



Falls – The Clinical Indemnity Scheme perspective.

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Head of Clinical Indemnity Scheme

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Why focus on Falls?

Ageing population.

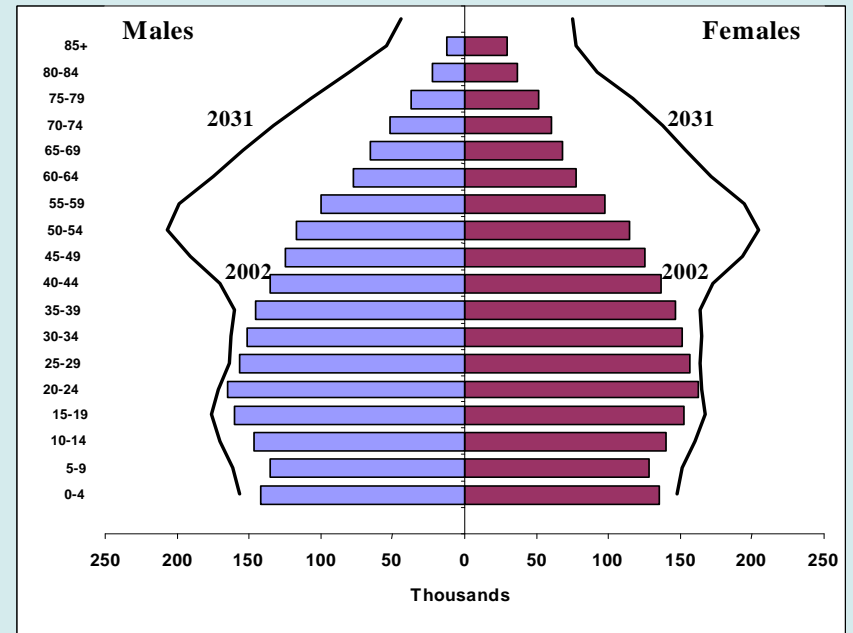
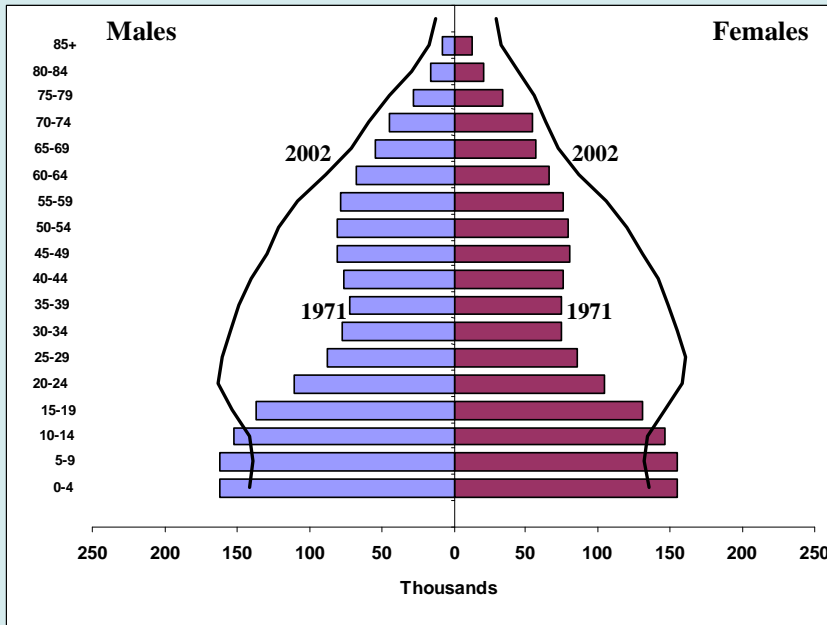
Economic cost to the exchequer-est. €412m,(2007)
-hospitalization and healthcare provision.

Social cost

-a serious fall in an older person can have a long-term negative impact on quality of life and independent living.



