



Health

Hunter New England
Local Health District

Integrating Community Falls Risk Screening and Assessment into Routine Practice in HNELHD

***NSW Rural Falls Prevention Videoconference
14 November 2011***

Patsy Bourke

Hunter New England Population Health



Agenda



- Evidence
 - National
 - NSW
- HNELHD
 - Background
 - Rationale
 - QuickScreen implementation
- Questions/ Discussion



Rationale: Best Practice



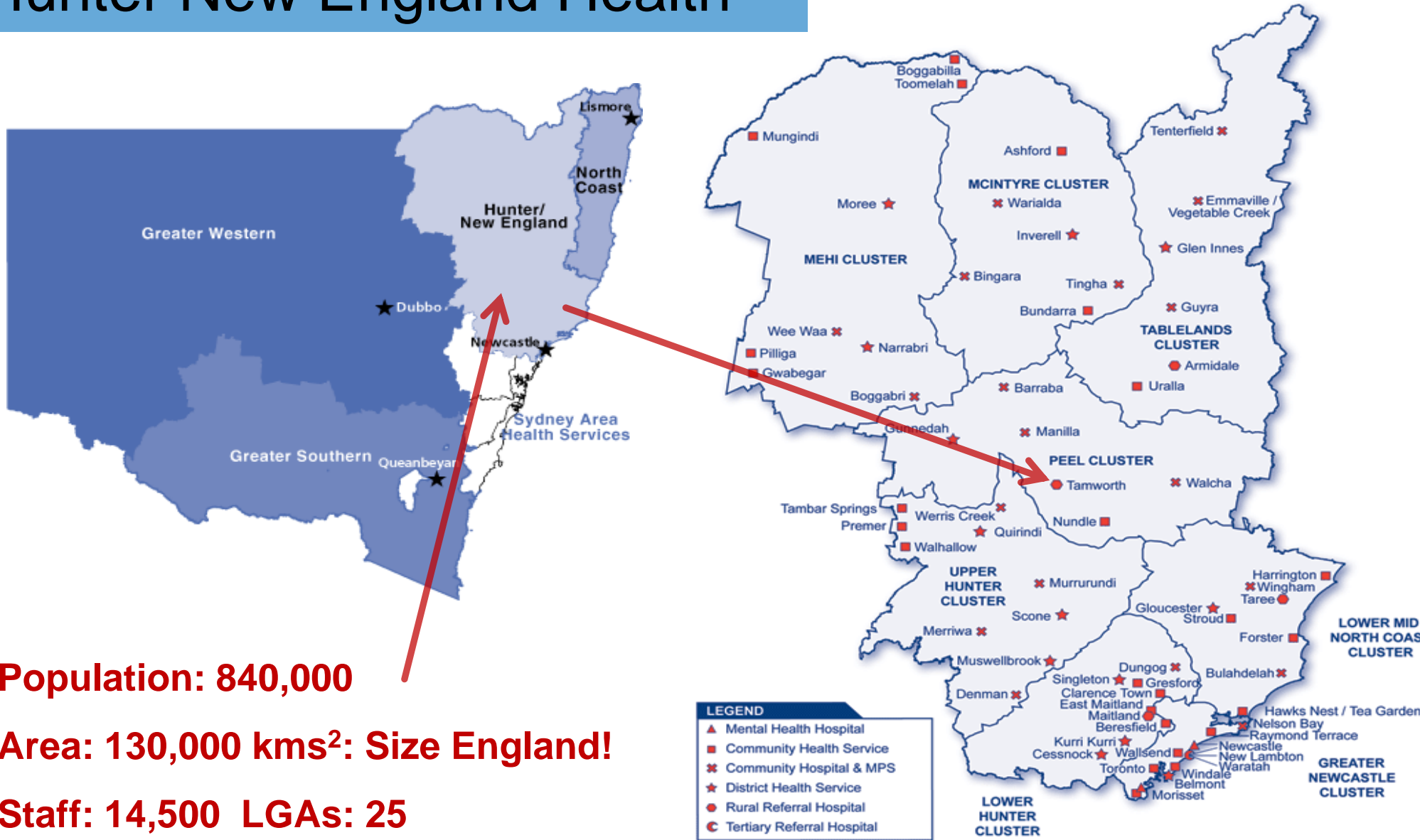
<http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-07>

