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Epidemiological study of falls in Ireland based on incident and claims data created on STARS Web from 2004-2008

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Objectives:

To explore how national incident and claims data on "slips/trips/falls" in Ireland can be used to inform the impending National Implementation Plan outlined in the National Strategy on Falls and Bone Health, 'Preventing falls and fractures in Ireland's Aging Population'.

Methods:

All incident and claims data relating to "slips/trips/falls" reported between 1st January, 2004 and 30th September, 2008 were analysed. STARS Web is the national secure web based incident reporting system. Using SPSS the data was explored from national, regional and sectoral (Acute and PCCC) perspectives. The study findings were informed by national epidemiological data and HSE activity levels, in addition to internationally relevant comparative data.

Results:

84,144 incidents and 95 claims relating to falls were reported, constituting 37% of all incidents, near misses, pre-claims and claims on STARS web in the study period. Most falls (58.3%) were reported from within the Acute Sector. The falls rate equates to 2.1 and 2.7 falls reported per 1,000 bed days. When compared to falls data in other countries, this suggests significant under reporting. All HSE Areas demonstrate similar falls distribution patterns, with the peak incidence of falls amongst 75-84 year olds. When age and gender are analysed demographically across the HSE Areas, men aged 65 and over are a third more likely to fall than females of the same age. Laceration (10.3%), bruising (8%) and fracture (1.2%) feature within the top six outcomes. Head (7.9%), buttocks (4%) and forehead (3.2%) are the top three body parts affected. Most falls events reported (76%) have resulted in no apparent injury/reaction. The causes and circumstances of falls were explored by identifying the relationships between incident types, age, gender, time of day, staff reporting, specialities, contributory factors and systemic root causes. The majority of falls occur when service users are moving without supervision (49.8%). Sixty six percent (66.2%) of falls are reported from the speciality of medicine with 11.2% reported from Surgery and 8.3% from Adult Mental Health, the majority of the latter from within PCCC (6.9%). Consequences of falls were explored by studying the claims profile using such variables as specialty, sub-speciality, incident type specific, age, gender outcome, risk rating and likelihood of claim. Eighty two percent (82%) of all claims occur within the acute sector. Almost fifty percent (49.5%) of all claims are happening within Dublin Mid Leinster, South (23.2%), West (20%) and Dublin North East (7.4%). The majority of claims involve service users who fall when moving without supervision (43.6%). More females (71.3%) claimed than males (28.7%). Within PCCC fatalities account for 50% of all outcomes inputted, whereas within the Acute sector fractures results in 36.5% claims.

Conclusions:

The findings will be important in benchmarking fall-related incident reporting trends nationally, regionally and sectorally. They will serve to confirm the importance of incident reporting as a key risk identification tool in promoting patient safety with respect to falls which are preventable. This study will increase awareness about the problem of falls and fractures in high risk groups which is the first goal of the National strategy on Falls and Bone Health. 'Preventing falls and fractures in Ireland's Aging Population'. The ongoing secondary analysis of STARS Web falls data as demonstrated in this study will serve to inform the performance measurement of service users outcomes, an integral part of any proposed National Falls and Fracture Prevention Implementation Plan.