Can we increase the number of pharmacist falls reviews through an educational intervention?

County Durham and Darlington **NHS Foundation Trust**

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BACKGROUND

- In 2018, 2198 per 100,000 people aged over 64 had an emergency hospital admission related to falls(1)
- The World Health Organisation highlighted that falls were the second leading cause of accidental or unintentional injury deaths worldwide.(2)
- Falls cost £235m a year and reduce quality of life.⁽³⁾
- Medication falls reviews prevent falls in the elderly. (4,5)
- A review of incidents within the Trust highlighted several falls patients who had not had a medication falls review or anticholinergic burden (ACB) score calculated in previous admissions.
- This study aimed to identify whether providing education and support materials to pharmacists and pharmacy technicians would increase the number of inpatient falls reviews.

Figure 1: The steps of a medication falls review.

Increases risk of fall

- Identify medicines that increase falls risk or contribute to ACB
- Identify interactions that can contribute to risk
- Optimise these medicines

Increases risk from fal

- Identify medicines that can increase risk of harm if a fall occurs
- Optimise these medicines

Bone protection

- FRAX score if appropriate
- Calcium and colecalciferol prescribed?
- Bisphosphonate prescribed? Is it appropriate? Is it administered correctly?

ANALYSIS AND ASSESSMENT

A baseline audit was completed on four wards over two weeks to identify numbers of falls reviews completed preintervention. To prevent bias participants were asked to record all clinical activities.

INTERVENTION

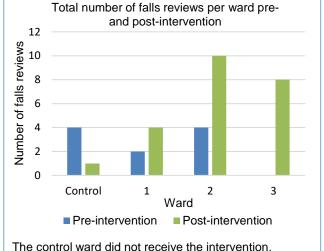
A falls review guide was developed and a teaching session delivered to pharmacists and pharmacy technicians.

Key messages:

- Calculate the ACB score during medicines reconciliation.
- Technicians to identify patients needing a falls review.

MEASURMENT OF IMPROVEMENT

Figure 2: Graph to show the number of falls reviews completed across the wards pre- and post-intervention.



CONCLUSIONS

- The increase in falls reviews on the intervention wards. and decrease on the control ward, imply the intervention had a positive impact.
- Due to the low numbers of pharmacy technicians at the teaching session, a further session was held outside the data collection period.

Limitation 1

 Each audit only covered two weeks, a longer timeframe would be necessary to measure any meaningful change.

Limitation 2

 No measurement of opportunity was obtained, so any impact on those potentially missed was not assessed.

Limitation 3

Only the impact of pharmacists explored, still scope to ensure completion of the remaining elements of a falls review.

REFERENCES

- 1. Public Health England. Public Health Outcomes Framework. [Internet]. 2020 Dec [accessed 2020 Dec 11]. Available from: https://fingertips.phe.org.uk/profile/public-
- 2. World Health Organisation. Falls. [Internet]. 2018 Jan 16 [accessed 2020 Dec 11]. Available from: https://www.who.int/news-room/fact-sheets/detail/falls
- 3. Public Health England. Falls: applying All Our Health. [Internet]. 2020 Jan [accessed 2020 Oct 5]. Available from: https://www.gov.uk/government/publications/fallsapplying-all-our-health/falls-applying-all-our-health
- 4. NICE. Falls in older people: assessing risk and prevention. [Internet]. 2013 June [accessed 2020 Dec 14]. Available from: https://www.nice.org.uk/guidance/cg161
- 5. Gillespie LD. Gillespie WJ. Robertson MC. Lamb SE. Cumming RG. Rowe BH. Interventions for preventing falls in elderly people. Cochrane database of systematic reviews. 2003(4).