State initiatives - driving change

Clinical Excellence Commission
Lorraine Lovitt
October 2014
Leadership and co-ordination, Integrating with key partners

Local Health Districts/Networks & Falls Co-ordinators

Persons, families & carers

External Agencies

Residential Aged Care
Weekly sessions for 7 weeks - multidisciplinary

Facilitates strategies to enhance self efficacy in falls risk

- over 280 programs to be delivered across NSW in 2014
- >10,000 people have participated since 2009

(Stepping On © Clemson & Swann)
www.activeandhealthy.nsw.gov.au

- 700 exercise program providers
- 1300 exercise programs (that includes balance and strength exercises)
- on average 1600 visitors to the site per month

Find an exercise program

All programs include balance and strength exercises to help prevent falls
NSW Falls Prevention Network

- over 1300 members
- average 1600 visits per month to the site
The intention of the Standard 10 is to:

*Reduce the incidence of patient falls and minimise harm from falls.*
## CEC falls prevention flyers for patients and consumers


<table>
<thead>
<tr>
<th>Healthy eating</th>
<th>In Hospital</th>
<th>Home exercises</th>
<th>How to get up if you have a fall</th>
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<td><img src="image1.jpg" alt="Healthy eating" /></td>
<td><img src="image2.jpg" alt="In Hospital" /></td>
<td><img src="image3.jpg" alt="Home exercises" /></td>
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<th>Medications</th>
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<th>In public places</th>
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<td><img src="image5.jpg" alt="Medications" /></td>
<td><img src="image6.jpg" alt="Bone health" /></td>
<td><img src="image7.jpg" alt="In public places" /></td>
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### Ontario Modified STRATIFY (Sydney Scoring)

#### Falls Risk Assessment and Management Plan (FRAMP)

<table>
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<th>Facility</th>
<th>NSW Health</th>
<th>eLearning modules</th>
<th>eMR</th>
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**FRAMP eLearning modules**

**NSW Health**

**Falls Prevention Program**

**Clinical Excellence Commission**

Ten years of quality and safety
Paediatrics – Suite of resources
Posters

Don’t Let Me Fall

FALLS can happen anywhere, anytime, especially in hospital

Help us keep your child safe by:
- Keeping side rails on cots or beds up at all times
- Closely supervising your child
- Informing your child’s nurse if you need to leave the ward

Sadly, a fall from even the shortest distance can lead to serious injury.
For more information on falls and children, please visit www.kidsafe.nsw.org

For more information scan this with your smartphone.
Email: kidsafe.health.nsw.gov.au
Website: www.kidsafe.nsw.gov.au

Keep Me Safe

FALLS can happen anywhere, anytime, especially in hospital

Children love to explore their surroundings.
Always closely supervise your child.

Sadly, a fall from even the shortest distance can lead to serious injury.
For more information on falls and children, please visit www.kidsafe.nsw.org

For more information scan this with your smartphone.
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Clinical Excellence Commission©NSW Version 1, 04/14 (CEC)
Post fall incident reporting - IMS

Fall incident reporting & analysis:

- Ward level & feedback to staff
- Facility level
- LHD level
CEC Community Working Group

Fall Risk Screen
   FROP-Com
   CHOC eMR
Pathways – referral

Post-fall assessment and management

Resources for patients families and carers

Audit tools
Medicate right to stay upright
Port Macquarie- Hastings Council, Port Macquarie Base Hospital, Mid Nth Coast LHD.
Quality Systems Assessments

NSW April Falls Day in 2014 “Medicate right to stay upright”

- focus on improving awareness of the role of medication management in reducing the risk of falls.
- self-assessment show 56% of units review the current medications of patients identified as at risk of falling
- more work can be done to ensure that medication reviews and complex clinical assessments are included in standard fall risk management processes
A standardised falls risk screening and/or assessment tool is used for all patients on admission (100%)

Routine multidisciplinary review or input and development of interventions (78%)

Stickers, signs or other visual indicators to notify all staff of patients risk of fall (87%)

Outcomes of incidents are reviewed at the team meeting or comparable forum and improvement actions implemented (90%)

