

# **Falls and the Elderly**

## **Tool Kit to address the issue of falls and the elderly**

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## Chapter 1

### Introduction – aims and objectives of the Initiative

#### Health Challenge Wales

- I. The key themes of Health Challenge Wales have been selected because they are considered to be those issues that constitute a significant proportion of the ill health that could be avoided. One of the key themes is Accidents and Injuries.
- II. Each year in the UK there are over 2.7 million accidents in the home which necessitate a visit to hospital and over one million of these are as a result of falls. A quarter of these fall accidents would be severe enough to be described as serious and people over the age of 65 will account for nearly half of the serious cases<sup>i</sup>. In addition to the trauma of a fall, the patient often suffer profound psychosocial effects such as, a reduction in confidence, increased isolation and a reduction in independence. Help the Aged estimate that half of all hip fracture patients lose the ability to live independently and this is a major factor leading to premature admission to residential care. In addition to the 1500 people over the age of 65 who are killed as a direct consequence of an accidental fall in their home<sup>ii</sup> each year, the long term prognosis for many of those who suffer a hip fracture is also poor; with one in five of patients likely to die within six months of their accident<sup>iii</sup> and 33% within one year<sup>iv</sup>.
- III. In addition to the tragic cost to the individuals concerned, the financial costs of falls to the NHS is staggering. Hip fractures alone cost the UK £1.8 billion each year<sup>4</sup>, account for 20% of all Orthopaedic beds in hospitals<sup>2</sup> and the resultant cost of treatment is in the region of £12,000 per patient (Department of Health, 1994)<sup>v</sup>.

#### Project Planning

- IV. In line with the Health Challenge Wales aspiration to reduce accidents and injuries this project seeks to reduce the number of falls in the home suffered by elderly people. At the time of the inception of the project the 'Older Persons National Service framework for Wales' had not been released. Whilst it was anticipated that the pending document would have a distinctive 'Welsh Flavour', it was considered unlikely to be too dissimilar to its English equivalent. It was therefore considered wise to consider the English NSF when devising falls related health promotion programmes for older people. Specifically, Standard Six of the Department of Health's NSF (2001), offers clear guidance on the issue of falls. It introduces the aim to 'reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen'. In order to achieve this aim, it expects that the 'NHS, working in partnership with Councils, takes actions to prevent falls and reduce resultant fractures or other injuries in their populations of older people.
- V. The Director of Public Health's Annual Report for 2001 on 'Injuries in North Wales' had identified that falls accounted for nearly 40% of home accidents and stated that 'if we are to concentrate on reducing home injuries, preventing

falls must be a main priority'. The schemes which are necessary to prevent first time falls are likely to draw heavily upon health promotion initiatives such as the Department of Trade and Industry's (DTi) 'Avoiding Slips, Trips and Broken Hips', a campaign which ran from 1999 to 2001. It produced a wealth of materials and resources which Local Authorities, given the right impetus, could utilise for their own campaigns.

- VI. This initiative therefore is designed to address the issue of falls by the elderly in the home. It addresses a number of factors which could be causative in falls, and addresses them through local partnership working. It is consistent with the aims of Health Challenge Wales addressing the key theme of Accidents and Injuries, but also contributing to the aim of improving mental health and wellbeing, by seeking to ensure that the elderly remain fit and able to maintain an independent life in their own homes for as long as possible.

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<sup>i</sup> Department of Trade and Industry (1998). Accidental falls in the home regional distribution of cases involving people aged over 65 in the UK, DTI Publications

<sup>ii</sup> Department of Trade and Industry (1999) Guidance for Professionals who work with older people. DTI Publications

<sup>iii</sup> Department of Trade and Industry (1999) Preventing accidental falls in and around the home – information for friends, neighbours, relatives and carers of older people. DTI Publications.

