To: **Renfrewshire Integration Joint Board**

On: **25 November 2016**

Report by: **Chief Officer**

Heading: **Falls Prevention & Management Strategy**

1. Summary

1.1 A falls prevention and management strategy has been developed in order to reduce the number of falls and falls-related injuries within Renfrewshire, in line with national, NHSGGC, and Renfrewshire strategic priorities. This strategy will prioritise education and awareness raising, and implementation of clear pathways for those at risk of falls.

2. Recommendation

It is recommended that the IJB:

- Approve the implementation of the Renfrewshire Falls Prevention and Management Strategy.

3. Background

3.1 In 2015, for those aged 65 and over, 20.5 people out of 1000 of the total Renfrewshire population were discharged following a fall-related admission. 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*" (World Health Organisation).

3.2 The impact of a fall for older people is well-documented, including loss of function, independence, confidence, and social isolation. Adding to this the considerable strain on health and social care resources and an ageing population, falls prevention is justifiably a key priority for community health and care services to address in the coming years.

3.3 In 2013 the Scottish National Falls Programme published their framework for falls prevention and management within the community, entitled "*The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014-2016*" (accessible via: http://www.gov.scot/Resource/0044/00448210.pdf). The framework sets out a number of minimum standards for community health and social care services in relation to community falls prevention and management, and recognises that a 15 – 30% reduction in falls is achievable through proactive identification and intervention with those at highest risk.

3.4 NHS Greater Glasgow & Clyde (NHSGGC) published the "*Policy for the Prevention and Management of Falls (For Adults Aged 16 and Over)*", which brought together Acute, Community and Mental Health falls prevention policies for the first time, see Appendix 1.

3.5 The Renfrewshire Health and Social Care Partnership (HSCP) Strategic Plan highlights falls prevention and management activity, specifically including the outcome "to reduce the number of falls and falls-related injuries within Renfrewshire". The indicators of attainment (outputs) are: "to increase the number of people benefiting from the Community Falls pathway" with specific targets to be achieved by March 2017:

- 50 recorded Level 1 falls risk screenings completed in Renfrewshire per month;
- 50 recorded Level 2 multi-factorial falls assessments completed in Renfrewshire per month (Renfrewshire HSCP Strategic Plan – Action Plan 4.1).

---

4. Report

4.1 To achieve the standards of the NHSGGC Policy and National Falls programme "Framework for Action", a Renfrewshire falls prevention and management strategy was developed, ensuring strategic fit with national, NHSGGC, and Renfrewshire priorities, shown in Appendix 2.

4.2 Three subgroups comprise the Renfrewshire Falls Prevention and Management Group (RFPMG) chaired by the Renfrewshire falls lead, and covering key stakeholders, namely:

- Care homes;
- Third and independent sector;
- Community Health and Social Care.

4.3 The RFPMG focuses on two main areas, with a target population of older or vulnerable adults living within the community:

- Education and training for a range of frontline staff and volunteers, to increase awareness and maximise the capacity to identify those at risk and provide practical advice on promoting independent, safe and healthy lifestyle choices, especially to prevent primary and secondary falls;
- Developing and implementing clear pathways for signposting at risk individuals onto relevant information sources, services or groups, which may aid future falls prevention through behavioural changes, advice or equipment provision.

4.4 The Renfrewshire Falls Prevention and Management Strategy will be implemented through wide circulation and awareness raising across relevant groups and agencies throughout late 2016 and early 2017.

4.5 A systematic staff and volunteer training programme will take place throughout 2017, comprising two main elements:

- eLearning via iLearn and LearnPRO – standardised falls awareness module;
- Face to face training to enhance practical interventions, and training on identification and signposting of those at risk of falling.

4.6 A series of clear pathways have been developed to clarify signposting and referral routes across Renfrewshire, which will be circulated and promoted during the launch of the strategy following IJB approval.