**Policy Document 2011_29
Prevention of Falls and Harm from Falls among Older People 2011-2015, NSW Ministry of Health**



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Ageing Population



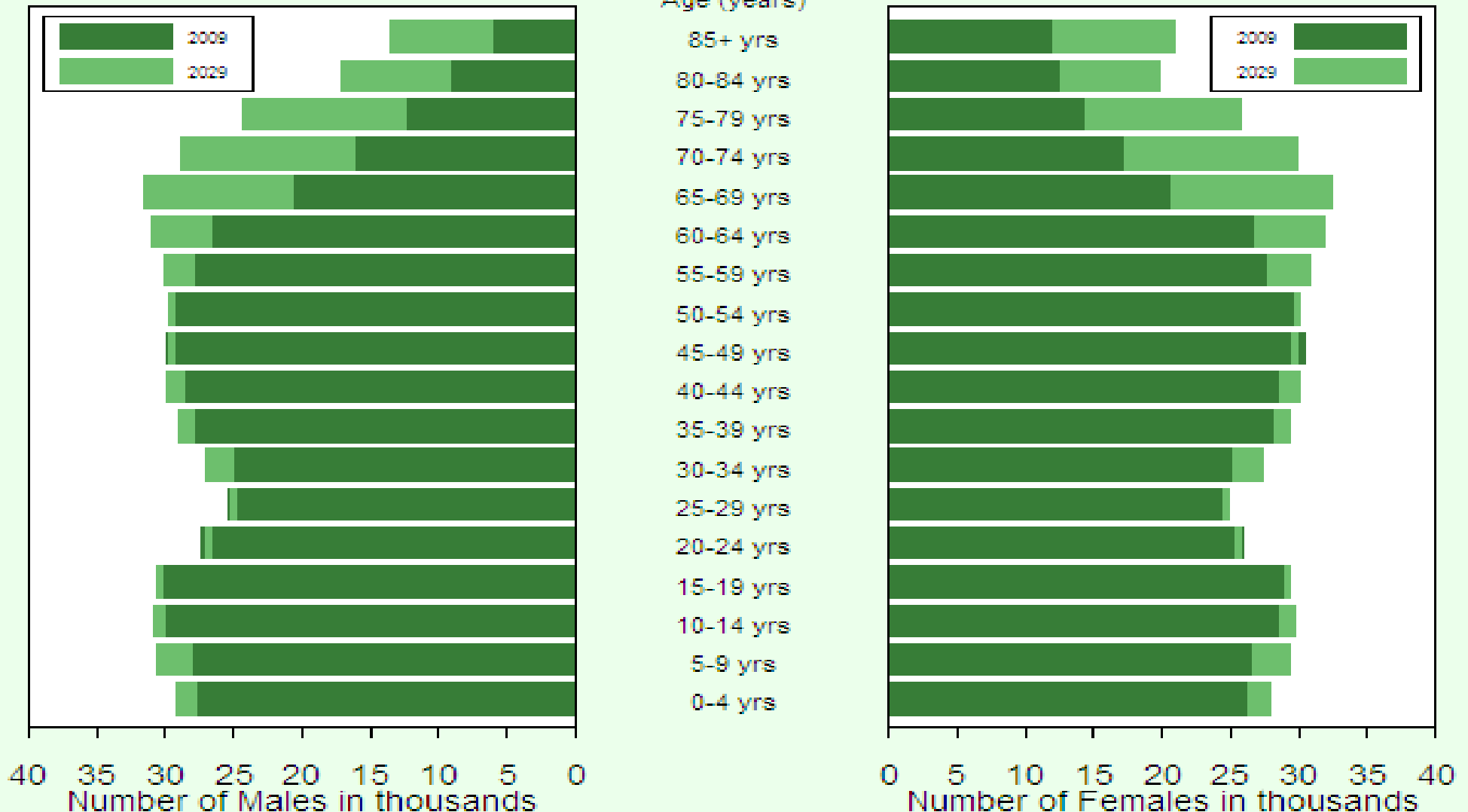
Hunter New England,

2009 estimated residential population and 2029 projected population

Males

Females

Age (years)



Current HNE Health Governance



NSW Health PD 2011_29

Prevention of Falls and Harm from Falls Among Older People

HNE Health Falls Injury Prevention
Advisory Committee

Community WP



Acute/Subacute
WP

Residential
Aged Care WP



How is QuickScreen relevant?



