Adapting the Fall Prevention Tool Kit (FPTK) for use in NHS Acute Hospital settings in England: Patient and Public Involvement evaluation

Authors:
Dawn Dowding PhD RN
Professor of Applied Health Research, School of Healthcare, University of Leeds, Leeds LS2 9JT
Email: d.dowding@leeds.ac.uk
Tel: 0113 343 1199

Rebecca Randell PhD
Senior Translational Research Fellow, School of Healthcare, University of Leeds, Leeds LS2 9JT
Email: r.randell@leeds.ac.uk
Tel: 0113 343 1337

Margaret Lascelles EdD, RN
Head of Academic Unit Adult, Child and Mental Health Nursing, School of Healthcare, University of Leeds, Leeds LS2 9JT
Email: m.a.lascelles@leeds.ac.uk
Tel: 0113 343 1177
Introduction

Falls are the most common type of inpatient safety incident reported to the National Patient Safety Agency (NPSA), and in England and Wales over 200,000 falls are reported from hospitals every year [1]. Of these nearly 65,000 (31%) result in some form of injury, including death (68 reported in the year 2008-09) and over 800 hip fracture and 500 other fractures [1]. The NPSA has estimated that the immediate cost of treating hospital related falls in hospitals in England and Wales is over £15million per annum [2] before the costs of any increase in length of stay are factored in. The costs of rehabilitation and social care are even greater, as up to 90% of older patients who fracture their neck of femur whilst hospitalised fail to recover their previous level of mobility or independence [3]. In addition to these financial costs, the human cost of falling includes distress, pain, injury, loss of confidence and loss of independence, as well as the anxiety caused to patients, relatives, carers, and hospital staff. Falls can also be the source of complaints and litigation [4]. In light of both the human and financial costs of falling, many hospitals are striving to reduce their rate of inpatient falls, and may be rewarded for doing so through locally agreed Commissioning for Quality and Innovation (CQUIN) payments.

The causes of falls in hospital are complex and patients with common medical conditions including delirium (acute confusion), cardiac, neurological or muscular-skeletal conditions, side effects from their medication, or problems with their balance, strength or mobility are at particularly high risk [2]. Additionally poor eyesight or poor memory increases the risk of falling in the unfamiliar environment of a hospital ward. Also problems with continence can mean patients are vulnerable to falling whilst making urgent journeys to the toilet when unwell [5]. The highest risk of falls is seen in the ‘oldest old’ inpatients aged over 85 years, and older patients are also the most vulnerable to serious injury [6]. Therefore an increasing population of older people will increase the challenge of fall prevention in hospital wards. An intervention that has the potential to reduce the frequency of falls in older adults has the potential to reduce the impact of both human suffering and healthcare costs.

The Fall Prevention Tool Kit (FPTK) has been developed by researchers in the United States, and has been shown to significantly reduce the number of falls
experienced by older people when they are in hospital [7]. The toolkit uses a computer program firstly to help clinical staff determine whether or not a patient is at risk of experiencing a fall, based on an assessment of recognised risk factors for falling including mobility problems, the use of mobility aids, the patient’s underlying medical diagnoses, and their awareness of their own limitations. Based on the risk assessment guidance is provided (individualised to the patient) on what actions clinical staff and patients/carers could take to reduce the likelihood that the patient falls based on the identified risk factors (e.g. providing assistance when mobilising). The guidance is supplied as a nursing care plan for the patient record, an information sheet for the patient and their informal carers, and a poster summarising the actions to put above the patient’s bed.

The purpose of this study was to gain patient and public perspectives on the acceptability of the intervention to patients, together with associated study materials. This input was then used to inform a study protocol submitted to the NIHR Health Technology Assessment funding stream.

**Methods**

Four group discussions were held with volunteers. Group 1 were a PPI group organised by the Yorkshire Quality and Safety Group at the Bradford Institute for Health Research. Groups 2, 3 and 4 were held with patients attending a falls group organised by the local physiotherapy services in Bradford. Individuals attending group 1 were all volunteers interested in the area of patient safety, who had volunteered to participate in the group discussion. Groups 2, 3 and 4 were all patients who had recently experienced a fall and been referred to the falls group. All patients also volunteered to participate in the group discussion at the end of their falls group session.

