

A Service Development Initiative to Improve Physiotherapy Falls Assessment for Patients Admitted with Falls to Medical Wards

Name of presenter: Orla Threadgold

Title: Senior Physiotherapist

Department: Department of Physiotherapy, TUH

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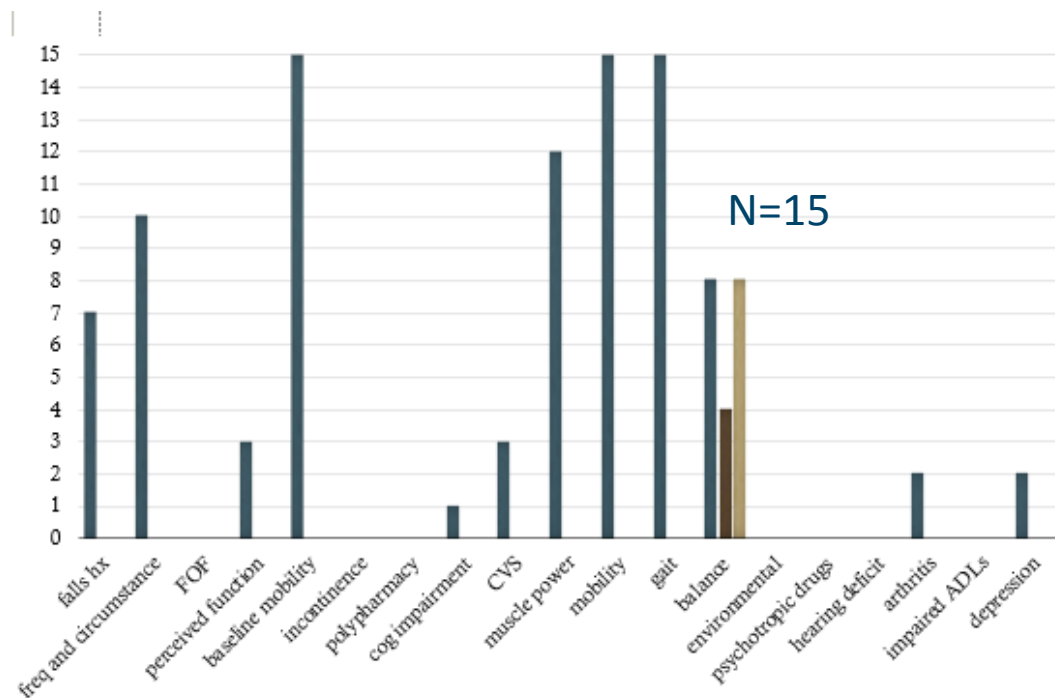
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Background

- Over 60,000 people over 65 require medical attention for a fall each year in Ireland (TILDA, 2017)
- NICE guidelines 2013 specify that older people who present with a fall should be offered a multifactorial falls risk assessment to treat and target causative factors to reduce the occurrence of future falls
- Personal experience- noted discrepancy in care for patients admitted with falls
- Challenges in physiotherapy service provision to general medical wards includes:
competing clinical priorities, limited resources, time, equipment, space
- Conducted initial retrospective chart audit of physiotherapy falls assessment, over a one month period



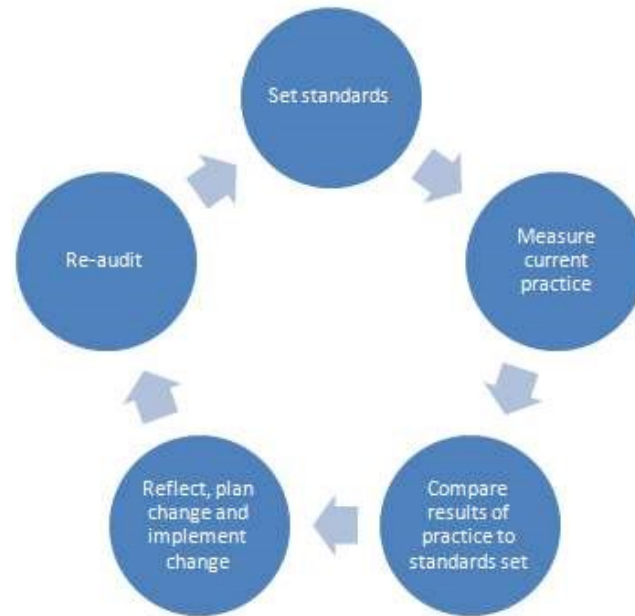
- Results: low adherence rates to guideline recommendations
- 3 key points: falls history, formal balance assessment, documented fear of falling