- One in three community dwelling people aged 65+ will fall each year
- HNEH has an ageing population
- Opportunistic intervention  identification of falls risk  referral
- Reduce potential risk of re-presentation: to ED, hospital admission which may affect capacity for independent living
- QuickScreen is a kit containing assessment and client resources

Current strategies: Community Screening



Screening: Preventive Care, SNAPIF framework

- **S**moking (including ETS)
- **N**utrition: Inadequate fruit and vegetable/infant milk consumption
- **A**lcohol consumption
- **P**hysical activity
- **I**mmunisation – Flu, Pneumococcal; child immunisation
- **F**alls injury (asked of people 50+ yrs of age)



Falls Risk Screening Tool – the ‘F’ of SNAPIF

1. Have you had a fall in the last 12 months? **Yes /No/ Unknown**
2. Do you take 4 or more medications? **Yes /No/Unknown**
3. Have you ever had a stroke or do you have Parkinson’s disease? **Yes /No /Unknown**
4. Do you have any problems with your balance? **Yes /No / Unknown**
5. Do you need to use your arms to get up from a chair? **Yes /No / Unknown**

Source: Nandy, Parsons, Cryer et al; Journal of Public Health (UK), volume 26 (2) 2004



Current strategies: Community Assessment



From the 'F' of SNAPIF

- QuickScreen assessment
- Online learning tool developed by HNELHD
- Progressive rollout commenced in 2011



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Major Milestones



- March 2009: Scoping re no. kits required - 185
- April 2009: QuickScreen endorsed as the falls risk assessment tool for HNE Health
- May 2009: QuickScreen Rollout Working Group formed
- Sept 2009: QuickScreen live in CHIME
- Oct 2009: Business Case to Senior Community Health Managers



Major Milestones (2)



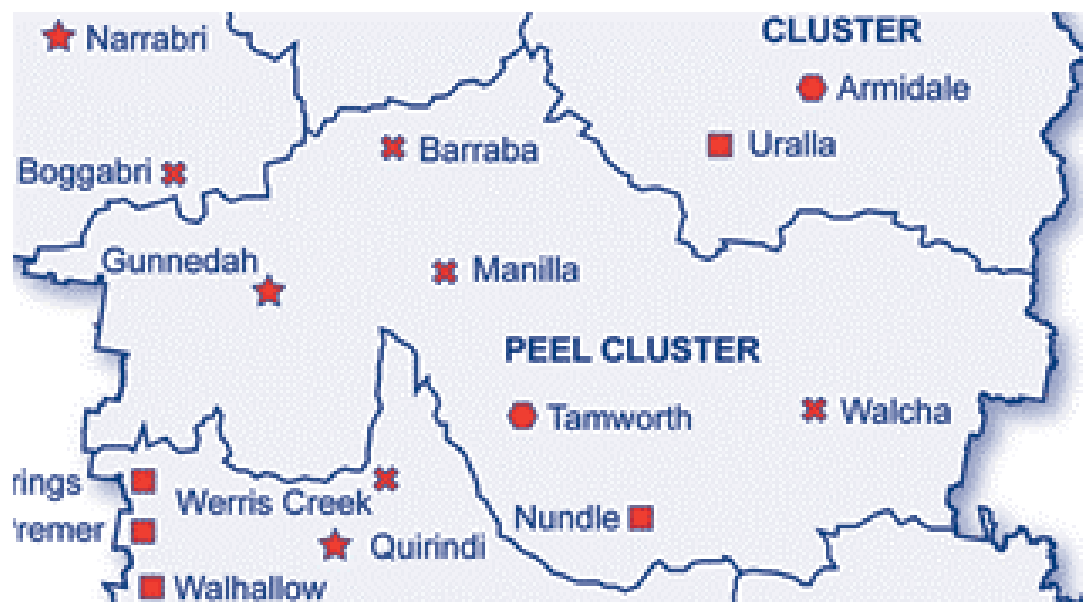
- Nov 09- Dec10: QuickScreen Policy Compliance Procedure endorsed, including: Aboriginal Health Impact Statement
- January 2010: Liaison - Organisational Capability and Learning for online learning web space
- Jan – March 2010 Content and multiple choice assessment questions for the online learning modules
- This included consultation with the NSW Falls Prevention Coordinators and the QuickScreen author Dr Anne Tiedemann



