2010 National Audit of Falls and Bone Health in Older People

The Harrogate Experience

Presented to NFBHOP Workshop: York June 23rd 2011
Acute Trust:
Approx 390 inpatient beds

Merger 2011:
Transforming Community Services in April saw the amalgamation of the existing Harrogate & District Trust with community services across North Yorkshire into one new organisation

HDFT now almost doubled in size!
Established 2007

- In response to the various requirements:
  - National Service Framework for Older People (DoH 2001)
  - NICE clinical practice guidelines (21)
  - Slips, Trips and Falls in Hospital (NPSA 2007)

- Consultant led weekly Falls Clinic
- Specialist OT, Physio, Podiatry, CFPP input
- Joint hospital and community based falls assessment teams
- Falls Prevention Coordinator
National Audit 2010

Why are we here today?

• To learn how we can improve patient care

• To share ideas and solutions to practical problems

• To be inspired by other areas who are succeeding where we are not!

• To gain a focus on how we can now improve our falls service
Exercise programme within 12 Weeks of Fall?

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<td>HDFT</td>
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How we achieved this

- Written referral process in place to community based falls practitioners
- Assessment designed to signpost patients onto services available
- CFPP pro-active in engaging people in the programmes
- HDFT Fast Response Team provide programmes for 7 weeks duration
- Good links with other organisations such as Age UK and the STAR project
- Council run exercise programmes starting up soon
- Some issues with access in some locations and type of exercise programme available (e.g. Otago)
System to record views on falls and bone health service?

HDFT answered YES

47% of Acute Trusts have a system in place
How we achieved this

• Clinic patients
• Multifactorial assessment patients
  – Written questionnaire
  – Currently being improved
  – Aim to target wider patient population
Pharmacist with specific remit for falls prevention?

11% of Trusts have a specific pharmacist

HDFT answered YES
How we achieved this

• Pharmacist remit to provide support for falls prevention as part of job plan

• Educates pharmacy staff on osteoporosis treatments

• Provides specific medication information regarding falls risk

• Collaborates with Falls Coordinator to establish effective falls and medication assessments
Documentation that written information given to patients / carers

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<td>Non Hip</td>
<td>7%</td>
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What is going wrong?

- **Availability of appropriate literature**
  - Reliant on charities e.g. Age UK, NOS

- **Current HDFT literature available only utilised in specialist falls clinic**

- Literature given by community based falls practitioners (notes not included in audit)

- No specific process for documenting what literature has been given
What we are doing about it

• Redesigning and developing own literature
  – Current general bone health leaflet in consultation stage
  – Updating current in depth literature used in specialist falls clinic
  – New hip-fracture clerking proforma
  – Physio / OT joint form with information documentation section

• Engaging stakeholders in utilising appropriate literature e.g. A&E, Fracture Clinic, CFPP
What we are doing about it

- Changing inpatient documentation
  - care guidance, policy & protocols include guidance on use of literature
- Falls prevention information specific to inpatients being redesigned
- Documentation opportunity on discharge checklist
- Falls education programme to improve use of literature
Biggest Challenge…

changing culture!

..getting it written down!!
Thanks
For
Listening!