<sup>iv</sup> Help the Aged (2003) Reducing falls risk among older people. Help the Aged

<sup>v</sup> Health Development Agency (2001). International review of interventions in falls among older people. DTI Publications

## Chapter 2

### Falls and the Elderly – Pre-considerations to running an Initiative

#### 1. Initial considerations

Initial considerations for this project have to be addressed, including;

- a. What is the target group?
- b. Will the outcome have the desired outcome, i.e. reducing home falls in the target group?
- c. How can the target group be reached?
- d. Who are the key partners in the initiative?
- e. How will the initiative be evaluated?
- f. Will the initiative deliver value for money?

#### 2. Target Group

Although the initiative seeks to reduce home falls in the elderly there is a necessity to define the age group to be targeted. The National Institute for Clinical Excellence [NICE] in their guidance on falls<sup>vi</sup> and the National Assembly's 'Keep Well This Winter' campaign identify an older person as someone over the age of 65 years. It is therefore suggested that this age limit should be adopted for the purposes of this initiative.

#### 3. Achieving the desired outcome

The reasons for people falling are complex. The NSF (2000) identified that the following extrinsic and intrinsic factors influence falling

Extrinsic Factors	Intrinsic Factors
Poor lighting, particularly on stairs.	Problems with balance, walking or mobility.
Steep Stairs.	Taking four or more medicines.
Loose carpets or rugs.	Visual impairment.
Slippery floors	Impaired cognition or depression
Badly fitting footwear or clothing	Postural hypotension
Lack of safety equipment e.g. grab rails.	Inaccessible lights or windows

As many as possible of the factors needed to be addressed to ensure that the desired aim of the intervention is met.

#### 4. Reaching the Target Group

Consideration of the factors that cause falling highlights shows that a multi disciplinary approach is needed to addressing them for each of the persons in the target group. There is however considerable difficulty in gaining the information needed to reduce the number of falls from the various agencies who may hold it, e.g. family doctors, private householders etc. In order to assess each individuals needs in respect of each of the factors it is suggested that it is helpful to draw them to an event where there is

clear benefit to them in attending, but where the necessary information to address the factors can be collected.

## **5. Who are the key partners in the initiative?**

As noted in 4 above the factors influencing falls in the elderly are addressed by a number of different groups, including general practitioners, opticians, chiropodists, dieticians and others. There are also agencies that can provide advice to the elderly homeowner about steps that can be taken to make them both safer and more secure in their home, having the effect of both preventing accidents and increasing the feeling of being safe and therefore enhancing well being. These include the Fire Service, which carries out Home Fire Safety Checks and the Care and Repair Agency, which can carry out small items of repair and crime proofing to elderly persons homes.

Other key partners will include local Communities First groups who will be able to assist in both the delivery of the event and the dissemination of information regarding it to the target group, and the Local Health Board which may also have funding available to assist in the delivery of the event and any interventions arising from it.

Other voluntary sector bodies, including but not limited to the National Osteoporosis Society, Help the Aged and the WRVS may also be partners with whom engagement should be sought.

## **6. How will the initiative be evaluated?**

Evaluation of the success of the project requires data collection that highlights the number of falls in the target group for a fixed period before the intervention, and for the same period after the intervention. The data, in the most part will be qualitative, since slight slips and trips in the home, which do not result in the intervention of a doctor or in admission to hospital are only capable of qualitative measurement, and similarly issues such as 'feeling safer in my home' cannot be qualitatively measured, but are non the less important measures of success.

Questionnaires can be completed by the members of the target group taking part in the project, which can be followed up by a further questionnaire after a fixed period to determine whether the incidence of falls has declined.

Recording of admissions in Accident and Emergency department is not sufficiently consistent on a pan- Wales basis to allow for all Wales comparison of figures, however consideration can be given to use of such data as collected by local hospitals, where a greater degree of consistency of recording may be in place. Such figures can be collated and compared prior to the intervention and for the same period after it for evaluation purposes, although it will be necessary to compare like periods – e.g. summer with summer and winter with winter to prevent seasonal influences affecting the figures.

Similarly the Ambulance Service can be asked to provide data on the number of the target group using the 999 service to request ambulance admission to hospitals as the result of falls for a prescribed period, and the same data collected and compared for the same period after the intervention. Again there may be some colouring of the figures by external factors such as availability of family members to take the patient to the hospital etc, however a qualitative assessment should be capable of being derived.

