busy, loud and excessively lit Emergency departments. Such places are frightening for frail and demented people. Not sending the patient means that care staff are not obliged to travel with the resident preventing attrition of care staff who are needed at the care home.

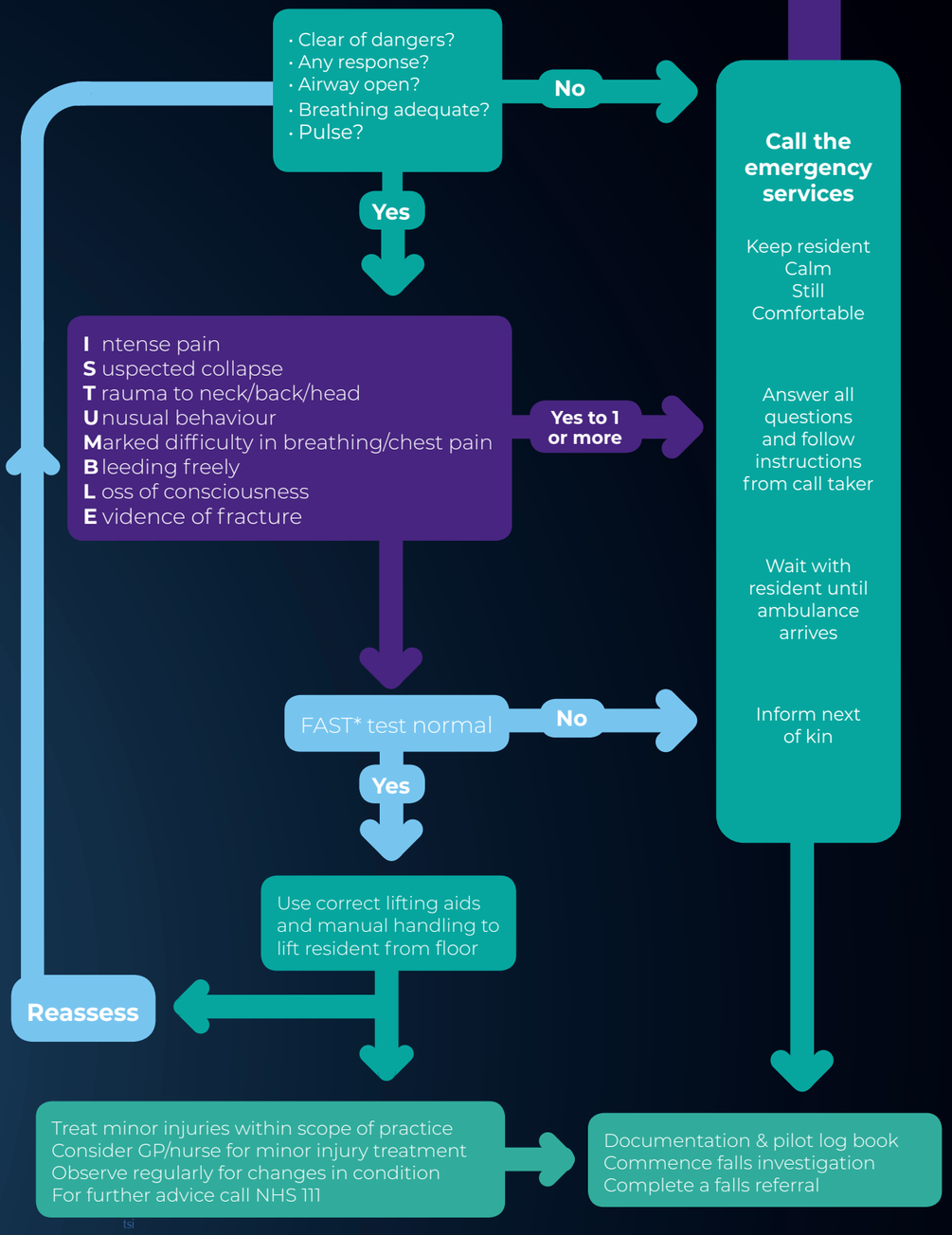
Finally lifting patients from floors allows carers to continue to do just that – care. Carers become immensely upset to see their residents wait hour after hour on the floor because hard pressed ambulance services cannot attend. When I have delivered this teaching to care homes there has been overwhelming relief felt by empowered care staff, empowered by education and ability to act.

