



Royal College
of Physicians

Falls prevention in hospital: a guide for patients, their families and carers



How to use this guide

The aim of this guide is to provide you with information on your care, and to let you know what effective falls prevention looks like in hospitals in England and Wales.

We encourage you to ask questions to the doctors and nurses looking after you, and to discuss what can be done to reduce the risk of falls.

August 2016

In association with:



Can we prevent falls?

Just like in general life, it is not possible to prevent all falls in hospital. However, we can work together to reduce the chances of this happening.

Research has shown that when staff such as doctors, nurses and therapists work together, they can reduce falls by 20–30%. You and your family can also help by being aware of the risks and the actions you can take, as well as talking to the people looking after you about falls prevention.

Commissioned by:



What can I do?

The following twelve-point checklist can be used by patients and their carers and families.



Tell the nurse or doctor looking after you if you have fallen in the last year, are worried about falling, or have a history of falls.



Use your call bell if you need help to move, in particular, if you need help going to the toilet.



Make sure glasses are clean and used as prescribed. Ask for help if you are having trouble seeing.



Use your usual walking aid, keep it close by and check for wear and tear on the rubber feet. Never lean on hospital furniture as it's often on wheels.



When getting up:

- > sit upright for a few moments on the edge of your bed before standing
- > get up slowly and making sure you feel steady before walking.



Do some simple leg exercises before getting up from your bed or chair:

- > point your toes and release a few times
- > tighten the muscles in your calves and then release them
- > move your legs up and down if you can, to get the circulation going.



If you feel dizzy – stop, sit down, and let the ward staff know.



Drink regularly and eat well.



Be familiar with your bedside environment. Ask for clutter to be moved if your path isn't clear.



Make sure your shoes or slippers fit well, grip well and cannot fall off.



Take care in the bathroom and toilet. Ask for help if you need assistance.



It is also important to make sure that you receive a falls risk assessment – see 'What should hospitals be doing?' (p 12) for more information.

How can others help?

Your family, friends, or carers can also help reduce the risk of falls with this checklist.

Tell the ward staff

- > if you think your relative/friend is at risk of falling
- > if your relative/friend:
 - ~ has fallen in the last year
 - ~ is feeling dizzy, confused or not their normal selves (could this be delirium?)
 - ~ has dementia
 - ~ has a vision impairment
- > if there is a spillage that may cause a slip hazard.

Before family, friends or carers leave

- > Check the bed space – and area around it – is clear of obstacles.
- > Make sure the call bell, walking aid and glasses are within reach.
- > Ensure they take any belongings that aren't needed with them.




Use your call bell
if you need
help to move



What to look out for

What can be done on the ward?

Many things can cause falls. This table shows the current findings from the *National Audit of Inpatient Falls* (see p 14 for more information), and identifies areas for hospitals to improve care.

	Recommendation	How does this help?	Current findings
	Call bells should always be within reach of a patient.	If you cannot move safely without help, it is essential that you can use your call bell to ask for assistance.	> 82% of patients could reach and see their call bell.
	All patients should have their vision assessed when staying in hospital – this could be a simple test, like reading a newspaper at a distance.	If you can't see where you're going, it makes it difficult to avoid obstacles. Even if you wear glasses, you should still have your vision assessed to make sure your glasses are correct.	> 48% of patients had an assessment of vision.
	Patients should have their medications reviewed and changed if appropriate.	Some medications – or combinations of medications – make people dizzy and increase the chances that they will fall over. A doctor or a pharmacist can sometimes adjust the medications to make these side effects less likely.	> 46% of patients had their medications assessed to identify drugs that increase falls risk.

Recommendation	How does this help?	Current findings
----------------	---------------------	------------------



Patients who need **walking aids** should be able to reach them.

If you need a walking aid to walk safely, it's important you have it before you start walking.

> 68% of patients who needed a walking aid could reach it.



Patients should have their lying and standing **blood pressure** measured.

Some people experience a drop in blood pressure when they stand up. This makes them dizzy and can cause them to faint. If the people treating you are aware that you get dizzy when you stand up, they may be able to change parts of your care or give you tips to prevent this from happening.

>16% of patients had their lying and standing blood pressure measured.



Tests should be made to check for **dementia** or **delirium (confusion)**.

Dementia is a syndrome that causes memory loss and difficulties with daily life. Delirium is a state of confusion which can develop while in hospital.

> 37% of patients were assessed for delirium.






Patients with delirium or dementia should have a **special care plan**.

If you're confused and having trouble remembering things, an unfamiliar environment can be particularly tricky. Patients who have dementia or delirium need special care to help with their stay in hospital.

> 58% of patients were assessed for cognitive impairment (which includes dementia).