## **7. Will the initiative deliver value for money?**

The cost of repairing one hip fracture, including hospitalisation and post operative care is in excess of £30,000 in cases where no complications arise. As noted in Chapter 1.2 the effects of such injuries can be considerable and life limiting.

The costs of the pilot project lay in the purchase of slippers given away to qualifying individuals, funded by the Local Health Alliance, administrative and staffing costs of the partner organisations involved and costs of venue and promotional material, estimated to be less than £10,500.

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<sup>vi</sup> National Institute for Clinical Excellence (2004) Falls: the assessment and prevention of falls in older people.



## Chapter 3

### Falls and the Elderly – Running an Initiative

#### The Campaign

The target group of elderly people are invited to an event where their old and defective slippers are exchanged for a new pair, and where their further health needs can be assessed and addressed.

#### The event

1. Although it is acknowledged that falls in the elderly result from a number of factors a campaign to reduce such falls requires a ‘teaser’ to engage interest and to ensure take up. As many of the accidents in the home arise from ill fitting or worn slippers this tool kit promotes a campaign based on a slipper surrender scheme, called in the pilot the ‘sloppy slipper’ campaign, the nature of which can be successful in generating interest and participation. The slippers are provided free of charge to individuals in the target group upon their presenting with a pair of worn slippers to be exchanged.
2. The Slipper Exchange should take place at a central venue readily accessible to the elderly. Those partner organisations participating in the initiative should be encouraged to provide information and advice to the target group at that event, in the form of exhibitions, leaflets and other material. Examples of useful information and services are:
  - The availability of winter flu jabs for the elderly, or other relevant seasonal health messages
  - Free equipment e.g Carbon Monoxide detectors, fridge thermometers etc
  - Advice on benefits e.g. winter heating allowance etc
  - Advice of protection against crime – doorstep selling etc
  - Advice on local groups for the elderly, that may assist in preventing social isolation
  - Advice and information from relevant local voluntary sector groups.

The local authority may wish to consider providing other services, e.g. electric blanket testing at the event, although care must be taken not to crowd out the message of prevention of falls.

3. The partners to the event will need to give careful consideration to how the target group are to be invited to participate. A general invitation through the local press and posters will result in an unpredictable take up, and may also mean that those most able members of the target group will attend, whilst those less able, and therefore most at risk will not. Local GPs who have practices in the areas covered by the initiative hold the names and addresses of the target group, but for reasons of doctor-patient confidentiality are not at liberty to provide them. It is therefore suggested that the Local Health Board, as partners in the initiative approach the doctors and seek their agreement to the Local Health Board accessing the names from the centrally held database, and the Local Health Board then sending letters of invitation to all those patients identified as fitting the profile of the target group. A copy of the letter used in the pilot project is included as [Appendix 1](#).
4. From the evaluation of the pilot project take up of the invitation was found to be between 15- 20 %. Information can be sought from the local authority Community Planning Department as to how many people fitting the client group profile reside in the intervention area, and this information and the number of letters of invitation sent out

will allow the number of pairs of slippers to be ordered for the event to be calculated. Slippers for both sexes and for a range of sizes need to be ordered.. In the pilot project sizes 3-8 were ordered in ladies slippers and sizes 7-12 in men's slippers. Some of the sizes ran out early in the event, whilst others had been over ordered. Advice should be sought from the suppliers of the slippers as to the range of sizes to be ordered and the number of pairs in each size in the range slippers were ordered on a 'sale or return' basis , so that the surplus could be returned to the manufacturers.

5. Prior to receiving their slippers each client should be asked to complete a self assessment questionnaire. The questions it contains will depend on the partner groups involved in the initiative and what they services and information they can provide. The questionnaire used in the pilot project, based on a questionnaire used at the Charlie Ratchford Resource Centre, Camden in June 2004 is show as [Appendix 2](#). These forms should be completed by the clients and handed in. The responses to the questions are then used to provide early identification of those at risk of falling as it focuses primarily on falls history, balance, mobility and sensory perception.
6. Before leaving the event the clients should be invited to visit the exhibition stands and advice tables. Either by the groups exhibiting and advising being asked to keep a record of the number of visits they receive or by providing each client with a card that can be stamped by each of the groups visited and handed in by the client at the end of the visit a qualitative assessment of those matters which are considered to be of most importance to the target group to be made. This will allow follow up interventions to be tailored to meet the needs identified by the actions of the client group.

