

WE WILL CATCH YOU!
A MENTAL HEALTH FALLS PREVENTION PROGRAM

WSLHD QUALITY AWARDS 2016 WINNERS FOR CATEGORY EDUCATION & TRAINING

Alexandra Sepulveda NUM and Chair of WSLHD Mental Health Falls Prevention Committee

Jennifer Hughes CNE

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- ▶ <http://www.youtube.com/watch?v=2wNeTf68klc&sns=em>

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A Mental Health Falls Prevention Program

- ▶ Was formed to provide a forum to discuss falls trends and identify preventative actions
- ▶ Falls champions were identified to be part of the committee and be responsible for the dissemination of falls prevention resources
- ▶ Increase awareness of falls prevention to improve patient outcomes in hospital and at home
- ▶ Evidenced based, resourced, supported education for all stakeholders
- ▶ Compliance with standard 10 requirements

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- ▶ Calendar and educational workshops were created to provide the structure for the delivery of the material, mentoring and preceptorship was offered as part of the development of the program to ensure the efficiency and sustainability of the program
- ▶ Post implementation of falls program there has been an increased awareness and preventative actions of 100%, reduction of falls 5%, increased confidence to deliver a training session by 100% and multidisciplinary involvement of 80%.
- The development of inclusive programs providing: Tai-chi, Balance and Strength Exercises, Walking groups, Chair exercises, activities such as basketball, soccer, Zumba, New Moves Program and Physical Health Rehabilitation Exercise Program for all stakeholders to enjoy that results in the reduction of falls risks.

Patient and Carer

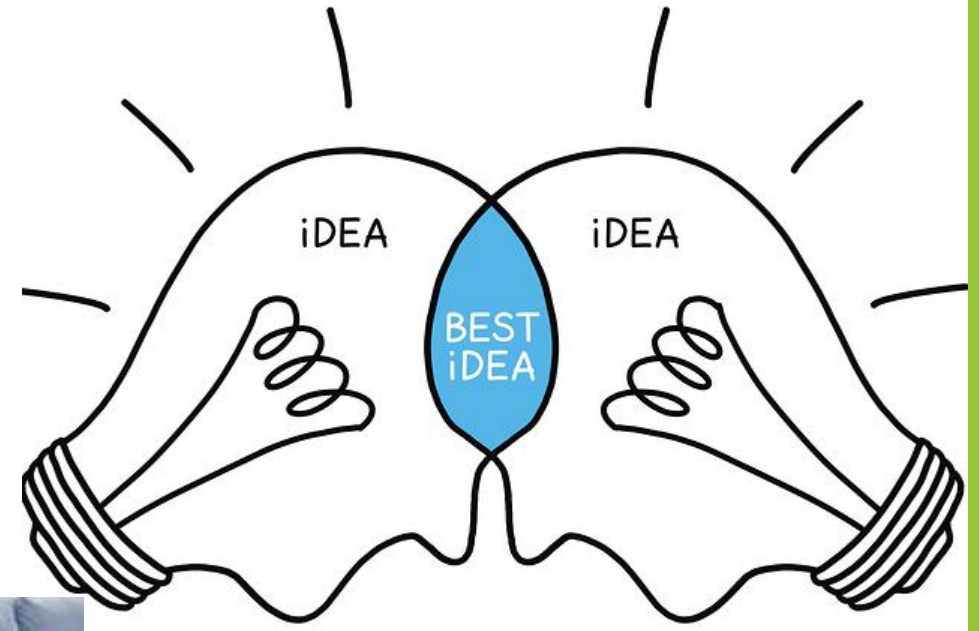
Strategies and Interventions:

- Falls Board in all patient areas
- Patient and carers education sessions facilitated by unit champion
- Scanning Awareness
- Heel / toe walking
- CEC Pamphlets made available to patient and carer
- Falls prevention strategies and interventions noted on Careplan and discussed with patient and carer
- Falls prevention information included on transfer of care/discharge



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- ▶ Collaboration and Education for all Stakeholders



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 Health
Western Sydney
Local Health District

Balance and Strength Exercises for Seniors

as recommended by falls prevention specialists

For safety, hold on to a bench or stable furniture with both hands. As you progress, hold on with one hand. Once you can manage this safely, try without holding on. Aim for slow, controlled movements. Repeat each exercise 8 times, increasing to 15 times as you get stronger. Do these exercises as often as you can throughout the day.

Talk to your doctor if you are unsure about doing any of these exercises.

1. HEEL RAISES
Stand facing the bench and hold on to the edge. Place your feet apart (shoulder width). Slowly rise up onto your toes, hold for one second, then lower down onto your heels.




2. HALF SQUATS
Stand with feet apart (shoulder width). Lean slightly forward, keeping back straight. Slowly bend both legs, knees pointing forward. Return to upright position, squeezing your buttocks together.

3. KNEE LIFT
Face bench. Lift left leg to hip height, lower leg to floor, then lift right leg to hip height and lower to floor. Progress to slow marching on the spot (spend up to 10 seconds on each leg).