Aims & Objectives

Objectives

1. Develop an intervention to improve physiotherapy falls assessments
2. Analyse whether the intervention improved adherence to guideline recommendations
3. Explore the physiotherapy department's experience of the intervention



- Evident need to implement a change
- Keeping in mind challenges- service restrictions, time, environment, extra documentation etc



Methods

1. Development of physiotherapy focus group

- highlighted challenges
- time constraints, duplication of work, lack of equipment & space, knowledge

2. Development of falls proforma to help guide multifactorial physiotherapy assessment and intervention and to prompt medical investigation

3. Formal falls education was included in staff grade physiotherapy rotation training

4. Development of falls learning resource pack

- for use by all physiotherapy staff
- physical folder
- falls checklist
- proforma
- outcome measures
- rulers, measuring tapes, timers
- guidelines & presentations

5. Re-audit completed after 6 months

Patients sticker here* _____ Date: _____ Time: _____

Name: _____

MRN: _____

Physiotherapy In-patient Falls Assessment

> 65? Y N

First fall? Y N No of falls in past year

Cause of fall _____

Legs gave way Trip/ Slip LOC * Associated dizziness +
* If Y issue with team re cardiac investigations/ lying and standing BP/ Active stand referral to falls clinic/ falls CNS

Fear of falling? Y N Falls Efficacy Scale score

Self reported problems with mobility/ balance? Y N

Urinary incontinence? Y N If Y- issue with NS re PHN referral

4 or more medications? Y N If Y- issue with team re formal med review

Environmental home hazards identified? Y N

Balance assessment indicated? Y N

S times STS: _____ (>15 sec- risk of falls)

10 MWT: _____ (<0.00 m/sec- risk of falls)

TUG: _____ (>14 sec- risk of falls)

BERG: _____ (<45/56- risk of falls)

Onward Referral:

- ARDH (team to refer)
- Falls Clinic (team to refer)
- Community/ OPD follow up
- Written info provided
- OT referral- environmental home hazard ax
- No follow up required