Major Milestones (3)



- May 2010: Nursing & Midwifery Strategy Fund grant: \$8050 to purchase software + backfill
- May – Dec 2010: Recording online modules
- Nov 2010- April 2011: Phase I QuickScreen rollout: Tamworth, Gunnedah, Manilla, Barraba and Walcha



Major Milestones (4)

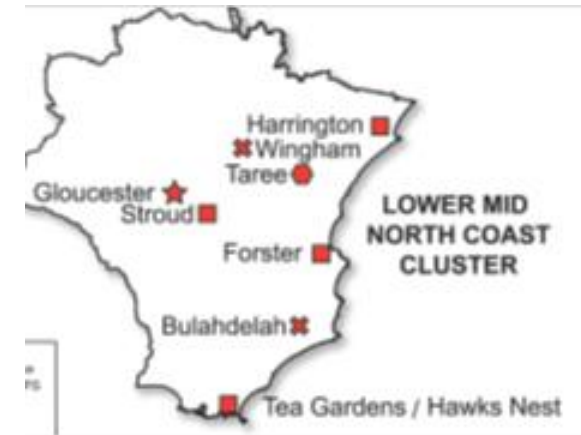
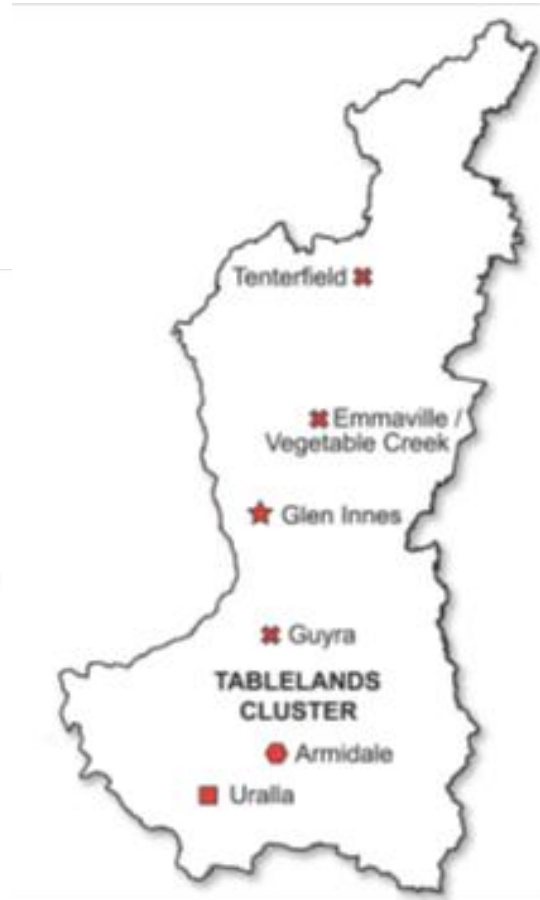
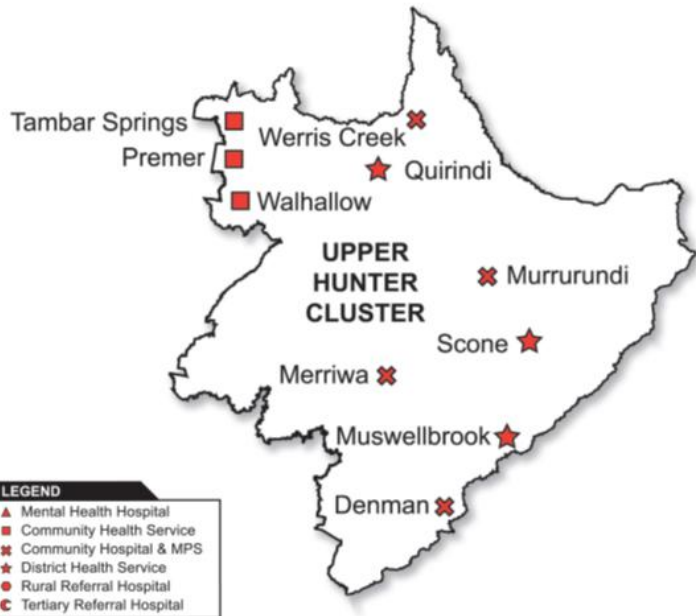