4. WALKING SIDWAYS
First, make sure the floor area is free of obstacles - no mats or objects in the way. Take 4 steps to the left, stop, take 4 steps to the right

Developed by Sydney West Area Health Service ©
SWP-232 09/15

- Tai-chi
- Balance and Strength Exercises
- Walking group
- Chair exercises
- Various sports activities such as basketball, soccer, Zumba
- New Moves Program
- Physical Health Rehabilitation Exercise Program




COME JOIN US FOR TAI CHI

WHERE: IN PARC (unless we need to change venues, then LLR)

WHEN: MONDAY AFTERNOON 1:30 – 2:45PM

ENJOY THE FRIENDLY ATMOSPHERE WHERE YOU DON'T ALWAYS HAVE TO STAND TO JOIN IN WITH THE FREE FLOWING MOVEMENTS. YOU ARE ALLOWED TO SIT DOWN AND PARTICIPATE.

IT IS ALL ABOUT YOU AND YOUR CHOICE.

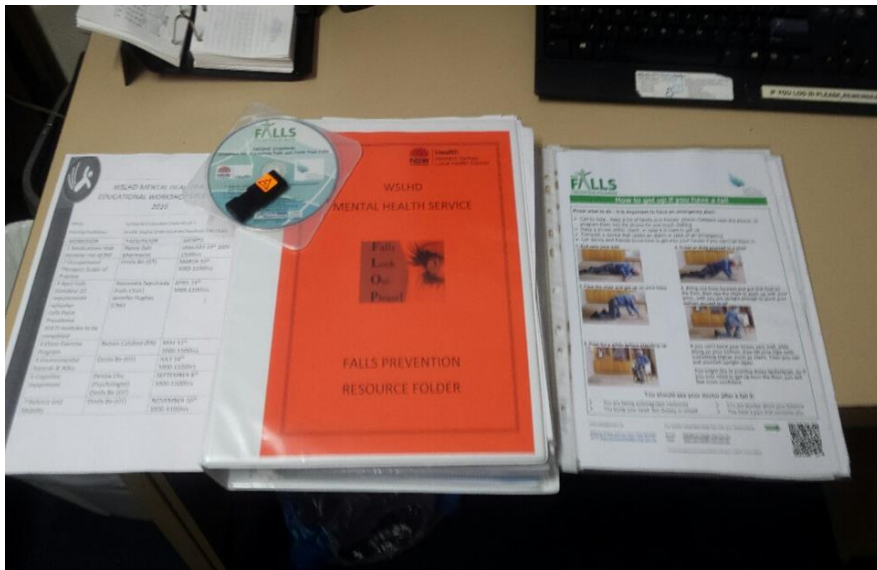


CONTACT MARGARET OR JUANITA IN LIFESKILLS FOR MORE INFORMATION ON 43485

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Resource folder,
USB and website



- ▶ CEC falls prevention patient
- ▶ education fact sheets
- ▶ Policy and procedures
- ▶ Audits
- ▶ Assessment tools
- ▶ Sac2/repeated falls form
- ▶ Education and workshop calendars
- ▶ DVD on standard10 preventing falls and harm from falls
- ▶ 100% compliance with falls prevention and management HETI modules

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Barriers

- ▶ Stakeholders engagement
- ▶ Culture Change
- ▶ Uncertainty with our facility redevelopment (Urban Growth)
- ▶ Point prevalence indicated that 100% of our patients were on psychotropic medications and polypharmacy.

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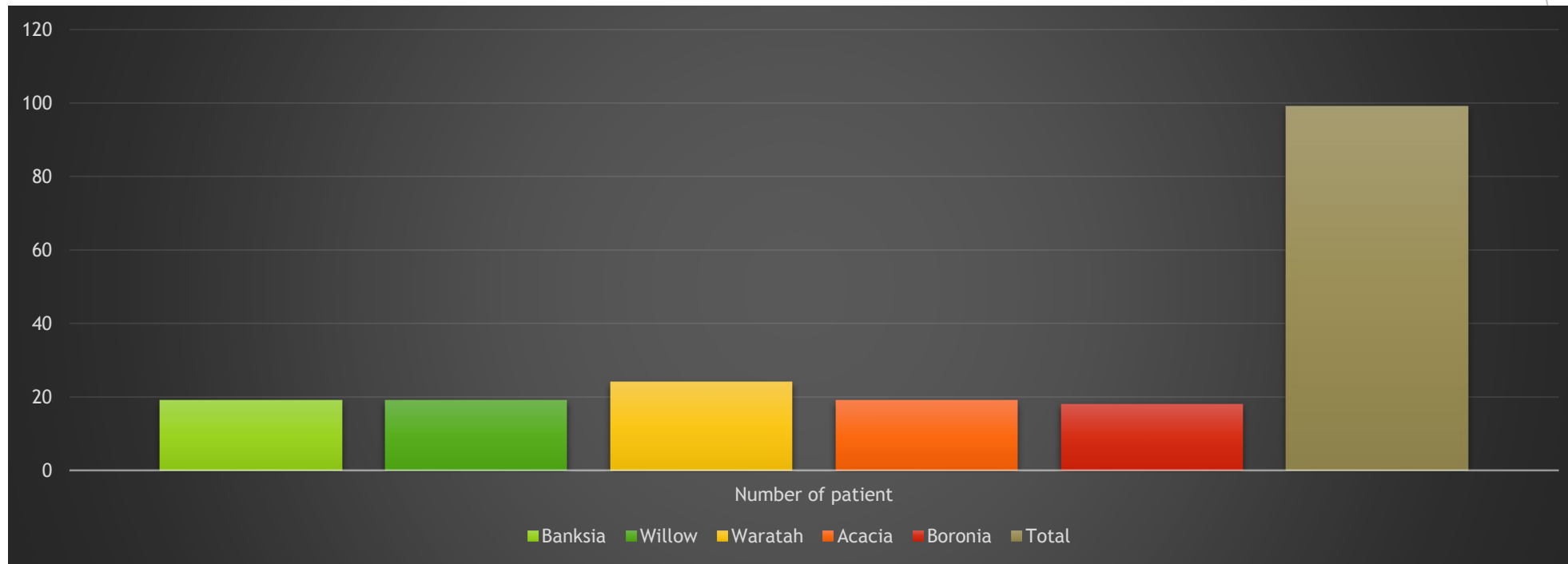
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- ▶ Under the guidance of Cumberland Hospital's Rehabilitation Director, a polypharmacy audit expedited through out Rehabilitation in August 2016