### **Following up the event**

7. After the event the data collected on the self assessment questionnaires should be analysed. Using the questionnaire appearing as [Appendix 2](#) individuals answering 'yes' to questions 1, 2, 3, 6 and 7 must be considered as being at the greatest risk of falling and should be offered a more detailed falls assessment. The nature of this assessment should be agreed with partner organisations, but could include
  - a visit from health or social services,
  - a medication review where the client is taking 4 or more medications a day,
  - an appointment with the clients' GP where issues of dizziness, or difficulty in hearing which have not been medically investigated are raised,
  - an appointment with a chiropodist where trouble with feet that has not been the subject of investigation is identifiedThis list is neither exhaustive nor exclusive.
8. In addition to the issues raised in 6 above the questionnaire also provides an opportunity for the client to request a home visit from the Fire Brigade. The officers of the Fire Brigade who will undertake the visits should be briefed so that they can identify falls hazards, such as frayed or torn carpets, no grab rails on stairs/steps poorly highlighted outer edges of steps and poor lighting. It is suggested that priority visits should be given to those clients indicating that they do not have a smoke alarm. A suggested form for use by the Fire Service is provided as [Appendix 3](#).
9. Where the inspection by the Fire Brigade highlights issues that fall within the remit of the local Care and Repair agency this information should be passed on to that agency, in order that the minor works can be carried out to reduce the tripping and falling hazard and thereby improve the safety of the clients' home environment.

10. As noted in Chapter 2.6 evaluation of the initiative on other than a qualitative basis is difficult, however the measures contained in that section, added to the list of interventions carried out in direct response to the evaluation of the self assessment questionnaires can be used as indicators of success for the intervention.



## Appendix 1

Cadeirydd/Chairman: **Dr W ROBERTS**  
Prif Weithredwr / Chief Executive: **LYNNE JOANNOU**



**Bwrdd Iechyd Lleol**  
**Local Health Board**  
Ynys Môn  
Anglesey

Dear Sir / Madam

## **REDUCING FALLS IN THE OVER 65s**

### **FREE SLIPPERS**

#### **SLOPPY SLIPPER EVENT**

**MONDAY - 20<sup>TH</sup> DECEMBER 2004**

**HOLYHEAD TOWN HALL - 10.00 AM – 4.00 PM**

I am writing to let you know that the 'Safer Holyhead Task Group' are holding an event in the Holyhead Town Hall on Monday the 20<sup>th</sup> December 2004 (10.00 am – 4.00 pm) aimed at reducing falls in the over 65's. The project has been led and developed by the four Communities First Partnerships in Holyhead (Holyhead Town, Maeshyfyd, MORLO and Porthyfelin); with specialist advice being provided by Organisations such as ourselves, where this has been requested.

The need to reduce falls does not apply only to Holyhead or Anglesey, but is part of a wider national objective set by the Government. Indeed, each year in the UK over one million accidents occur as a direct result of falls, almost a quarter of which involve either an admission to hospital or a fracture. Unfortunately, people over the age of 65 account for almost half of these serious cases (Source: Department of trade and Industry). For your information, in the year up to 31<sup>st</sup> October 2004, the Ambulance Service was called to 13 incidents in Holyhead, where people over the age of 65 had fallen.

There are many different reasons why so many people fall in their homes. Whether this is a medical condition such as poor eyesight or indeed conditions within the house itself, like poor lighting, it stands to reason that what you wear upon your feet is also important. Ill-fitting, worn or unsuitable slippers are one of the factors which cause thousands of people to fall in their homes each year.