Legend:
- District
- Facility
- Unit
Unit Level

- Malnutrition screening occurs using a standardised validated tool as part of the initial patient assessment and at regular intervals during admission (61%)

- Cognitive assessment occurs using a standardised validated tool as part of the falls risk screening and assessment for patients on admission (64%)

- Assessment for delirium is administered using a standardised validated tool as part of the falls risk screening and assessment for patients on admission (56%)

CLINICAL EXCELLENCE COMMISSION
Ten years of quality and safety
KEY PRINCIPLES FOR CARE OF THE CONFUSED OLDER HOSPITALISED PERSON

PRINCIPLE 1: Cognitive screening
Patients aged 65 years and over will be screened for confusion on admission or within 24 hours of admission using a validated screening tool.

PRINCIPLE 2: Risk identification and prevention strategies
Older people will be assessed for delirium risk. Interventions will be put in place for prevention of identified risk. Identified risks will be communicated to the older person, their care, family and staff involved in their care.

PRINCIPLE 3: Assessment of older people with confusion
Older people aged 65 years and over will be assessed. The cause of their confusion will be investigated to determine the appropriate management.

PRINCIPLE 4: Management of older people with confusion
CHOP hospital will have programs in place for older people with confusion that align with these principles. The implementation will be in partnership with the older person, their carer and family.

PRINCIPLE 5: Communication processes to support person-centred care
Communication processes and tools will support person-centred care for the older person throughout their hospital journey and at their transfer of care to the community.

PRINCIPLE 6: Staff education on caring for older people with confusion
Staff are supported through training, education and leadership to enable them to deliver skilled, timely and knowledgeable care to the older person with confusion.

PRINCIPLE 7: Supportive care environments for older people with confusion
CHOP hospitals will provide a supportive care environment for the older person with confusion.

Communication
Fall prevention in older Aboriginal people in NSW – the Healthy Ageing project

Investigators: Ivers, Sherrington, Tiedeman, Keay, Broe, Mack, Cumming.
Collaboration

Falls Forum in Coffs Harbour - 2012

Think tank - how do we engage care workers in falls prevention?

Consultation with Lindy Clemson
The Home Care Enhanced Stepping On Program

A collaborative pilot project to enhance independence, health and well being

Lorraine Lovitt, NSW Falls Prevention Program, CEC
Pam Johnson, Health Promotion MNCLHD
Rosemarie Honoré, HCS Upper MNC
“Suddenly, you're a resource person”

“We weren’t there to tell them what to do, but more to support them and you know the stuff that they’d been learning, if they wanted to be proactive with it then we were there to support them with trying to encourage them to do their exercises.”

“And look at their environment, to see if their environment was safe and things like that.”

(Instead), it was making them aware that in your daily chores, whether it's standing at the ironing board...standing at the sink, waiting for the kettle to boil, there are things that you can actually be doing rather than standing stationary doing nothing.”
Australian & New Zealand Falls Prevention Conference
16- 18\textsuperscript{th} November 2014

The Australian and New Zealand Falls Prevention Society 6th Biennial Conference will be held at Luna Park, Sydney NSW, 16th – 18th November. An exciting program is being developed, with the following high profile speakers already confirmed:

- Professor Stephen Robinovitch, Simon Fraser University, Canada
- Professor Jeffrey Hausdorff, Tel Aviv Sourasky Medical Center, Israel
- Dr Anna Barker, Monash University
- Professor Adrian Bauman, University of Sydney
- Professor Henry Brodaty, University of New South Wales
- Associate Professor Lasley Day, Monash University
- Dr Anne-Marie Hill, Notre Dame University
- Dr Jasmine Menant, Neuroscience Research Australia

- Dr Sabrina Pit, University of Sydney
- Associate Professor Cathie Sherrington, University of Sydney
- Dr Morag Taylor, Prince of Wales Clinical School

For further information see the website or contact conference organisers – East Coast Conferences
Phone: (+61 2) 6650 9800 or email jayne@eastcoastconferences.com.au
www.anzfpconference.com.au
Falls Prevention is everyone’s business®

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