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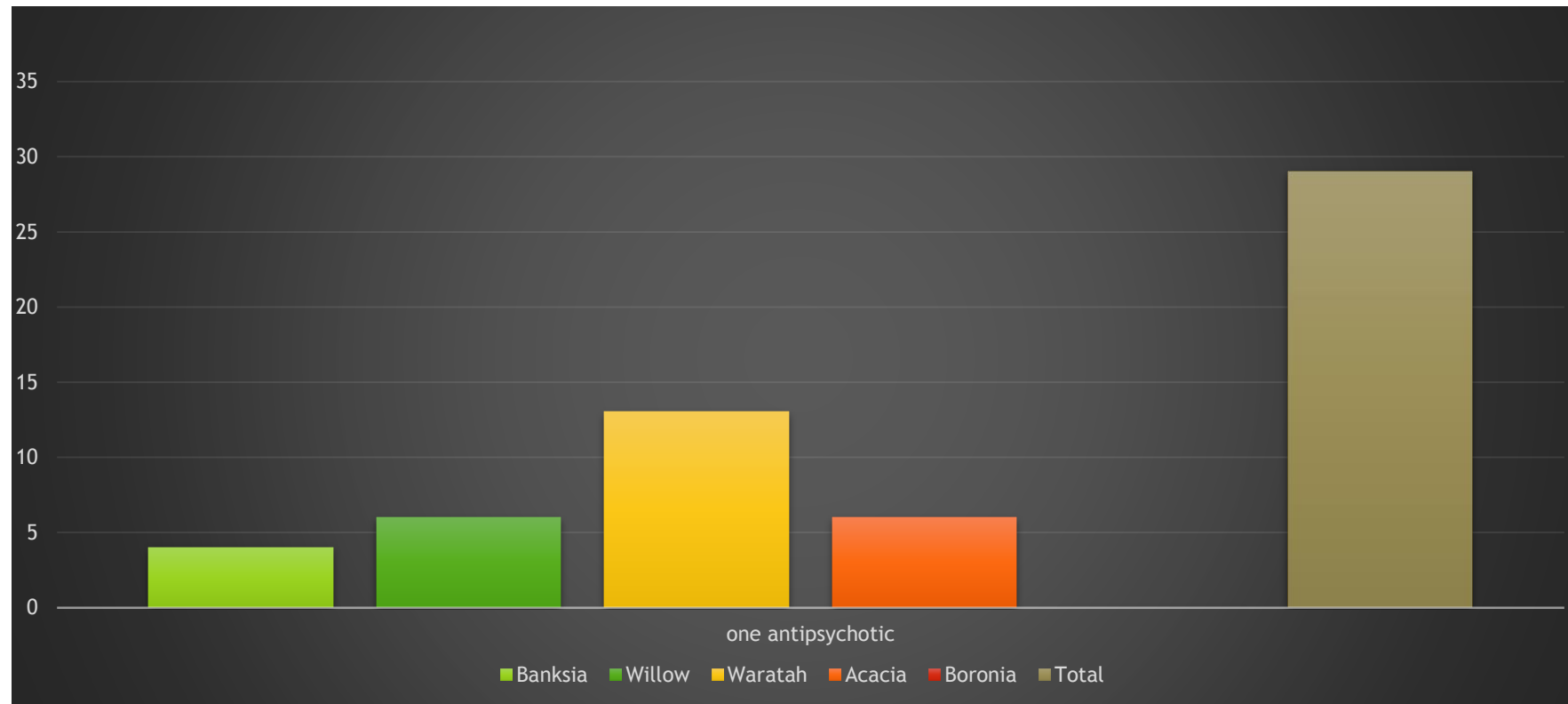
► Cumberland Hospital Recovery Services Antipsychotic Audit Data August 2016