**Bedside environments
should be clear from
clutter and hazards**

	Recommendation	How does this help?	Current findings
	Patients who have continence issues should have a continence care plan.	If you have difficulties with bladder control, there needs to be a plan in place to help you move regularly and safely to the toilet.	> 69% of patients who needed a continence care plan had one.
	Safe footwear should be worn.	Well fitted shoes or slippers with gripping soles will help you move safely while in hospital.	> 87% of patients who were out of bed were wearing safe footwear.
	Immediate bedside environments should be clear from clutter and hazards.	Keeping the space around your bed and the route to the nearest toilet clear makes it easier to move around safely.	> 88% of patients had their immediate environment clear from clutter and slip or trip hazards.

View the full report and percentages for each hospital at:
www.rcplondon.ac.uk/falls-2015

What should hospitals be doing?

How to tell if a person is at risk of falling

Hospitals should assess all patients aged 65 and over and those who are 55–64 and judged by a doctor or nurse to be particularly at risk of falling.¹ This is called a multifactorial falls risk assessment and looks at lots of different things that can put you at risk of falling. The guidance focuses on patients aged 65 and over because they have the highest risk of falling.¹

Once you have been assessed to see if any of these risk factors apply to you, staff can alter your care accordingly to reduce the risks. This means that someone in the hospital should look at each risk factor – such as those mentioned in this booklet. Interventions should be given if needed. They should speak to you and/or your carer/family about this process.

Bed rail use

We recommend that hospitals should regularly check that bedrails are being used properly and appropriately. Bed rails can be useful for some patients. For others, they may create a barrier to independence and could be dangerous, especially if the patient is likely to try and climb over them.

Make practice match policy

We found that while many hospitals have good falls policies, many had difficulty putting this into practice. We recommend that all hospitals should review their multifactorial falls risk assessment and ensure it includes all elements recommended by the National Institute for Health and Care Excellence (NICE) guidance (see p 14).

Not all hospitals falls assessments contained all the risks recommended by NICE guidance. Even if they did contain the right assessments, these were not always used in practice.

Hospital staff falls group

Preventing falls in hospital is a job for all staff in all hospitals. It is also important that hospital managers take an interest and encourage all staff to try and prevent falls. We recommended that all hospitals should have a special staff falls group that:

- > meets regularly
- > involves representatives from all the main groups of staff – including doctors, nurses, therapists and managers etc
- > reviews how they are doing in reducing both the number of falls happening to patients, and what is being done to prevent them.

85% of organisations had a hospital staff falls group for falls prevention, 79% of which present and discuss numbers of falls reported and whether patients were injured or not.

¹www.nice.org.uk/guidance/cg161

Additional information about our project

The data presented in this report comes from the National Audit of Inpatient Falls. The audit is managed by the Royal College of Physicians (RCP) and funded by the Healthcare Quality Improvement Partnership (HQIP).

How did we collect the information?

We asked all hospitals how well they were doing in putting national guidance about preventing falls in hospital from NICE into practice. NICE reviews scientific evidence and makes recommendations based on this evidence to help staff give patients the best possible care.

In May 2015, staff in hospitals across England and Wales collected information from:

- > patient notes
- > observing the patient's bedside environment
- > existing hospital policies related to falls prevention for patients staying overnight in hospital.

Each site collected this information on up to 30 patients, who were over 65 and on their third day in hospital.

Who was involved?

- > Acute hospitals in England and Wales.
- > 96% of hospitals in England and Wales told us about their falls services and procedures.
- > 90% of hospitals in England and Wales told us how well they did when putting the guidance into practice with patients.

Acknowledgements

We would like to thank the following contributors for making this booklet possible:

- > Khim Horton – independent researcher/consultant
- > Shelagh O’Riordan – consultant geriatrician, East Kent Hospitals University NHS Foundation Trust
- > Julie Whitney – clinical lecturer, Clinical Age Research Unit, Kings College Hospital
- > Julie Windsor – patient safety lead, Older People and Falls, NHS Improvement.

Notes

Part of the Falls and Fragility Fracture Audit Programme (FFFAP)

A suite of linked national clinical audits, driving improvements in care; managed by the Royal College of Physicians.

- > National Hip Fracture Database (NHFD)
- > Fracture Liaison Service Database (FLS-DB)
- > Falls Pathway Workstream

www.rcplondon.ac.uk/fffap

Royal College of Physicians
11 St Andrews Place
Regent's Park
London NW1 4LE

Tel: +44 (0)20 3075 2395
Email: fffap@rcplondon.ac.uk

www.rcplondon.co.uk/fffap



**Royal College
of Physicians**