Implications of the Report

1. **Financial –** nil, implement within existing budget.
2. **HR & Organisational Development –** nil.
3. **Community Planning –** engagement and involvement required to support the implementation of the strategy.
4. **Legal –** nil.
5. **Property/Assets –** nil.
6. **Information Technology –** will require ICT input to facilitate accurate and timely reporting of falls activity.
7. **Equality & Human Rights -** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website. A full Equality Impact Assessment will be carried out.
8. **Health & Safety –** nil.
9. **Procurement –** nil.
10. **Risk –** nil.
11. **Privacy Impact** – None. The information to be made available via the Publication Scheme is information which would be disclosed in response to a request under the Freedom of Information (Scotland) Act 2002. This therefore would not include Personal Data as defined by the Data Protection Act 1998.

List of Background Papers – None

Author: Craig Ross
Team Lead, Rehabilitation and Enablement Service (RES)

Appendix 1

Policy for the Prevention and Management of Falls
For Adults aged 16 and over

Responsible Director:	Board Director of Nursing
Approved by:	Board Clinical Governance Forum
Date approved:	August 2015
Date for Review:	August 2016
Replaces previous version:	Replaces all Acute Division; Community and Mental Health versions

1. Introduction

NHS Greater Glasgow and Clyde (NHSGGC) recognise the need to identify patients at risk of falling and target resources efficiently in order to achieve the greatest effect in reducing the risk of falls, within its hospitals and community settings.

This policy is intended to raise staff awareness of the needs of people at risk of falling, by initial risk assessment and relevant care planning. An important feature of this policy will be to ensure that patients and their carers where possible, are made aware of the risk of falling and advised accordingly on falls prevention.

Where necessary, any information given to patients, relatives and carers will be provided in a language or format that is most easily understood.

2. Scope of the Policy

The overarching principles of this Policy will apply to adult patients (adult being aged 16 and over) within the NHSGGC healthcare system. All patients will require to have a falls risk assessment, care planning and interventions documented. These will be underpinned by evidence based practice regardless of age, gender, sexuality, race, religion or belief and disability.

3. Definition of a Fall

Definition of a fall - "A sudden unintentional change in position, causing one to land on a lower level, or on an object, the floor, or the ground" [1].

Definition of a fall with harm – "Any instance where a fall with harm is identified. Harm will be where another secondary care intervention is necessary (steri-strip, suture, and/or management of dislocation, fracture, head injury, death), and/or a patient has fallen and received harm or injury requiring radiological investigation (x-ray, ultrasound, MRI or CT) with a confirmed harm[2]".

NB occurrence of a radiological investigation should not lead to an automatic categorisation of 'harm' (harm must be confirmed by the investigation). Minor harms (e.g. grazes, light bruising, small cuts) would be excluded.

Definition of a serious fall – A fall resulting in a fracture or head injury requiring intervention.

4 Aims of the Policy

This policy will provide staff with clear and consistent guidance on the prevention and safe management of falls. NHSGGC staff will:

- Identify patients at risk of falling.
- Identify and modify falls risk factors for patients.
- Reduce the risk of harm as a consequence of falling.
- Involve the patient, relatives and carers in care planning to minimise falls risk.

- Promote greater communication between multi-disciplinary teams in relation to falls.
- Ensure their skills and knowledge in falls prevention and management meet the needs of their patients.
- Promote collaborative falls prevention and management between clinical settings and governance structures.

5. Falls Prevention

Patients may be at risk of falling for a variety of reasons. Possible risk factors for falling are outlined in section 7 of this policy. Similarly there is a wide range of interventions which can be implemented to minimize risk of falling. These are outlined in section 8 of this Policy.

Regardless of a patient's falls history, staff must act in a proactive manner to address any known or identified falls risk factors. Patients must be encouraged and supported to self manage by ensuring they or their carers receive written information on falls prevention.

Any interventions must be explained to the patient and documented.

It must be acknowledged that promotion of a patient's liberty and independence should be balanced against the associated risk of falling. Therefore any intervention must take into consideration these competing priorities.

6. Falls Risk Management

6.1 Inpatients

All patients must be risk assessed within twenty-four hours of admission or transfer to a ward or department using a locally agreed risk assessment tool:

- Each identified risk factor must be modified to reduce falls risk.
- Interventions must be implemented and documented in a Person Centred Care Plan.

