

# Falls Prevention

## Recent articles and reports

Jan 18 – Jun 18

### Guidelines

*The following new guidance has recently been published:*

#### [Falls prevention: cost-effective commissioning](#)

Public Health England (PHE);2018.

<https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

A resource to help commissioners and communities provide cost-effective falls prevention activities. The return on investment tool pulls together evidence on the effectiveness and associated costs for interventions aimed at preventing falls in older people living in the community. The second report summarises the findings from a literature review carried out to identify cost-effective interventions.

*Freely available online*

#### [Supporting routine frailty identification and frailty through the GP Contract 2017/2018.](#)

NHS England;2018.

<https://www.england.nhs.uk/ourwork/ltc-op-eolc/older-people/frailty/frequently-asked-questions/>

GP practices are now required to identify people (aged 65 +) who may be living with severe or moderate frailty using the electronic frailty index (eFI) or similar evidenced based tool, and provide clinically appropriate interventions as required. NHS Digital has published Q3 frailty data to support planning of frailty services. NHS Digital is asking practices to avoid batch-coding of eFI scores and provides guidance on the correct coding method in the frailty FAQ on the NHS England website.

*Freely available online*

### Articles

*The following journal articles are available from the Library and Knowledge Service electronically or in print.*

#### [A nurse's duty to warn of risks extends to aftercare as well as initial consent.](#)

Griffith R. *British Journal of Nursing* 2018;27(5):276-277.

The article examines the legal aspects of a nurse's responsibility to inform patients about potential health risks after treatment or surgery. It cites the example of the British Supreme Court case of *Montgomery v. Lanarkshire Health Board* that addresses issues related to patient participation in medical decision making and right to information.

### [Applying the consolidated framework for implementation research to identify barriers affecting implementation of an online frailty tool into primary health care: a qualitative study.](#)

Warner G. *BMC Health Services Research* 2018;18(1):395.

Frailty can be better managed with early screening and intervention, ideally conducted in primary health care (PHC) settings. This study used the Consolidated Framework for Implementation Research (CFIR) as an evaluation framework during the second stage piloting of a novel web-based tool called the Frailty Portal, developed to aid in the screening, identification, and care planning of frail patients in community PHC.

### [Comparative Effectiveness of Published Interventions for Elderly Fall Prevention: A Systematic Review and Network Meta-Analysis.](#)

Cheng P. *International Journal of Environmental Research and Public Health* 2018;15(3): E498 .

Multifactorial interventions (MFI) and exercise appear to be effective to reduce falls among older adults, and should be considered first as service delivery options. Further investigation is necessary to verify effectiveness and suitability of the strategies to at-risk populations.

*Freely available online*

### [Dynamics of dignity and safety: a discussion. \[Viewpoint\]](#)

Goodwin D. *BMJ Quality & Safety* 2018;27(6):488 - 491.

"We have argued that the relationship between dignity and safety is underexplored and that the effects of the various dignity–safety configurations are currently poorly understood. Research is needed to explore the complex web of relations between safety and dignity—the way practices of safety and dignity are embedded within, and informed by, local healthcare contexts and the actions and understandings of professionals, patients and families."

### [Effect of whole-body vibration exercise in preventing falls and fractures: a systematic review and meta-analysis.](#)

Jepsen DB. *BMJ Open* 2017;7(12):e018342.

WBV reduces fall rate but seems to have no overall effect on BMD or microarchitecture. The impact of WBV on fractures requires further larger adequately powered studies. This meta-analysis suggests that WBV may prevent fractures by reducing falls.

*Freely available online*

### [Evaluating the impact of a falls prevention community of practice in a residential aged care setting: a realist approach.](#)

Francis-Coad J. *BMC Health Services Research* 2018;18(1):21.

The aims of this study were to evaluate the impact of a falls prevention CoP on its membership; actions at facility level; and actions at organisation level in translating falls prevention evidence into practice.

*Freely available online*

### [Failure of falls risk screening tools to predict outcome: a prospective cohort study.](#)

Harper KJ. *Emergency Medicine Journal* 2018;35(1):<http://dx.doi.org/10.1136/emmermed-2016-206233>.

Falls in older patients result in a large number of ED visits and make up a substantial portion of the clinical caseload of an Allied Health Care Coordination Team in an ED. Identification of falls risk factors in ED older patients may permit the effective utilisation of scarce preventative resources. This study compares the Falls Risk for Older Persons—Community Setting Screening Tool (FROP Com Screen) with the Two-Item Screening Tool in older adults presenting to the ED.

**[Feasibility and predictive performance of the Hendrich Fall Risk Model II in a rehabilitation department: a prospective study.](#)**

Campanini I. *BMC Health Services Research* 2018;18(1):18.