– Dr Sue West-Jones, a consultant in Emergency Medicine

When should you call an ambulance?

The Ambulance Service in the UK issue guidelines on when to call the emergency services.

This one, called ISTUMBLE, is used by West Midlands Ambulance Service NHS Trust.



Falls and winter pressures

Starting in November each year, so-called NHS 'winter pressures' make the headlines. The term refers to how hospitals cope with the challenges of maintaining regular service over the winter period, as it's a time of additional seasonal illnesses (such as 'flu and norovirus) and colder weather can affect the most vulnerable groups in society, for example those with respiratory disease or at increased risk of falling.

Just as Christmas wouldn't be the same without cooked turkey, winter wouldn't be the same without the media's annual coverage of the crisis faced by the NHS over these months.

This paper serves as a reminder of the impact falls make to the winter pressure crisis in the NHS and how occupational therapists are playing a part in finding creative solutions to reducing the winter pressures. 2020 will be no different with the demand potentially further increased by Covid-19 treatment and recovery.

If you work in the NHS, then you will know that the spike in demand for its services actually fluctuate throughout the whole year but over the winter periods the acute admission reason changes.. The reasons are simple. The symptoms from a number of chronic health conditions, such as cardiac and respiratory conditions, are exacerbated by the weather conditions at this time of year. Not only this, but there are far more coughs, colds and other viruses being shared around community, which can significantly impact on the health and well-being of older people. Whilst there may be very little that can be done to prevent those individuals going into hospital, more can be done for people who fall or at risk of falling from adding to winter pressures.

It seems obvious to state that the rate of falls increases during winter months, but they do. It's not only down to icy or wet pavements that colder weather brings, resulting in more slips and falls. We also need to remember the contribution shorter daylight hours, and the reduced quality of the light at this time of year, has on increasing the risk of a person falling. These additional falls and admission to hospital puts additional pressures on the NHS. There are also financial implications for the NHS. It is estimated that falls alone cost the NHS around £2.3 billion a year, and this figure doesn't take into account the psychological and social impact a fall can have on the individual and the wider community.

At this time of year, many front-line services, such as the ambulance authority, struggle to provide a timely response to people who have experienced a fall, particularly when the need is perceived to be low risk when there is no obvious physical injury.. This is because other medical emergencies, such as cardiac arrests, are given a higher priority. Rather than accepting this status quo, a number of authorities are working hard to find creative solutions to this issue and occupational therapists are playing a key role in shaping and developing these services. For example, fire services, in several geographical areas of the country, are now responding to those emergency calls where people have fallen. Through careful triage, these fire services are providing a quick response to these individuals. And once the person is given a basic health check, and little bit of tender loving care, this type of service is preventing many unnecessary hospital admissions. Occupational therapists have played a vital role in the setting up of these services, often providing elements of competence training for the fire service staff.

For example, with training from occupational therapists, some fire services are installing grab rails and other minor equipment when they visit people who have fallen. This quick action prevents further falls or the need for admissions into hospital.

CCG's and emergency services have been supported by Mangar in this effort through the provision of specialist equipment, and training in both its use and the I-Stumble assessment algorithm to ensure that emergency services are only called when required whilst impacting positively on clinical outcomes and resources.

The pressures on the NHS during these winter months will never go away. With an increasing ageing population, the demand during these months is only likely to increase over the next decade. But it is good to see that some services across the country are thinking outside the box and developing services to respond to the needs of people who fall at this time of year.

Post Fall Management case studies

Inappropriate calls from care homes to help lift uninjured fallen residents cost the NHS more than
£50 million annually.

There is evidence to suggest that many older people are unnecessarily admitted to hospital, which not only has cost implications for the NHS, but also has an impact on the ambulance services called to transfer them. As all NHS services juggle priorities in a desperate bid to help the patients they serve, the situation continues to deteriorate.

Of the over 7 million ambulance calls outs across the UK every year, 10% are to fallen people and around 150,000 of these are to care home residents. Residents are generally reluctant to be admitted to hospital as admission often results in distress, confusion and anxiety, particularly for anyone living with dementia. Interestingly, more than 50% of residents that fall are uninjured and do not need hospital attention. (WAST)

For the sake of the resident and stretched NHS resources, it is vitally important residents are supported to achieve better outcomes if uninjured following a fall, without resorting to calling an ambulance or a hospital admission.