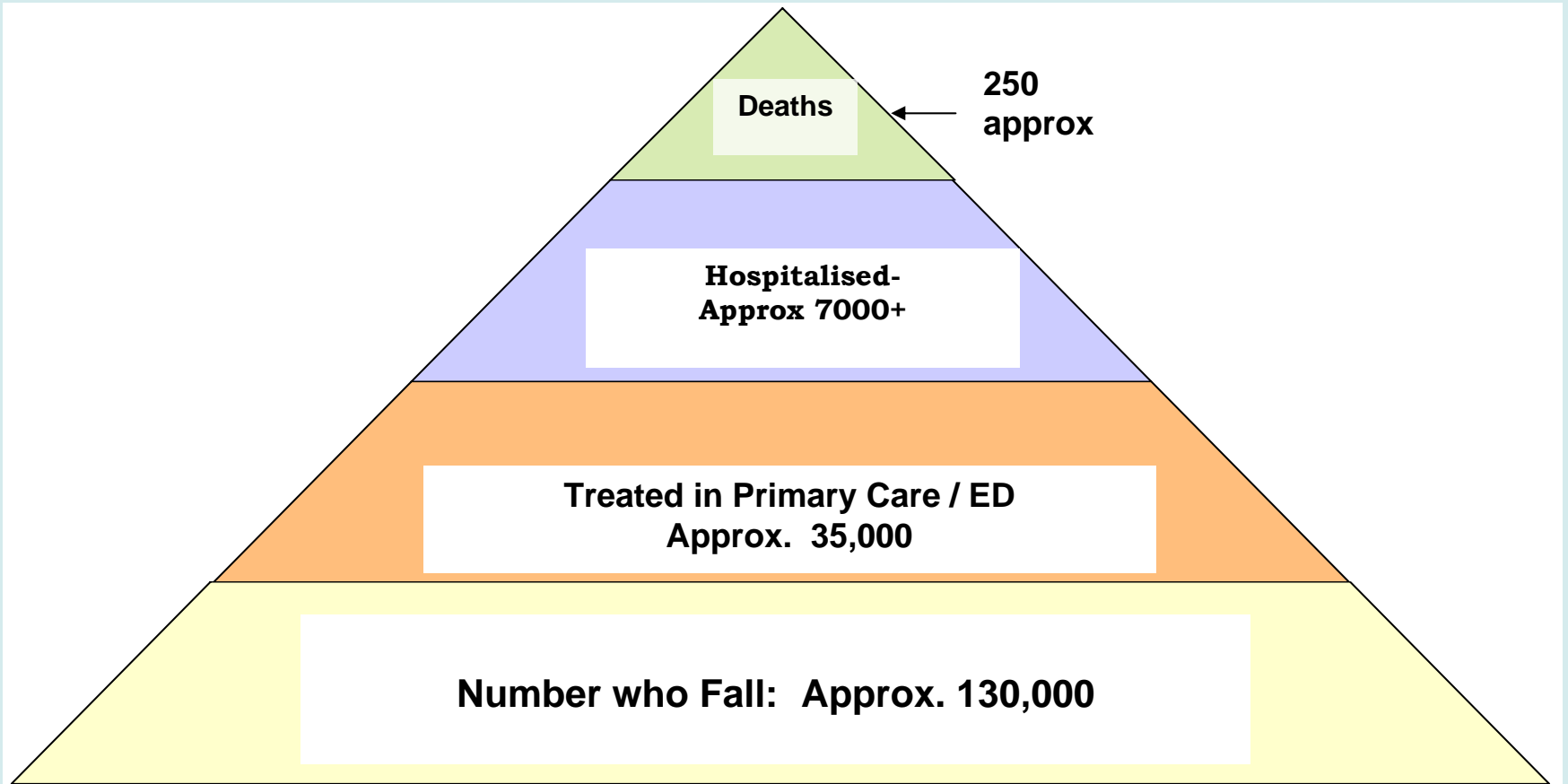
Scale of the Problem: Demography



- Fall related injuries are more common as we age and live longer. By 2031:
- Population will be 5 million
 - One million 65 years and over – biggest increase in 80+ age group
 - 50% in 80+ age group fall each year
 - Older women are 65% of 80+ age group- they are at greatest risk.



Annual Health Burden of Falls for Older Irish People



Total Population >65 = 468,000



Burden to the Economy

If current trends continue estimated costs will be:

