

# Developing a Falls Prevention and Management Framework

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## Background

Lothian no longer has a dedicated Falls Prevention Service. It was recognised that patients at risk of falls may interact with a wide range of primary and secondary healthcare services, and that all of these present opportunities for falls intervention. Many people would not consider themselves high risk and would not seek intervention independently.

## Aims

The overall aim of the work is to reduce avoidable harm through falls prevention in the community, aiming for early identification and timely intervention for people at risk, and a consistent approach across services. This should lead to a reduction in unplanned admissions due to harm caused by falls.

## Method

The Lothian Strategic Falls Prevention Group developed a screening tool that matches patients to 1 of 4 risk levels. Each level is associated with a Care Bundle of self-management resources, Edinburgh Leisure exercise classes, and onward referral pathways.

We used a test of change model to evaluate the efficacy of the tool and the feasibility of implementation by screening all new and return adult patients (excluding end of life) in randomly selected orthotic outpatient clinics over 3 weeks.

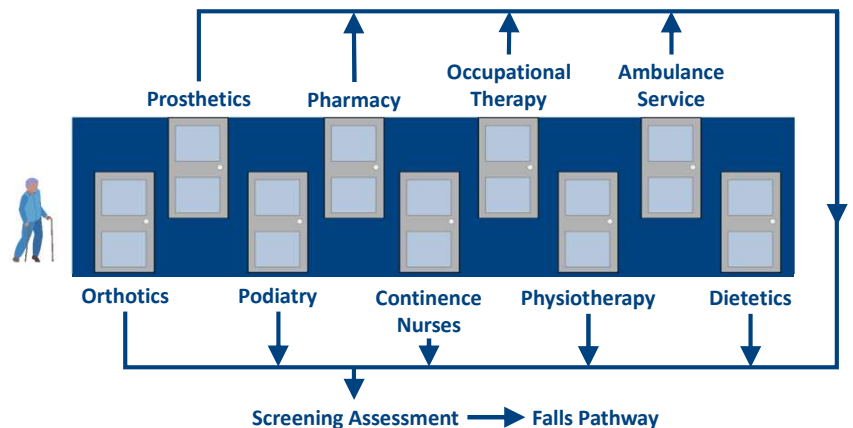


Figure 1: Some of the professions that will screen patients for the Falls Framework

## Screening Tool

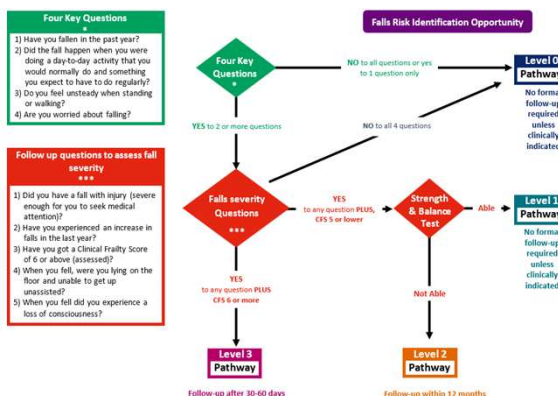


Figure 2: Falls Prevention and Management Framework Screening Tool

## Results

### Overview:

- 24 patients, 50% male / female, 50% under / over 65 years.
- The screening tool matched clinician's impression of falls risk for 75% patients. The tool is being refined to improve this (5 second single leg standing does not reflect usual activities).
- Screening and onward referral took on average 20 min per patient, but ranged from 2-60 min.

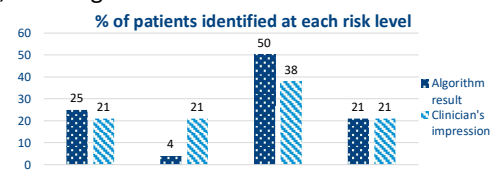


Figure 3: [xxx]

### Unexpected outcomes:

- It was not possible to distinguish between low-moderate (level 1-2) and high risk (level 3) patients at triage.
- Age was not predictive of falls risk. 50% of level 2-3 patients were under 65 years, and 40% of level 3.

### Patient benefits:

- Significantly increased and more equitable access to specialist services and self-management resources.
- Direct referral from AHPs should reduce treatment timeframes.
- Patients particularly positive about digital resources.

### Clinician benefits:

- Structured questions made identification of high risk patients more efficient and made explaining risk to patients more effective.
- Referral pathways and risk-specific resources were much clearer and easier to access.
- Information gained helped to refine orthosis design.

## Conclusion and Next Steps

The Lothian Falls Prevention and Management Framework accurately identifies patients at risk of falls, and supports delivery of early, specialist falls interventions. Next steps:

- Refining referral forms and pathways.
- Implementation of the Framework across Lothian AHP services
- Public engagement and promotion of falls mitigation work.
- Trial funding for assistant falls practitioners in Orthotics and other services.
- Trial pre-clinic screening and digital patient platforms.
- Consideration of rapid access falls clinics in Orthotics.

