

Introducing a Falls Risk Assessment Tool within the Satellite Haemodialysis Unit Setting

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Introduction

Older people make up a large and increasing percentage of the haemodialysis population ¹. As people grow older they are increasingly at risk of falling and injury. Approximately 30% of over 65 year olds fall each year, and for those over 75 years the rates are higher ². Fall prevention programmes can be effective in reducing the number of people who fall ².

Objectives

- Raise awareness of falls in the chronic haemodialysis population
- Develop a falls risk assessment tool (FRAT) to identify patients at risk
- Disseminate the FRAT across a network of satellite dialysis units
- Audit use of the FRAT

Methods

Falls risk literature was reviewed and FRAT developed and issued to a network of >40 haemodialysis satellite units within the UK.

Evidence of its use assessed via :

- Incident reporting
- Local record keeping audit
- Senior team monitoring and support visits
- Internal quality audits

Results

In 2018, 393 patient fall incidents were reported, 60% of which occurred between treatment sessions and external to the dialysis unit (e.g. patients home). 2019 has seen an increase in patient falls reported, 314 in the first half of the year, 66% occurring not on company property. It is believed this increase is due to staff awareness of the importance to reporting falls.

FRAT has heightened awareness of the risks associated with falls and recognition of those at risk. It has aided prompt referral for medical review prior to treatment initiation thus increasing patient safety.

Completion effectiveness is monitored in quarterly record keeping audits and during senior team support visits and quality audits.

The FRAT has been a catalyst in creating a 'Risk of Falls' care plan to ensure consistency and effectiveness in nursing approach.

Conclusion

Holistic falls risk assessments and proactive risk recognition has the potential to reduce injury and hospitalisations thus promoting patient safety.

References

1. UK Renal Registry (2019) UK Renal Registry 21st Annual Report – data to 31/12/2017, Bristol, UK. Available from <https://www.renalreg.org/publications-reports/>
2. National Institute for Health and Care Excellence. Falls in older people: assessing risk and prevention, Clinical Guidance (CG161), 2013

Falls Risk Assessment Tool (FRAT)



Question If answer to question below is YES score = 1 / No score =0	Yes	No
• Have you had any falls in the last 12 months?		
• Do you regularly take 4 or more prescribed medications each day?		
• Have you had a diagnosis of stroke or Parkinson's disease? Any arthritis, confusion or agitation?		
• Do you have any problems with your balance/gait? Do you use walking aid? Any visual impairment?		
• Are you unable to get up from a chair of knee height (dining chair) without using your arms to assist? Yes (unable) No (able)		
• Do you have any other predisposing medical condition/disability that could put you at an increased falls risk? e.g. Epilepsy		
TOTAL SCORE		

ACTION: If the score in **Yes** Column is 3 or more the person is at **high risk of future** falls, consider;

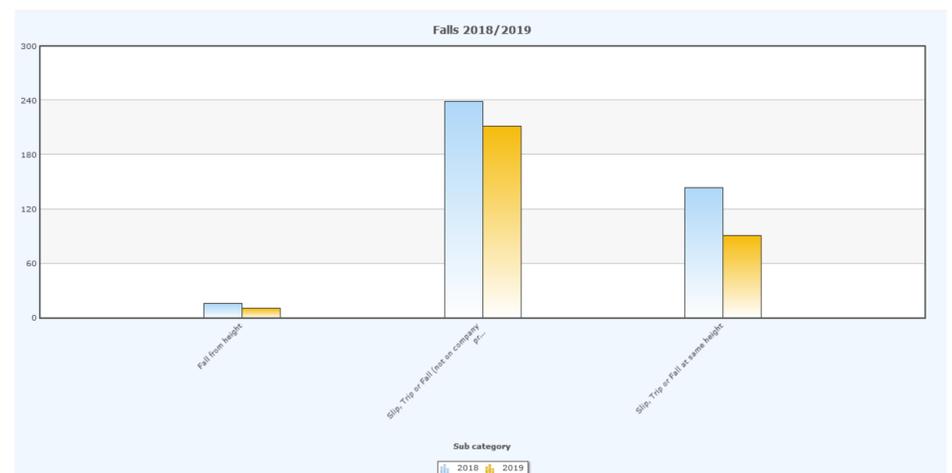
1. If a patient is at a high risk of falls, the dialysis unit should implement a Risk of Falls care plan (UK-CR-09-144) that addresses immediately manageable risks e.g. wheelchair transfers, staff assistance, patient advice, increased frequency of monitoring and safety checks.
2. Patient transport: If patient uses public transport or drives himself/herself to and from the dialysis unit, consider discussing use of hospital transport. If the patient is already on the hospital transport, inform the transport department so that necessary assistance will be accorded, e.g. 2 man crew assistance, wheelchair provision, etc.
3. Discuss with consultant to eliminate renal specific causes of falls e.g. medications or GP referral.
4. Referral to a GP for review and a more detailed falls risk assessment and ensure medical causes of falls (unrelated to dialysis treatment) are managed / referral to local NHS Falls team as applicable.

INITIAL ASSESSMENT:				
Date	Score	Comments: assessment outcome, changes to mobility status and resulting action/referral	Name & Signature of Assessor	Designation

RE-ASSESSMENT: MONTHLY and again if the patients overall general health or mobility status changes / falls reported

Date	Score	Comments: assessment outcome, changes to mobility status and resulting action/referral	Name & Signature of Assessor	Designation

Falls Risk Assessment Tool



Reported Falls in 2018/2019