Falls are a common adverse event in both elderly inpatients and patients admitted to rehabilitation units. The Hendrich Fall Risk Model II (HIFRM) has been already tested in all hospital wards with high fall rates, with the exception of the rehabilitation setting. This study's aim is to address the feasibility and predictive performances of HIFRM in a hospital rehabilitation department.

*Freely available online*

**[Impact of tailored falls prevention education for older adults at hospital discharge on engagement in falls prevention strategies postdischarge: protocol for a process evaluation.](#)**

Naseri. *BMJ Open* 2018;8(4):e020726.

*Freely available online*

**[Improving the rehabilitation of older people after emergency hospital admission.](#)**

McKelvie S. *Maturitas* 2018;111:20-30 .

Older adults are at risk of functional decline during emergency hospital admissions. This review aims to understand which exercise-based interventions are effective in improving function for older adults who experience unplanned admissions.

**[Interventions to Prevent Falls in Older Adults: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force.](#)**

Guirguis-Blake JM. *JAMA* 2018;319(16):1705-1716 .

Multifactorial and exercise interventions were associated with fall-related benefit, but evidence was most consistent across multiple fall-related outcomes for exercise. Vitamin D supplementation interventions had mixed results, with a high dose being associated with higher rates of fall-related outcomes.

**[Our approach to patient safety: NHS Improvement's focus in 2017/18.](#)**

NHS Improvement. *British Journal of Healthcare Assistants* 2018;12(2):96–99.

NHS Improvement (NHSI) is the body responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It supports providers to give patients consistently safe, high-quality, compassionate care within local health systems that are financially sustainable. We publish highlights from an important recent statement NHSI has made on patient safety (NHS Improvement, 2017).

**[Patient involvement for improved patient safety: A qualitative study of nurses' perceptions and experiences.](#)**

Skagerström J. *Nursing Open* 2017;4(4):230–239.

The analysis resulted in four categories: healthcare professionals' ways of influencing patient involvement for safer care; patients' ways of influencing patient involvement for safer care; barriers to patient involvement for safer care; and relevance of patient involvement for safer care. The nurses expressed that patient involvement is a shared responsibility. They also emphasized that healthcare provider has a responsibility to create opportunities for the patient to participate.

*Freely available online*

**[The occurrence, types, consequences and preventability of in-hospital adverse events - a scoping review.](#)**

Schwendimann R. *BMC Health Services Research* 2018;18(1):521.

Adverse events (AEs) seriously affect patient safety and quality of care, and remain a pressing global issue. This study had three objectives: (1) to describe the proportions of patients affected by in-hospital AEs; (2) to explore the types and consequences of observed AEs; and (3) to estimate the preventability of in-hospital AEs.

## Reports

*The following report(s) may be of interest:*

### **[A just culture guide: Supporting consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.](#)**

NHS Improvement; 2018.

<https://improvement.nhs.uk/resources/just-culture-guide/>

This guide supports a conversation between managers about whether a staff member involved in a patient safety incident requires specific individual support or intervention to work safely.

*Freely available online*

### **[Ambulatory emergency care publications index.](#)**

NHS Improvement; 2018.

<https://improvement.nhs.uk/resources/ambulatory-emergency-care-publications-index/>

Key resources from across the healthcare system, including work from NHS Improvement, the Ambulatory Emergency Care Network, the Royal College of Physicians and NHS England, can be accessed using this index. This will make it easier to identify and implement new services and build on existing ones.

*Freely available online*

### **[Learning from safety incidents](#)**

Care Quality Commission (CQC); 2018.

<https://www.cqc.org.uk/guidance-providers/learning-safety-incident>

These resources are aimed at Care Home Providers and those with oversight. They briefly describe a critical issue - what happened, what CQC and the provider have done about it, and the steps that can be taken to avoid it happening in their service. Issue 1: Falls from improper use of equipment Issue 2: Unsafe use of bed rails Issue 3: Fire risk from use of emollient creams Issue 4: Burns from hot water or surfaces Issue 5: Safe management of medicines

*Freely available online*

### **[NIHR Signal: A frailty checklist was completed in only a quarter of older people at hospital admission.](#)**

NIHR Dissemination Centre; 2018.

<https://discover.dc.nihr.ac.uk/portal/article?id=SIG-5000559>

Frailsafe is a simple safety checklist offering the opportunity to improve safety and quality of care for frail older people while in hospital. It aims to increase key clinical assessments or practices on things like risk of falls, mobility and delirium, and to facilitate communication between staff. However, the relatively low completion rate highlights the need to understand how this approach can be better embedded in the complex care that is typical of services provided for older people.

*Freely available online*

### **[Safe, sustainable and productive staffing: An improvement resource for adult inpatient wards in acute hospitals.](#)**

NHS Improvement; 2018.

<https://improvement.nhs.uk/resources/safe-staffing-improvement-resources-adult-inpatient-acute-care/>

A guide to help standardise staffing decisions in adult inpatient wards in acute hospitals.

*Freely available online*

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