- January 2011: online learning goes live including electronic record of completed training
- 2011: Presentations to senior staff: Peel Cluster Executive, all General Managers, Area Health Advisory Committee
- Sept 2011: CHIME reports available on number of completed QuickScreen assessments

Rollout to another five rural clusters



Mid – end 2011



Mehi Cluster:

Moree, Narrabri, Wee Waa and Boggabri

McIntyre Cluster:

Inverell, Warialda, Tingha, Bundarra and Ashford

- Administration
- Turn editing on
- Settings
- Assign roles
- Grades
- Groups
- Backup
- Restore
- Import
- Reset
- Reports
- Questions
- Files
- Unenrol me from Quickscreen
- Profile

Get Certificate

Program Code: OHS1121

Using the Quickscreen™ Assessment Tool

News forum

Welcome to the Quickscreen learning modules. These modules will provide you with the knowledge required to complete the Clinical Falls Risk Assessment Form.

Quickscreen is a multifunctional assessment tool for use in clinical settings. It determines who is at risk of falling and which particular factors contribute to that risk.

As you complete the modules, you will be asked questions that test your knowledge of the material. After you have worked through the learning modules and successfully answered all the questions, a "Finished" grade for Quickscreen will be added to your HNE Development Record.

Program Sponsor: Derene Anderson, General Manager, Greater Newcastle Cluster

Contact: patsy.bourke@hnehealth.nsw.gov.au



Introduction



Training Modules



Using CHIME

Quickscreen User Manual

Review Quickscreen DVD

Centrally Acting Medications



[Back to Quickscreen Main Page](#)

Administration

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Quickscreen Training Modules

-  **Module 1: Introduction**
-  **Module 2: The Kit**
-  **Module 3: Previous Falls**
-  **Module 4: Medications**
-  **Module 5: Vision**
-  **Module 6: Sensation**
-  **Module 7: Strength/Reaction Time/Balance**
-  **Module 7a: Near Tandem Stand**
-  **Module 7b: Alternate Step**
-  **Module 7c: Sit to Stand**
-  **Module 8: Completing the Form**
-  **Module 9: Conclusion**



Wallsend Reception
End of year function
Thursday, 24 November 2011 11:00 AM-3:00 PM (UTC+10...
WDH-EG-Room-Kirra; WDH-EG-Room-Kirra; HNE-PH-...



Being CHIME

QuickScreen© Assessment Tool

Assessment Tool		
QuickScreen(POWMRI Copyright) Clinical Falls Risk Assessment		Version 1.0
Details	Information	
QuickScreen(POWMRI Copyright) Clinical Falls Risk Assessment		
MEASURE	RISK FACTOR PRESENT?	ACTION REQUIRED TO REMOVE RISK FACTOR
Previous Falls		
One/more in previous year	<input type="radio"/> Yes <input type="radio"/> No	
Medications		
Four or more (excluding vitamins)	<input type="radio"/> Yes <input type="radio"/> No	
Any psychotropic	<input type="radio"/> Yes <input type="radio"/> No	
Vision		
Low contrast visual acuity test Unable to see all of line 16	<input type="radio"/> Yes <input type="radio"/> No	
Peripheral Sensation		
Tactile sensitivity test Unable to feel 2 out of 3 trials	<input type="radio"/> Yes <input type="radio"/> No	

QuickScreen© Assessment Tool (cont)

Strength/ Reaction Time/ Balance		
Near tandem stand test Unable to stand for 10 secs	<input type="radio"/> Yes <input type="radio"/> No	
Alternate step test Unable to complete in 10 secs	<input type="radio"/> Yes <input type="radio"/> No	
Sit to stand test Unable to complete in 12 secs	<input type="radio"/> Yes <input type="radio"/> No	

Total Score:

Risk Increase: The patient has _____ times the risk of recurrent falls as someone with zero or one risk factor.