There are many joint initiatives being undertaken by NHS Trusts and CCGs to reduce the number of ambulance call outs to care homes to enable residents to have better outcomes and to safeguard them from unnecessary hospital admissions.

The following case studies follow product trials in:

- North Manchester CCG
- Aneurin Bevan Health Board
- Wales Care Home Project

The case studies examine how CCGs and Health Boards have identified ways in which they could achieve better outcomes for residents who may have had a fall in their care homes. This was achieved by introducing a post fall management package of measures, which include training, equipment and a health assessment App designed to empower care home staff to make good decisions around lifting.

The projects identify a reduction in ambulance calls and has implications for NHS Ambulance Trusts and Clinical Commissioning Groups wanting to both safeguard residents and improve efficiencies in spending.

The Nuffield Trust's Think Tank reports avoidable stays in hospital costs the NHS £330m a year, with an average of £135,000 a day. At least 50% of ambulance call outs to care homes are to uninjured residents, equating to 450 people a day. With an overnight stay in hospital costing an average of £400, that's a potential £180,000 of avoidable cost... every day.

Paramedics do not know the medical history of the resident they are moving and may decide to transfer onto hospital if health checks are not in line with the expected standard measures. Care home staff are in a much better position to assess their residents' health and make decisions regarding hospitalisation based on the individual's normal level of health. However, this will depend on the care staff's knowledge and skills in achieving this. In response to assisting care homes staff to ensure that they only call an ambulance when necessary, the West Midlands Ambulance Service introduced the Post Fall Assessment pathway and ISTUMBLE guidelines.

This pathway and guidelines enable care home staff to make an assessment, which will enable them to determine if the resident has been injured or has suffered more serious illness or disorders that have led to the fall. Project Objectives The CCGs and Health Board that trialled the equipment had 3 common objectives:

- To focus on enabling residents to have a better outcome, whilst at the same time reducing the cost implications and the number of callouts to the ambulance service by care homes to move uninjured residents.
- To empower care home staff to move residents safely following the Post Fall Assessment Pathway and ISTUMBLE guidelines advocated by the Welsh Ambulance Service Trust to ensure that only uninjured residents are moved.
- To promote moving and handling aids that enable care home staff to achieve an outcome, which promotes a more dignified approach to moving residents following a fall.

1. The North Manchester CCG Care Home Project

The first trial, started in August 2016, was managed by Sophie Wallington, an Advanced Physiotherapist Practitioner from an acute hospital provider in North Manchester. After an initial meeting with Mangar Health, a group of occupational therapists and physiotherapists assessed the Camel and ELK inflatable lifting cushions against the criteria required to provide suitable falls equipment in care homes.

They found the ELK suitable for their care home population for a number of reasons, including:

- It can be used in confined spaces where a full body hoists are not always accessible
- It can be used inside and outdoor
- The ELK is fully portable and isn't constrained by needing to be near an electric socket.

North Manchester then selected care homes to pilot the project because of their high propensity to call an ambulance when a resident falls, whether they are injured or not. North West Ambulance Trust provided data which identified the top 10 care homes in the area who had called an ambulance to move uninjured residents from the floor. These residents needed no medical intervention or hospitalisation.

Each of the 10 care homes were given a Mangar ELK to trial from in August 2016. The success of the trial was dependent on care home staff feeling comfortable about moving fallen residents and performing an assessment to determine whether or not an injury had occurred. All participating care homes were given training on how to implement the Post Fall Assessment pathway, ISTUMBLE which are guidelines were developed by the West Midlands Ambulance Service and used widely by paramedics in the UK before performing a lift. Further product training was then completed on the ELK lifting cushion and the trial began.

Feedback

"This equipment is an absolute godsend. We've used it 20 times at least, preventing 999 on every occasion. Residents are happier, families are much happier and the staff find it easy and safe to use."

Daniel Kelly, Manager at Chestnut House Care Home

"We really like it, staff like it and the ambulance was not called out to support us on any occasion. Really good piece of equipment and we are pleased we are able to use it. Simple to use and feels really safe to use with our residents."

Hannah Jackson, Manager at Lightbowne Hall Care Home

"We are using the ELK between 2-3 times per week. Staff love it, it's very easy to use and more dignified for residents, especially in communal areas. The unit has never failed, no problems."