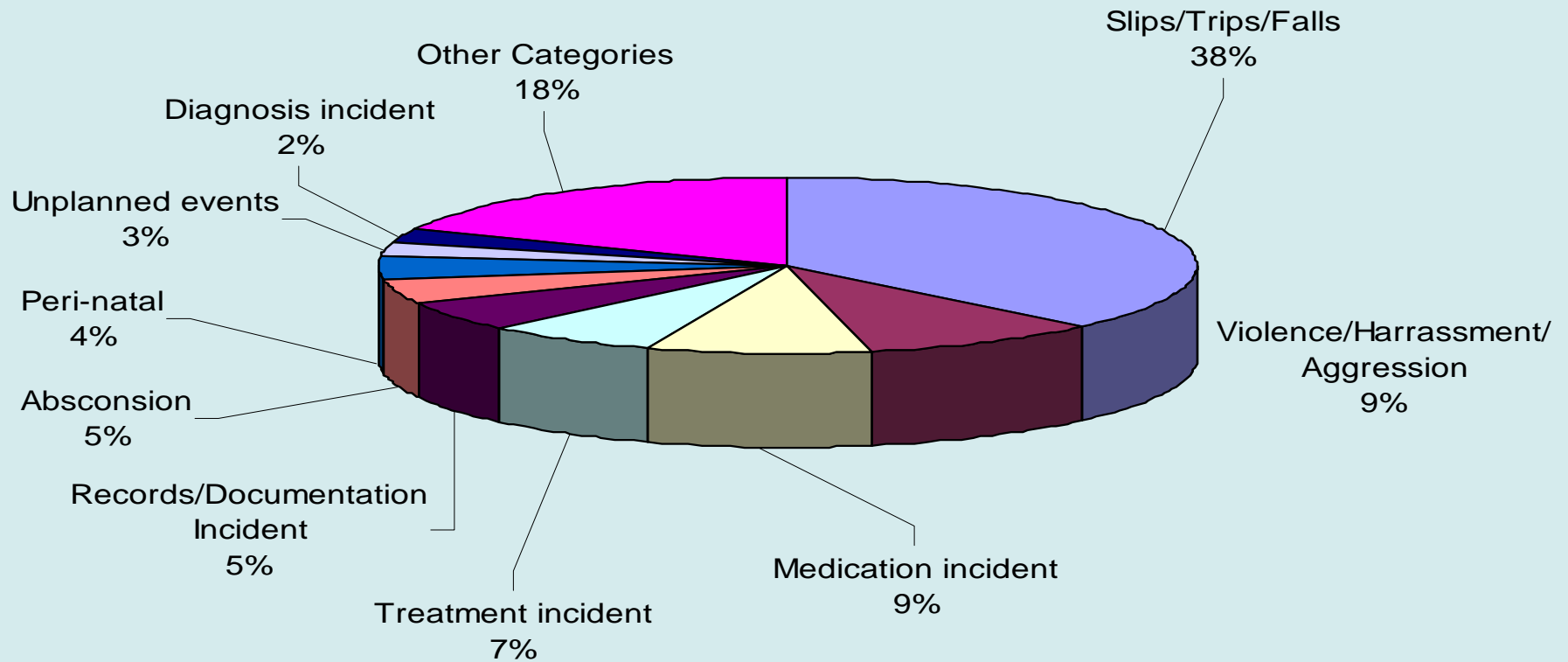
€520 - €551 million by 2010

€922 - €1077 million by 2020

€1587 - €2043 million by 2030



All events reported 01 Jan. 2004- 31 December 2009 by Incident Type General



