

## **Nursing Homes, Falls and the Myth of 24 Hour Supervision**

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Dear Editor,

Falls are a significant cause of morbidity and mortality among older people. Approximately 30% of people over 65 fall annually, increasing to 50% in those over 80<sup>1</sup>. Falls are a recognized risk factor for nursing home (NH) admission, sometimes prematurely<sup>2</sup>, as patients are assessed to require '24 hour supervision' to minimize falls risk. However, NH residents over 65 are approximately three times more likely to fall than their community-dwelling counterparts<sup>3</sup>. Their resultant morbidity is also greater, with 10-25% of NH falls requiring hospital admission compared to 5% in the community<sup>3</sup>.

While the increased incidence of falls and resultant morbidity among NH residents can probably be explained by their relatively increased frailty, the question nevertheless arises whether NHs can purport to provide '24 hour supervision' sufficient to prevent falls causing serious injury<sup>4</sup>.

From July-December 2021 inclusive, we prospectively analysed hip fracture admissions involving NH residents over 65 to a tertiary hospital to ascertain whether the precipitating fall was witnessed or unwitnessed by NH staff.

In total, there were 26 hip fracture admissions from NHs. 18 were female. The average age was 87. The median Clinical Frailty Score was 7 (range 5-8). Only 2/26 (7.69%) of the precipitant falls were witnessed. The witnessed falls involved residents who could mobilise independently. This study demonstrates that most of the falls causing hip fracture in NHs are unwitnessed.

Considering staffing practicalities and residents' right to privacy, it is unreasonable and undesirable to expect NHs to provide '24 hour supervision' to prevent all falls. NHs should not be viewed as the ultimate panacea for falls risk and should not be recommended to patients or their carers as institutions that provide '24 hour supervision'.

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