Jacqueline Van Zandt, Manager at Wellington Lodge

Financials

The financial outcomes **predicted** during the trial period, based on published falls data, the expected ambulance costs for picking up uninjured residents in the 10 trial North Manchester care homes were **£31,800** based on the following;

The combined resident numbers in the care homes trialled 427 Average falls per

year* 213 Uninjured fallers (213 x 50%)

106 Ambulance cost to pick up uninjured fallers (£300 x 106) per annum £31,800

The following are the **actual** cost savings during the trial period were **£78,560** – more than double the forecast.

Recorded use of ELK instead of calling an ambulance over 5 months 123 Prorota to 12 months 295 Ambulance cost would have been (£300 x 295) £88,560

Cost Savings Ambulance call out costs avoided £88,560 ELK cost (£1K x 10 care homes) £10,000 **NHS Saving over a year £78,560**

*Based on 50% of over 80s falling at least once a year (often higher in care homes) – (Ref HSE)

2. Aneurin Bevan Health Board and Welsh Ambulance Trust

This trial was assessed by Angela Powell, Acting Senior Nurse Quality & Patient Safety at Aneurin Bevan Health Board. The trial's aims and objectives were:

- To reduce the number of calls for Falls to Ambulance Service that are non life-threatening
- Reduce the number of avoidable hospital admissions
- To improve patient care
- To improve the management of falls in care homes
- To manage falls safely by care home staff
- Measure the effectiveness of the Protocol and
- Use of lifting aid Methodology

12 care and nursing homes took part in the trial, covering all Local Authority areas in the Aneurin Bevan Health Board region. Key staff were identified to pilot the project within the care homes and follow the fall protocol agreed.

All staff were trained how to use the lifting aids (Mangar Camel) and introduced to the ISTUMBLE algorithm to ensure residents were assessed carefully for injury. Homes were asked to submit retrospective data of falls in the previous year and to collect data once lifting equipment was installed.

Outcomes

During the first six months of the trial period, there were 521 falls recorded by care homes. 401 (77%) of those were safely managed by care home staff using ISTUMBLE and lifting equipment. The 120 that required a 999 call being made resulted in:

- 39% (47) residents were treated on site
- 35% (42) residents were conveyed to A&E

Outcomes Based on a reduction of 353 999 calls

- 526 Ambulance hours saved
- Improved Patient Care.
- Better patient outcomes

Financial Outcomes

353 calls at £300 ambulance cost over 6 months £105,900, extrapolating to a **£211,800** annual cost saving to the NHS.

3. Wales Care Home Project

The project was a collaboration between Welsh Government, Welsh Ambulance Service Trust, the National Collaborative Commissioning Unit and Mangar Health. Together, a post fall management package was developed, which included;

- Providing every qualifying care home with The Mangar Camel lifting cushion. (600 care homes)
- Training provided by Mangar Health on how to use the Camel lifting cushion. The ease of use is ideal for care home environments where staff turnover can be high.
- Training by WAST on when it is appropriate to call the ambulance, 101 or a GP by using a health assessment tool called ISTUMBLE. Supported by an App, the assessment tool takes a care worker through a series of health checks and guides decision making.

The project's aim was to safeguard the lives of care home residents that fall by improving post fall decision making and reduce avoidable calls to WAST, enabling resources to be redirected to priority patients.

Outcomes

This project returned immediate results post training; (circa 6-8 weeks).

- 125 falls recorded by evaluation group
- 72% reported using ISTUMBLE to assess the fallen resident
- The Camel was used to lift 56% of the falls.
- Of the 125 falls, the ambulance was called on 35 occasions (28%)
- Of the 35 ambulance calls outs, 11 residents were transferred onto hospital (31%)
- Of the 11 residents transferred to hospital 4 were admitted (36%)

