



Falls Prevention Apr-Oct 2021

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Articles

The following journal articles are available from the Library and Knowledge Service electronically or in print. Please follow links to access full text online, contact me to order copies, or call into your nearest library.

Effect of blood-flow restriction exercise on falls and fall related risk factors in older adults 60 years or above: a systematic review.

Gronlund C. *Journal of Musculoskeletal & Neuronal Interactions* 2020;20(4):513-525.

This systematic review investigated the effect of low-load resistance training combined with blood-flow restriction (LL-BFR) on falls in older adults ≥ 60 years of age. Conclusion: LL-BFR might increase physical performance and muscle strength in older adults ≥ 60 years of age. None of the included studies investigated the effect on falls. Larger adequately powered studies are required before introducing LL-BFR as an alternative exercise modality to decrease fall risk.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7716683/>

Deprescribing fall-risk increasing drugs (FRIDs) for the prevention of falls and fall-related complications: a systematic review and meta-analysis.

Lee J. *BMJ Open* 2021;11(2):e035978.

There is a paucity of robust high-quality evidence to support or refute that a FRID deprescribing strategy alone is effective at preventing falls or fall-related injury in older adults. Although there may be other reasons to deprescribe FRIDs, our systematic review found that it may result in little to no difference in the rate or risk of falls as a sole falls reduction strategy.

<https://bmjopen.bmj.com/content/11/2/e035978>

Evidence on physical activity and falls prevention for people aged 65+ years: systematic review to inform the WHO guidelines on physical activity and sedentary behaviour.

Sherrington C. *The International Journal of Behavioral Nutrition and Physical Activity* 2020;;doi: 10.1186/s12966-020-01041-3.

Exercise prevents falls in older adults. Regular updates of estimated effects of exercise on falls are warranted given the number of new trials, the increasing number of older people globally and the major consequences of falls and fall-related injuries. CONCLUSIONS: Given the strength of this evidence, effective exercise programs should now be implemented at scale.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7689963/>

An opportunistic evaluation of a routine service improvement project to reduce falls in hospital.

Sheppard D. *BMC Health Services Research* 2021;21(1):79.

Preventing falls in hospital is a perennial patient safety issue. The University Hospital Coventry and Warwickshire initiated a programme to train ward staff in accordance with guidelines. The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care West Midlands was asked to expedite an independent evaluation of the initiative. The intervention was associated with a small but statistically significantly improvement in falls rates.

<https://pubmed.ncbi.nlm.nih.gov/33482793/>

Fall prevention implementation strategies in use at 60 United States hospitals: a descriptive study.

Turner K. *BMJ Quality & Safety* 2020;29(12):1000-1007.

Conclusions: Our study is the first to our knowledge to examine which expert-recommended implementation strategies are being used and how they are being operationalised in US hospitals. Future studies are needed to document fall prevention implementation strategies in detail and to test which implementation strategies are most effective at reducing falls. Additionally, research is needed to evaluate the quality of implementation (eg, fidelity) of fall prevention interventions.

<https://pubmed.ncbi.nlm.nih.gov/32188712/>

Qualitative research to inform economic modelling: a case study in older people's views on implementing the NICE falls prevention guideline.

Kwon J. *BMC Health Services Research* 2021;21(1):1020.

Holistic qualitative research can inform how commissioned falls prevention pathways can be feasible and effective. Qualitative data can inform commissioning strategies and conceptual modelling for economic evaluations of falls prevention and other geriatric interventions. This would improve the structural validity of quantitative models used to inform geriatric public health policies.

<https://pubmed.ncbi.nlm.nih.gov/34583685/>

Learning the lessons from patient safety incidents.

Tingle J. *British Journal of Nursing* 2021;30(4):254-255.

The author discusses some key reports and sources of information that can help inform patient safety teaching and learning. Nobody is perfect and we all make mistakes. In health care some degree of error is inevitable. Care is a multifaceted process often involving complex procedures, treatment regimens and equipment. We are dealing with human interaction and the exercise of human skill and judgment.

<https://www.magonlinelibrary.com/doi/full/10.12968/bjon.2021.30.4.254>

Examining the new NHS National Patient Safety Syllabus.

Tingle J. *British Journal of Nursing* 2021;30(11):682-683.

The author introduces the recently published NHS National Patient Safety Syllabus and some recent patient safety reports. Education and training are fundamental prerequisites to the development of any patient safety culture in any healthcare system. Healthcare staff must be given time to learn and reflect on the causes of adverse healthcare events that have resulted in patient harm.

<https://www.magonlinelibrary.com/doi/full/10.12968/bjon.2021.30.11.682?af=R>

Making the NHS safer: learning from case reports and investigations.

Tingle J. *British Journal of Nursing* 2021;30(10):616-617.

The NHS in England has what can be termed a patient-safety-policy development, guidance-implementation roundabout. Successive governments have brought in many commendable patient safety policies and guidance publications. Some of these, however, can be seen to have fallen on fallow ground in parts of the NHS. In some places there is a stubborn and persistent reluctance to change healthcare practices, even in the light of adverse patient safety events occurring.

<https://www.magonlinelibrary.com/doi/full/10.12968/bjon.2021.30.10.616>

Patient safety: tensions, challenges and opportunities.

Tingle J. *British Journal of Nursing* 2021;30(6):378-379.

In all fields of academic study there are 'seminal' books, reports and policy documents that have been highly influential and change-making. We all have our own favourites and my top three are An Organisation With a Memory (Department of Health, 2000), the Francis report (2013) and Opening the Door to Change (Care Quality Commission (CQC), 2018). These reports all brought new knowledge and perspectives to patient safety and continue to influence policy direction.

<https://www.magonlinelibrary.com/doi/full/10.12968/bjon.2021.30.6.378>

Guidelines

Emerging concerns protocol.

Care Quality Commission (CQC); 2021.

<https://www.cqc.org.uk/publications/themed-work/emerging-concerns-protocol>

The protocol provides a process for health and social care regulators to share information that may indicate risks to people using services, their carers, families or professionals. It aims to strengthen existing arrangements, providing a clear mechanism for raising concerns.

Reports

Engaging patients and families in safety: recommendations, resources, and case examples.

Institute for Healthcare Improvement (IHI); 2021.

Evidence-based practices, widely known and effective interventions, exemplar case examples, and newer innovations to support the US "Safer Together: A National Action Plan to Advance Patient Safety."

<http://www.ihl.org/communities/blogs/engaging-patients-and-families-in-safety-recommendations-resources-and-case-examples>

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