

Latest evidence in falls prevention and management

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Question

What is the latest evidence on falls prevention and management, ‘6 PACK’ and ‘fall safe program’ published in 2016?

Search methods

Population/Setting	Include: Hospitals Exclude: Community, aged care facilities, nursing homes
Intervention	Any interventions pertaining to fall prevention and management
Publication details	No restrictions
Date limitation	January 2016 to current (8 June 2016)
Databases	NICE, NGC, ACSQH, Cochrane Database of systematic reviews, SIGN, Pubmed clinical queries, Pubmed Google was searched only for the “FallSafe” program
Search terms	“falls prevention management hospitals”; “6 PACK”, “fall safe program”

Summary of findings

The table below presents a summary of the latest evidence published on the prevention and management of falls (including the 6 PACK and fall safe program) in hospitals. The table summarises the most recently published evidence but does not make a statement on its quality. The evidence includes individual intervention studies of varying methodological design as well as literature reviews. Two reviews (9,11) included data not limited to the hospital setting. Evidence on the FallSafe Program was limited to two case studies in the UK (12,13).

Table 1. Summary of evidence published in 2016

Population/Setting	Type of Evidence	Author/Source	Title of publication
Acute ward patients (medical and surgical wards) from six Australian hospitals	Cluster RCT	Barker <i>et al.</i> (1)	6-PACK programme to decrease fall injuries in acute hospitals
Patient wards from six Australian hospitals	Protocol for implementation plan (may contain detail of 6PACK program and implementation process)	Barker <i>et al.</i> (2)	Development of an implementation plan for the 6-PACK falls prevention programme as part of a randomised controlled trial: protocol for a series of preimplementation studies.
Inpatients from medical nursing section	Intervention study	Godlock <i>et al.</i> (3)	Implementation of an Evidence-based safety team to prevent falls in inpatient medical units

Inpatients at a women's hospital and a medical centre	Intervention study	Katsulis <i>et al.</i> (4)	Iterative user centered design for development of a patient-centered fall prevention toolkit
Patients in medical renal and oncology units	Pilot and cohort study	Coppedge <i>et al.</i> (5)	Using a standardised fall prevention tool decreases fall rates
Inpatients in hospital rehabilitation units	Retrospective review	Leone <i>et al.</i> (6)	Safety Standards: Implementing fall prevention interventions and sustaining fall rates by promoting the culture of safety on an inpatient rehabilitation unit
Inpatients in hospital rehabilitation units	Review of evidence using rating scale	Quigley (7)	Evidence levels: Applied to select fall and fall injury prevention practices
Patients in emergency department	Retrospective review	Townsend <i>et al.</i> (8)	A successful ED fall risk program using KINDER 1 fall risk assessment tool
Patients, older adults, elderly; across health disciplines and settings (hospitals, home and nursing homes)	Methodological review	Hamm <i>et al.</i> (9)	Fall prevention intervention technologies: A conceptual framework and survey of the state of the art
Patients in hospitals	Systematic mixed studies review	Taylor & Hignett (10)	The SCOPE of hospital falls: A systematic mixed studies review.
Patients in acute mental health settings (trusts and boards)	Analytical literature review of policy	Narayanan <i>et al.</i> (11)	Falls screening and assessment tools used in acute mental health settings: a review of policies in England and Wales.
Patients in two community hospitals	Case study	Royal College Physicians (12)	Implementing FallSafe in Bath & North East Somerset
Patients in a large district general hospital	Case study	Royal College Physicians (13)	FallSafe extension: Preventing and Managing Falls in Portsmouth Hospitals NHS Trust

Clinical Guideline Update (NICE)

Table 2. Summary of National Institute for Health and Care Excellence (NICE) guidance that was identified during the above search including NICE Do not Do recommendations on the guidance for falls for older people. The details of the review decision made in 2016 are included.

NICE Guidance for Falls for older people: risk and prevention (14)
<p>Review decision: January 2016</p> <p>We checked this guideline and decided that it should not be updated at this time. For details see the update decision, decision matrix and the process for deciding if an update is needed</p> <p>Next review date: 2017</p> <ul style="list-style-type: none">• Go straight to the recommendations <p>This guideline was previously called falls: assessment and prevention of falls in older people.</p> <p>This guideline offers evidence-based advice on preventing falls in older people. New recommendations have been added about preventing falls in older people during a hospital stay.</p> <p>All people aged 65 or older are covered by all guideline recommendations. People aged 50 to 64 who are admitted to hospital and are judged by a clinician to be at higher risk of falling because of an underlying condition are also covered by the guideline recommendations about assessing and preventing falls in older people during a hospital stay.</p> <p>This clinical guideline extends and replaces falls: the assessment and prevention of falls in older people (CG21).</p>
NICE Do not Do recommendations
<p>While performing the search, the following recommendation from NICE Do Not Do was identified:</p> <p>Do not use fall risk prediction tools to predict inpatients' risk of falling in hospital.</p> <p>The intervention was based on NICE guidance CG 161 (2013) Paragraph 1.2.1.1., p15.</p>

Disclaimer: This Evidence Snapshot was produced as a response to specific questions from the Monash Health Falls Committee. It is not a comprehensive review of all literature relating to the topic area. It was current at the time of production (but not necessarily at the time of publication). Third parties may rely upon it solely at their own risk.

References

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