All of the above may necessitate referral to other members of the multi-disciplinary and wider team.

The locally agreed risk assessment tool and Person Centred Care Plan will be updated:

- Within 24 hours after being transferred to another ward or department by the receiving team.
- Weekly or sooner if the patient falls or their condition changes, in general medical, regional & surgical specialties, assessment and rehabilitation and mental health inpatient areas.
- Monthly or sooner if the patient falls or their condition changes, in NHS Long Term Care Facilities.

6.2 Community

All patients over 65 years coming into contact with community services must have a level 1 screening assessment completed. If deemed at risk, they must be referred for a level 2 multi-factorial assessment.

Regardless of age, for all patients who have been identified as having had a fall in the previous 12 months, the following must occur:

- A falls risk assessment must be completed.
- A person centred care plan, with evidence of assessment, interventions and evaluations as well as evidence of multi-disciplinary involvement in relation to falls must be documented.
- Each identified risk factor must be modified to reduce falls risk.

7. Falls Risk Factors

In addition to completing a risk assessment, a comprehensive clinical assessment will include consideration of the following [3, 4, 5, 6] risk factors:

- Increasing age in later years in adulthood.
- Physical Illness (e.g. infection, acute illness).
- Impaired gait and balance - neurological conditions (e.g. stroke, Parkinson's); joint conditions (e.g. arthritis, joint replacements); foot conditions (e.g. ulcer, overgrown toe nails); sensory impairment (e.g. neuropathy); vestibular conditions (e.g. Benign Paroxysmal Positional Vertigo).
- Syncope or pre-syncope (e.g. cardiac arrhythmia, aortic stenosis).
- Postural hypotension.
- Previous injury/fracture.
- Polypharmacy.
- 'At risk' drugs (e.g. antidepressants; sedatives; neuroleptics).
- Cognitive impairment (e.g. dementia, delirium).
- Depression.
- Generalised anxiety.
- Specific fear of falling and activity restriction on the basis of anxiety.
- Visual/Hearing problems.
- Nutrition & hydration.
- Weight loss.
- Lifestyle – alcohol/drug abuse.
- Prolonged bed rest.
- Incontinence.

- Environmental factors (e.g. bed rails, seating, lighting, uneven surfaces).
- Inappropriate footwear or clothing.

Osteoporosis and falls risk are integral to fracture prevention and therefore cannot be considered in isolation of each other.

8. Interventions

Falls prevention including self-management, general safety precautions and patient specific interventions must be discussed with the multi-disciplinary team, patient, and relatives / carers. In acute hospital settings, the wider multi-disciplinary team may include a falls co-ordinator. Involvement of relatives / carers and the multi-disciplinary team is particularly important for those patients with cognitive impairment as they may be unable to retain information themselves. All interventions considered and / or implemented must be documented in the patient record.

Appropriate interventions are well known [3, 4, 5, 6, 7, 8] and must include:

- Promoting a safe environment – by ensuring personal items and fluids are to hand, use of appropriately assessed equipment, and assessment of environmental risk.
- Use of hi-lo / low profile beds, bed or chair alarms, bedrails and specialist seating (including the use of lapstraps). The use of this equipment is classified as a form of mechanical restraint and as such must be individually assessed and continually reviewed by the multi-disciplinary team. Restraint must be carefully considered in context of patient safety and the human rights and dignity of that individual [9, 10, 11].
- Home hazard modification.
- Advice on appropriate footwear.
- Advice on visual, hearing and communication aids.
- Continence promotion and management.
- Management and treatment of gait and balance disorders (including evidence based exercise programmes).
- Ensuring mobility aids are available if required, and used as directed.
- Medical investigation and management of identified risk factors.
- Investigation and management of bone health.
- Medication review.
- Addressing fear of falling, avoidance and behaviours associated with low mood and anxiety.
- Person-centred therapeutic and/or social care activities.