The QuickScreen© (POWMRI Copyright) Clinical Falls Risk Assessment requires some additional instruments of administration, including a visual acuity chart, a stopwatch and a monofilament. Each test has different instructions.

Details

Information

QuickScreen(POWMRI Copyright) Clinical Falls Risk Assessment

LOW CONTRAST VISUAL ACUITY

- **Position** the eye chart 3 metres from the client at eye level
- **Instruction:** ask them to read from left to right, continue through the chart until no letter can be correctly identified
- Score **'Yes'** the risk factor is present if unable to read all of line 16 (third line from top) correctly and a correction of one further line 20 (second line from top) could be made if lighting is poor (i.e. testing a client in a poorly lit room at home ect).

TACTILE SENSITIVITY

- **Show** the monofilament and explain the test, allowing the client to feel it with their finger
- **Instructions:** ask the client to close their eyes and say "yes" if they feel the monofilament on their lateral malleolus. Repeat three times
- Repeat any trials which "flick off"
- Score **'Yes'** the risk factor is present if unable to feel at least 2 of the 3 trials

NEAR TANDEM STAND TEST

- **Demonstrate first** - show foot position - eyes closed for 10 secs without moving feet
- **Support** the client as they assume the near tandem stance and use the template to ensure correct positioning of feet
- When they are steady, remove support and ask them to close eyes
- **Start timing** when eyes are closed, **Stop** when eyes are opened or feet move
- Score **'Yes'** the risk factor is present if unable to stand for 10 seconds

ALTERNATE STEP TEST

- **Demonstrate first** - whole foot should be placed on the step - only a foot tap NOT a full step up
- **Stand** near the client to ensure they do not fall
- Task is to be completed as fast as possible
- Count aloud each repetition
- **Time** four repetitions per foot, alternating right and left
- **Stop timing** when the last repetition is complete and both feet are on the floor
- Score **'Yes'** the risk factor is present if unable to complete in 10 seconds

SIT TO STAND TEST

- **Demonstrate first** - remember to stand all of the way up
 - knees and hips should be fully extended
 - sit all of the way down
- Client starts with feet in line with knees and arms folded.
- **Start timing** from the first movement of the shoulders.
- Count aloud each of the five repetitions
- **Stop timing** when the client has completed 5 repetitions and is seated.

What next?



- Record findings in CHIME
- Provide handout material relevant to the risk factors for that client
- Referral to other services
 - Local physical activity groups
 - Relevant clinical services
 - Letter to GP
- Repeat physical components of QuickScreen 3- 6 months later to measure if any changes

Active and Healthy: <http://www.activeandhealthy.nsw.gov.au/>



Home - Active and Healthy - Windows Internet Explorer

http://www.activeandhealthy.nsw.gov.au/

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active & healthy

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Staying Active and Healthy

Staying physically active is **the** single most important thing we can do to stay fit and independent as we get older. Physical activity is good for our bodies and our minds. It also helps us to remain independent and to get the most out of life.

Research shows that we can substantially reduce our risk of a fall by doing moderate exercise for at least 30 minutes on most days of the week, and by incorporating balance and leg strength exercises such as those you will find on this website, into our daily routine.

[Click here](#) to read more.

Finding an Exercise Program in Your Local Area

Done Internet 100%



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Acknowledgements



- HNELHD Community Falls Injury Prevention Working Party
 - QuickScreen Implementation Team: Hana Skilton, Jacqueline Greenham, and Annette Roberts
 - Dr Anne Tiedemann
- NSW Falls Prevention Coordinators

Questions/Comments



Contact details



Patsy Bourke

Falls Injury Prevention Coordinator

HNE Population Health

Hunter New England Local Health District

Phone: (02) 6764 8064 Mobile : 0427 293138

Email: patsy.bourke@hnehealth.nsw.gov.au



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