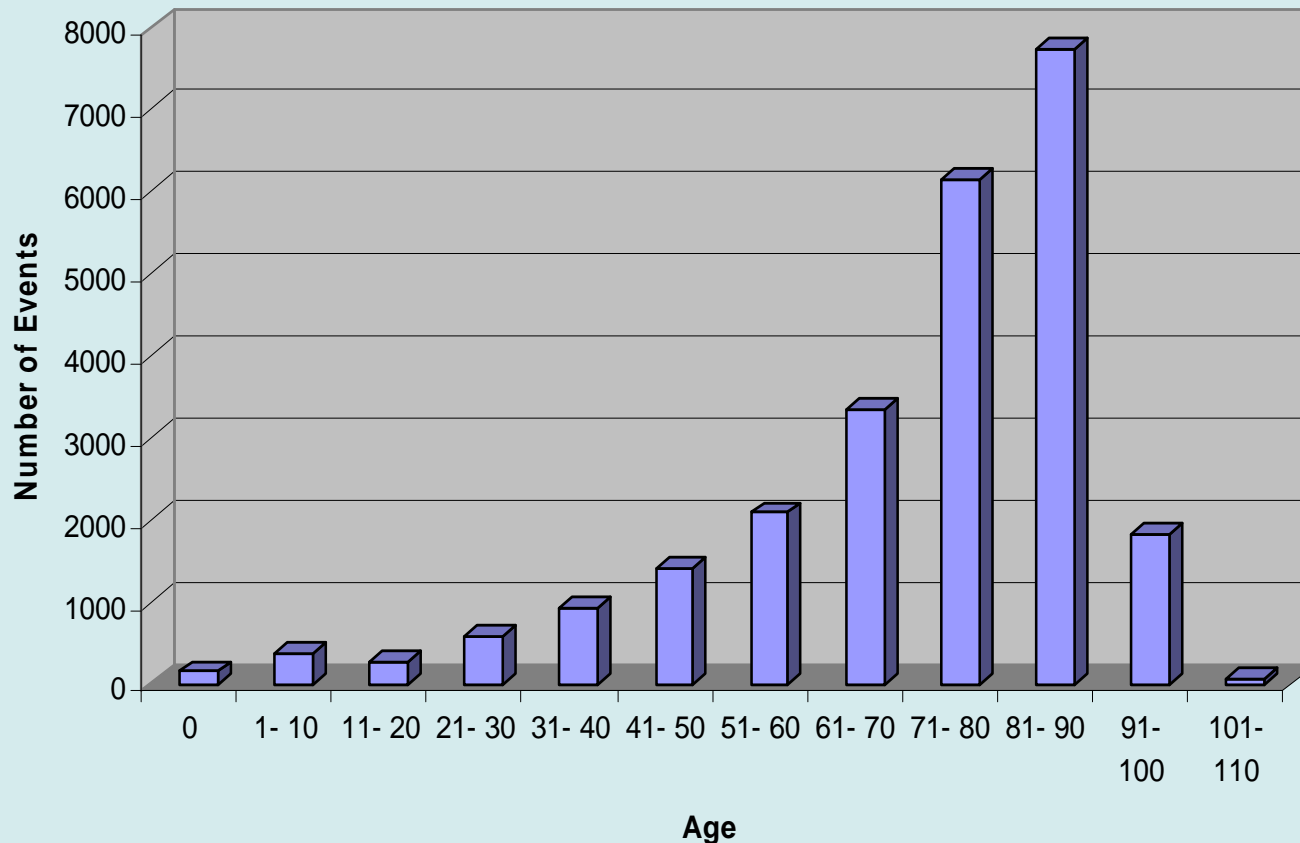


Slips/Trips/Falls by Gender, reported 2004-2009





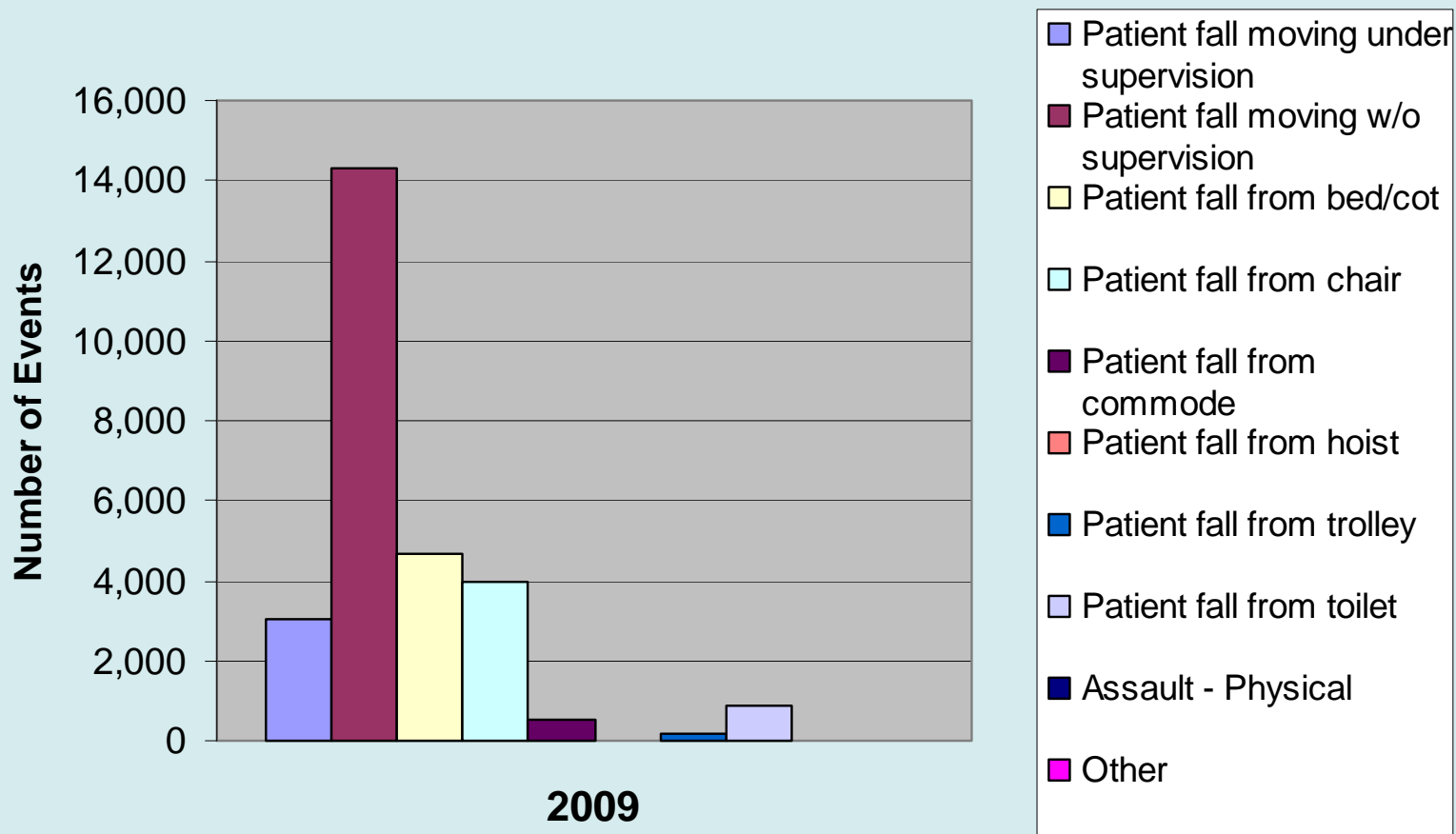
Slips Trips Fall events reported in 2009 by Age