All groups were given a brief overview of the purpose of the research study. They were then asked to:

a) Think of things that hospital staff could do to prevent elderly people falling whilst they were in hospital
b) Given information about the FPTK tools, including examples of the poster that goes above a patient’s bed and the information sheet given to patients and their families. Participants were asked to provide their views on the materials, including whether or not they would be happy having such information displayed above their bed, if there was anything they would alter and if they thought it would work in England.

c) If they were asked to take part in the study what information they would want to be given and what they would need to know.

The groups were facilitated by DD and either ML or RR, with written notes taken of the discussions. All participants were provided with an evaluation sheet and a voucher (as a thank you) at the end of the session. Participants could either provide feedback at the end of the session or send it back to the co-ordinator in a stamped addressed envelope.

Results

A total of sixteen individuals attended one of the group discussions of which five were men and 11 were women. The participants were asked to discuss issues around falls generally before discussing the particular components of the FPTK.

Issues around falls in hospital

There were a number of factors identified by our participants as potentially contributing to an individual’s risk of falling. These included factors associated with their medical condition (such as medications that make you drowsy or unsteady, having an IV infusion that makes you trip up), factors associated with the patient and their lack of awareness (such as not asking for assistance to go to the toilet) and factors associated with the environment (such as not enough nurses to provide assistance, problems at night when there are few nurses on duty). In group 1 there was some discussion around the necessity to ensure that patients were educated on what they should do to reduce their risk of falling (such as ensuring they know to ask for assistance).
Components of the FPTK

Overall the approach used by the FPTK was evaluated very positively by all the patient groups:

“I think it is a brilliant idea” (participant Group 3)

They felt that the mixture of providing information above the patient’s bed in the form of a poster and giving patients an information sheet enabled them to be more involved in their care. All of the participants stated that they would not mind having a poster above their beds. They felt that the use of icons (pictures) helped communicate information effectively, and enabled patients, staff and visitors to identify when patients needed help and what sort of help they required. It was particularly recognised that the use of pictures would be helpful for patients or visitors who don’t speak English, or for individuals with cognitive impairments (such as dementia) who may need reminding what they can and can’t do.

The information sheets were also felt to be a good idea. Again the use of icons as a way of providing information to patients was welcomed. It was felt that patients could look at it to remind themselves of what was being done if they forgot.

Would it work here?

All of the participants felt that it had the potential to work in an NHS setting. They felt it was a very simple intervention that could be very effective. Suggestions for improvements included providing the icons/posters in colour and perhaps using a colour coding (such as red) for important elements. One participant suggested it would be useful to have an example of the poster at the entrance to a ward, so that all patients and visitors knew what it was.

What would we need to consider for a study?

Overall the participants were very positive and felt that apart from the normal issues around providing information to patients and ensuring that they gave consent for the
poster to be displayed above their bed, there were no real issues related to introducing the FPTK into an NHS setting.

**Evaluation of the Group Discussion**

Eleven of the sixteen participants provided feedback on the group discussion. The overall responses are given in Figure 1.

![Figure 1: Responses to evaluation of group discussion](image)

**N.B. 10 responses were given for Q3 and Q4**

Respondents also provided written feedback to supplement the feedback in the discussion sessions. The one respondent who indicated they were unhappy with the information given about the project felt that the wording ‘tool kit’ was misleading.

**Discussion**

The purpose of this study was to seek patient and public views on the adaptation of a fall prevention intervention (the FPTK) into an English NHS setting. The intervention comprises of an individualised risk assessment and management plan for fall prevention, which produces a poster that is displayed above a patient’s bed
(which contains icons or pictures indicating the interventions appropriate for that patient), an information sheet for patients and/or their family, and a nurse care plan.

The results of this study indicated that the intervention would be acceptable to patients. Without exception all of the participants in our group discussions felt that the visual nature of the poster and the associated information sheet would help staff, patients and visitors understand more effectively what interventions and assistance patients might need to help them stop falling. The groups suggested adaptations to the FPTK which will be integrated into our adaptation of the FPTK for an English setting.

The results of this study were used to inform an outline application that was submitted to the NIHR Health Technology Assessment research program.

