QUIP to implement STOPP-FALL criteria for reducing medication related falls in patients aged over 65 using the PDSA model

Authors: V Karvannan, U Anand

King's College Hospital
NHS Foundation Trust

Introduction:

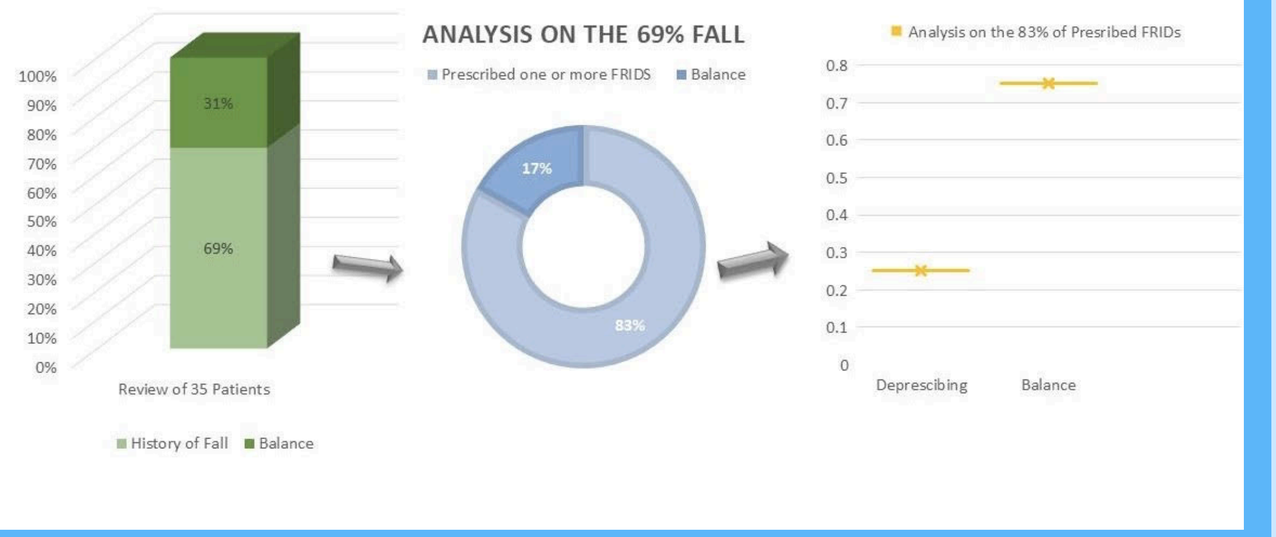
Falls are a leading cause of morbidity in patients aged 65 and above and are frequently associated with polypharmacy. A quality improvement project reviewed Falls Risk Increasing Drugs (FRID) prevalence and aimed to de-prescribe them where appropriate.

Methods:

Cycle 1 data obtained for patients who were either admitted with a fall or had a history of falls, along with their current medications, showed that all of them were on atleast one FRID. To facilitate the practical use of the STOPP-FALL tool, we developed a color coded template for each category of FRID and educated the ward team to review each patient's medication regimen using the template, and document this on the ward round entry.

Results:

A re-audit was conducted under PDSA model, one month after implementing the intervention, reviewing a total of 35 patients. 69% were admitted with a fall or had a documented history of falls. Among these, 83% were prescribed one or more FRIDs. In 25% of these cases, it was considered clinically appropriate to deprescribe one or more FRIDs. Although the issue of polypharmacy remains ongoing, this intervention marked a meaningful first step towards reducing medication-related fall risk.



The introduction of the STOPP-FALL tool led to a structured approach in identifying high-risk medications, which improved clinical awareness and accountability. Moreover, it promoted patient safety, leading to a potential reduction in future falls.

Conclusion:

This project highlighted that working closely as a team helped us to use the STOPP-FALL criteria to make prescribing safer for older patients. Future plans include expanding the use of the STOPP-Fall tool across other Health & Ageing wards, large group teaching sessions and further integration into electronic prescribing systems to ensure a consistent and sustainable practice across the Department of Clinical Gerontology at King's College Hospital.