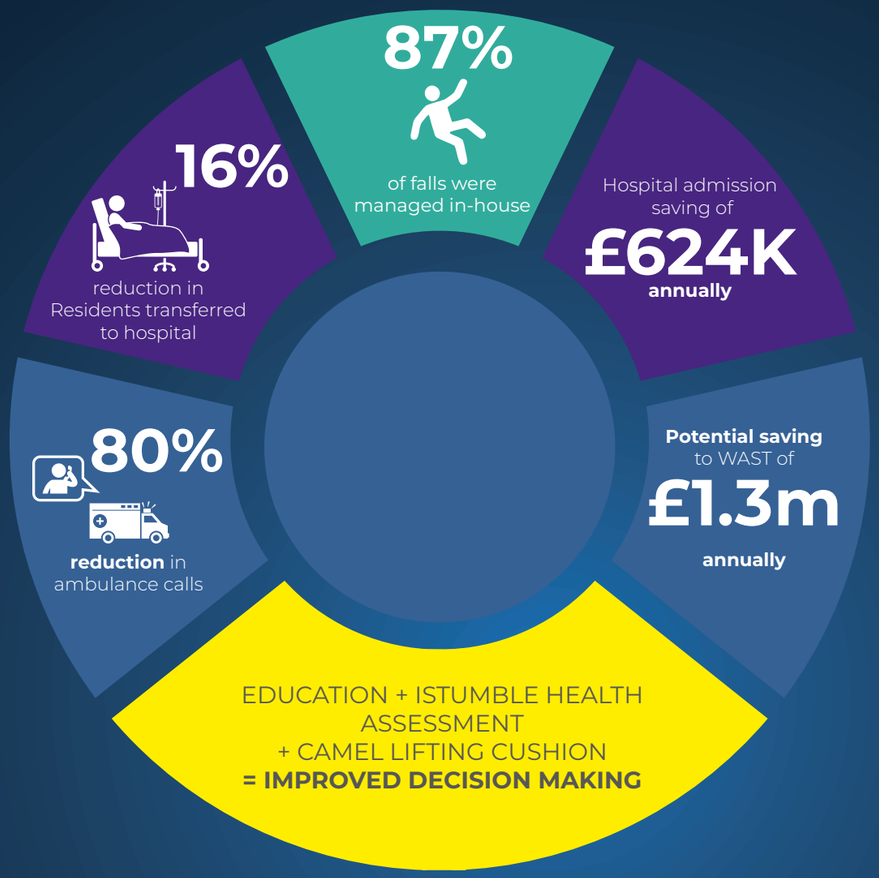
54 care homes (68%) of care homes have changed their lifting policy from 'No Lift' to Lift with ISTUMBLE and appropriate lifting equipment.

During the 10-week evaluation period, **1,000 less ambulance** hours could be identified against the 300 participating care homes, which extrapolated over 12 months equals a **£2m annual saving to WAST.**

Wales Care Home Project Evaluation

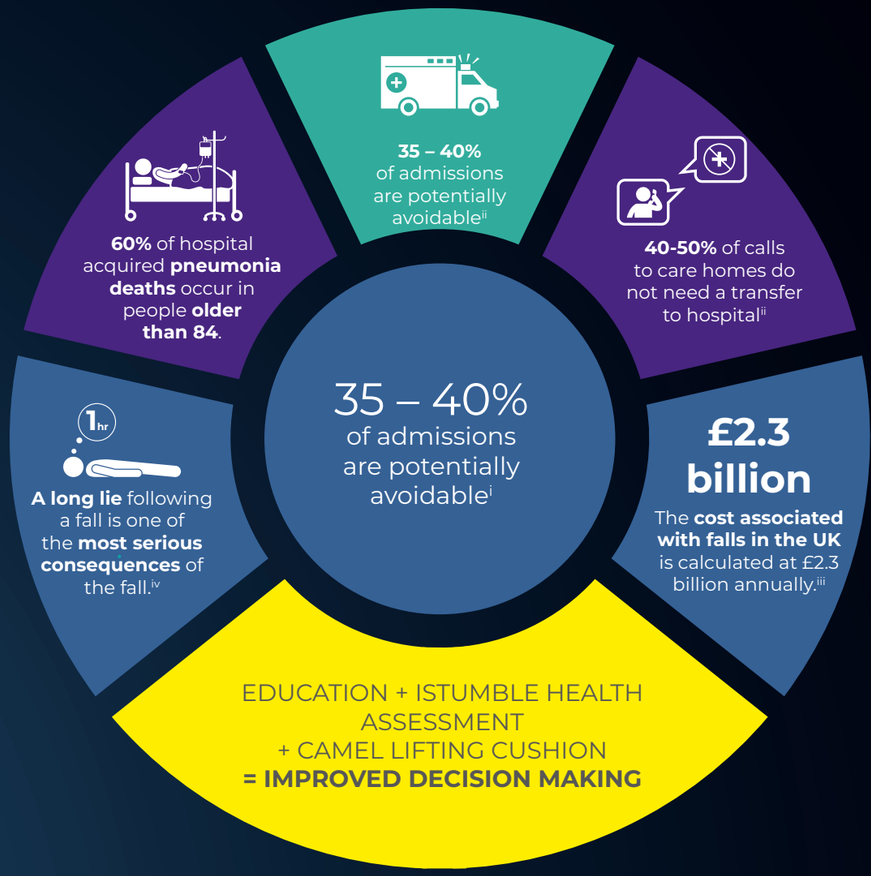
Lying on the floor for a long time following a fall is the one of the most serious consequences for the elderly. The Wales Care Home Project gives care home staff the skills and equipment required to lift uninjured residents from the floor safely without relying on the ambulance service for support.