It must be acknowledged that promotion of a patient's liberty and independence should be balanced against the associated risk of falling; therefore any intervention must take into consideration these competing priorities.

9. Management of a Fall

9.1 Management in a Hospital Setting

Staff must assess the patient for any obvious signs of injury. If an obvious injury has been sustained, or the patient is distressed or in discomfort, immediately refer to medical staff (or hospital at night team / on call medical team) for assessment. All assessments and interventions must be documented in the patient's record.

If a head / neck injury is suspected: [12]

- The patient must not be moved.
- The patient must be immobilised until reviewed by medical staff.
- Nursing staff must initiate observations to include:
  - respiratory rate, heart rate, blood pressure, temperature, oxygen saturations (Early Warning Score in acute services).
  - Glasgow Coma Scale.
  - pupil size & reactivity.
- Medical staff must examine the patient and commence investigations.
- The patient must only be returned to bed / chair after consideration of safe manual handling methods[13].
- Neurological observations including the Glasgow Coma Scale must be recorded until the GCS is equal to 15 or equal to the patient's pre-fall score (if known). Any deterioration must be reported to medical staff. The minimum frequency for these observations must be:
  - half hourly for 2 hours,
  - then 1 hourly for four hours,
  - then 2 hourly thereafter.

If a fracture is suspected:

- In the lower limb – immobilise until a medical review is undertaken.
- In other areas - the patient must only be returned to bed / chair after consideration of safe manual handling methods[13].
- Nursing staff must initiate observations to include:
  - respiratory rate, heart rate, blood pressure, temperature, oxygen saturations (Early Warning Score in acute services).
- Medical staff must examine the patient and ensure an x-ray is carried out.

If no obvious injury has been sustained and the patient is not distressed or in any discomfort:

- The patient must only be returned to bed / chair after consideration of safe manual handling methods[13].
- The patient must be reviewed by medical staff within 24hrs of the fall.

All falls regardless of severity or setting must:

- Prompt a review and update of the locally agreed risk assessment tool and person centred care plan (refer to section 6.1).
- Be recorded in Datix in accordance with NHS GGC Incident Management Policy[14].
- Be communicated to the multi-disciplinary team to enable management and intervention of falls risk as outlined in sections 6, 7, and 8 above.

- Be discussed with relatives / carers, taking into account individual patient circumstances.

Discharge Information
The multi-disciplinary team must discuss falls risk and safety advice with patient and relatives / carers prior to discharge. Consideration must be given to onward referral to local community services to meet identified needs.

9.2 Management in Community Settings

If an injury is suspected:
- The patient must not be moved.
- Contact emergency services.

If no obvious injury is evident and the patient is not distressed:
- The patient must only be returned to bed / chair after consideration of safe manual handling methods[13].
- Consideration must be given to onward referral to other local community services to meet identified needs.

All falls regardless of severity or setting must:
- Prompt a review and update of a risk assessment and person centred care plan (refer to section 6.2).
- Be recorded in Datix.
- Be communicated to the multi-disciplinary team to enable management and intervention of falls risk as outlined in sections 6, 7, and 8 above.
- Be discussed with relatives / carers, taking into account individual patient circumstances.

9.3 Datix Recording

- All falls regardless of severity must be recorded in Datix (electronic risk management system).
- All falls should be considered for management in accordance with Health & Safety / RIDDOR guidelines.
- In inpatient settings, all category 4/5 falls (fracture, head injury, death) must be reported immediately to the Lead Nurse and Chief Nurse.
- Following a post fall review, the Lead Nurse/Chief Nurse must decide if this requires to be escalated as a significant incident in line with NHS GGC Incident Management Policy[14]

10. References

1. Tinetti, ME. (1987) Factors associated with serious injury during falls by ambulatory nursing home residents Journal of the American Geriatrics Society 35,644-648.

2. NHS Healthcare Improvement Scotland. Scottish Patient Safety Programme. http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/acute-adult

3. American Geriatrics Society, British Geriatrics Society and American Academy of Orthopaedic Surgeons Panel on Falls Prevention (2001), Guidelines for the Prevention of falls in Older People, Journal of the American Geriatrics Society, 49 664-672.