75% of falls occur to people aged >65 years.
75-85 year old age group most vulnerable to falls.



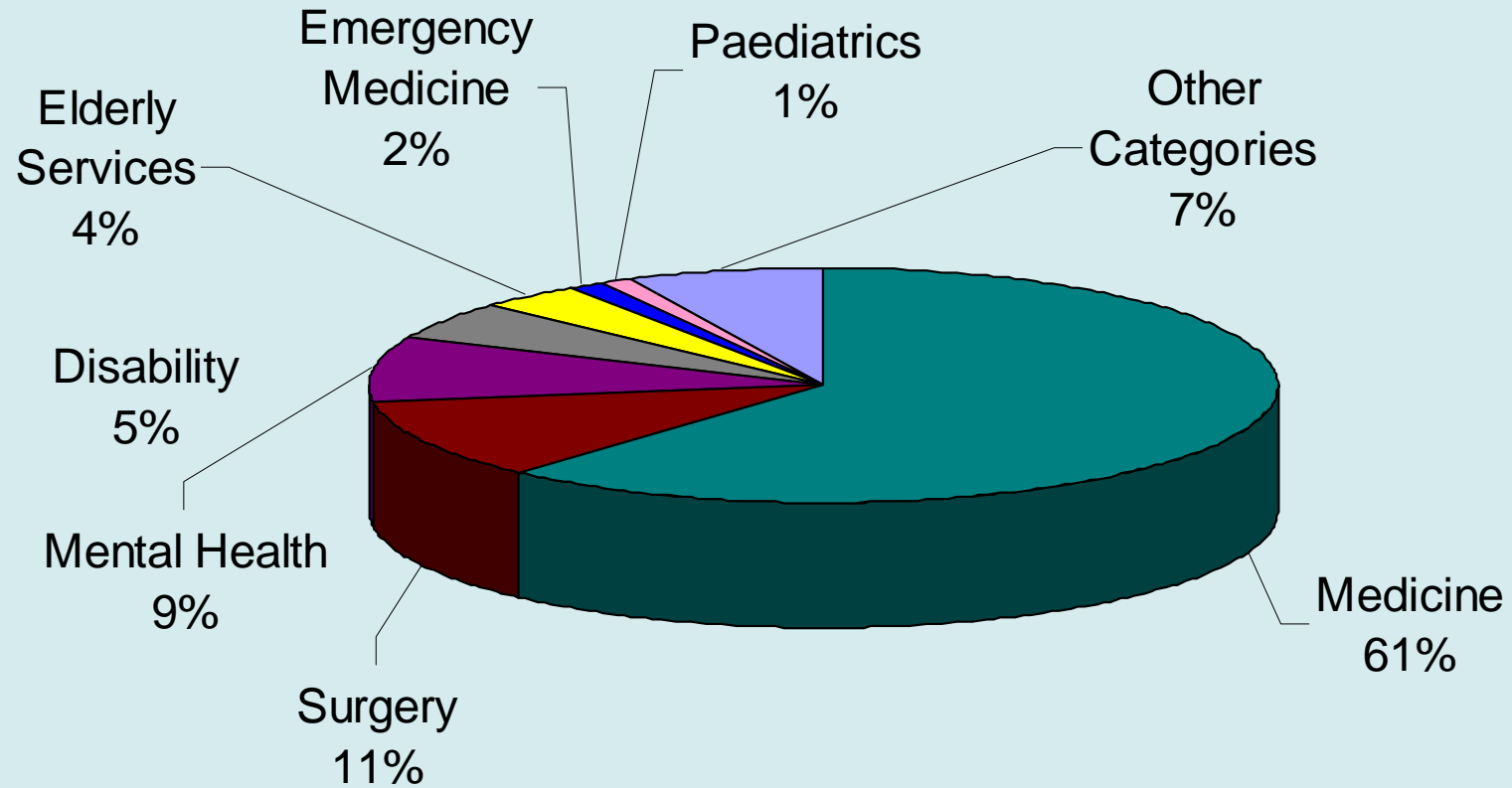
Slips/Trips/Falls by Incident Type



Almost 50% falls occur when moving without supervision, (37% from bed/cot/chair).