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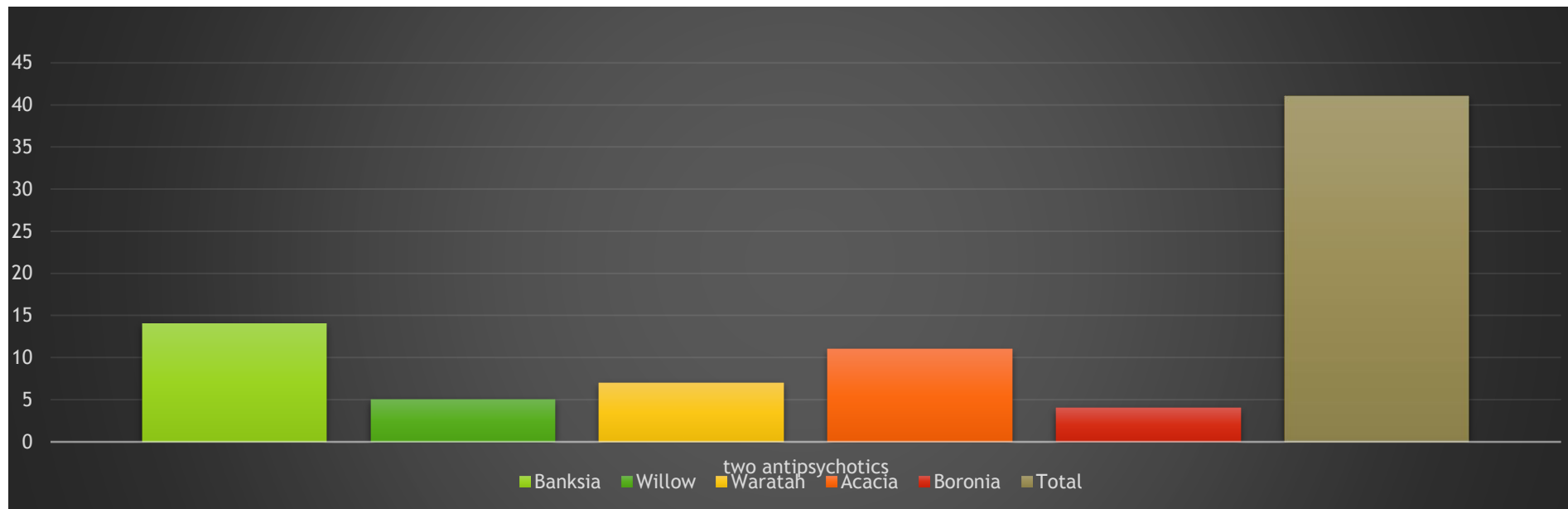
- ▶ Cumberland Hospital Recovery Services Antipsychotic Audit Data August 2016
- ▶ One antipsychotic



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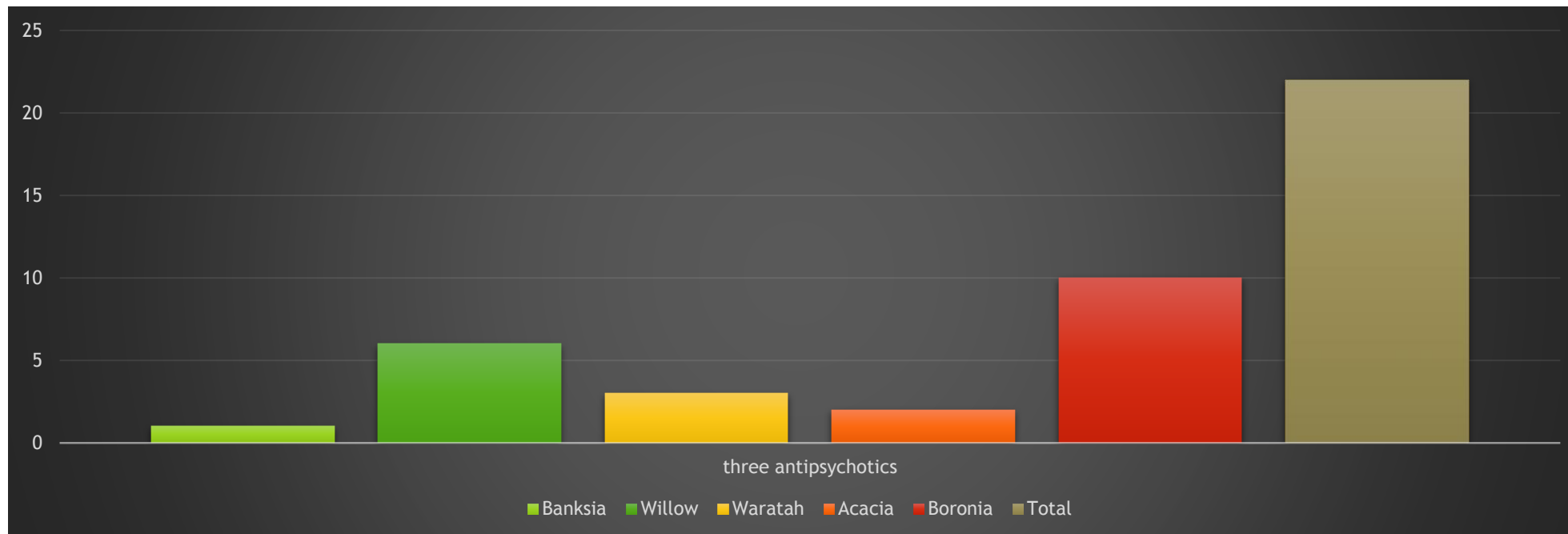
- ▶ Cumberland Hospital Recovery Services Antipsychotic Audit Data August 2016
- ▶ Two Antipsychotics



