Falls reduction following implementation of a falls prevention programme in a residential care setting

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Introduction
In Ireland, the age profile of adults living in residential care settings is rising with the average age being 84 years (Drennan et al, 2012). Up to 50% of older people in residential care fall at least once a year and up to 40% will have a subsequent fall, while 8% will sustain a hip fracture (IHFD, 2016). Hip fractures have been identified as one of the most devastating injuries for older people who fall resulting in increased mortality and morbidity (DoH, HSE 2008, IHFD 2016).

Aim
The aim of this project is to demonstrate how a falls prevention programme can raise awareness of and reduce the risk of falls in a residential care setting.

Methodology
A falls prevention action research project was instigated in 2011. A project team was formed with representation from clinical and nonclinical staff groups - nursing, medical, physiotherapy, occupational therapy, speech and language therapy, dietetics, health care assistant, portering staff, clerical, household, cleaning and supplies staff. A new data measurement was introduced – collection of number of interventions. An intervention occurs when a staff member – clinical or non clinical looks in on a resident as a result of the leaf symbol outside the bedroom door, if the person appears to be unsafe and at risk of falling the staff member intervenes to make them safe thus preventing a potential fall. Forever Autumn falls prevention programme was piloted on one residential unit in autumn 2011 and implemented across the remainder of St Mary’s in January 2012.

The elements of the programme include:

1. Poster and badge campaign to raise awareness of falls
2. Revision of falls prevention & management policy
3. Use of patient stories
4. Introduction of an alternate falls risk assessment tool
5. Introduction of signage to identify residents at risk
6. Introduction of post fall review
7. Collection of intervention data
8. Comfort Checks
9. Education resource to raise awareness of falls

Results
Pre programme falls data in 2011 was 567 falls and in 2012 post implementation was 345 falls demonstrating a reduction in falls by 35%. From 2013 – 2016 when a comparison is made to the pre programme data there is a sustained reduction in falls by over 30% each year. The number of intervention data collected each year ranged from 9032 – 11737. The programme has been adopted in many residential settings nationally and similar reductions in falls are being achieved.

Conclusion
It has been demonstrated that this falls prevention programme reduces the risk of falls in residential care settings. However, further studies are required to establish what factors contribute to the sustained reduction. Research is ongoing using case study methodology with an aim to provide an in-depth understanding of the programme by exploring the differing elements. This will be achieved through carrying out focus group interviews with staff using the programme and examining the intervention data. It is anticipated this will support the evaluation of the above findings further.

References