Name: _____

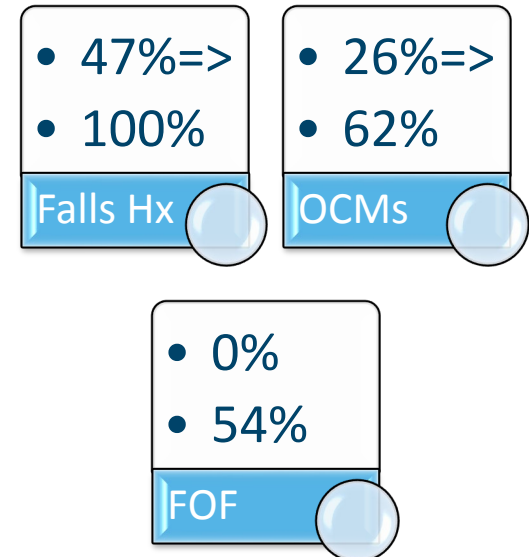
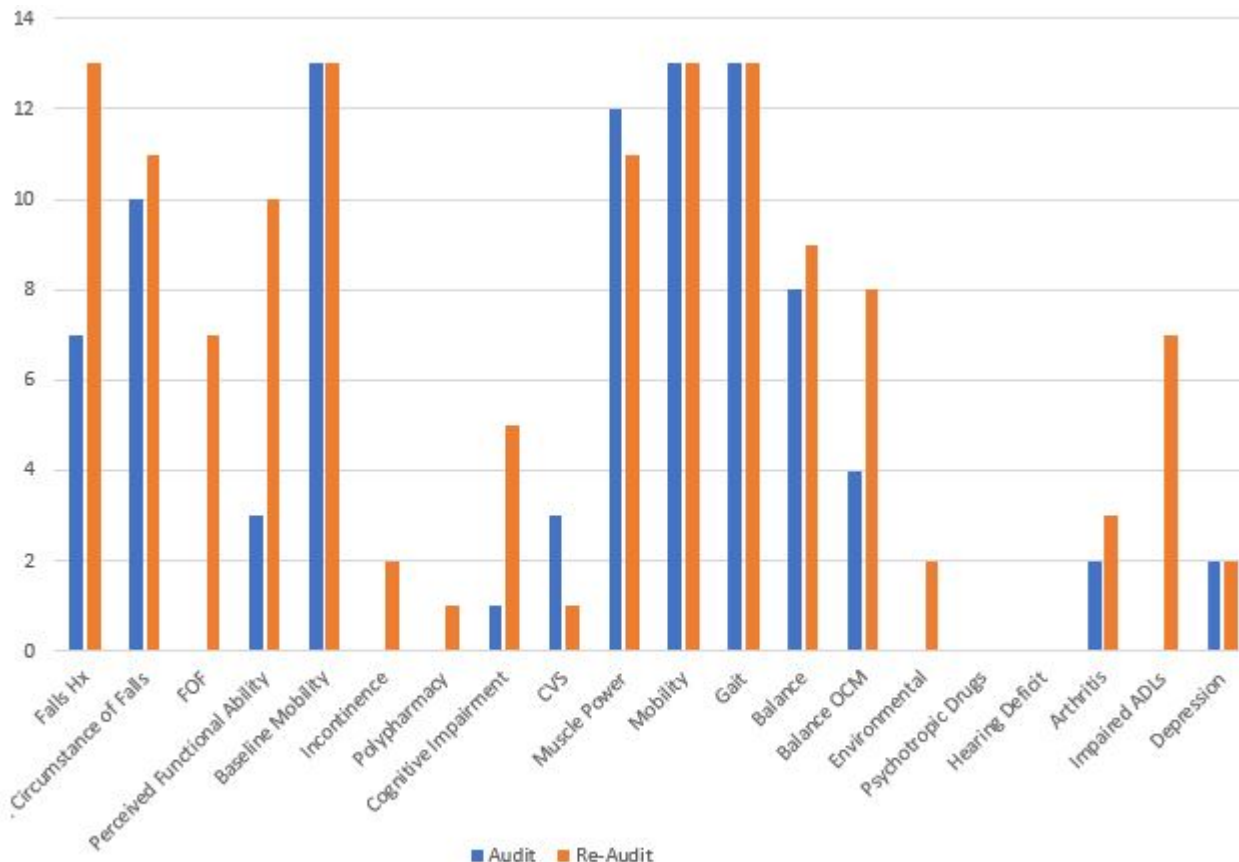
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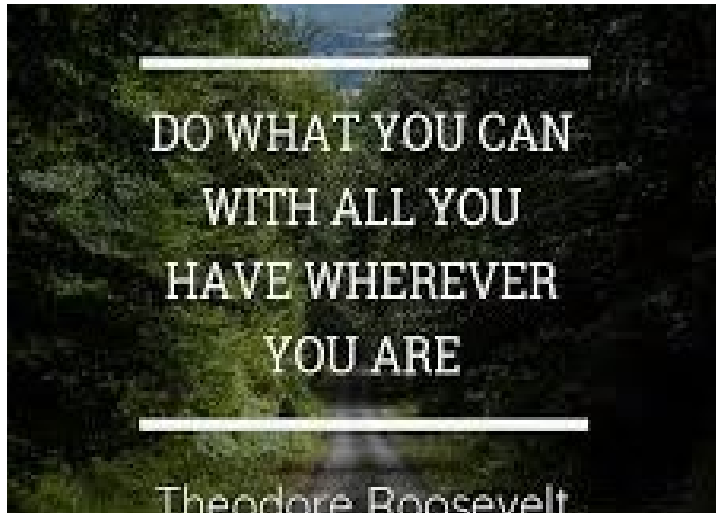
Results

- A re-audit demonstrated positive results.
- Anecdotal evidence to support usability
- Physiotherapy staff reported good usability of the proforma and that the intervention was a valuable resource for preventing future falls



Conclusion

- An intervention including education, development of a falls resource and proforma improved our physiotherapy department's adherence to international falls assessment guidelines.
- A positive user experience was reported by physiotherapy staff.
- It is recommended that this intervention continues as standard practice and is spread to patients whom fall is not their primary admitting diagnosis, across all wards in the hospital.
- Acknowledge limitations



References & Questions

- Falls in Older People, NICE Guideline (2013)
- Strategy to Prevent Falls and Fractures in Ireland's Aging Population, HSE (2008)
- BGS Clinical Practice Guideline, Prevention of Falls in Older Persons (2010)