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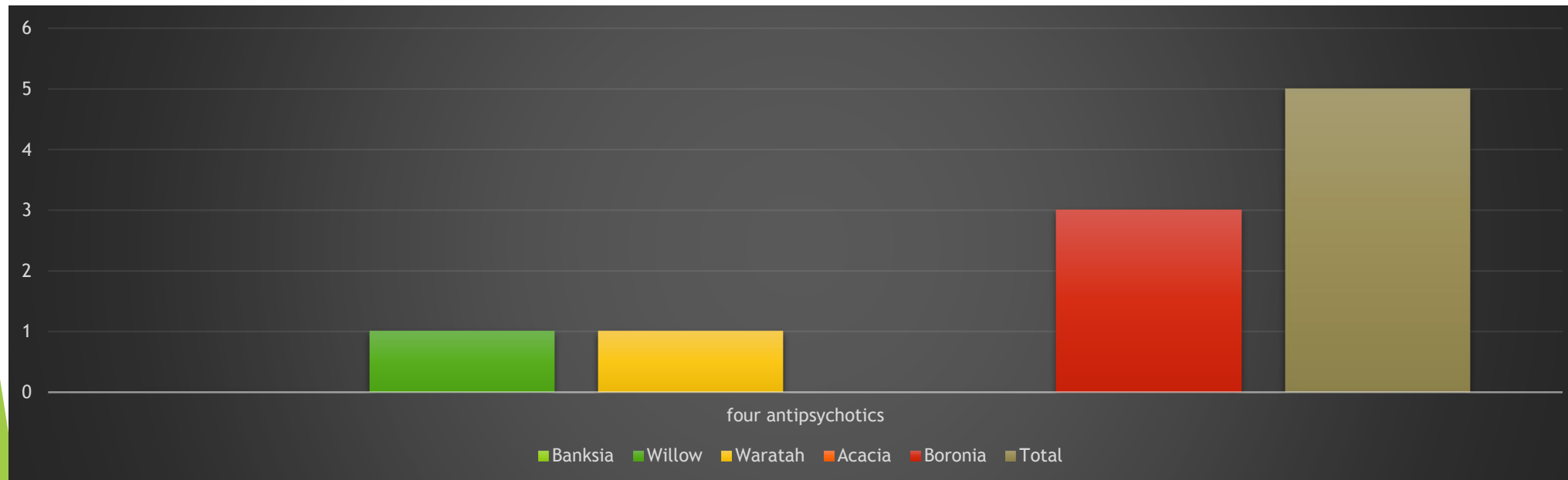
- ▶ Cumberland Hospital Recovery Services Antipsychotic Audit Data August 2016
- ▶ Three Antipsychotics



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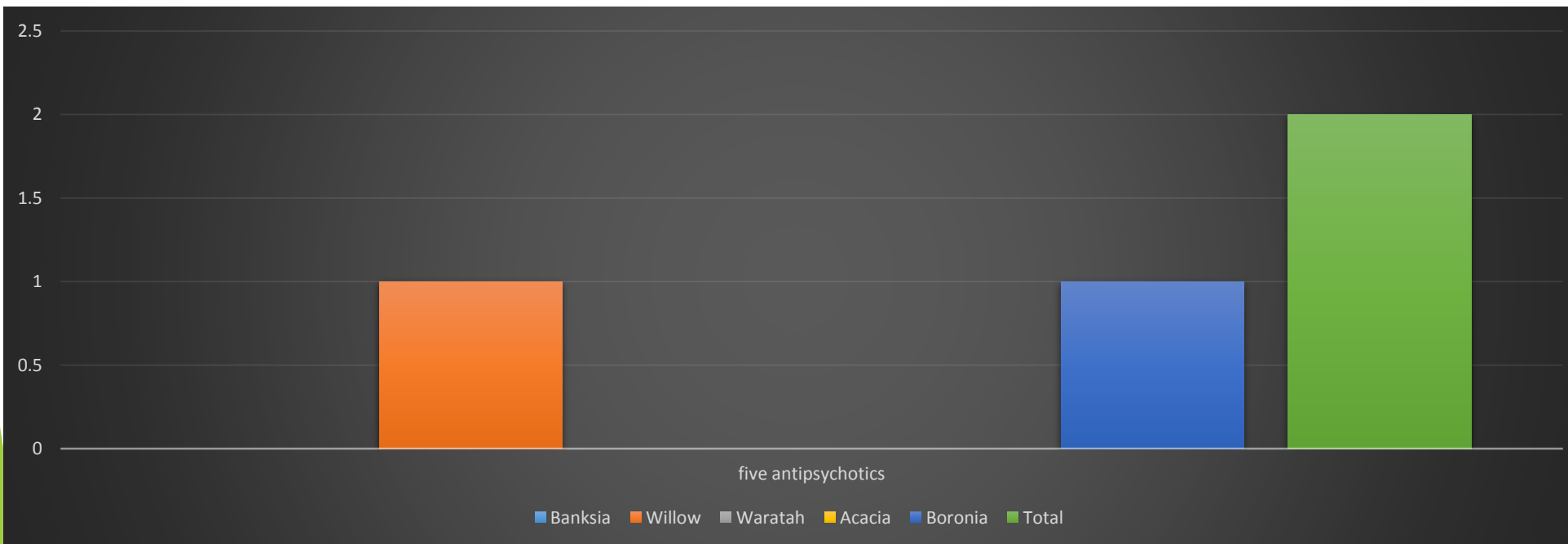
- ▶ Cumberland Hospital Recovery Services Antipsychotic Audit Data August 2016
- ▶ Four Antipsychotics