Nearly 600 care homes across Wales received a Mangar Camel Lifting Cushion, specifically selected because it delivers a safe, secure lift for residents and protects the carer performing the lift from injury.



Avoiding Hospital Admissions

185,000 emergency admissions to hospital a year are from care home residents.[i]



A care homes post fall management pilot project was initiated by Aneurin Bevan Health Board in 2017

The results[v]

36%
reduction in A&E attendances

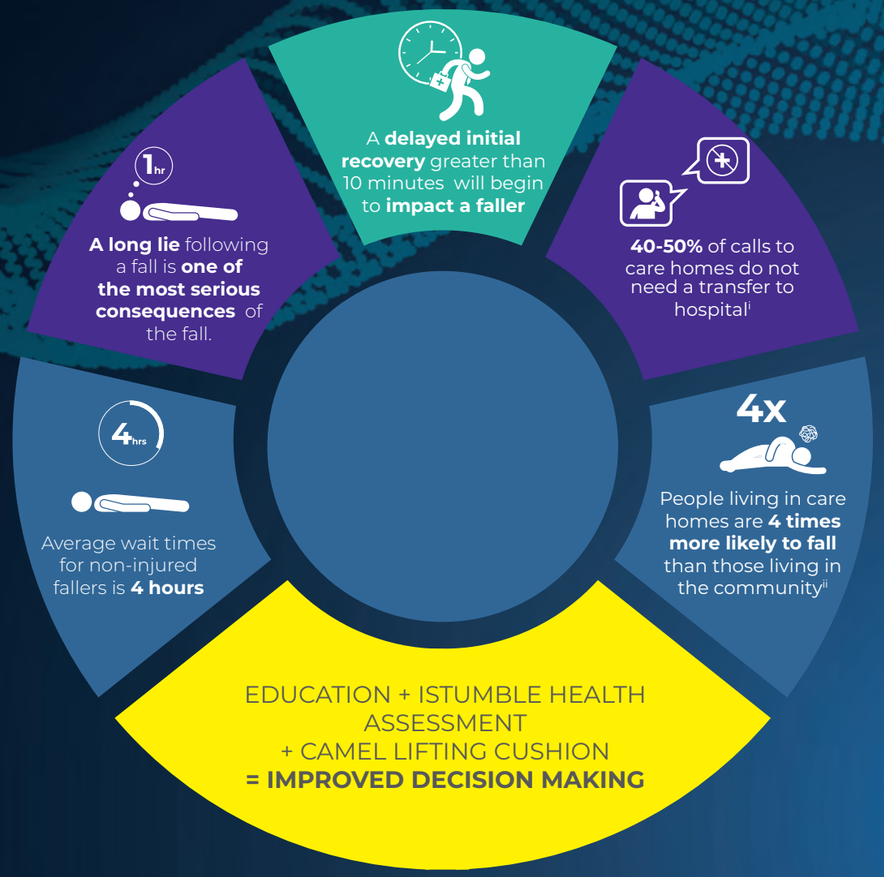
27%
reduction in hospital conveyances

7%
reduction in hospital admissions

[i] NHS Long Term Plan
[ii] WAST
[iii] Health Inspectorate Wales, Review of Integrated Care: Focus on Falls 2019
[iv] Kate Sheehan, The OT Service, Post Falls Management
[v] Angela Powell, Clinical Lead Quality & Patient Safety, Aneurin Bevan University Health Board