The 'Sloppy Slipper' event is restricted to those over 65 and living in Holyhead, and I therefore extend a warm invitation on behalf of the 'Safer Holyhead Task Group' to you to this event. Although those attending the event will be encouraged to exchange their old and worn slippers for **free new ones**, the event is about much more than that. Advice about specific issues which affect falls will also be available on the day from a Pharmacist, Optician, Physiotherapists and Housing Grants Officers. North Wales Fire Service will also be present and will be offering to undertake **free fire safety checks**, which may identify some additional falls hazards within the home.

As a Local Health Board we are pleased to be associated with this event and commend the four Community 1<sup>st</sup> Partnerships for introducing the initiative.

Should you require any additional information (including assistance with travel arrangements to the venue) please contact one of the following co-ordinators:

Rita Lyon (Holyhead Town): 01407 762600

Chris Jones (Maeshyfryd & Chairman of Safer Holyhead): 01407 769765

Susan Condra (MORLO): 01407 765119

Lisa Dundee (Porthyfelin): 01407 764222

We do hope that you will be able to attend the event. All you have to do is bring this invitation letter with you, and a pair of your old, worn slippers in a carrier bag where you will be provided with a new pair of slippers, **free of charge**. Tea and biscuit will also be provided on the day.

Look forward to seeing you there.

Yours sincerely

Sylvia Hughes  
Public and Patient Involvement Manager



## Self Assessment Form For Fall Prevention



Please answer all of the following questions:

<b>Name:</b>	<b>Age:</b>
<b>Address:</b>	
<b>Phone Number:</b>	

Y  
es  
N  
o

1. Have you had one or more falls in the last year?
2. Do you take more than 4 medicines a day?
3. Do you sometimes feel dizzy when you stand/sit up/get up from bed?
4. Do you have difficulty recognising an object across the room or have you recently started wearing bi-focals?
5. Do you have difficulty hearing spoken conversation?
6. Are you unsteady on your feet- do you shuffle or take uneven steps?
7. Do you need to hold on to furniture to balance or require a cane or walker?
8. Do you have problems with your feet?
9. Is your bedroom on the ground floor of your home?

10. Have you ever slipped or tripped in your own home?

11. Do you have a working smoke alarm?

*Each year in the UK over one million accidents occur as a direct result of falls, almost a quarter of which involve either an admission to hospital or a fracture. As a part of this falls initiative you may be offered a home fire safety visit by the North Wales Fire Service, which may identify some additional falls hazards within the home. Please tick the following box if you **DO NOT** wish to be offered this service .*

## Appendix 3

### GWASANAETH TÂN Ac ACHUB GOGLEDD CYMRU\* NORTH WALES FIRE & RESCUE SERVICE

#### HOUSING (H & S) CHECKLIST

#### PROPERTY

COUNCIL OWNED   
 LANDLORD OWNED   
 PRIVATELY OWNED

Address:

The following 'tips' to avoid slips and trips are basic guidelines to people over 60, with disabilities, or anyone who is vulnerable due to wintry weather. It follows the 'Keep Well This Winter', Welsh Assembly Government co-ordinated campaign format.

<u>POSSIBLE HOUSING PROBLEM</u>	<u>SOLUTION</u>	<u>Client Advised</u>	<u>Referral</u>
Steep steps and stairs	- grab rails on stairs and steps -highlighting the outer edge of steps with non slip paint		
Frayed and torn carpets	- remove or repair		
Trailing wires and clutter in walking areas and on stairs	- move/re-site to safe area		
Poor lighting in walking areas and or steps/stairs	Improve visibility/lighting -see if occupant can get help for chores such as changing curtains or light bulbs. Would a higher wattage bulb help? (Use of a sturdy step ladder with non-slip steps is safer than standing on a chair).		
Rug on polished floor	-remove or fit non-slip mat under rug.		
Identify from occupier whether:-	1. Handrails by toilet and bath to help with balance and make getting around easier. 2. A rubber mat in the bath would assist. 3. Taps difficult to access or operate – replace with lever taps		

Any other obvious 'building' Health & Safety issues ?

Does the occupier feel afraid, anxious or worried. Would they feel more secure if they had a safety chain fitted/spy hole in front door ?

Would they like us to request them on their behalf ?      Yes       No