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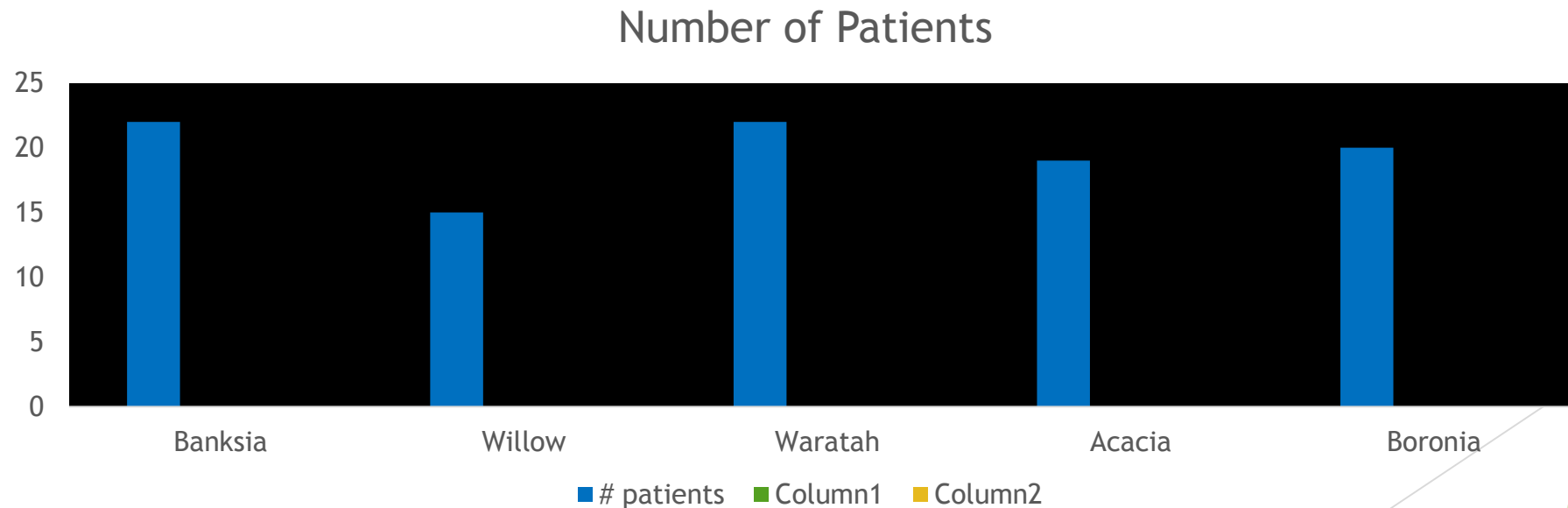
- ▶ Cumberland Hospital Recovery Services Antipsychotic Audit Data August
- ▶ Five antipsychotics



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- ▶ Cumberland Hospital Recovery Services Antipsychotic Audit Data February 2017