Slips/Trips/Falls Events created 04-09 by Specialty



93.4 % of reports from Nursing/Midwives.



Key findings Nationally-STARSWeb

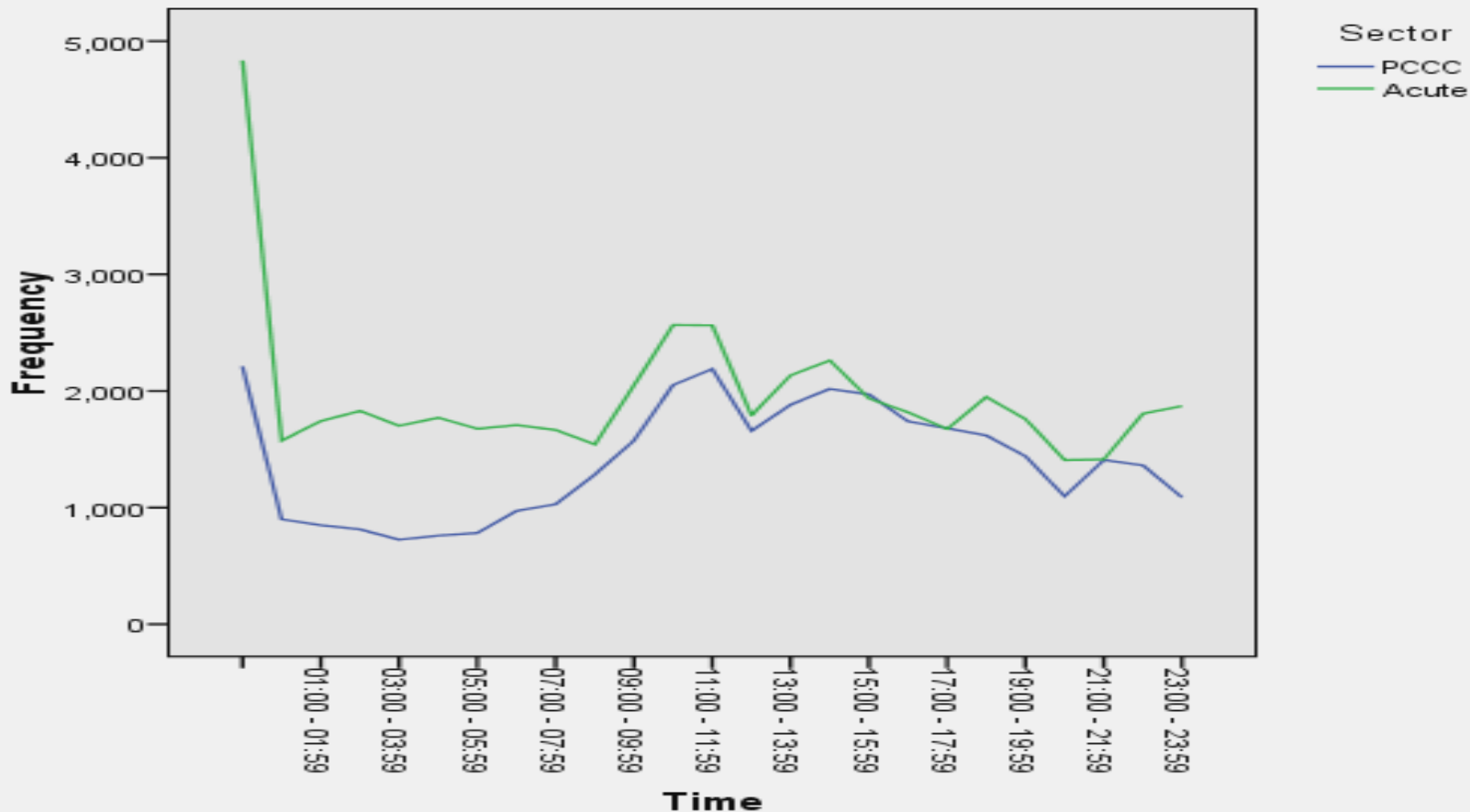
76.8 % falls reported outcome- “*No apparent injury/reaction.*”