4. NICE Guidance 161, 56 2013.

5. The Kings Fund, 2014. Making our Health and Care Systems Fit for an Aging Population. London.

6. Cameron ID (2010). Interventions for preventing falls in older people in nursing care facilities and hospitals. The Cochrane Library 2010, Issue 1. http://www.thecochranelibrary.com

7. European Society of Cardiology (2009). Guidelines for the diagnosis and management of syncope. European Heart Journal (2009) 30, 2631–2671.

8. National Patient Safety Agency, 2011, Rapid Response Report, Essential Care After an Inpatient Fall.

9. Mental Welfare Commission for Scotland, 2013, Rights, Risks and Limits to Freedom.

10. Mental Welfare Commission for Scotland, 2007, Safe to Wander.

11. NHS GGC Draft Restraint Policy 2014

12. Scottish Intercollegiate Network. SIGN Guideline 110.

13. NHS GGC Moving & Handling Policy 2013.

14. NHS GGC Incident Management Policy 2011.

Appendix 2

Renfrewshire Health & Social Care Partnership

The Renfrewshire Falls Prevention & Management Strategy – An Integrated Improvement Approach

Lead Author:	**Craig Ross**
Approver:	**Mandy Ferguson**
Implementation date:	**01.12.2016**
Review date:	**01.12.2017**
Last update:	**14.11.2016**

Introduction

Falls are a growing concern, particularly in the context of an ageing Scottish population. In 2014/15, 84% of emergency admissions for an unintentional injury in those aged 65 and over resulted from a fall (https://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2016-03-08/2016-03-08-UI-Report.pdf?58231753111).

In 2015, for those aged 65 and over, 20.5 people out of 1000 of the total Renfrewshire population were discharged following a fall-related admission. 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*" (World Health Organisation).

The impact of a fall for older people is well-documented, including loss of function, independence, confidence, and social isolation. Adding to this the considerable strain on health and social care resources and an ageing population, falls prevention is justifiably a key priority for community health and care services to address in the coming years.

Rationale

In 2013 the Scottish National Falls Programme published their road map for falls prevention & management within the community, entitled "The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014/2015". The framework sets out a number of minimum standards for community health and social care services in relation to community falls prevention and management, and recognises that a 15 – 30% reduction in falls is achievable through proactive identification and intervention with those at highest risk. http://www.gov.scot/Resource/0044/00448210.pdf

The "Framework for Action" document builds upon the model for falls prevention & management published within the 2010 NHS Quality Improvement Scotland document, "Up and About, Pathways for the prevention and management of falls and fragility fractures". http://www.healthcareimprovementscotland.org/default.aspx?page=13131

NHS Greater Glasgow & Clyde (NHSGGC) published "Policy for the Prevention and Management of Falls (For Adults Aged 16 and Over)", which brought together Acute, Community and Mental Health policies for the first time.

In 2015/16 with the formation of the new Renfrewshire Health & Social Care Partnership (HSCP), a Strategic Plan was developed which highlights falls prevention & management activity within a suite of action plans. There are a number of other documents and policies which make reference to the significance of falls prevention especially in the context of an ageing population, and include but are not limited to:

- The Allied Health Professions National Delivery Plan
- The Delivery Framework for Adult Rehabilitation
- Making the Right Call for a Fall - Developing an Integrated Urgent Care Pathway for Older People
- Occupational Therapy in the Prevention and Management of Falls – a practice guideline
- The National Outcomes for Integration

The aim of the Renfrewshire Falls Prevention & Management Strategy is to set out the strategic direction to allow development of falls prevention & management activities within Renfrewshire. This will be achieved through integrated partnership working led by Renfrewshire Health & Social Care Partnership, involving Acute, third and independent sectors.

Governance Structures

This section describes the governance structures which support the implementation of the action plans, and the evaluation and monitoring of these activities.