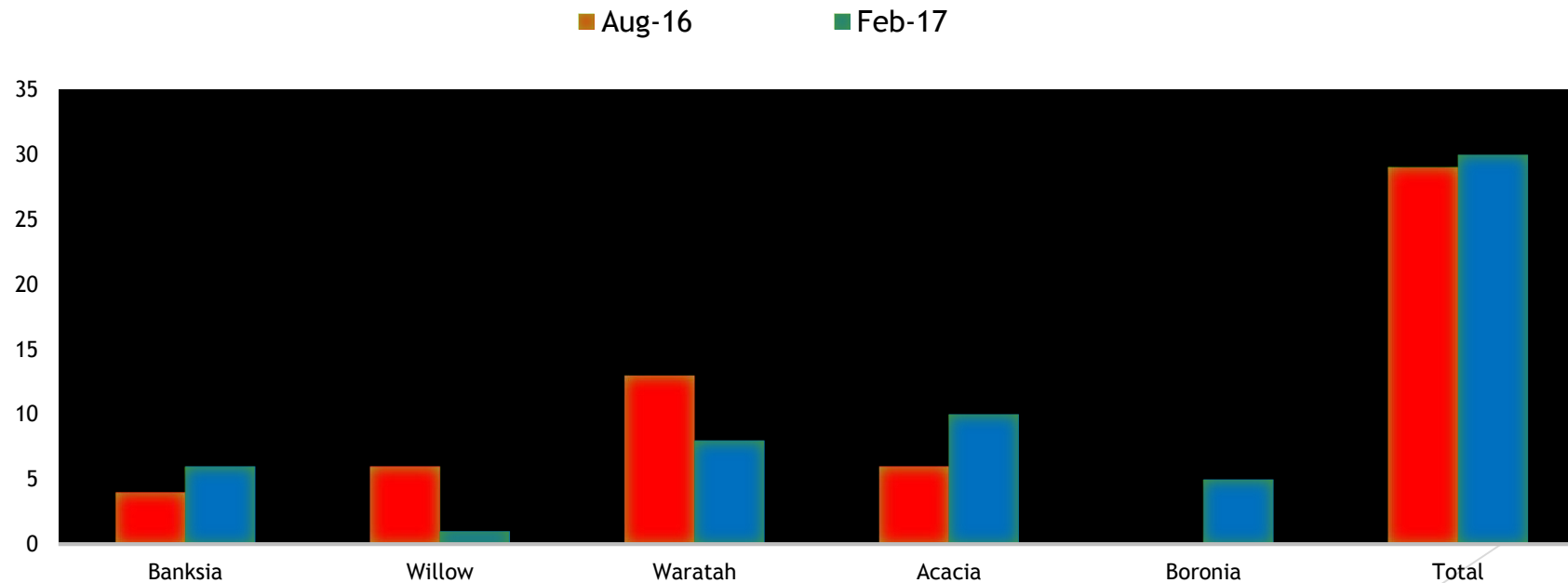


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- ▶ Antipsychotic Audit Comparing **August 2016** and **February 2017** in Cumberland Recovery Services

ONE ANTIPSYCHOTIC



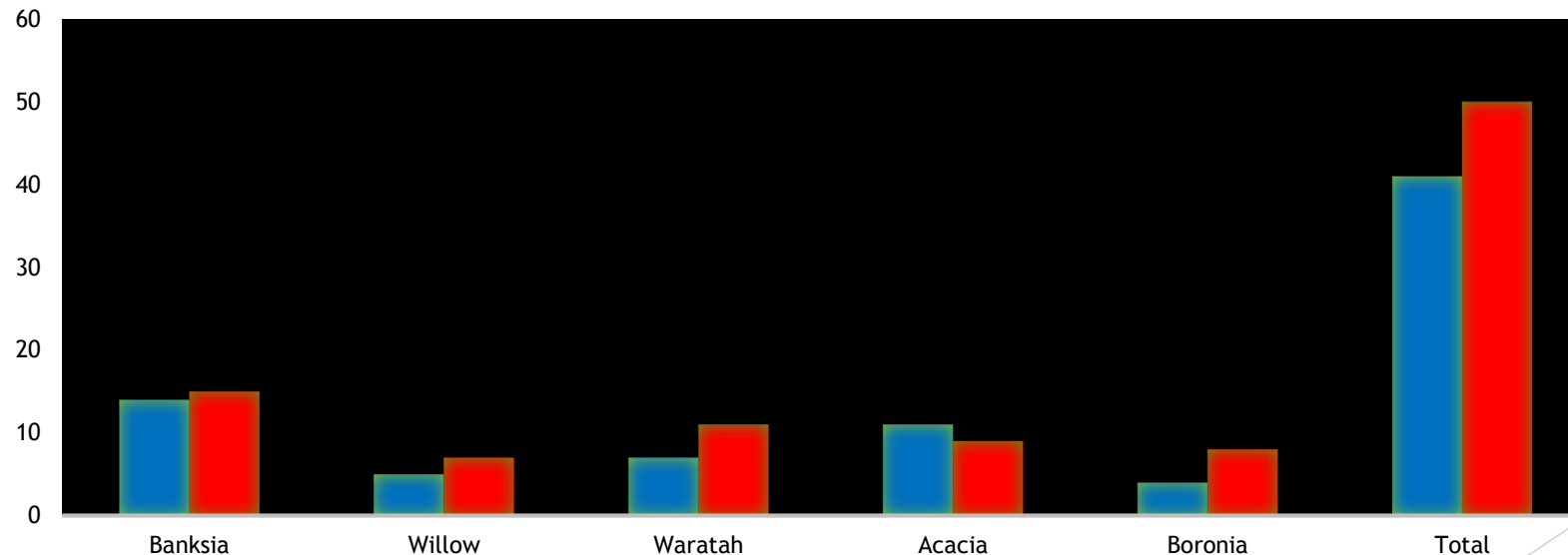
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- ▶ Antipsychotic Audit Comparing **August 2016** and **February 2017** in Cumberland Recovery Services