Outcomes risk rated High/Moderate :

- **pain & Suffering (76.4%).**
- **fracture (68.6%),**
- **laceration (14.9%),**
- **bruising (11.5%),**



**Frequency of Falls events by Time of Day and Sector
from 1st Jan. 2004 - 30th Sept. 2008.**

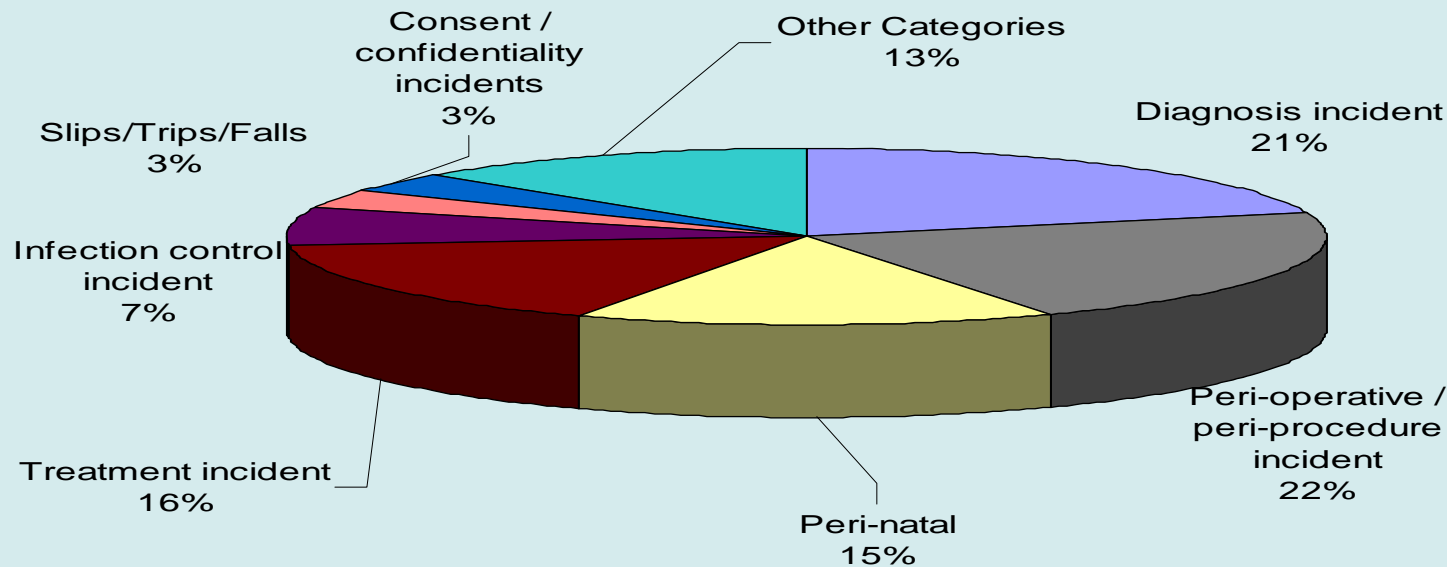


Peak times for falls- 10.00-11.59 & 14.00-14.59.