The Renfrewshire Falls Prevention & Management Group (RFPMG) is responsible for:

- Creating a proactive forum for planning, implementing and evaluating progress on falls prevention & management issues
- Informing and engaging with key stakeholders
- Developing a time-focussed work plan to outline activities, key milestones and anticipated outcomes
- Monitoring progress in work plan implementation
- Providing regular reports to Renfrewshire HSCP Quality Care & Professional Governance Services Locality Group, NHS Greater Glasgow & Clyde Falls Steering Group, and other management groups and meetings as required
- Providing regular communication updates to all relevant services, agencies and individuals
- Leading and supporting pathway mapping and service redesign, and monitoring impact
- Monitoring the progress and work of three subgroups.

The Renfrewshire Falls Prevention & Management Group will be chaired by the Renfrewshire HSCP Falls Lead. Membership is varied, and includes HSCP, Acute, Scottish Ambulance Service, Third & Independent sector representatives, and others as deemed necessary.

The RFPMG includes three subgroups, each with a slightly different focus, who undertake activity and report to the Renfrewshire Falls lead.

The three subgroups are as follows:

- Community Health & Social Care
- Care Homes
- Third/ Independent sector

The Model

Stages of Activity

The activity of the RFPMG will be consistent with the national "Framework for Action" approach, and ensure that activities are in place for different stages or elements of falls prevention activity, examples of which are listed below for each stage:

Stage 1: Supporting active ageing, health improvement & self-management, including:

- Vitality
- Third & independent sector
- Libraries
- Positive steps
- Living it Up
- HSCP staff

Stage two: Identifying high risk of falls and/or fragility fractures, including:

- HSCP staff
- Third & independent sector
- Ambulance service
- Fire & Rescue service

Stage three: Responding to an individual who has just fallen and requires immediate assistance, including:

- Scottish Ambulance Service
- Responder service
- HSCP staff

Stage four: Coordinated management specialist assessment, including:

- Rehabilitation Service
- Community Falls Prevention Programme
- RAH Falls clinic

Each RFPMG subgroup will formulate and implement a work plan which will include activities within each relevant stage. Consistent across all work streams is a move

towards supporting individuals to self-manage as able, and focus on preventative activities, which reduce the future detrimental impact of age and inactivity-related decline on individuals and their carers.

The RFPMG will ensure that addressing health inequalities will underpin all activities to reduce falls, allowing for support and interventions to be put in place for at risk and vulnerable individuals.

Work will also be undertaken which will raise increase awareness through individual and community-based approaches to promote physical activity, health-enabling behaviours, minimise risk, promote independence and empowered decision-making, and limit unnecessary demand on statutory services wherever possible. This will build upon good work which has already been commenced in the third and independent sector, where service users at risk of falls are identified, and interventions put in place, to reduce risk and maximise independence; this is not only desirable for individuals, but also reduces unnecessary referrals to HSCP services.

Target Groups

The RFPMG work will focus on two main areas:

1. Education and training for a range of frontline staff and volunteers, to increase awareness and maximise the capacity to identify those at risk and provide practical advice on promoting independent, safe and healthy lifestyle choices, especially to prevent falls
2. Developing and implementing clear pathways for signposting at risk individuals onto relevant information sources, services or groups, which may aid future falls prevention through behavioural changes, advice or equipment provision

The target population will be older or vulnerable adults living within the community.

Exclusions from this target population in the community will include:

- People falling from a height (e.g. ladder or bridge)
- People falling as a result of participation in some form of leisure activity
- People collapsing due to a serious illness e.g. stroke or cardiac event

Pathways of care

Identification

For those people who present to our services – either as a result of a fall or another reason – we will use a standardised Level 1 Falls Screening Tool to identify those at risk, at initial assessment.