Safeguarding residents through effective post fall management

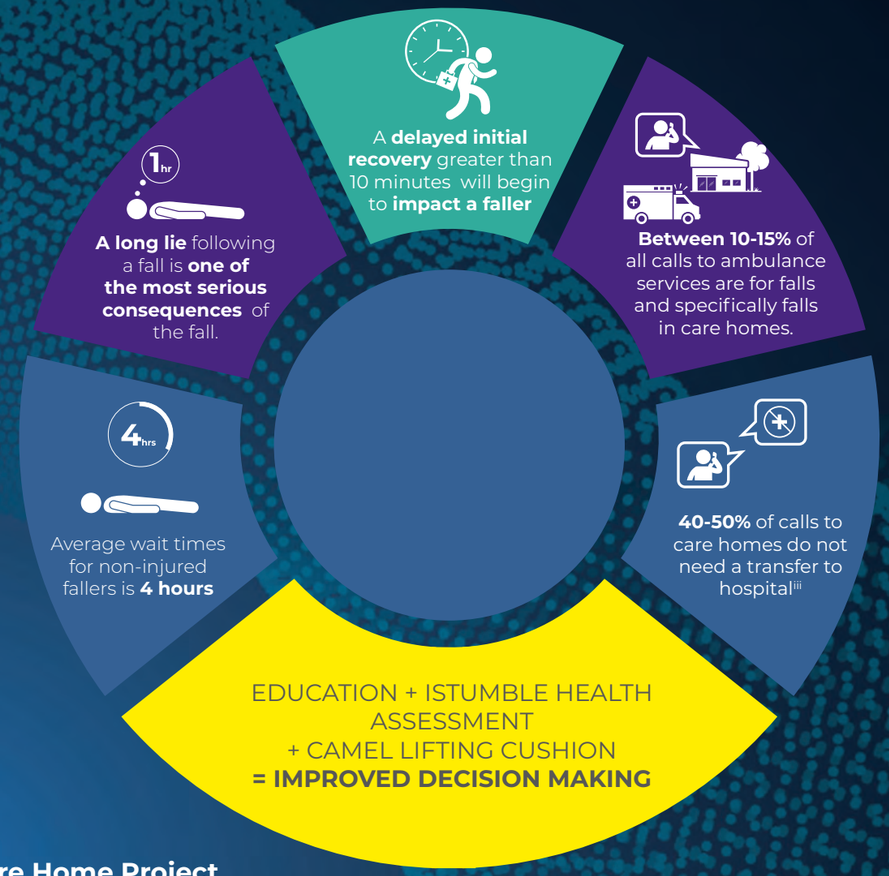
Today, 1,000 people living in a care home will fall.



[ii] WAST
[ii] Help the Aged

Supporting the Ambulance Service to prioritise calls

Care Homes routinely call an ambulance to lift fallen residents. Older people who have fallen are the most common reason for a 999 call in the UK[i]



Wales Care Home Project

A Welsh Government and Welsh Ambulance Service Trust (WAST) collaboration

600
care homes care homes in Wales received ISTUMBLE training and Camel lifting cushions

Evaluation on 300 homes after 10 weeks recorded a saving of
1,000 LESS
ambulance hours over the same period the previous year

This equates to
£2 million SAVING
to WAST over annually

[ii]WAST (Welsh Ambulance Service Trust
[iii]WAST

Summary

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall [1].

Whilst interventions to reduce risks of falls are necessary there must also be an acceptance that despite the best efforts someone who is engaging in activity or ambulant and cognitively impaired remains at risk.

It is crucial therefore, given all of the information above, that post-fall recovery is considered as critically as fall reduction strategies. Furthermore, falls risks should be considered as part of every holistic and client centred assessment for anyone in an 'at risk' group whether they have had previous falls or not.

It is important that not only do we ensure post-fall recovery is maximised but that falls are used as a learning incident to ensure that identified risks are further minimised in the future. For this to happen there must be:

- Up-to-date individual risk assessments & care plans
- Accurate and timely documentation of the fall
- Appropriate processes & protocols in place
- Access to equipment that enables safe response for both residents and care team

Using I-STUMBLE alongside the appropriate training will enable care providers to make confident and timely decisions about the fall response and thus maximising the person's chances of recovery and their and long-term outcomes.

[1] https://www.nice.org.uk/guidance/cg161/evidence/falls-full-guidance-190033741

Keep in touch

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