References

Appendix 1: Outline of Group Discussion

ADAPTING THE FALL PREVENTION TOOL KIT (FPTK) FOR USE IN ACUTE HOSPITAL SETTINGS IN ENGLAND

PATIENT INVOLVEMENT GROUPS

Introduction

Thank you for volunteering to come along to this group. We are a team of researchers working on a project to try and help prevent patient falls in hospitals. We are planning to help staff prevent falls by giving them some electronic and paper tools to help with this process. The tools were originally developed in the USA, so one of the things we need to do is see how useful they might be for hospitals in England. We are particularly focusing on how to prevent falls in older adults (over the age of 65), as they are the ones who are mostly at risk of falling.

It is really important that we have the opinions of patients and their carers, to help inform the study and the development of the fall prevention tools. I know that some of you will not have experienced either having a fall, or being in hospital, but it would be really useful to get your advice and opinions on the issues that you think are important for us to consider.

Exercise One

Overview:

Over 280,000 falls are reported from hospitals every year, and a large number of those patients who fall will hurt themselves. A particular risk is that a patient may fracture their hip. There are a number of reasons why people in hospital are at a greater risk of falling, often to do with their medical condition.

Activity

Before we look at the Fall prevention tools – I wanted to ask you if you could think of things that hospital staff could do, that you think would help to reduce the risk of an older person falling when they are admitted to hospital. Please use your experience of either yourself or a family member/friend (if they have experienced a hospital admission) as a way of thinking about these things. We have provided pens and paper for you to write your thoughts down (you can do this individually or in groups).
Note to facilitator – help with discussion, may need to scribe their thoughts/points for them – spend about 10 minutes on this then if more than one group feedback.

Exercise 2

I’m now going to give you some information about the Fall prevention tools that have been designed in the United States. I’ll give you a print out which shows you various bits of the tools, and explain to you how it works.

Could I ask you to look at the information and give your thoughts and feelings on the information.

In particular we would like to know your views on:

1. A nurse (or other health care professional) using this type of electronic tool to help with assessing and planning your care, if you were in hospital.
2. Having a poster like this one put above your bed for people to see
3. Being given an information sheet like this one
4. The pictures/icons that are used as part of the poster and information sheet. Do you understand them? Do you think they are useful? Is there something else that could be better?
5. If you think that it would work in hospitals in England (from your experience)

Exercise 3

The final area that I would like to ask you about is to do with the proposed research study we are planning. We would be asking health care staff to use the tool as part of their routine practice in some wards, and be counting the number of falls that occur, compared to wards that don’t have the tool. We would also be asking patients how they feel about the tool being used. If you were being cared for on a ward that was taking part in the research what information would you want to be given about the study? What else would you need to know?

Evaluation

Please could I finally ask you how you found this discussion? Do you think your views were listened to?

We are in the process of applying for money to support carrying out a research study of the tool, and would really like to have patients/members of the public as part of the project team. We are planning to have a patient panel for the study, which would be a group of patients or
members of the public, who would meet at regular points throughout the research, to ensure that the way it is carried out and the results it produces are relevant to patients. If you are interested in being part of the panel, then please fill out your contact details on the contact form.
Appendix 2: Evaluation Form

UNIVERSITY OF LEEDS

ADAPTING THE FALL PREVENTION TOOL KIT (FPTK) FOR USE IN ACUTE HOSPITAL SETTINGS IN ENGLAND

Evaluation questionnaire

Thank you for taking part in this informal discussion group. To help us involve people in future discussion groups it would help us to know your feelings about taking part. Please show us how happy you were with each of the aspects of the group; please add any additional comments you want to make at the bottom of the page. You can leave this form in the room today – or you can post it back to me in the stamped addressed envelope provided.

Thank you.

<table>
<thead>
<tr>
<th>The Information given about the research project</th>
</tr>
</thead>
<tbody>
<tr>
<td>The way you were treated by the project team</td>
</tr>
<tr>
<td>Opportunities to discuss your views during the session</td>
</tr>
<tr>
<td>Clarity about what was expected of you during the session?</td>
</tr>
<tr>
<td>Would you be happy for us to contract you again about this project?</td>
</tr>
</tbody>
</table>

Very Happy | Quite Happy | No Strong Feelings | Not Very Happy | Unhappy |

Any Other Comments?

Dawn Dowding, Professor of Applied Health Research, University of Leeds.
Email: ddowding@leeds.ac.uk, Tel: 0113 343 1199
Address: 4.05, BattleaxWing, University of Leeds, LS2 9JF