Assessment

Where appropriate, we will assess an individuals' specific need. In the community, this will be through the adoption of the Level 2 multifactorial falls assessment tool, and where appropriate will encourage use of self assessment, through technological solutions as these become available. The National Care Home resource "Managing falls and fractures in care homes for older people" (2016) offers examples of risk assessment tools for use within this sector.
http://www.careinspectorate.com/index.php/guidance?id=2737

Intervention

An individualised plan will be created in conjunction with the person identified at risk, families and carers where appropriate. The plan will include one or more of the following evidence based interventions:

- Diagnosis and management of Osteoporosis
- Strength and balance training
- Assessment of mobility and provision of suitable aids
- Assessment of the environment, and modification of safety hazards
- Assessment of footwear and the promotion of personal footcare
- Review of medication
- Onward medical referral – in particular where cardiovascular or neurological problems are indentified
- Assessment of and correction of hearing loss
- Assessment of and correction of visual loss
- Referral to Sensory Impairment Services where severe visual impairment suspected or known, and difficulties with daily activities
- Supervision requirements
- Technological aids including alarms and detectors

Risks present within buildings and other environments should also be considered, which will include, but are not limited to, the need for:

- Adequate lighting
- Reduction of trip hazards
- Clear walkways and pathways

Response

We will implement procedures for responding to people who have fallen in the community, and provide both urgent and routine responses, based on need. We will ensure that the care that we provide for these people will aim to keep them safe and reduce the risk of further falls.

Outcomes & Monitoring

We will ensure that we monitor our performance, using standardised measures which will promote improvement. There are a number of relevant outcomes and indicators relating to falls.

National indicators:

"Falls rate per 1,000 population aged 65+" (measured using data gathered by Information Services Division (ISD) on the number of patients aged 65 plus who are discharged from hospital with an emergency admission code 33 - 35 and ICD10 codes W00 – W19).
Baseline data: Renfrewshire figures for past 5 years (source ISD Scotland):

2011 = 24.5; 2012 = 20.9; 2013 = 19.1; 2014 = 22.0; 2015 = 20.7. (NB: in 2015 the Scotland average was 20.5).

Local outcomes & indicators:

Outcome: "To reduce the number of falls and falls-related injuries within Renfrewshire".

Indicators: "To increase the number of people benefiting from the Community Falls pathway", with specific targets by March 2017 including:

- 50 recorded Level 1 falls risk screenings completed in Renfrewshire per month.
- 50 recorded Level 2 multi-factorial falls assessments completed in Renfrewshire per month. (Renfrewshire HSCP Strategic Plan – Action Plan 4.1)

Baseline data: at time of writing, there is no means of recording all Level 1 or Level 2 falls activity within Renfrewshire.

Conclusion

Given the demographic changes that are anticipated, it is expected that without changes in practice, the impact of falls and fragility fractures will become more apparent over the next few years. However, there is evidence that suggests that early identification and access to appropriate interventions can reduce the risk of falls by up to 30%.

Within Renfrewshire, this strategy aims to set a clear direction for action which not only reduces falls and fractures, but also contributes to maintaining independence and social inclusion for our residents. This strategy will focus on working in partnership across a range of agencies, including Renfrewshire Health & Social Care Partnership, Acute, third and independent sector staff and volunteers.

References

1. Emergency Care Publications 2016. ISD Scotland
2. Interventions for preventing falls in older people living in the community. Gillespie, L.D. et al, (2009), Cochrane Database Systematic reviews.
3. The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014 - 2016. Scottish Government (2013).
4. Up and About: Pathways for the prevention and management of falls and fragility fractures. NHS Quality Improvement Scotland (2010)
5. Policy for the Prevention and Management of Falls (For Adults Aged 16 and Over). NHS Greater Glasgow & Clyde (2015)
6. Renfrewshire Integration Joint Board (IJB) Strategic Plan 2016-2019 Consultation Draft (2016)
7. A Delivery Framework for Adult Rehabilitation in Scotland. The Scottish Government, February 2007
8. Occupational Therapy in the Prevention and Management of Falls – a practice guideline. British Association of Occupational Therapists (2015)
9. Making the Right Call for a Fall - Developing an Integrated Urgent Care Pathway for Older People. Joint Improvement Team
10. A Delivery Framework for Adult Rehabilitation in Scotland. The Scottish Government, February 2007
11. National Health and Wellbeing Outcomes. Integration of Health and Social Care, The Scottish Government, June 2015