



The Guide to Action to prevent falls in Care Homes (GtACH) Tool

What is GtACH?

The GtACH (Guide to Action for falls prevention in Care Homes) is a multi-factorial tool developed by clinical experts and academics with the involvement of Rushcliffe Falls Prevention and Research Group.

The tool was developed through an appraisal of research literature and clinical guidelines (from Medline, Pubmed and Cinahl databases and the Department of Health and ProFanE websites) to identify a list of evidence-based interventions suitable for implementation in a primary care setting.

It is designed to assess risk of falling on an individual basis to enable the implementation of patient-centred fall preventative changes.

Identified risk factors and preventative changes are based on a person's Fall history, Medical history, Movement/Environment, and Personal needs.

What are the risks?

The GtACH can be described as a multi-factorial 2 page document designed to assess risk of falling on an individual basis to enable the implementation of personalised fall preventative changes.

The GtACH accounts for the fact that falls are often caused by a complex combination of individual risk factors. It is comprised of 37 risk factors associated with a person's Fall history, Medical history, Movement/Environment, and Personal needs and gives guidance on fall prevention for each factor.

The GtACH acknowledges all risks are significant factors associated with falling, however those shaded in grey are highlighted as being greater contributors towards fall risk and so should be prioritised (GtACH).

The tool advises to underline or circle the statements relevant to the individual being assessed and to document where a section is not relevant in the action box.

How are the actions recorded?

Actions that need to be taken will be documented next to the appropriate headings on the GtACH form and within the standard care home documentation.

The GtACH forms part of the intervention manual which also contains supplementary advice to support the areas highlighted for action, information about falls in care homes, falls in dementia care and an example of a Falls Incident Analysis form.

Is training given to care home staff?

Ideally all care home staff are given one hour's training including an interactive session completing the GtACH and role playing in pairs in groups of 4-8 delivered by a clinical falls specialist.



Is this a time-consuming procedure?

The GtACH takes 15 minutes to complete with care home staff then spending approximately 2 per person hours implementing the changes suggested.

What support is available?

On-going telephone support from NHS Falls clinical specialist in Nottinghamshire City and Nottinghamshire County on how to use the tool will be available.

What is the intervention?

As well as making any personal adaptations within the care home environment, this may additionally include the referral to appropriate services e.g. GP, local falls team, local community nursing teams.

The resident's consent to these referrals will be gained, as is usual practice within the care home. All routine assessments and clinical care provided by the Care home staff will continue as normal.

What clinical academic training is available?

The Division of Rehabilitation and Ageing has been successful in winning research training money from HIEC in collaboration with the University of Nottingham Hospitals and Nottingham CityCare Partnership to provide places for nurses and allied health professionals (AHPs) to undertake internship and mentorship opportunities with University research staff.

At present we have two interns: a nurse and an occupational therapist who spend two days per week in the division learning research skills and shadowing senior research staff with the aim of being in a position to successfully apply to undertake a Masters in Research Methods.

We are also providing mentorship to five nurses and AHPs who wish to pursue a clinical academic career.

Funding is available for organisations who allow clinicians to take these opportunities so that clinical services do not suffer.