41.5% between 20.00-08.00.



Active Claims as of 28 Jan. 2010 by Incident Type General



Claims re falls being managed by CIS-182

(reserve=€7.2m)

December 2009

- 28 falls related deaths
- 32 falls related fractures



Falls related Claims – National Picture

- 82% falls -acute sector.
- 43.6 % - moving without supervision,(18% from bed/cot/chair).
- More females (71.3%) than males claim.
- 54.7% of falls claims in those aged >65 years.
- Over 31% claims related to fractures , 26% fatalities,9.1% laceration.
- 49.5% claims from Medicine, 17.9% Surgery and 11.6% Emergency Medicine.



Risk Factor	Significant Total	Mean RR / OR	Range
Muscle weakness	10 / 11	4.4	1.5-10.3
History of Falls	12 / 13	3.0	1.7-7
Gait deficit	8 / 11	2.9	1.3-5.6
Balance deficit	8 / 8	2.9	1.6-5.4
Use of assistive device	6 / 12	2.6	1.2-4.6
Visual defect	3 / 7	2.5	1.6-3.5
Arthritis	8 / 9	2.4	1.9-2.9
Impaired ADL	8 / 9	2.3	1.5-3.1
Depression	3 / 6	2.2	1.7-2.5
Cognitive Impairment	4 / 11	1.8	1.0-2.3
Age > 80	5 / 8	1.7	1.1-2.5



Story of a claim

28/2/04 @16.30

- 85 Y.O. lady presented to A&E c/o:
- Increasing shortness of breath x 5 days.
- Underlying diagnosis of COPD, Parkinsons' disease.
- Triageed by nurse at 16.47-non-acute.

Seen by medical team @ 19.30.

Diagnosis:

Exacerbation of COPD with new onset of A Fibrillation.

Charted for admission.



Story of a claim-contd.

- No bed available.
- Patient transferred on trolley to large observation room.
- Regular nursing obs. noted patient requested bed pan at reasonable intervals.



Story of a claim-contd.

1/3/2004 @3.40 hrs. (35 hours post-admission)

- Patient found on floor of toilet
- c/o pain left hip
- X-rays confirmed fractures of left Femur and left Radius.



Story of a claim-contd.

- Patient admitted to ward immediately
- Too ill for surgery
- Developed aspiration pneumonia, contracted MRSA infection and developed bowel obstruction.
- 2 weeks in ICU
- RIP April 2nd 2004.



Issues

- Resource-staff, bed capacity
- Multi-factorial risk assessment of patient
- Expert report, “Regular nursing obs. noted patient requested bed pan at reasonable intervals-implied she could not mobilise”

Costs

Cost per ICU bed day € 2,800 @ 14 days in ICU

Cost per Bed day € 868 @ 17 days in General Ward

Total Estimated cost of Patient for 31 days

€53,956



Clinical Indemnity Scheme



National Council on Ageing and Older People
AN CHOMHAIRLE NÁISIÚNTA UM AOSÚ AGUS DAOINE AOSTA



Strategy to Prevent of Falls and Fractures in an Ageing Population

*Report of the National Steering Group
2008*



Falls

- Development of prevention and assessment services
- Not well structured/
Regional variation
- Often due to efforts and enthusiasm of individual health professionals
- Most patients who fall do not receive a falls assessment service. (ED Research – 1.4% had multifactorial assessment).

Bone Health

- Prevention and management services developing
- Many services involved: health promotion, primary care, acute care and rehabilitation, fracture liaison services in place.
- Few examples of multifactorial approach integrating prevention and care
- DXA research: adequate no. of DXA machines for population needs
- Service not equitable

Life Free from Falls and Fractures in our Ageing Population

Work with Agencies to Implement and Evaluate the Strategy

Principles

Prevention is Priority

HSE provides Leadership

Evidence-based interventions

Equitable

Long-term

Goals

Greater Awareness

Build Capacity

Comprehensive service

Safer Environment

Objectives

Positive Ageing
Risk reduction
Physical Activity
Bone Health

National Steering Group
National Centre
Training
Research
Plan, Monitor, Audit

Implement Guidelines
•Primary Health Care
•Acute Setting
•Long Stay Units

Engage agencies
Balance risk: care process and arch. design
Balance - Quality of Life and Health & Safety
Assistive technology



Thank You!