TWO ANTIPSYCHOTICS

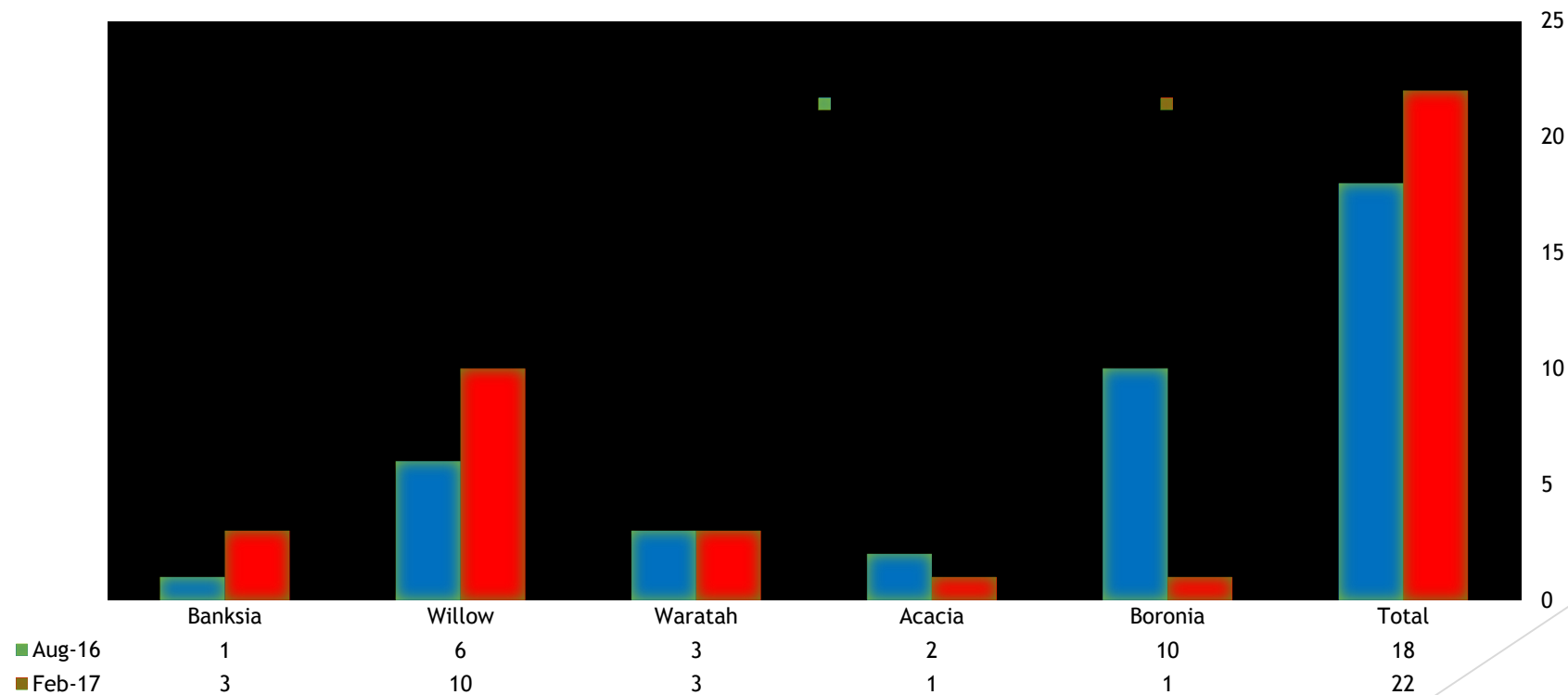
■ Aug-16 ■ Feb-17



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- ▶ Antipsychotic Audit Comparing **August 2016** and **February 2017** in Cumberland Recovery Services
- ▶ Three Antipsychotics



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Antipsychotic Audit Comparing **August 2016** and **February 2017** in Cumberland Recovery

Services

- ▶ Number of patients 99
- ▶ One Antipsychotic 29
- ▶ Two Antipsychotics 41
- ▶ Three Antipsychotics 22
- ▶ Four Antipsychotics 5
- ▶ Five Antipsychotics 2



- Number of patients 98
- One Antipsychotic 30
- Two Antipsychotics 50
- Three Antipsychotics 18

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- ▶ Medication reconciliation, simply by raising awareness that polypharmacy increases Falls Risks has provided evidence based opportunities for clinicians to critically review current practices in the use of polypharmacy and psychotropic medications. This change in practice has lead to
 - ❖ Improved patient outcomes
 - ❖ Reduced cost of pharmacy
 - ❖ Reduction of length of stay
 - ❖ Improved patient, Carer and workforce education
 - ❖ Improved collaboration with patients and carers

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- ▶ Following this data Cumberland Hospital's Rehabilitation Director developed recommendations which are before the Safe Use of Medication Committee, to improve medication reconciliation evidence based practice to reduction polypharmacy in Mental Health Patients.

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Sustainability

- ▶ Patient and Carer collaboration to individualise falls prevention strategies for in patient hospital and home environment
- ▶ Interdisciplinary collaboration and involvement
- ▶ Falls prevention and management committee (identifying trends with patient stories and lived experiences)
- ▶ Staff mentoring, support and education
- ▶ Patient and Carer education
- ▶ Standardise processes around medication reconciliation
- ▶ Interdisciplinary awareness that polypharmacy increases falls risks

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- ▶ Was developed to be sustainable through inclusive and supportive approach through education and training in 12 months has reduced falls by 5%
- ❖ Increased awareness throughout the workforce on the importance of falls prevention by 100%
- ❖ Review of polypharmacy
- ❖ Patient, Carer and Staff collaboration

For any more information of the WSLHD education and training

We Will Catch You! Mental Health Falls Prevention Program please contact author and Chair of MH Falls Committee or Jennifer Hughes CNE co-author